



Department of  
**Licenses and Inspections**  
CITY OF PHILADELPHIA

**Damper Certification Form**

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

**Indicate Certification Year:**  Initial Certification  Fourth Year Certification  Sixth Year Certification\* (\*only for I-2 occupancy)

**Property Information**

1

**(a) Address**

\_\_\_\_\_

**(b) Occupancy Type: (check one)**

Special Assembly  High Rise  Group I-2

**(c) Year Constructed**

Prior to 1987\*  After 1987

\* If constructed prior to 1987, inspection of a concealed damper is required **only** if the damper access panel is visible and readily accessible without removal of wall and/or ceiling assemblies, excluding acoustical ceiling tiles.

- (a) Provide the property address where the testing will be performed.
- (b) Indicate the type of occupancy.
- (c) Indicate the year constructed.

**Building Owner/Owner's Agent**

2

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone | | | | | | | | | | | | | | | | | | | | | |

**Contractor and Inspector Information**

3

**(a) Contractor Information**

Contractor Name \_\_\_\_\_ Contractor License # \_\_\_\_\_

Email \_\_\_\_\_ Phone | | | | | | | | | | | | | | | | | | | | | |

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**(b) Inspector Information**

Inspector Name \_\_\_\_\_

Email \_\_\_\_\_ Phone | | | | | | | | | | | | | | | | | | | | | |

Sheet Metal License # \_\_\_\_\_ Certification # \_\_\_\_\_

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

**(c) Certification Type: (check one)**

Fire and Smoke Technician / Engineer (previously Fire Life Safety Level 1 Technician)  Smoke Control Systems Technician / Engineer (previously Fire Life Safety Level 2 Technician)  Other\* (Per L&I approval)

\*For Other, 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 type="checkbox"/>
National Balancing Council (NBC)	<input type="checkbox"/>



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**Damper Inspection Information**

The inspection and testing must certify the following:

- Unobstructed access to the damper must be verified and corrected as required.
- An operation test of the damper must verify that the damper closes and that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or parts.
- The damper frame must not be penetrated or blocked by any foreign objects that would affect fire damper operations and closure.
- If the fusible link (if applicable) is damaged or painted, it must be reinstalled or replaced with a link of the same size, temperature, and load rating after the completion of the operation testing.

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Floor/Location	Damper Type & Quantity			Visual Inspection Only* (Y/N)	Pass (Y/N)
	FD	FSD	SD		

\*Visual inspection will be permitted when access to the damper is restricted. Inspector must verify the damper is free from defects and obstructions that would affect the normal operation of the damper.

**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/owner's agent for corrective action.

The certification must be presented by the Contractor to the building owner/owner's agent upon completion and shall be maintained on the property and made available for inspection upon request.

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 \_\_\_\_\_

Signature of Building Owner/Owner's Agent \_\_\_\_\_ Date \_\_\_\_\_