

This form is for Seattle only, other jurisdictions do not use this.



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

**REPORT OF
 SYSTEM INSTALLATION**

Version 08-2024

SMOKE CONTROL W/NO SPECIAL INSP	STATUS
<input type="checkbox"/> New System <input type="checkbox"/> Replacement System	<input type="checkbox"/> Installed and tested in accordance with the approved plans and specifications and 2021 Fire Code 909 and Chapter 8 of NFPA 92

Use this form to:

1. Notify the Fire Department of completion of installation including all required testing as specific in the Seattle Building Code, Chapter 9, and NFPA 92;
2. Establish system inventory information to support ongoing inspection and maintenance;
3. Upload required commissioning documents to support ongoing inspection and maintenance.

This form is for projects without a special inspector.

TCE Acceptance form is not required for TCO, only for CoO. Check with SDCI for full smoke control requirements including pre-testing when seeking TCO.

Submittal timeline: This form must be completed in TCE no later than your fire alarm final inspection.

Building Information (all mandatory)

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

Smoke Control System Inventory (all mandatory)

Attach Rational Analysis* (In Seattle, 2021 SBC 909.21.2 provides an exception allowing no rational analysis for elevator hoistway pressurization for low-rise buildings, may select N/A)

Attach Detailed Design Doc/Control Diagram* N/A is allowed for this option in low rise projects in Seattle until further notice, per SDCI (as of 2/2024)

Attach O&M Manual including testing procedures and frequencies (NFPA 92 Section 1)* In Seattle, not required for projects permitted under 2018 code or earlier - these projects may select N/A.

Attach Oper'l Testing Documentation from Commissioning (NFPA 92 Section 7.1)*

Attach Integrated Test Plan (NFPA Chap 4 and IFC 901.6.2)* In Seattle, only required for high-rise buildings, and only required for buildings permitted under 2018 code or later. Otherwise select N/A.

Attach Code Alt, if Any*

Attach Other

Attach Test Results from Annual Confidence Test*

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

Establish Due Date for Next Integrated Testing per NFPA 4 (IBC 901.6) (month/year) (buildings permitted under 2018 SBC and later):			
FF smoke control panel provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location of FF smoke control panel:
Building has a building management system that interacts with the smoke control system.			<input type="checkbox"/> Yes <input type="checkbox"/> 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 (shared with everyday ventilation)	<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		<i># of devices/items</i>	
Stair Pressurization fans	_____		
Elevator pressurization fans	_____		
Atrium exhaust fans	_____		
UL Listed fire/smoke dampers	_____		
UL Listed smoke control dampers	_____		
UL listed class I control dampers	_____		
Smoke curtains	_____		
Dedicated supply fans (smoke management)	_____		
Dedicated exhaust fans (smoke control relief)	_____		
Dedicated exhaust fans (smoke management)	_____		
Barometric dampers	_____		
Powered door openers (stair egress purpose)	_____		
Accordion Doors	_____		
Variable Frequency Drives	Quantity:	Manufacturer:	Model #:
Pressurized shafts		<i># of shafts</i>	
Hoistway shafts	_____		
Stairway shafts	_____		
Installing Contractor/Company Information			
Company Name:		Phone:	
Address:		Emergency Phone:	
Contractor License:		Email:	
Certified Smoke Control Technician/Installer Information. Must comply with RCW 19.27.720. SFD SC-1 certificate holders have obtained credentials complying with RCW 19.27.720.			
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.		<input type="checkbox"/> Yes
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). In Seattle, if using exception allowing no rational analysis for elevator hoistway pressurization for low-rise buildings, select N/A (2021 SFC 909.21.2).	<input type="checkbox"/> Yes <input type="checkbox"/> 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). N/A is allowed for this option in low rise projects in Seattle until further notice, per SDCI.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
c	Copy of all operational testing documentation from acceptance testing (IFC 909.18.8.3).	<input type="checkbox"/> Yes
d	O&M Manual including testing procedures and frequencies (NFPA 92 Section 7.1). In Seattle, not required for projects permitted under 2018 code or earlier - these projects may select N/A.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
e	Integrated Test Plan (NFPA Chapter 4 and IFC 901.6.2). In Seattle, only required for high-rise buildings, and only required for buildings permitted under 2018 code or later. Otherwise select N/A.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
TESTING SUMMARY AND ACKNOWLEDGEMENT		
2	Each smoke control system component and subcomponent were fully tested and passed the tests (2018 NFPA 92, Section 8.3).	<input type="checkbox"/> Yes
3	If standby power is provided for operation of the smoke control system, the acceptance testing was successfully conducted while on both normal and standby power. 2018 NFPA 92, Section 8.4.4.2.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
4	Each control sequence of the smoke control systems has been tested, and the correct outputs are produced for a given input for each control sequence identified. 2018 NPFA 92, 8.4.4.3.	<input type="checkbox"/> Yes
5	The complete smoke control sequence was demonstrated for the following: Normal mode, automatic smoke control mode for first alarm, transfer to standby power if provided, return to normal. 2018 NFPA 92, 8.4.4.4.	<input type="checkbox"/> Yes
6	The force necessary to open each egress door has been measured using a spring-type scale and recorded. Door-opening forces do not exceed those allowed by the building code. 2018 NFPA 92, 8.4.4.5-6.	<input type="checkbox"/> Yes
7	Activation of each smoke control system response to all means of activation, both automatic and manual, as specified in the design report and operations and maintenance manual in Chapter 7, shall be verified and recorded. 2018 NFPA 92, 8.4.4.7.	<input type="checkbox"/> Yes
8	The proper operation of all fans, dampers, and related equipment, as outlined by the project documents referenced in 2018 NFPA 92, 6.4.4.1.4 has been verified and recorded. 2018 NFPA 92, 8.4.4.8.	<input type="checkbox"/> Yes

9	Testing of smoke management systems in large-volume spaces was performed in accordance with 2018 NPFA 92 8.4.5 and the system performed properly according to design and standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
10	Pressurization Testing has been completed and the system performs to the minimum standards and functions in 2018 NFPA 92 Section 8.4.6. and IFC Chapter 909.	<input type="checkbox"/> Yes	
11	All other testing required by the fire code and/or national standards including NFPA 92 has been successfully completed.	<input type="checkbox"/> Yes	
12	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.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

MANDATORY TAGGING, REPORTS AND DOCUMENTATION

13	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.	<input type="checkbox"/> Yes
14	I will provide a copy of this acceptance test report to the responsible party.	<input type="checkbox"/> Yes
15	I have submitted this report to the Fire Department through The Compliance Engine.	<input type="checkbox"/> Yes

By accepting this statement, I certify 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 am properly certified by State of Washington and City of Seattle 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 (Optional)

Signature of Property Representative

This Document Is For Informational Purposes Only

To submit reports to SFD, use the online forms at www.thecomplianceengine.com.