

SMOKE MANAGEMENT SYSTEMS

Smoke Control Systems Acceptance and Periodic Tests

Year: _____ System: _____

Location: _____

Frequency of Periodic Tests: Dedicated System—semi-annually; nondedicated system—annually; test at conclusion of system modifications

Y = Satisfactory

N = Unsatisfactory (explain below)

N/A = Not applicable

Equipment	Equipment Operates Properly	Comments (number and record additional comments on reverse)
Fans (list each)		
Dampers (list each)		
Doors and Closers		
Other Equipment		
Smoke Barrier Integrity		
Shaft or Enclosure Integrity		

