



CITY OF HENDERSON
Department of Building & Fire Safety

DUCT/AREA DETECTOR TEST DATA

| | |
|--------------------------|------------------|
| Date _____ | Permit No. _____ |
| Street Address _____ | |
| ***** | |
| General Contractor _____ | Phone _____ |
| Sub-Contractor _____ | Phone _____ |
| Address _____ | License # _____ |
| _____ | _____ |

Devices upon detection of smoke shall automatically shut off air moving equipment by interrupting the power source

Test Device Type _____

(circle one) **DUCT DETECTORS** **AREA DETECTORS**

MANUFACTURERS NAME & MODEL NUMBER: _____

MANUFACTURERS AIRFLOW REQUIREMENTS: (when duct detectors used)

fpm min. _____ fpm max. _____

water column min. _____ water column max. _____

ACTUAL AIRFLOW AS MEASURED AT DEVICE: _____

EQUIPMENT AIRFLOW OUTPUT: _____

(cfm or tonage as shown on rating plate)

EQUIPMENT SHUT OFF ACCOMPLISHED WHEN DEVICE PUT INTO ALARM:

YES: _____ NO: _____

TIME REQUIRED FOR SHUTOFF ONCE DEVICE SET IN ALARM:

SECONDS: _____ (15 seconds max. permitted time)

TEMPERATURE AT DUCT DETECTOR HEAD WHEN LOCATED LESS THAT SIX DUCT WIDTHS

FROM H.V.A.C. EQUIPMENT OUTLET: _____

(for gas supplied equipment only)

2000 Southern Nevada Uniform Code Amendments – 609 (Performance Test)

Upon completion and before final approval of the air moving system provided with the required smoke detectors, a performance test, shall be performed to verify compliance of detector installation to manufacturer's instructions and system compatibility as specified in this chapter. The permittee shall furnish the necessary test equipment and devices required to perform the tests and shall provide the jurisdiction with an accurate, completed and signed test report. The report shall be on a form supplied by the jurisdiction or on a form containing equivalent information. At the discretion of the building official, the performance test may be required to be witnessed by a Building Department representative, or at the option of the permittee, performed by an approved third party testing agency.

Person performing test

Signature

Title and Affiliation

(multiple devices record on back of form)

