GENERAL REQUIREMENTS FOR EXISTING FIRE SMOKE AND FIRE DAMPERS

(A) BACKGROUND
Fire doors, shutters, and dampers are of no value unless they are properly maintained and close, or are able to close, at the time of a fire. A periodic inspection and maintenance program is generally the responsibility of the building owner. Smoke and combination fire and smoke dampers are required for air-transfer openings in smoke barriers and fire barriers.

(B) FIRE CODE REQUIREMENTS
1. 2015 Edition of NFPA 1: Installation, Testing, and Maintenance. Smoke dampers must be maintained in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Combination fire/smoke dampers must be inspected and tested in accordance with NFPA 80. Smoke dampers for smoke control systems must be inspected and tested in accordance with NFPA 92.

2. INSPECTION SCHEDULE:
   a. Smoke Dampers: dampers must be inspected and tested one (1) year after installation, and then every four (4) years thereafter. In hospitals, the dampers must be inspected every six (6) years.
   b. Fire/Smoke Dampers:
      a. All inspections and testing must be documented indicating the location of the damper, date of inspection, name of inspector, and any deficiencies discovered.
      b. The damper must be reset to the fully open position after the successful test.
      c. Test records shall be retained for a period of at least three (3) test cycles.

3. OPERATIONAL PERMIT:
   a. An OPERATIONAL PERMIT will be issued by the Division of Fire Prevention and Code Compliance (DFPCC) for any building containing smoke or fire/smoke dampers not part of a smoke control system.
   b. The permit will renew annually.
   c. A single permit for “Dampers” will encompass all dampers described under section 12.9.5.4 of the 2015 NFPA 1, Fire Code for a building.

(C) INSPECTION TECHNICIAN PERSONNEL REQUIREMENTS
1. Persons performing the inspection of opening protective must have the appropriate technical knowledge and understanding of the operating components of the type of damper being subjected to testing.

2. Persons performing the inspection of the dampers must submit the signed affidavit along with an inspection report of any found deficiencies to the DFPCC.

(D) SERVICE REQUIREMENTS
1. When maintenance or visual inspection reveals a deficiency, the opening protective must be
repaired, replaced, or otherwise installed under permit from the Department of Permitting Services.

2. Where an air transfer opening no longer functions as an opening, or the duct is removed and not replaced, the opening must be filled to maintain the required rating of the barrier. This work must be done under permit from the Department of Permitting Services.

AFFIDAVIT FOR SMOKE AND FIRE/SMOKE DAMPERS

☐ I have technical knowledge of, and have experience in smoke and fire/smoke damper operation.

☐ I performed a visual inspection of the dampers for the building located at

__________________________________________________________________  
(street address)

☐ There were no deficiencies found during the visual inspection of the dampers.

☐ There were deficiencies found during the visual inspection of the dampers. See the attached form.

☐ I certify, under penalty of perjury, that all matters and facts set forth in this affidavit are true to the best of my knowledge and belief and that I have the authority to make this application on behalf of the company, business, or organization referenced within. I further certify that I have a clear understanding of, and will adhere to, all instructions and requirements set forth in this document.

Signature of Inspector: ____________________________ Date: __________________

Printed Name: ____________________________ Title: ____________________________

Signature of Witness: ____________________________ Date: __________________

I have personally observed this applicant’s photo ID, verifying identity.
SMOKE AND FIRE/SMOKE DAMPER – DEFICIENCY REPORTING FORM

Address:

Inspector Name:

Email/phone:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Location</th>
<th>Description of Deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: