



SMOKE EXTRACTION INSPECTION & TESTING

Date	Application No.
Project / Establishment Name	
Building Permit No. / Commercial Register No.	PIN *

Building No	رقم المبني		
Area	منطقة	Street	شارع
Unit No	رقم الوحدة		

Smoke Extraction Fan Details

Type of Fan	Power Capacity	kW
Manufacturer	Current	amps
Model	Frequency	HZ
QCDD Product Cert. No.		

Smoke Extraction Fan Test Sheet

Unit No.	Area Served	Low Speed Flow			High Speed Flow		
		Design (L/s)	Actual (L/s)	% of Design	Design (L/s)	Actual (L/s)	% of Design
01							
02							
03							
04							
05							
Total							

Smoke Extraction Fan Test Sheet

Unit No.	Area Served	Low Speed Flow			High Speed Flow		
		Design (L/s)	Actual (L/s)	% of Design	Design (L/s)	Actual (L/s)	% of Design
01							
02							
03							
04							
05							
Total							

Note: Minimum acceptable fan performance is 90% of the design

Smoke Extraction Fan Test Sheet

Unit No.	Area Served	Low Speed Flow			High Speed Flow		
		Design (L/s)	Actual (L/s)	% of Design	Design (L/s)	Actual (L/s)	% of Design
01							
02							
03							
04							
05							
Total							

Test Equipment

Instrument/s Used		Calibration Date	
Serial No		Calibration Certificate No.	

Declaration and Acknowledgement

1. We hereby declare that the information filled-up on this form is true and correct and that all system and equipment are installed/operational in accordance with approved QCDD drawings, NFPA, QCDD codes & standards, and Maintenance Manual and/or manufacturer recommendation.

2. The building is ready for QCDD inspection/assessment and successfully completed all necessary Inspection, Testing and Maintenance Work in accordance with NFPA, QCDD codes & standards.

QCDD Approved Engineer
(Printed Name with Signature, Stamp & Date)

ID No. & Mobile No.

Facility Manager / Owner's Representative / Consultant *
(Printed Name with Signature, Stamp & Date)

UPDA No.* / ID No. & Mobile No.

Note: * Required/mandatory for Building Completion