



ANNUAL SMOKE REMOVAL SYSTEM INSPECTION / TEST REPORT MECHANICAL SMOKE REMOVAL / CONTROL SYSTEM

Fire Prevention Division
1701 Meridian Ave. 2nd Floor
Miami Beach, Florida | 33139

Attention: _____

Received By: _____

All smoke removal/control systems, actuation and control devices located at the following address have been inspected and/or tested under the supervision of a registered mechanical engineer or accredited testing laboratory for proper operation as required by the adopted codes/standards at the time of installation and are OPERATIONAL with the minimum requirements of this type of system as per NFPA 92A, 92B.

Owner Name and Mailing Address		Address	
		Type of Occupancy	
Business Phone			

Person performing Inspection / Test	Certificate of Competency No.
Name: _____	

Contractor / Company performing Inspection / Test	Telephone Number(s)
Name: _____	
Address: _____	

NOTE: IF THE SYSTEM IS OPERATIONAL: A log shall be maintained, and tag or sticker shall be placed at or in the CENTRAL CONTROL STATION, IF APPLICABLE, showing the date, telephone number and the name of the engineer/company performing the inspection and/or test.

Date of Inspection / Test: _____	Signature: _____
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Remarks:
