

VANCOUVER FIRE DEPARTMENT

Required Cover Sheet: ITM Elements for Smoke Control Systems

Inspection, Testing, and Maintenance Report for Smoke Control and Shaft Pressurization Systems in the City of Vancouver

Periodic testing of smoke control systems is mandated to ensure ongoing reliability and code compliance. Requirements differ for **dedicated** (solely for smoke control) and **nondedicated** (shared with HVAC or other systems) smoke control systems. Below is a consolidated list of periodic test elements, referencing the 2021 Washington State Fire Code, 2021 NFPA 4, and 2018 NFPA 92. Periodic testing can sometimes be completed by a single qualified contractor. In other cases, a qualified contractor will act as lead for a team of qualified specialist inspectors.

INSTRUCTIONS: Complete this form as a cover sheet for individual reports that together, make a complete smoke control report.

| Building Information | | | | | | | | | |
|---|-----------|----------|---|--|-------|-----------|-------|------------|--|
| Building Name | | | | Address | | | | | |
| Contact Name | | | | City, State, Zip | | | | | |
| Office Phone | Cellular | | | | | Email | | | |
| Number of stair shafts involved: | | | | Number of fire command centers involved: | | | | | |
| Number of elevator shafts involved: | | | | Number of smoke control panels involved: | | | | | |
| Number of atriums involved: | | | | Number of fire alarm control panels involved | | | | | |
| Number of dedicated fans involved: | | | | Number of fire control rooms involved: | | | | | |
| Number of non-dedicated fans involved: | | | | Presence of emergency power: | | | | | |
| Number of fire-smoke dampers involved: | | | | Presence of standby power: | | | | | |
| Number of smoke dampers involved: | | | | Other: | | | | | |
| Fire Alarm Panel Bar Co | de #: | | | Smoke Control Panel Bar Code #: | | | | | |
| | | | | | | | | | |
| Narrative – Describe the smoke control system, both passive and active components involved – Attach a separate sheet if needed: | | | | | | | | | |
| Smoke Control Contractor | | | | | | | | | |
| Company Name | | | P | Address | | | | | |
| Contact Name | ne | | C | City, State, Zip | | | | | |
| Office Phone | | Cellular | | | | Email | | | |
| Air Balancing Contractor | | | | Check if same as Smoke Control Contractor | | | | | |
| Company Name | | | P | Address | | | | | |
| Contact Name | | | C | City, State, Zip | | | | | |
| Office Phone | Cellular | | | | | Email | | | |
| Fire Alarm Contractor | | | | Check if same as Smoke Control Contractor | | | | | |
| Company Name | | | P | Address | | | | | |
| Contact Name | tact Name | | | City, State, Zip | | | | | |
| Office Phone | | Cellular | | | | Email | | | |
| Door and Damper Contractor | | | | Check if same a | as Sn | noke Cont | rol C | Contractor | |

| Company Name | | | Add | lress | | | | |
|------------------------------------|--|----------|------|---------------|---------------------------------------|-------|--|--|
| Contact Name | | | City | , State, Zip | | | | |
| Office Phone | | Cellular | | | | Email | | |
| Other Special Inspector Contractor | | | | Check if same | k if same as Smoke Control Contractor | | | |
| Company Name | | | Add | lress | | | | |
| Contact Name | | | City | , State, Zip | | | | |
| Office Phone | | Cellular | | | | Email | | |

Air balancing contractor company
Other special inspector contractor

Door and Damper company **S**pecial inspector company

Fire alarm technician company

(Blank) = N/A

Use the first letter (${\bf A}, {\bf D}, {\bf F}, {\bf O},$ or ${\bf S}$) in the applicable checkbox below:

| Subject | Check | Elements included in the report |
|--|-------|--|
| Dedicated Smoke Control Systems | | Semiannual testing required |
| Nondedicated Smoke Control Systems | | Annual testing required |
| Integrated Testing | | For buildings with multiple fire/life safety systems (e.g., smoke control, alarms, elevators), integrated testing is required to confirm coordinated operation. This includes: • Testing the interaction between smoke control systems and other fire protection systems. • Documentation and oversight by an approved Integrated Testing Agent. |
| Dampers | | Full inspection and maintenance every 4 years (6 years for hospitals), per |
| List individually on a separate sheet. | | referenced NFPA standards. |
| Initiating Devices | | Detectors. |
| List individually on a separate sheet. | | Manual pull stations. |
| | | Waterflow switches. |
| Air-Moving Equipment/Air Flow on normal power | | Supply fans – rotation, speed and airflow; compare to acceptance test data. |
| List individually on a separate sheet. | | Exhaust fans – rotation, speed and airflow; compare to acceptance test data. |
| Air-Moving Equipment/Air Flow on standby power | | Supply fans – rotation, speed and airflow; compare to acceptance test data. |
| List individually on a separate sheet. | | Exhaust fans – rotation, speed and airflow; compare to acceptance test data. |
| Firefighter's Smoke Control Panel | | Automatic Controls and Sequence of Operation . |
| (FSCP) | | Manual Controls and Sequence of Operation. |
| | | Lights operate and are according to acceptance data. |
| Fire Alarm Panel Supervision and | | Alarm Panel Controls |
| Alarms | | Fault reporting. |
| List individually on a separate sheet. | | Supervisory reporting. |
| Pressure Differentials | | Measure and record pressure differences across smoke barriers and |
| List individually on a separate sheet. | | doors; compare to design values. |
| Doors and Barriers | | Inspect gaskets and door hardware for integrity. |
| List individually on a separate sheet. | | Automated smoke partitions. |
| | | Test automatic closing/opening of doors and windows used in smoke control. |
| | | Verify "S" rating and door sweeps are not compromised. |
| Dampers | | Smoke dampers verify operation from the FSCP. |
| List individually on a separate sheet. | | Fire-smoke dampers verify operation from the FSCP. |
| Controls and Sequence of Operation | | Confirm all automatic and manual control sequences, including event |
| List individually on a separate sheet. | | matrix. |
| | | Test activation from all input devices and verify correct system response. |

| Sta | ndby or emergency power | Verify system operation during simulated power loss. | | | |
|----------------------|--|---|--|--|--|
| Documentation Review | | Ensure maintenance records, test logs, and system documentation are up to date. | | | |
| | | Confirm operational and maintenance manuals, test reports, and as- | | | |
| | | built diagrams are current and available in the command center or | | | |
| | | control room. | | | |
| Svs | tem Modifications | Retest any modified sections as per acceptance criteria. | | | |
| | ekly Self-testing (where required) | Review and confirm weekly self-test logs. | | | |
| | tem Status | Normal operations at the conclusion of testing. | | | |
| Def | iciencies and corrective plans: | | | | |
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| | Ciznatura | Data/a) of tactions | | | |
| | Signature | Date(s) of testing: | | | |
| | Printed name of responsible testing individu | ıal: | | | |

Email(s) for questions: _