



TOWN OF OCEAN CITY - OFFICE OF THE FIRE MARSHAL

P.O. Box 158 Ocean City, MD 21843

Phone # 410-289-8780 Fax # 410-289-8767

CERTIFICATE OF INSPECTION

Smoke Control / Smoke Management System

- Annual Certificate of Inspection in Accordance with NFPA 92A
- Annual Certificate of Inspection in Accordance with NFPA 92B
- Non-Annual Certificate of Inspection in Accordance with NFPA 92A
- Non-Annual Certificate of Inspection in Accordance with NFPA 92B

Deficiencies: YES NO

Protected Property:

Building Name: _____

Exact Physical Address: _____

Contact Person: _____

Bill To: _____

Contact Phone #: _____

Billing Address: _____

Smoke Control Testing Company:

Inspector/Technician: _____

Company: _____

Phone Number: _____

Address: _____

Date System Tested: _____

Smoke Control System Owner's Notification:

The owner and/or the owner's representative of the system was notified on _____ of all deficiencies.

**PRIOR TO TESTING, OCEAN CITY COMMUNICATIONS SHALL BE NOTIFIED!
PHONE # 410-723-6620**

(Failure to do so will result in the full provisions of the Town of Ocean City Fire Prevention and Protection Code to be invoked.)

Dispatcher Name/Number: _____ Time: _____

Smoke Control System Information:

System Type: Dedicated Non-Dedicated Zoned Smoke Control Smoke Exhaust Stair Pressurization

Deficiencies Identified During Inspection:

- | | |
|--|--|
| <input type="checkbox"/> System out of Service | <input type="checkbox"/> Stairway Fans Failed to Activate |
| <input type="checkbox"/> System Failed to Activate Automatically | <input type="checkbox"/> Verification of System Components Failed |
| <input type="checkbox"/> System Fans Failed to Operate Within 60 Seconds | <input type="checkbox"/> After Testing System Failed to Return to Normal |
| <input type="checkbox"/> System Dampers Failed to Complete Travel within 75 Seconds | <input type="checkbox"/> Across Door Pressures too High / Low (Circle One) |
| <input type="checkbox"/> System Failed to Operate When Transferred to Stand-by Power | <input type="checkbox"/> System Failed to Manual, Activate, or Shut Down |
| <input type="checkbox"/> Smoke Detector in the Supply Failed to Shut Fan Off | <input type="checkbox"/> Other: List Below |

Comments / Deficiency Description: (Attach an "Additional Information Form" if more room is needed.)

FOR INTERNAL USE ONLY:

Data Entry Date: _____ FM Assigned: _____ Date FM Assigned: _____ Date Inspected/Contacted: _____

- No Deficiencies Found
- Deficiencies Verified

QV #: _____ Date of Violation: _____ Date of Compliance: _____

****THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS FROM THE DATE OF INSPECTION TO THE OCEAN CITY FIRE MARSHALS OFFICE ****