



Smoke Control Certification Form

Use this form to provide results and certify the smoke control testing performed. Submit one certification for each system.

Indicate Certification Year: (check one) Initial Certification Annual Certification

Property Information
Provide the address where the testing will be performed.

1 Address 1600 Vine Street

Building Owner/Owner's Agent
Provide the contact information for the building owner/owner's agent.

2 Name Matthew Wasco
Address 1600 Vine Street
Email mjwasco@stringtheoryschools.org Phone 2 6 7 7 8 4 0 0 2 6

Contractor and Inspector Information

- (a) The contractor must provide their contact information and license number, then sign and date.
- (b) The inspector must provide their contact information as well as license and certification numbers.
- (c) The inspector must indicate their certification type.

3 (a) Contractor Information
Contractor Name Wm. J. Donovan Co. Contractor License # 22242
Email timnolan@wmjdonovan.com Phone 2 1 5 2 2 5 3 6 7 7
Contractor Signature Date 5/3/2023

(b) Inspector Information
Inspector Name Timothy Nolan
Email timnolan@wmjdonovan.com Phone 2 1 5 2 2 5 3 6 7 7
Sheet Metal License # 059876 Certification # CP-24156

(c) Certification Type: (check one)

Fire Life Safety Level 2 Technician Air Balancer*

*If certified as an Air Balancer, indicate the type by checking the corresponding box below:

Associated Air Balance Council (AABC)	<input type="checkbox"/>
Testing & Balancing Bureau (TABB)	<input type="checkbox"/>
National Environmental Balancing Bureau (NEBB)	<input checked="" type="checkbox"/>
National Balancing Council (NBC)	<input type="checkbox"/>

Smoke Control System Information

- (a) Check all applicable types of smoke containment system.

4 (a) Smoke Containment System: (check all that apply)

1. Elevator pressurization	<input type="checkbox"/>
2. Stairwell Pressurization ¹	<input checked="" type="checkbox"/>
3. Vestibule Pressurization	<input type="checkbox"/>
4. Zoned Smoke Control ²	<input type="checkbox"/>

¹ Pressurized stairways shall be tested at every floor up to the 20th story. May test every 3rd floor above the 20th story; however, test floors must be alternated in subsequent inspections.
² Zoned smoke control systems may be tested at every 5th floor; however, test floors must be alternated in subsequent inspections.

Continued on next page



Department of
Licenses and Inspections
CITY OF PHILADELPHIA

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Smoke Control System Information cont'd.

(a.1) Indicate 'Y' (Yes) or 'N' (No) for each component of the smoke containment system.

(a.1) Inspection and Testing of Smoke Containment Components

	Pass? (Y or N)
1. Smoke control components operational and free from defects?	Y
1.1. Fans	Y
1.2. Dampers (refer to Damper Certification Form)	Y
1.3. Ducts	Y
1.4. Activation / Detection Devices	Y
1.5. Standby Power	Y
1.6. Fire Fighters' Smoke Control Station (FSCS)	Y
2. Smoke containment system activation within 60 seconds of initiation?	Y
3. Inspection and testing completed under standby power?	Y
4. All inputs to and outputs from the FSCS tested?	Y
5. All doors open and close correctly, including latching, with the smoke control system activated?	Y
6. Minimum pressure differential of 0.05 in water column across smoke barrier? ¹	Y

¹ Where the testing and operation plan identifies higher differential value, the design documents of the smoke control system shall govern.

(b) The inspector must confirm that annual testing was performed and the results have been submitted. Where no testing and operation plan exists, one must be developed by a professional fire protection or mechanical engineer.

Testing and operations plan must be maintained on-site and furnished to the Code Official upon request.

(b) Smoke Management Systems Confirmation

By checking this box, you confirm that annual testing, as outlined in the Commissioning Report, has been completed and the test results are included with this certification submission.

Provide values for the following:

Number of exhaust fans in the smoke management system.	4
Indicate the CFM rating for each exhaust fan.	3164 to 7104 CFM
Indicate the means of makeup air for the smoke management system. (E.g., doors, windows, mechanical systems, etc.)	Doors
All inputs to and outputs from the FSCS tested.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Declaration & Signature

By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the Building Owner/Manager for corrective action.

The Deficiency Form (TP_003_F) shall be submitted to the Department of Licenses and Inspections when deficiencies are not corrected within 90 days.

Signature of Inspector

Date

5/3/2023

Signature of Building Owner/Owner's Representative

Date

5/3/2023