

**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 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. \_\_\_\_\_

0. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

10.