



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

REPORT OF
SYSTEM INSTALLATION

Version 08-2024

SMOKE CONTROL W/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 specified in Building Code/Fire 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.

A special inspector is required for new buildings with smoke control systems.

This form is for projects with 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 (Mandatory for new systems, optional when submitting confidence test on existing system).

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*

Fire / Building Code Edition (Year): N/A

Smoke Control Permit #: N/A Fire Alarm Permit #: N/A

Building Permit #: N/A Mechanical Permit #: 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	
Special Inspector for Smoke Control Commissioning, qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2.	
Name:	Company:
Address:	Phone:
Engineering License	Email:
Installing Contractor/Company Information	
Company Name:	Phone:
Address:	Emergency Phone:
Contractor License #	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:

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 Fire Code Section 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 (2021 IBC 909.4 and IFC 909.21.2 or equivalent code section from code edition the project was permitted under).	<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).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
c	Copy of 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).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
e	Integrated Test Plan (NFPA 4 and IFC 901.6.2) (required for buildings permitted under 2018 code or later).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
TESTING SUMMARY AND ACKNOWLEDGEMENT		
2	The special inspection of the smoke control system passed the requirements in the special inspector's test report (e.g. 2021 IBC 909.18.8.3 or equivalent reference in code edition the system was permitted under).	<input type="checkbox"/> Yes
3	List any AHJ-approved alternate means and methods for this project, and upload the approved code alternate form to The Compliance Engine.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
4	Additional Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
MANDATORY TAGGING, REPORTS AND DOCUMENTATION		
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.)		
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.	<input type="checkbox"/> Yes
7	I will provide a copy of this acceptance test report to the responsible party.	<input type="checkbox"/> Yes
8	I have submitted this report to the Fire Department through The Compliance Engine.	<input type="checkbox"/> 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.		

<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)
SIGNATURE (OPTIONAL)		
Signature of Special Inspector (optional)		
Signature of Building Representative (optional)		
<p style="text-align: center;"> <b style="color: red;">This Document Is For Informational Purposes Only To submit reports to SFD, use the online forms at www.thecomplianceengine.com. </p>		