SMOKE REMOVAL SYSTEM
CONFIDENCE TEST REPORT

Address: ________________________________________________________________

Business Name: __________________________________________________________

Area covered by this report: ________________________________________________ Date: __________

[ ] TEMPERED GLASS

1. Equipment for openable or removable windows is available. [YES] [NO]

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: ___________________________

Copy Distribution: White – Fire Department  Yellow – Premises  Pink - Inspector