



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

SYSTEM TEST REPORT

DRAFT (as of 5/29/2024)

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

Use this Smoke Control form to report annual inspection, testing and maintenance of smoke control systems that are required by the Building Code for purposes of providing a tenable environment for the evacuation or relocation of occupants such as hoistway and stairwell pressurization systems and other smoke control systems.

Building Information (all mandatory)

Premises Name:	Premises Address:
Contact Name:	Contact Phone:
Contact Address:	Contact Email:

System Inventory (Mandatory for new systems, optional when submitting confidence test on existing system).

Fire/Building Code Edition (Year)	<input type="checkbox"/> N/A		
Smoke Control Permit # (or N/A)	<input type="checkbox"/> N/A	Fire Alarm Permit # (or N/A)	<input type="checkbox"/> N/A
Building Permit # (or N/A)	<input type="checkbox"/> N/A	Mechanical Permit # (or N/A)	<input type="checkbox"/> N/A

Integrated Testing – Test Due Date (month/year) (buildings permitted under 2018 SBC and later):

Smoke control panel? (mandatory) *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of smoke control panel (mandatory) *
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Building has a building management system that interacts with the smoke control system. (mandatory) * Yes N/A

Description (select all that apply)

Dedicated smoke control system (not used for everyday ventilation)	<input type="checkbox"/> Yes
Non-dedicated smoke control system	<input type="checkbox"/> Yes
Stairwell pressurization	<input type="checkbox"/> Yes
Zoned smoke control	<input type="checkbox"/> Yes
Elevator pressurization	<input type="checkbox"/> Yes
Vestibule pressurization	<input type="checkbox"/> Yes
Smoke refuge area pressurization	<input type="checkbox"/> Yes
Lobby pressurization system	<input type="checkbox"/> Yes
Smoke management for large volume spaces	<input type="checkbox"/> Yes

Equipment *# of devices/items*

Guidance for Dampers: This smoke control system inventory must include dampers that are part of the sequence of operation of the smoke control system, part of setting up the pressure boundaries, and/or controllable from the smoke control panel. The annual smoke control test does not require damper inspection except if pressurization and other smoke control functional performance reveals deficiencies, in which case further investigation is required. These dampers must also be included in TCE in the "damper" inventory for the building, and require full inspection, testing and maintenance as part of required Damper testing (4 or 6 year cycle).

Smoke control fans	_____
Dedicated supply fans	_____
Dedicated exhaust fans	_____

Variable speed fans	_____		
Building HVAC Activation	_____		
Barometric Dampers	_____		
Modulating Dampers	_____		
Pneumatic Dampers	_____		
Motorized Fire/Smoke Dampers	_____		
Automatic Closing Doors	_____		
Automatic Opening Doors	_____		
Control Air Isolation Valves	_____		
Pneumatic Fire/Smoke Dampers	_____		
Accordion Doors	_____		
Variable Frequency Drives	Quantity: _____	Manufacturer: _____	Model #: _____

Pressurized shafts	<u># of shafts</u>
Hoistway shafts	_____
Stairway shafts	_____

Inspection & Testing Agency Information

Company Name:	Phone:
Address:	Emergency Phone:
	Email:

Certified Technician/Installer Information - Must comply with RCW 19.27.720. SFD SC-ITM and SC-1 certificate holders have obtained credentials complying with RCW 19.27.720.

Technician/Installer Name:	
Certification No:	Cert Type:

Test Information

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 CURRENT FIRE CODE AND REFERENCED NFPA 92 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements. ONLY SELECT N/A FOR ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE.

PRE-TEST CHECKS AND DOCUMENTATION

AVOID "FALSE ALARMS" TO FIRE DEPARTMENT 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 may cause preventable alarms.

- 1 **Commissioning documents.** The following documents are stored in the fire command center (or document cabinet/building engineer's office where no FCC is required), and an additional copy has been uploaded as an attachment to the "premise" record in The Compliance Engine.
- a. Rational analysis supporting the types of smoke control systems employed (IBC 909.4 and IFC 909.21.2). Yes N/A
 - b. Detailed design document and control diagrams (IBC/IFC 909). In Seattle, control diagrams for stairway or elevator hoistway pressurization systems in low-rise buildings may be located at the fire alarm control panel (SFC 909.15). Yes N/A
 - c. Copy of all operational testing documentation from acceptance testing (IFC 909.18.8.3). Yes N/A
 - d. O&M Manual including testing procedures and frequencies (NFPA 92 Section 7.1). Yes N/A
 - e. Integrated Test Plan (NFPA Chapter 4 and IFC 901.6.2) (required for buildings permitted under 2018 code or later). Yes N/A

INSPECTIONS			
2	Required signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Dampers controlled by the smoke control system have been visually inspected and maintained with no deficiencies noted, or are not due for testing/maintenance (see periodic testing frequency in 2019 NFPA 80, 19.5.1.2).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	All other inspections required by the Fire Code or NFPA 92 Chapter 7 and 8 have been completed with no deficiencies found.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Option 1: SUMMARY OF PERIODIC TESTING USING THE O&M TEST PLAN CREATED AT TIME OF COMMISSIONING (OR A NEW/REVISED TEST PLAN PRODUCED BY A QUALIFIED ENGINEER)			
If an O&M test plan was created during commissioning and is available, you must use that plan to guide your periodic inspecting and testing program.			
5	Airflow quantities and pressure differences have been determined for the following locations, from locations coinciding with acceptance test locations, and results have been compared to acceptance measurements and no deficiencies identified. 2018 NFPA 92, 8.6.3.		
	a. Across smoke barrier openings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. At the air makeup supplies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. At smoke exhaust equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	The operation of the correct outputs for each given input was observed and no deficiencies found. 2018 NFPA 92, 8.6.5.3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	The tests have also been conducted under standby power if applicable and no deficiencies found. 2018 NFPA 92, 8.6.5.4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	If the smoke control system or the zone barriers have been modified since the last test, acceptance testing was conducted on the portion modified, no deficiencies were identified. 2018 NFPA 92, 8.7.2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9	If the smoke control system or the zone barriers have been modified since the last test, documentation has been updated and uploaded to TCE to reflect these modifications or changes. 2018 NFPA 92, 8.7.3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
10	I have completed all other testing and inspection requirements from the Operations and Maintenance Manual and NFPA Chapter 7 and 8, and no deficiencies have been found that have not already been noted. If deficiencies were found and not reported above, select No and indicate each deficiency include location, equipment, and corrective action needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Deficiency 1: _____		
	Deficiency 2: _____		
	Deficiency 3: _____		
	Deficiency... _____		
11	System equipment has been maintained in accordance with manufacturer's recommendations. If manufacturer recommended maintenance is missing or needed, select No and indicate each deficiency include location, equipment, and corrective action needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Deficiency 1: _____		
	Deficiency 2: _____		
	Deficiency 3: _____		
12	Integrated testing has been performed during this ITM visit, or is not due (answer no if system is past due for integrated testing and testing was not part of your ITM scope).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13	If deficiencies were found during integrated testing, check No and note them in the remarks box, include location, equipment/system, and recommended resolution.	<input type="checkbox"/> N/A	<input type="checkbox"/> No
14	The results of the tests have been documented in the O&M log.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proceed to section "FINAL CHECKS, MANDATORY TAGGING, AND REPORTS".			
Option 2: SUMMARY OF ALTERNATE TESTING PROCEDURE			
Use instead of Option #1 if the O&M testing plan created during commissioning is no longer available.			
BREAKOUT GLASS (OBSOLETE) (Check N/A for questions 15 and 16 if the building only has operable windows.)			
B14	The building has	Tempered Breakout Glass	Operable Windows
B15	The tempered breakout windows have 2-inch white dots located on the	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
B16	The tempered breakout windows are unobstructed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
SMOKE REMOVAL GENERAL			
B17	The building smoke removal system(s) operate on the activation of the fire alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B18	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
B19	The fans operate properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B20	The smoke and fire dampers work properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B21	The fans operate on emergency power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B22	The fans work on manual controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B23	The fire dampers work on manual controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B24	The smoke removal system provides six air changes per hour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B25	List the measurement method and equipment used to test air flow (upload file to the inventory section of The Compliance Engine).		
STAIRWAY AND ELEVATOR SHAFT PRESSURIZATION			
B26	Stair shafts have flush.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airflow - Cubic Feet Per Minute (CFM)			
B27	Measurements were taken from atmospheric pressure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B28	Measurements were taken from shaft and the main occupied area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B29	Readings were taken at every 5th floor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B30	Elevator shaft pressures measure 0.15 in H2O or greater (non-sprinklered shaft).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B31	Elevator shaft pressures measure 0.10 in H2O, (100% automatic sprinklered building).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B32	Stair shaft pressures measure 0.15 in H2O	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B33	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
B34	All doors (stairway and elevator) open and close correctly with fans running.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B35	Gaskets are in good condition on stair and elevator doors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINAL CHECKS, MANDATORY TAGGING, AND REPORTS			
Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)			
36	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on the fire alarm control panel indicating the system's status consistent with my inspection today.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37	The color of the tag is:	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow <input type="checkbox"/> White
38	I will provide a copy of the confidence test report to the owner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39	I will submit this test report to the fire department through TCE.	<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. 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.

<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)
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SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

**All reports must be submitted online
through our third-party vendor, The Compliance Engine (TCE)
<http://www.thecomplianceengine.com/>**

Reports must be filled out on the TCE website. This document is provided for information purposes to share the content of certain annual testing and maintenance reports required by the Seattle Fire Code.