



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

SMOKE CONTROL		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
Occupancy Information				
Occupancy Name:				
Occupancy Address:				
Contact Name:		Contact Phone:		
Contact Address:		Contact Email:		
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monitoring Company Name:		Monitoring Company Phone:		
Inspection & Testing Agency Information				
Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
Inspector/Tester Information				
Name:		Phone:		
SFD Certification No.: SCP-_____				
Smoke Control System				
Date of Test:				
The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Fire Code of the AHJ, NFPA 92 and 204, and the manufacturer's recommendations for inspecting and testing requirements.				
PRE-TEST CHECKS				
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.				
1. All signs, placards, and labels are provided on doors and system controls. <input type="checkbox"/> Yes <input type="checkbox"/> No				
BREAKOUT GLASS (OBSOLETE)				
(Do not complete questions 3 and 4 for operable windows)				
2. The building has: <input type="checkbox"/> Tempered Breakout Glass <input type="checkbox"/> Operable Windows				
3. The tempered breakout windows have 2-Inch white dots located on the lower 1/3 of each window. <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. The tempered breakout windows are unobstructed. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SMOKE REMOVAL GENERAL				
5. The building smoke removal system(s) operate on the activation of the fire alarm. <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. The sequence of actions to activate the smoke control system is in the proper order so that no components of the system are damaged. <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. The fans operate properly. <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. The smoke and fire dampers work properly. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. The fans operate on emergency power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. The fans work on manual controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of manual controls:		
11. The fire dampers work on manual controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. The smoke removal system provides six air changes per hour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. List the measurement method and equipment used to test air flow. (Attach electronic file of air change tests)		

STAIRWAY AND ELEVATOR SHAFT PRESSURIZATION

14. Stair shafts have flush.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airflow - Cubic Feet Per Minute (CFM)		
15. Measurements were taken from atmospheric pressure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Measurements were taken from shaft and the main occupied area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Readings were taken at every 5th floor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Elevator shaft pressures measure 0.15 in H2O or greater (non-sprinklered shaft).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Elevator shaft pressures measure 0.10 in H2O, (100% automatic sprinklered building).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Stair shaft pressures measure 0.15 in H2O	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Life safety core type building has 0.05 in H2O differential between pressurized core and tenant area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. All doors (stairway and elevator) open and close correctly with fans running.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Gaskets are in good condition on stair and elevator doors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FINAL CHECKS (ALL TESTING)

Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)

24. Attach Report of All Measurements Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. The confidence test report will be given to the owner in either electronic or paper form and a status tag was posted on the smoke control system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report, or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.

I am authorized to submit this report for the certified technician who has accepted this statement.	
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SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>