

CITY OF NORTH LAS VEGAS  
AREA / DUCT DETECTOR TEST DATA

(This form is to be filled out prior to inspection)

DATE \_\_\_\_\_ MECHANICAL PERMIT # \_\_\_\_\_

CONTRACTOR NAME \_\_\_\_\_

JOB NAME & ADDRESS \_\_\_\_\_

TESTING EQUIPMENT:

TYPE \_\_\_\_\_ METHOD \_\_\_\_\_

FAN LOCATION (#) \_\_\_\_\_ ZONE/AREA \_\_\_\_\_

Devices upon detection of smoke shall automatically shutoff air-moving equipment by interrupting the power source.

DUCT DETECTOR \_\_\_\_\_ AREA DETECTOR \_\_\_\_\_ (check one)

MANUFACTURER'S NAME & MODEL NUMBER \_\_\_\_\_

(Attach installation and test information for the above listed equipment)

MANUFACTURER'S AIRFLOW REQUIREMENTS: (When duct detectors are used)

(fpm min.) \_\_\_\_\_ (fpm max.) \_\_\_\_\_

(Water column min.) \_\_\_\_\_ (Water column max.) \_\_\_\_\_

ACTUAL AIRFLOW MEASURED AT THE DEVICE \_\_\_\_\_

EQUIPMENT AIRFLOW OUTPUT SPEC. \_\_\_\_\_

(CFM or Tonnage as shown on the rating plate)

DID THE EQUIPMENT SHUTOFF OCCUR WHEN DEVICE WAS PUT IN "ALARM"?

YES \_\_\_\_\_ NO \_\_\_\_\_

TEMPERATURE AT DETECTOR HEAD

LOCATED LESS THAN 6 DUCT WIDTHS FROM THE FAN \_\_\_\_\_

(Gas fired only - must comply with specifications)

PERSON PERFORMING TEST \_\_\_\_\_

TITLE & AFFILIATION \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

*COORDINATE THIS INSPECTION WITH FIRE DEPT. IF IN AN "ALARMED" BUILDING*

CNLV INSPECTOR \_\_\_\_\_

AREA / DUCT DETECTOR TEST DATA (continued)

RECORD ADDITIONAL DEVICES HERE

FAN LOCATION (#)	ZONE/AREA	AIR VELOCITY DATA
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____