



**City of Black Hawk
Fire Department**
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

System Test Report

SMOKE CONTROL ALARM

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Fire Alarm Inventory	
System Make:	
System Model:	
Control Panel Location:	
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

SMOKE CONTROL SYSTEM

Date Tested:

The items in 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(s). Refer to the current Fire Code, referenced NFPA 92 and 204 Standards, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

Pre-Test Checks

A Temporary Fire Watch Permit (TFWP) is **required** when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, Temporary Fire Watch Permit (TFWP) has been submitted and approved.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. The building occupants were notified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3. The onsite supervisory station was notified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Breakout Glass (Obsolete)

6. The building has: Tempered Breakout Glass Operable Windows

If Tempered Breakout Glass, answer the following:

a. 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
b. The tempered breakout windows are unobstructed.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Smoke Removal General

7. The building smoke removal system(s) operate on the activation of the fire alarm.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
8. 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	<input type="checkbox"/>	N/A
9. The fans operate properly.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
10. The smoke and fire dampers work properly.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
11. The fans operate on emergency power.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
12. The fans operate on emergency power.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
13. The fans work on manual controls.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
14. Location of manual controls:						
15. The fire dampers work on manual controls.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

16. The smoke removal system provides six air changes per hour.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17. List the measurement method and equipment used to test air flow:	<input type="checkbox"/> N/A		
18. Copy of Air Change Test Report is attached to this Smoke Control System Report.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Stairway & Elevator Shaft Pressurization			
19. CFM: Stairway _____ Elevator _____			
20. Measurements were taken from atmospheric pressure.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
21. Measurements were taken from shaft and the main occupied area.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
22. Readings were taken at every 5th floor.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
23. Elevator shaft pressures measure 0.15 in H2O or greater (non-sprinklered shaft)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
24. Elevator shaft pressures measure 0.10 in H2O, (100% automatic sprinklered building)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
25. Stair shaft pressures measure 0.15 in H2O	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
26. 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	<input type="checkbox"/> N/A
27. All doors (stairway and elevator) open and close correctly with fans running.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
28. Gaskets are in good condition on stair and elevator doors.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Final Checks			
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.			
29. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
30. Report of all measurements taken attached.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
31. Temporary Fire Watch Permit Log Sheet submitted.	<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 am authorized to submit this report for the certified technician who has accepted this statement.			
Printed Name of Technician:	Signature:		
Printed Name of Building Representative:	Signature:		