



**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.)

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**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 \*\***