

Seattle Fire Prevention Division

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

REPORT OF SYSTEM INSTALLATION

DRAFT (as of 3/8/2024)

SM	OKE CONTROL	STATUS			
☐ New System	Replacement System	Installed and tested in accordance plans and specifications and 2021 Chapter 8 of NFPA 92	• •		
Use this form to:					
	ment of completion of installation incl	luding all required testing as specified in	n Building Code/Fire		
Code, chapter 9, and NF	•	0	, , , , , , , , , , , , , , , , , , ,		
· ·	ntory information to support ongoing i	inspection and maintenance;			
•	missioning documents to support ongo	•			
A special inspector is rec	quired for new buildings with smoke co	ontrol systems.			
This form is for projects	with a special inspector.	·			
Do not use this form wh	en pursuing TCO. This form is only rec	quired prior to final CoO.			
Submittal timeline: This	s form must be completed in TCE no la	ater than your fire alarm final inspection	າ.		
Building Information (al	l mandatory)				
Premises Name:		Premises Address:			
Contact Name:		Contact Phone:			
Contact Address:		Contact Email:			
Smoke Control System I	nventory (All items Mandatory)				
Update inventory inform	nation below. All fields are mandatory	at time of report submittal to the Fire D	Department. Use the		
upload feature above th	e inventory grid to upload control diag	grams and test plans. After leaving this p	page, you will not be		
able to edit inventory, e	xcept by creating a new report.				
Fire Code Edition (Year):	Fire Code Edition (Year):				
Building Permit # (or N//		Smoke Control Permit #:			
Mechanical Permit # (or N/A):		Fire Alarm Permit #:			
Integrated Testing – Tes	st Due Date (month/year) (buildings pe				
Smoke control panel?	☐ Yes ☐ No	Location of smoke control panel:			
Building has a building m	nanagement system that interacts with	n the smoke control system.	Yes N/A		
Description (select all th	at apply)				
Dedicated smoke co	ontrol system (not used for everyday v	rentilation)			
Non-dedicated smo	ke control system	☐ Yes			
Stairwell pressurization		☐ Yes			
Zoned smoke control		☐ Yes			
Elevator pressurizat		☐ Yes			
Vestibule pressuriza		Yes			
Smoke refuge area		Yes			
Lobby pressurization	•	Yes			
Smoke managemen	t for large volume spaces	Yes			
Equipment # of devices/items					
Smoke control fans		_			
Dedicated supply fa		_			
Dedicated exhaust f	ans	_			

Address: Emergency Phone: Email: Certified Smoke Control Technician/Installer Information. Technician/Installer Name: Certification No: Cert Type: Certified Fire Alarm Technician/Installer Information		Variable speed fans		_		
Modulating Dampers Pneumatic Dampers Motorized Fire/Smoke Dampers Automatic Closing Doors Automatic Closing Doors Control Air Isolation Valves Pneumatic Fire/Smoke Dampers Accordion Doors Variable Frequency Drives Manufacturer: Model #: Pressurized Shafts # **slabs** Stairway shafts Stairway shafts Special Inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909 18.8.2, 1704.2.1, and 1705.18.2. Name: Address: Company; Phone: Email:		Building HVAC Activation		_		
Presumatic Dampers Motorized Fire/Smoke Dampers Automatic Closing Doors Automatic Opening Doors Control Air Isolation Valves Pneumatic Fire/Smoke Dampers Accordion Doors Variable Frequency Drives Manufacturer: Model #: Pressurized shafts # gl shafts Hoistway shafts Stairway shafts Special Inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2. Name: Address: Company: Phone: Email: Installing Contractor/Company Information Company Name: Address: Phone: Email: Certified Smoke Control Technician/Installer Information. Technician/Installer Name: Certified Fire Alarm Technician/Installer Information Technician/Installer Name: Certification No: Cert Type: REPORT OF TESTING Date of Testing Completion: By checking this box I verify that the system has been installed and tested in accordance with the approved plans and specifications and 2021 Fire Code 909 and Chapter 8 of NFPA 92. DOCUMENTATION 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). Only use N/A for elevator hoistway pressurization for low-rise buildings in yes N/A located at the fire alarm control diagrams (IBC/IFC 909). In Seattle, control diagrams for stairway or elevator hoistway pressurization systems in low-rise buildings may be yes N/A located at the fire alarm control panel (FFC 909.15). Copy of operational testing documentation from acceptance testing (IFC 909.18.8.3). yes N/A located at the fire alarm control panel (FFC 909.15). N/A located at the fire alarm control panel (FFC 909.1		Barometric Dampers		_		
Automatic Closing Doors Automatic Opening Doors Control Air Isolation Valves Pneumatic Fire/Smoke Dampers Accordion Doors Acco		Modulating Dampers		_		
Automatic Closing Doors Automatic Opening Doors Control Art Isolation Valves Pneumatic Fire/Smoke Dampers Accordion Doors Variable Frequency Drives Manufacturer: Model #: Pressurized shafts Hoistway shafts Stairway shafts Stairway shafts Stairway shafts Special Inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2. Name: Address: Company: Phone: Email: Installing Contractor/Company Information Company Name: Address: Email: Certified Smoke Control Technician/Installer Information. Technician/Installer Name: Certification No: Cert Type: Certified Fire Alarm Technician/Installer Information Technician/Installer Name: Certification No: Cert Type: Certified Fire Alarm Technician/Installer Information Technician/Installer Name: Certification No: Cert Type: Certified Fire Alarm Technician/Installer Information Technician/Installer Name: Certification No: Cert Type: DOUDMENTATION 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. I 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. I Commissioning documents are stored in the fire command center (or document cabinet/building engineer's office where no FCC is required systems employed (IBC 909.4 and IFC 909.2 1.2). Only use N/A for elevator hoistway pressurization for low-rise buildings in		Pneumatic Dampers		_		
Automatic Opening Doors Control Air Isolation Valves Pneumatic Fire/Smoke Dampers Accordion Doors Variable Frequency Drives Manufacturer: Model #: Pressurized shafts Hoistway shafts Statinway shafts Statinway shafts Special Inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2. Name: Address: Company: Phone: Email: Installing Contractor/Company Information Company Name: Address: Phone: Email: Cert Type: Certified Smoke Control Technician/Installer Information. Technician/Installer Name: Certification No: Cert Type: Certified Fire Alarm Technician/Installer Information Technician/Installer Name: Certification No: Cert Type: REPORT OF TESTING Date of Testing Completion: By checking this box I verify that the system has been installed and tested in accordance with the approved plans and specifications and 2021 Fire Code 909 and Chapter 8 of NFPA 92. DOCUMENTATION 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. Rational analysis supporting the types of smoke control systems employed (IBC 909.4 and IFC 909.21.2). Only use N/A for elevator hoistway pressurization for low-rise buildings in Yes N/A Seattle (2021 SFC 909.21.2). 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 Yes N/A located at the fire alarm control panel (SFC 909.15). Copy of operational testing documentation from acceptance testing (IFC 909.18.8.3). Yes N/A located at the fire alarm control panel (SFC 909.15). Copy of operational testing documentation from acceptance testing (IFC 909.18.8.3). Yes N/A located at the fire alarm control panel (SFC 909.15).		Motorized Fire/Smoke Dampers		_		
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Pressurized shafts #.of.shafts Holstway shafts Stairway shafts Special inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2. Name:		Pneumatic Fire/Smoke Dampers		_		
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Stairway shafts Special Inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2. Name:	Pres		<u># of shafts</u>			
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·	C		- and in C 301.0.2) (18	quired for buildings permitted	Yes	□ N/A
	TFC	•	GEMENT			

2	The special inspection of the smoke control system passed the requirements in the special inspector's test report (2021 IBC 909.18.8.3)	Yes				
3	List any approved alternate means and methods for this project, and upload the approved code alternate form to The Compliance Engine.	Yes	□ N/A			
4	Additional Comments:	☐ Yes	□ N/A			
5	Projects in Seattle: By checking this box I verify that the system or portion thereof has been installed and tested in accordance with the approved plans and specifications and has received all required SDCI approvals (2018 FC 901.6.2 and 909) Non-Seattle jurisdictions: Check N/A.	☐ Yes	□ N/A			
	NDATORY TAGGING, REPORTS AND DOCUMENTATION					
	the Fire Alarm/monitoring system back into service and/or other precautionary measures that m system to normal operation (includes removal of protective coverings.)	were made to	restore fire			
6	I have attached a white service label at the smoke control panel or fire alarm panel (if a separate smoke control panel is not available) consistent with SFD Administrative Rule 9.02, reflecting that this system has met all requirements from IBC chapter 9 and NFPA 92 for system acceptance.	☐ Yes				
7	I will provide a copy of this acceptance test report to the responsible party.	☐ Yes				
8	I have submitted this report to the Fire Department through The Compliance Engine.	☐ Yes				
By accepting this statement I, the Special Inspector shown on this form, attest that this smoke control system is in substantial compliance with the intent of its approved design, and that the system operates 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. By accepting this statement, I further attest that I meet the qualifications required for a Special Inspector as established in IBC 909.18.8.2, 1704.2.1, and 1705.18.2.						
	I accept. I am authorized to submit this report for the certified technician who has accepted this statement.	Initials of Emp	loyee)			
SIG	NATURE (OPTIONAL)					
Sigr	nature of Special Inspector (optional)					
Sigr	nature of Building Representative (optional)					
	This Document Is For Informational Purposes On	ly				
To submit reports to SFD, use the online forms at www.thecomplianceengine.com .						