



Public Input No. 2-NFPA 4-2020 [New Section after 3.3.12]

TITLE OF NEW CONTENT 3.3.12 Integrated System Definition

Integrated System. The connection of two separate systems. Connection types 1) Monitoring, 2) Controlling, 3) Monitor and Control (two-way).

Statement of Problem and Substantiation for Public Input

A definition was not provided.

Submitter Information Verification

Submitter Full Name: Tim Lincoln

Organization: Justice Engineering Corp

Street Address:

City:

State:

Zip:

Submittal Date: Thu Nov 12 13:58:04 EST 2020

Committee: CMI-AAA

Committee Statement

Resolution: The term is already defined in 3.3.26.4.



Public Input No. 1-NFPA 4-2020 [Section No. B.1]

B.1 Sample Forms.

See Figure B.1(a) through Figure B.1(f) for integrated system testing sample forms.

Figure B.1(a) Sample Record of Completion.

| TESTING OF INTEGRATED FIRE PROTECTION AND LIFE SAFETY SYSTEMS | |
|--|--|
| RECORD OF COMPLETION | |
| <i>This is to be completed by the designated Integrated Testing Agent (ITA), and/or the Enforcing Authority, following the completion of the testing of Integrated Fire Protection and Life Safety Systems within the property listed below.</i> | |
| 1. Property Information | |
| Name of property: _____ | |
| Addresses covered by integrated systems: _____ | |
| Description of property: _____ | |
| Occupancy type: _____ | |
| Property owner name: _____ | |
| Address: _____ | |
| Phone: _____ | Email: _____ |
| Enforcing authority having jurisdiction over property: _____ | |
| Phone: _____ | |
| Email: _____ | |
| 2. Integrated Systems Installed and Their Responsible Contractor Covered by This ROC | |
| <i>List each system installed within the building that is covered by this Record of Completion (or mark N/A).</i> | |
| System 1: Fire Alarm System | Contractor: _____ N/A <input type="checkbox"/> |
| System 2: Fire Sprinkler System | Contractor: _____ N/A <input type="checkbox"/> |
| System 3: HVAC | Contractor: _____ N/A <input type="checkbox"/> |
| System 4: Kitchen Fire Suppression System | Contractor: _____ N/A <input type="checkbox"/> |
| System 5: Elevator Phase I/Power Shutdown | Contractor: _____ N/A <input type="checkbox"/> |
| System 6: _____ | Contractor: _____ N/A <input type="checkbox"/> |
| System 7: _____ | Contractor: _____ N/A <input type="checkbox"/> |
| System 8: _____ | Contractor: _____ N/A <input type="checkbox"/> |
| 3. Individual System Testing Completion* (See Annex for individual system documentation) | |
| <i>It shall be verified that individual systems installed within the building and covered by this Record of Completion are tested in accordance with the applicable code or standard before Integrated Testing occurs.</i> | |
| System 1: Acceptance testing completed in accordance with NFPA 72 _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 2: Fire Sprinkler System - Testing completed in accordance with NFPA 13 _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 3: HVAC System - Testing completed in accordance with NFPA 90A _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 4: Kitchen F.S. System - Testing completed in accordance with NFPA 17A _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 5: Phase I and Power Shutdown (if applicable) - Testing completed in accordance with ASME A17.1 _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 6: Testing in accordance with _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 7: Testing in accordance with _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System 8: Testing in accordance with _____ | ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Results of Integrated System Acceptance Testing* (See Annex for acceptance testing guidance) | |
| <i>Document the testing of integrated systems by verifying if the operation of the integration systems occurred as designed, and/or as required by applicable codes and standards, and/or as approved by the enforcing authority.</i> | |
| System _____ integrated with System _____ - Performed as required, designed, and/or approved. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System _____ integrated with System _____ - Performed as required, designed, and/or approved. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System _____ integrated with System _____ - Performed as required, designed, and/or approved. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| System _____ integrated with System _____ - Performed as required, designed, and/or approved. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Certifications | |
| <i>Integrated fire protection and life safety systems listed in Section 2 have been satisfactorily proven to function as designed, required, and/or approved as indicated in Section 4.</i> | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, Attach Deficiency Report) | |
| Owner, Owner's Representative, ITA: _____ | Date: _____ |
| Enforcing Authority: _____ | Date: _____ |
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above, suggest the following edits:

Unable to edit jpg

System monitoring by Fire Alarm System

2. System 6: **ERRC**

System

7: Emergency Generator monitoring by Fire Alarm System

System 8: **Fire Water**

Valve, BFP, Fire Pump monitoring by Fire Alarm System

Figure B.1(b) Sample Acceptance Test Notification Form.

| ACCEPTANCE TEST NOTIFICATION | | | | | | |
|--|-----------------------|---------------|---------------------|----------------|-------------------|---------------------------------|
| BUILDING INFORMATION | | | | | | |
| Building Name | | | | | | |
| Building Address | | | | | | |
| Owner's Name | | | | | | |
| Owner's Address | | | | | | |
| Owner's Phone/Fax/Email | | | | | | |
| INSTALLATION CONTRACTOR INFORMATION | | | | | | |
| Company Name | | | | | | |
| Address | | | | | | |
| Contact Person | | | | | | |
| Phone/Fax/Email | | | | | | |
| SYSTEM INFORMATION | | | | | | |
| System Description | Specification Section | Permit Issued | Submittals Approved | Plans Approved | Rough-in Complete | Pre-functional Testing Complete |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| The above-referenced system(s) are certified as substantially complete and are ready for acceptance testing. | | | | | | |
| Integrated Testing Agent | | | Date | | | |
| Owner's Representative | | | Date | | | |
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Figure B.1(c) Sample Smoke Control Pre-functional Test Form.

| SMOKE CONTROL SYSTEM PRE-FUNCTIONAL TEST REPORT | |
|---|--|
| 1. Fire alarm system | |
| a. Overall fire alarm system tests were performed by and certifications provided to the owner dated _____ | |
| b. Successful testing of the automatic smoke control inputs were performed on _____ | |
| c. Test reports are attached. Completed by: _____ | |
| 2. HVAC equipment | |
| a. Final balancing of the smoke exhaust fans in both the normal building operation and smoke exhaust mode were performed on _____ | |
| b. Final balancing of smoke control system makeup fans in both the normal building operation and smoke exhaust mode were performed on _____ | |
| c. Automatic shutdown of building air handling systems in the smoke control mode was tested on _____ | |
| d. Test reports are attached. Completed by: _____ | |
| 3. Sprinkler system | |
| a. Overall testing of the sprinkler system was performed on _____ | |
| b. Final certifications are attached. Completed by: _____ | |
| 4. Smoke control makeup doors, windows, louvers, etc. | |
| a. Testing of operation of doors, windows, dampers, etc., used for smoke control makeup was performed on _____ | |
| b. Test reports are attached. Completed by: _____ | |
| 5. Electrical equipment/standby power sources | |
| a. Overall testing of the electrical system was performed on _____ | |
| b. Overall testing of the electrical standby generator was performed on _____ | |
| c. Testing of the smoke control system under standby power was performed on _____ | |
| d. Test reports and short circuit study are attached. Completed by: _____ | |
| Owner _____, _____ | |
| Project _____ Integrated Testing Agent _____ | |
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Figure B.1(d) Sample Acceptance Test Form.

| SMOKE CONTROL SYSTEM ACCEPTANCE TESTS | | | |
|--|-------------|-----------|--|
| 1. Persons present for testing | | | |
| a. SC Testing agent | | | |
| b. Owner | | | |
| c. Architect | | | |
| d. Engineer | | | |
| e. Code official | | | |
| f. Contractors | | | |
| | GC | | |
| | Fire alarm | | |
| | Mechanical | | |
| | Balancer | | |
| | Electrical | | |
| | Comm. agent | | |
| 2. Test measurements | | | |
| a. Ambient conditions | | | |
| (1) Wind speed | | | |
| (2) Wind direction | | | |
| (3) Outside temperature | | | |
| (4) Ambient space temperature | | | |
| b. System in normal mode | | | |
| (1) Exhaust fan/damper status | ON/OPEN | OFF/CLOSE | |
| EF-1 | | | |
| EF-1 Inlet damper | | | |
| EF-2 | | | |
| EF-2 Inlet damper | | | |
| EF-3 | | | |
| EF-3 Inlet damper | | | |
| M-1 Damper | | | |
| M-2 Damper | | | |
| (2) Main AC status | ON/OPEN | OFF/CLOSE | |
| AHU-1 Supply fan | | | |
| AHU-1 Vent OA damper | | | |
| AHU-1 Econ OA damper | | | |
| AHU-1 RA damper | | | |
| AHU-1 Steam valve | | | |
| AHU-2 Supply fan | | | |
| AHU-2 Return fan | | | |
| Smoke damper — 1st to 2nd | | | |
| MAD-1 | | | |
| MAD-2 | | | |
| MAD-3 | | | |
| First floor NW return smoke damper | | | |
| First floor SE return smoke damper | | | |
| Second floor NW return smoke damper | | | |
| Second floor SE return smoke damper | | | |
| Third floor NW return smoke damper | | | |
| Third floor SE return smoke damper | | | |
| Fourth floor NW return smoke damper | | | |
| Fourth floor SE return smoke damper | | | |
| Owner _____ | | | |
| Project _____ Integrated testing agent _____ | | | |
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| | | | | |
|--|---------|-----------|-------|------|
| (3) VAV box status | ON/OPEN | OFF/CLOSE | | |
| First floor | | | | |
| Second floor | | | | |
| Third floor | | | | |
| Fourth floor | | | | |
| (4) Door opening forces | Latch | Start | Full | |
| Fourth floor stair — ST-A | | | | |
| Fourth floor stair — ST-B | | | | |
| Third floor stair — ST-A | | | | |
| Third floor stair — ST-B | | | | |
| Second floor stair — ST-A | | | | |
| Second floor stair — ST-B | | | | |
| First floor stair — ST-A | | | | |
| First floor stair — ST-B | | | | |
| (5) Pressure differentials | | | | |
| Fourth floor stair — ST-A | | | | |
| Fourth floor stair — ST-B | | | | |
| Third floor stair — ST-A | | | | |
| Third floor stair — ST-B | | | | |
| Second floor stair — ST-A | | | | |
| Second floor stair — ST-B | | | | |
| First floor stair — ST-A | | | | |
| First floor stair — ST-B | | | | |
| (6) Velocities at atrium perimeter | North | East | South | West |
| Second floor | | | | |
| Third floor | | | | |
| Fourth floor | | | | |
| c. Equipment in smoke exhaust mode — normal power | | | | |
| (1) Device used to initiate | | | | |
| (2) Time for system to full operation | | | | |
| (3) Total flow — exhaust | | Makeup | | |
| (4) Exhaust fan/damper status | ON/OPEN | OFF/CLOSE | | |
| EF-1 | | | | |
| EF-1 Inlet damper | | | | |
| EF-2 | | | | |
| EF-2 Inlet damper | | | | |
| EF-3 | | | | |
| EF-3 Inlet damper | | | | |
| M-1 Damper | | | | |
| M-2 Damper | | | | |
| Owner _____ | | | | |
| Project _____ Integrated testing agent _____ | | | | |
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| | | | | |
|---|--------------------------------|-----------|-------|--------------------|
| (5) Main AC status | ON/OPEN | OFF/CLOSE | | |
| AHU-1 Supply fan | _____ | _____ | | |
| AHU-1 Vent OA damper | _____ | _____ | | |
| AHU-1 Econ OA damper | _____ | _____ | | |
| AHU-1 RA damper | _____ | _____ | | |
| AHU-1 Steam valve | _____ | _____ | | |
| AHU-2 Supply fan | _____ | _____ | | |
| AHU-2 Return fan | _____ | _____ | | |
| Smoke damper — 1st to 2nd | _____ | _____ | | |
| MAD-1 | _____ | _____ | | |
| MAD-2 | _____ | _____ | | |
| MAD-3 | _____ | _____ | | |
| First floor NW return smoke damper | _____ | _____ | | |
| First floor SE return smoke damper | _____ | _____ | | |
| Second floor NW return smoke damper | _____ | _____ | | |
| Second floor SE return smoke damper | _____ | _____ | | |
| Third floor NW return smoke damper | _____ | _____ | | |
| Third floor SE return smoke damper | _____ | _____ | | |
| Fourth floor NW return smoke damper | _____ | _____ | | |
| Fourth floor SE return smoke damper | _____ | _____ | | |
| (6) VAV box status | ON/OPEN | OFF/CLOSE | | |
| First floor | _____ | _____ | | |
| Second floor | _____ | _____ | | |
| Third floor | _____ | _____ | | |
| Fourth floor | _____ | _____ | | |
| (7) Door opening forces | Latch | Start | Full | |
| Fourth floor stair — ST-A | _____ | _____ | _____ | |
| Fourth floor stair — ST-B | _____ | _____ | _____ | |
| Third floor stair — ST-A | _____ | _____ | _____ | |
| Third floor stair — ST-B | _____ | _____ | _____ | |
| Second floor stair — ST-A | _____ | _____ | _____ | |
| Second floor stair — ST-B | _____ | _____ | _____ | |
| First floor stair — ST-A | _____ | _____ | _____ | |
| First floor stair — ST-B | _____ | _____ | _____ | |
| (8) Pressure differentials | | | | |
| Fourth floor stair — ST-A | _____ | _____ | _____ | |
| Fourth floor stair — ST-B | _____ | _____ | _____ | |
| Third floor stair — ST-A | _____ | _____ | _____ | |
| Third floor stair — ST-B | _____ | _____ | _____ | |
| Second floor stair — ST-A | _____ | _____ | _____ | |
| Second floor stair — ST-B | _____ | _____ | _____ | |
| First floor stair — ST-A | _____ | _____ | _____ | |
| First floor stair — ST-B | _____ | _____ | _____ | |
| (9) Velocities at atrium perimeter | North | East | South | West |
| Second floor | _____ | _____ | _____ | _____ |
| Third floor | _____ | _____ | _____ | _____ |
| Fourth floor | _____ | _____ | _____ | _____ |
| Owner _____ | | | | |
| Project _____ | Integrated testing agent _____ | | | |
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| | | | | |
|--|--------------------------------|-----------|-------|--------------------|
| b. Equipment in smoke exhaust mode — transfer to emergency | | | | |
| (1) Time for system to transfer _____ | | | | |
| (2) Total flow — exhaust _____ | Makeup | | | |
| (3) Exhaust fan/damper status | ON/OPEN | OFF/CLOSE | | |
| EF-1 | _____ | _____ | | |
| EF-1 Inlet damper | _____ | _____ | | |
| EF-2 | _____ | _____ | | |
| EF-2 Inlet damper | _____ | _____ | | |
| EF-3 | _____ | _____ | | |
| EF-3 Inlet damper | _____ | _____ | | |
| M-1 Damper | _____ | _____ | | |
| M-2 Damper | _____ | _____ | | |
| (4) Main AC status | ON/OPEN | OFF/CLOSE | | |
| AHU-1 Supply fan | _____ | _____ | | |
| AHU-1 Vent OA damper | _____ | _____ | | |
| AHU-1 Econ OA damper | _____ | _____ | | |
| AHU-1 RA damper | _____ | _____ | | |
| AHU-1 Steam valve | _____ | _____ | | |
| AHU-2 Supply fan | _____ | _____ | | |
| AHU-2 Return fan | _____ | _____ | | |
| Smoke damper — 1st to 2nd | _____ | _____ | | |
| MAD-1 | _____ | _____ | | |
| MAD-2 | _____ | _____ | | |
| MAD-3 | _____ | _____ | | |
| First floor NW return smoke damper | _____ | _____ | | |
| First floor SE return smoke damper | _____ | _____ | | |
| Second floor NW return smoke damper | _____ | _____ | | |
| Second floor SE return smoke damper | _____ | _____ | | |
| Third floor NW return smoke damper | _____ | _____ | | |
| Third floor SE return smoke damper | _____ | _____ | | |
| Fourth floor NW return smoke damper | _____ | _____ | | |
| Fourth floor SE return smoke damper | _____ | _____ | | |
| (5) VAV box status | ON/OPEN | OFF/CLOSE | | |
| First floor | _____ | _____ | | |
| Second floor | _____ | _____ | | |
| Third floor | _____ | _____ | | |
| Fourth floor | _____ | _____ | | |
| (6) Door opening forces | Latch | Start | Full | |
| Fourth floor stair — ST-A | _____ | _____ | _____ | |
| Fourth floor stair — ST-B | _____ | _____ | _____ | |
| Third floor stair — ST-A | _____ | _____ | _____ | |
| Third floor stair — ST-B | _____ | _____ | _____ | |
| Second floor stair — ST-A | _____ | _____ | _____ | |
| Second floor stair — ST-B | _____ | _____ | _____ | |
| First floor stair — ST-A | _____ | _____ | _____ | |
| First floor stair — ST-B | _____ | _____ | _____ | |
| Owner _____ | | | | |
| Project _____ | Integrated testing agent _____ | | | |
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| | | | | |
|--|-------|-------|-------|-------|
| (7) Pressure differentials | | | | |
| Fourth floor stair – ST-A _____ | | | | |
| Fourth floor stair – ST-B _____ | | | | |
| Third floor stair – ST-A _____ | | | | |
| Third floor stair – ST-B _____ | | | | |
| Second floor stair – ST-A _____ | | | | |
| Second floor stair – ST-B _____ | | | | |
| First floor stair – ST-A _____ | | | | |
| First floor stair – ST-B _____ | | | | |
| (8) Velocities at atrium perimeter | | | | |
| | North | East | South | West |
| Second floor | _____ | _____ | _____ | _____ |
| Third floor | _____ | _____ | _____ | _____ |
| Fourth floor | _____ | _____ | _____ | _____ |
| c. Shut down system and restart while on emergency power | | | | |
| (1) All equipment return to smoke exhaust mode? _____ | | | | |
| (2) List failures _____ | | | | |
| _____ | | | | |
| d. Spot check of other fire alarm inputs | | | | |
| Start - Yes? Start - No? | | | | |
| (1) Smoke control panel manual switch _____ | | | | |
| (2) Spot smoke detectors | | | | |
| Basement _____ | | | | |
| First floor _____ | | | | |
| Second floor _____ | | | | |
| Third floor _____ | | | | |
| Fourth floor _____ | | | | |
| (3) Fourth floor beam detector _____ | | | | |
| (4) Sprinkler waterflow | | | | |
| Basement _____ | | | | |
| First floor _____ | | | | |
| Second floor _____ | | | | |
| Third floor _____ | | | | |
| Fourth floor _____ | | | | |
| (5) Pull station | | | | |
| Basement _____ | | | | |
| First floor _____ | | | | |
| Second floor _____ | | | | |
| Third floor _____ | | | | |
| Fourth floor _____ | | | | |
| (6) Duct detectors | | | | |
| First floor return – SE _____ | | | | |
| First floor supply – SE _____ | | | | |
| Second floor return – SE _____ | | | | |
| Third floor return – SE _____ | | | | |
| Fourth floor return – SE _____ | | | | |
| Owner _____ | | | | |
| Project _____ | | | | |
| Integrated testing agent _____ | | | | |
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Figure B.1(e) Sample Smoke Control Panel Test Form.

| | | | |
|---|--------------|--------------------------------|--------------|
| SMOKE CONTROL PANEL TEST FORM | | | |
| 1. Tests from smoke control panel | | | |
| A. AHU-1 | LIGHT STATUS | K. MAD-1 Damper | LIGHT STATUS |
| i. Fan in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Fan in "On" | _____ | ii. Damper in "Open" | _____ |
| iii. Fan in "Off" | _____ | iii. Damper in "Close" | _____ |
| B. EF-1 | LIGHT STATUS | L. MAD-2 Damper | LIGHT STATUS |
| i. Fan in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Fan in "On" | _____ | ii. Damper in "Open" | _____ |
| iii. Fan in "Off" | _____ | iii. Damper in "Close" | _____ |
| C. EF-2 | LIGHT STATUS | M. MAD-3 Damper | LIGHT STATUS |
| i. Fan in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Fan in "On" | _____ | ii. Damper in "Open" | _____ |
| iii. Fan in "Off" | _____ | iii. Damper in "Close" | _____ |
| D. EF-3 | LIGHT STATUS | N. 4th floor return damper | LIGHT STATUS |
| i. Fan in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Fan in "On" | _____ | ii. Damper in "Open" | _____ |
| iii. Fan in "Off" | _____ | iii. Damper in "Close" | _____ |
| E. EF-1 Inlet damper | LIGHT STATUS | O. 3rd floor return damper | LIGHT STATUS |
| i. Damper in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Damper in "Open" | _____ | ii. Damper in "Open" | _____ |
| iii. Damper in "Close" | _____ | iii. Damper in "Close" | _____ |
| F. EF-2 Inlet damper | LIGHT STATUS | P. 2nd floor return damper | LIGHT STATUS |
| i. Damper in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Damper in "Open" | _____ | ii. Damper in "Open" | _____ |
| iii. Damper in "Close" | _____ | iii. Damper in "Close" | _____ |
| G. EF-3 Inlet damper | LIGHT STATUS | Q. 1st floor return damper | LIGHT STATUS |
| i. Damper in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Damper in "Open" | _____ | ii. Damper in "Open" | _____ |
| iii. Damper in "Close" | _____ | iii. Damper in "Close" | _____ |
| H. M-1 Damper | LIGHT STATUS | R. AHU-1 Return damper | LIGHT STATUS |
| i. Damper in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Damper in "Open" | _____ | ii. Damper in "Open" | _____ |
| iii. Damper in "Close" | _____ | iii. Damper in "Close" | _____ |
| I. M-2 Damper | LIGHT STATUS | S. AHU-10AD Vent damper | LIGHT STATUS |
| i. Damper in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Damper in "Open" | _____ | ii. Damper in "Open" | _____ |
| iii. Damper in "Close" | _____ | iii. Damper in "Close" | _____ |
| J. Damper between 1st and 2nd floors | LIGHT STATUS | T. AHU-1 OA Econ damper | LIGHT STATUS |
| i. Damper in "Auto" | _____ | i. Damper in "Auto" | _____ |
| ii. Damper in "Open" | _____ | ii. Damper in "Open" | _____ |
| iii. Damper in "Close" | _____ | iii. Damper in "Close" | _____ |
| Owner _____ | | Date (mm/dd/yyyy) _____ | |
| Project _____ | | Integrated testing agent _____ | |
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| SMOKE CONTROL PANEL TEST FORM | | |
|--|------------------------------|---|
| 2. Tests from fan starters | | |
| A. AHU-1 | LIGHT STATUS | E. MAD-3 Damper |
| i. Fan in "Auto" | _____ | Failure light on panel _____ |
| ii. Fan in "On" | _____ | F. 4th floor return damper |
| iii. Fan in "Off" | _____ | Failure light on panel _____ |
| B. EF-1 | LIGHT STATUS | G. 3rd floor return damper |
| i. Fan in "Auto" | _____ | Failure light on panel _____ |
| ii. Fan in "On" | _____ | H. 2nd floor return damper |
| iii. Fan in "Off" | _____ | Failure light on panel _____ |
| C. EF-2 | LIGHT STATUS | I. 1st floor return damper |
| i. Fan in "Auto" | _____ | Failure light on panel _____ |
| ii. Fan in "On" | _____ | J. AHU-1 Return damper |
| iii. Fan in "Off" | _____ | Failure light on panel _____ |
| D. EPF-3 | LIGHT STATUS | K. AHU-1 OAD Vent damper |
| i. Fan in "Auto" | _____ | Failure light on panel _____ |
| ii. Fan in "On" | _____ | L. AHU-1 OA Econ damper |
| iii. Fan in "Off" | _____ | Failure light on panel _____ |
| 3. Tests of fan failure CTs | | |
| A. SF-1 | Failure light on panel _____ | 5. Tests of power failure relays |
| B. SF-2 | Failure light on panel _____ | A. SF-1 |
| C. SF-3 | Failure light on panel _____ | Failure light on panel _____ |
| D. AHU-1 | Failure light on panel _____ | B. SF-2 |
| Failure light on panel _____ | | |
| C. SF-3 | | |
| Failure light on panel _____ | | |
| D. AHU-1 | | |
| Failure light on panel _____ | | |
| 4. Tests of damper end switches | | |
| A. M-1 Damper | Failure light on panel _____ | E. AHU-1 Return damper |
| B. M-2 Damper | Failure light on panel _____ | Failure light on panel _____ |
| C. MAD-1 Damper | Failure light on panel _____ | F. AHU-1 OAD Vent damper |
| D. MAD-2 Damper | Failure light on panel _____ | Failure light on panel _____ |
| G. AHU-1 OA Econ damper | | |
| Failure light on panel _____ | | |
| Owner _____ Date (mm/dd/yyyy) _____ | | |
| Project _____ Integrated testing agent _____ | | |
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Figure B.1(f) Sample Smoke Control Test Readiness Form.

| ATRIUM SMOKE CONTROL SYSTEM TESTING NOTIFICATION | | | | | | |
|--|-----------------------|---------------|---------------------|----------------|-------------------|---------------------------------|
| BUILDING INFORMATION | | | | | | |
| Building Name | _____ | | | | | |
| Building Address | _____ | | | | | |
| Owner's Name | _____ | | | | | |
| Owner's Address | _____ | | | | | |
| Owner's Phone/Fax/Email | _____ | | | | | |
| CONTRACTOR INFORMATION | | | | | | |
| Company Name | _____ | | | | | |
| Address | _____ | | | | | |
| Contact Person | _____ | | | | | |
| Phone/Fax/Email | _____ | | | | | |
| SYSTEM INFORMATION | | | | | | |
| System Description | Specification Section | Permit Issued | Submittals Approved | Plans Approved | Rough-in Complete | Pre-functional Testing Complete |
| HVAC system | | | | | | |
| Fire alarm system | | | | | | |
| Sprinkler system | | | | | | |
| Electrical system | | | | | | |
| Standby power generator | | | | | | |
| Makeup doors/windows/louvers | | | | | | |
| | | | | | | |
| | | | | | | |
| The above-referenced system(s) are certified as substantially complete and are ready for acceptance testing. | | | | | | |
| Integrated Testing Agent _____ | | | Date _____ | | | |
| Owner's Representative _____ | | | Date _____ | | | |
| © 2020 National Fire Protection Association NFPA 4 | | | | | | |

Additional Proposed Changes

| <u>File Name</u> | <u>Description</u> | <u>Approved</u> |
|------------------|----------------------|-----------------|
| NFPA_4_B1.txt | For NFPA 4 Annex B.1 | |

Statement of Problem and Substantiation for Public Input

Additional common integrated systems not included on checklist.

Submitter Information Verification

Submitter Full Name: Tim Lincoln

Organization: Justice Engineering Corp

Street Address:

City:

State:

Zip:

Submittal Date: Wed Nov 11 18:29:25 EST 2020

Committee: CMI-AAA

Committee Statement

Resolution: The form has purposely limited the amount of items in Section 2 to keep the form to a single page. System 6, 7, 8 are left blank intentionally to add systems that are applicable to the building. The proposed items exceeds the intent of the smaller form that can be used on the majority of smaller buildings.