



BELLINGHAM FIRE DEPARTMENT

Life Safety Division
1800 Broadway
Bellingham, WA 98225
360-778-8420

**SMOKE REMOVAL SYSTEM
CONFIDENCE TEST REPORT**

Address: _____
Business Name: _____
Area covered by this report: _____ Date: _____

[] TEMPERED GLASS

	YES	NO
1. Equipment for openable or removable windows is available.	[]	[]
2. Two-inch white dot located in lower one-third of smoke removal windows.	[]	[]
3. All tempered windows accessible and identified from inside the building.	[]	[]

[] MECHANICAL SMOKE REMOVAL SYSTEMS

1. System operates on fire alarm while in normal power mode.	[]	[]
2. System operates on fire alarm while in emergency power mode.	[]	[]
3. Manual control for smoke removal fans operates at fire command center.	[]	[]
4. Make-up air supply operates with system	[]	[]
5. Air conditioning units shut down.	[]	[]

[] ROOF VENTS

1. Roof vents operate upon manual release.	[]	[]
2. Roof vents operate when fusible link removed.	[]	[]
3. Mechanical roof vents properly labeled on exterior surface.	[]	[]

Signature of tester: _____

Agency: _____ Phone: _____

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