



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																									
<p><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></p>																									
<p>1. Property Information</p> <p>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: _____</p>																									
<p>2. Integrated Systems Installed and Their Responsible Contractor Covered by This ROC</p> <p><i>List each system installed within the building that is covered by this Record of Completion (or mark N/A).</i></p> <table> <tr> <td>System 1: Fire Alarm System</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 2: Fire Sprinkler System</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 3: HVAC</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 4: Kitchen Fire Suppression System</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 5: Elevator Phase I/Power Shutdown</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 6: _____</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 7: _____</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>System 8: _____</td> <td>Contractor: _____</td> <td>N/A <input type="checkbox"/></td> </tr> </table>		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"/>
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System 8: _____	Contractor: _____	N/A <input type="checkbox"/>																							
<p>3. Individual System Testing Completion* (See Annex for individual system documentation)</p> <p><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></p> <table> <tr> <td>System 1: Acceptance testing completed in accordance with NFPA 72</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 2: Fire Sprinkler System – Testing completed in accordance with NFPA 13</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 3: HVAC System – Testing completed in accordance with NFPA 90A</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 4: Kitchen FS System – Testing completed in accordance with NFPA 17A</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 5: Phase I and Power Shutdown (if applicable) – Testing completed in accordance with ASME A17.1</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 6: Testing in accordance with _____</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 7: Testing in accordance with _____</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System 8: Testing in accordance with _____</td> <td>? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		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 FS 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"/>								
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<p>4. Results of Integrated System Acceptance Testing* (See Annex for acceptance testing guidance)</p> <p><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></p> <table> <tr> <td>System _____ integrated with System _____ - Performed as required, designed, and/or approved.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System _____ integrated with System _____ - Performed as required, designed, and/or approved.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System _____ integrated with System _____ - Performed as required, designed, and/or approved.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>System _____ integrated with System _____ - Performed as required, designed, and/or approved.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		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"/>																
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<p>5. Certifications</p> <p><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></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, Attach Deficiency Report)</p> <p>Owner, Owner's Representative, ITA: _____ Date: _____</p> <p>Enforcing Authority: _____ Date: _____</p>																									

above, suggest the following edits:

System monitoring by Fire Alarm System

7: Emergency Generator monitoring by Fire Alarm System

Valve, BFP, Fire Pump monitoring by Fire Alarm System

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

Unable to edit jpg

2. System 6: **ERRC**

System

System 8: **Fire Water**

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					
© 2020 National Fire Protection Association						
NFPA 4						

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 _____						
Completed by: _____						
c. Test reports are attached.						
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 _____						
Completed by: _____						
d. Test reports are attached.						
3. Sprinkler system						
a. Overall testing of the sprinkler system was performed on _____						
Completed by: _____						
b. Final certifications are attached.						
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 _____						
Completed by: _____						
b. Test reports are attached.						
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 _____						
Completed by: _____						
d. Test reports and short circuit study are attached.						
Owner _____						
Project _____	Integrated Testing Agent _____					
© 2020 National Fire Protection Association						
NFPA 4						

Figure B.1(d) Sample Acceptance Test Form.

SMOKE CONTROL SYSTEM ACCEPTANCE TESTS																																																																																																																												
<p>1. Persons present for testing</p> <p>a. SC Testing agent _____ b. Owner _____ c. Architect _____ d. Engineer _____ e. Code official _____ f. Contractors _____ GC Fire alarm Mechanical Balancer Electrical Comm. agent _____</p>																																																																																																																												
<p>2. Test measurements</p> <p>a. Ambient conditions (1) Air temp _____ (2) Wind direction _____ (3) Outside temperature _____ (4) Ambient space temperature _____</p> <p>b. System in normal mode</p> <table border="1"> <thead> <tr> <th></th> <th>ON/OPEN</th> <th>OFF/CLOSE</th> </tr> </thead> <tbody> <tr> <td>(1) Exhaust fan/damper status</td> <td>EF-1 EF-1 Inlet damper EF-2 EF-2 Inlet damper EF-3 EF-3 Inlet damper M-1 Damper M-2 Damper</td> <td>_____ _____ _____ _____ _____ _____</td> </tr> <tr> <td>(2) Main AC status</td> <td>AHU-1 Supply fan AHU-1 Vent OA damper AHU-1 Econ OA damper AHU-1 RA damper AHU-1 Steam valve AHU-1 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</td> <td>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</td> </tr> </tbody> </table>				ON/OPEN	OFF/CLOSE	(1) Exhaust fan/damper status	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	AHU-1 Supply fan AHU-1 Vent OA damper AHU-1 Econ OA damper AHU-1 RA damper AHU-1 Steam valve AHU-1 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	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____																																																																																																																	
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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 - STA	_____	_____	_____	
First floor stair - STB	_____	_____	_____	
(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 - STA	_____	_____	_____	
First floor stair - STB	_____	_____	_____	
(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	ON/OPEN	OFF/CLOSE
(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 - STA	_____	_____	_____
Third floor stair - STB	_____	_____	_____
Second floor stair - STA	_____	_____	_____
Second floor stair - STB	_____	_____	_____
First floor stair - STA	_____	_____	_____
First floor stair - STB	_____	_____	_____
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	_____	_____	
Basement	_____	_____	_____	
First floor	_____	_____	_____	
Second floor	_____	_____	_____	
Third floor	_____	_____	_____	
Fourth floor	_____	_____	_____	
(3) Fourth floor beam detector	_____	_____	_____	
(4) Sprinkler waterflow	Basement	_____	_____	
Basement	_____	_____	_____	
First floor	_____	_____	_____	
Second floor	_____	_____	_____	
Third floor	_____	_____	_____	
Fourth floor	_____	_____	_____	
(5) Pull stations	Basement	_____	_____	
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 _____	Integrated testing agent _____			
Project _____				NFPA 4 (p. 5 of 5)
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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 floor	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	LIGHT STATUS	E. MAD-3 Damper Failure light on panel _____
A. AHU-1	_____	F. 4th floor return damper Failure light on panel _____
i. Fan in "Auto"	_____	G. 3rd floor return damper Failure light on panel _____
ii. Fan in "On"	_____	H. 2nd floor return damper Failure light on panel _____
iii. Fan in "Off"	_____	I. 1st floor return damper Failure light on panel _____
B. EF-1	LIGHT STATUS	J. AHU-1 Return damper Failure light on panel _____
i. Fan in "Auto"	_____	K. AHU-10AD Vent damper Failure light on panel _____
ii. Fan in "On"	_____	L. AHU-1 OA Econ damper Failure light on panel _____
iii. Fan in "Off"	_____	
C. EF-2	LIGHT STATUS	
i. Fan in "Auto"	_____	
ii. Fan in "On"	_____	
iii. Fan in "Off"	_____	
D. EF-3	LIGHT STATUS	
i. Fan in "Auto"	_____	
ii. Fan in "On"	_____	
iii. Fan in "Off"	_____	
3. Tests of fan failure CTs	LIGHT STATUS	
A. SF-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	LIGHT STATUS	
A. M-1 Damper	Failure light on panel _____	
B. M-2 Damper	Failure light on panel _____	
C. MAD-1 Damper	Failure light on panel _____	
D. MAD-2 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 _____					

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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.