

Myrtle Beach Fire Department



Fire Prevention Division
921 Oak St / Myrtle Beach, SC 29577
Bus. 843-918-1109 Fax 843-918-1204

SMOKE CONTROL SYSTEM INSPECTION WORKSHEET

Name of Business _____ Date of Inspection _____
Address _____ Bldg. ID/Unit # _____
Business Owner _____ Phone Number _____
Company Conducting Test _____ Phone Number _____

Stairwell Number _____	Location _____	# of Floors _____
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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:

yes **no**
(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: yes n/a
If yes, does the system meet the requirements of the International Fire Code Section 909.8 yes no
If no, please explain _____

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 _____

Firefighter's Smoke Control Panel yes no

If yes, does the "Control Panel" function properly: yes no

Location of control panel _____

Note: Panel shall be in the "Auto" position

Emergency Power Source: yes no

If yes, please indicate source and location _____

List the equipment used to conduct test: _____

Comments: _____

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) were 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** _____