SMOKE CONTROL SYSTEM INSPECTION WORKSHEET

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<td>Bldg. ID/Unit #</td>
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<td>Business Owner</td>
<td>Phone Number</td>
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Stairwell Number | Location | # of Floors

**Opening Protection** (Doors, Shutters, etc)
- Type: ____________________________  Condition of opening protective(s): good poor
- (If indicated “poor”, please explain) __________________________________________________________

Hold Open Devices: (Are any doors held open by hold open devices) yes no
- If yes, please indicate location of doors being held open _________________________________________

**Opening Force of Door(s)** (See note below)

Note: A force of not more than 15 pounds shall be required to release the door latch. The door shall be set in motion when subjected to a force not exceeding 30 pounds. The door shall swing to a full open position when subjected to a force of not more than 15 pounds. Forces shall be applied to the latch side.

- Do all stairwell doors meet the requirements listed above yes no
- (If no, please explain) __________________________________________________________________________

**Sprinklered Building:**

- (If no, does system meet the requirements of the International Fire Code Section 909.6.1) yes no

**Smoke Control Method**

- Pressurization: yes n/a
  - If yes, list the pressure difference measurement per the International Fire Code Section 909.6 __________________________________________________________________________

- Airflow: yes n/a
  - If yes, does the system meet the requirements of the International Fire Code Section 909.7 yes no
  - If no, please explain __________________________________________________________________________
Exhaust:

- If yes, does the system meet the requirements of the International Fire Code Section 909.8?
  - yes
  - no
- If no, please explain

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**Operation of equipment**

*Equipment such as, but not limited to, fans, ducts, motors, automatic dampers and balance dampers, shall be suitable for their intended use, suitable for the probable exposure temperatures that rational analysis indicates.*

- Does system equipment operate as intended?
  - yes
  - no
- If no, please explain

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**Firefighter’s Smoke Control Panel**

- If yes, does the “Control Panel” function properly?
  - yes
  - no

**Location of control panel**

**Note:** Panel shall be in the “Auto” position

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**Emergency Power Source:**

- If yes, please indicate source and location

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List the equipment used to conduct test:

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Comments:

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*All smoke control systems shall meet the requirements of the International Fire Code Section 909. The undersigned agrees to adhere to these requirements while testing applicable systems and indicates that the above listed system(s) where subjected to said requirements*

**Note:** Upon completion of testing this form shall be forwarded to the City of Myrtle Beach Fire Dept. Fire Marshal’s Office

Name of Mechanical Company

SC Mechanical License #

Person Conducting Test

Signature