

\*\*Upload completed forms through the "Submit an Annual Certification Report" option in eCLIPSE. www.eclipse.phila.gov

## **Smoke Control and/or Damper Deficiencies Report**

When deficiencies are not corrected within ninety (90) days of the certification inspection or testing, the Contractor must submit this deficiency report to the Department of Licenses and Inspections.

| Property Information Provide the address of the                                 | 4           |         |                            |                        |      |                     |   |
|---|-------------|---------|----------------------------|------------------------|------|---------------------|---|
| property where the deficiency is being reported.                                | 1           | Address |                            |                        |      |                     |   |
| Building Owner/Owner's<br>Agent Information                                     |             |         | Name                       |                        |      |                     |   |
| Provide the contact information for the building owner/owner's agent.           | 2           |         | Address                    |                        |      |                     |   |
|   |             |         | <u>Email</u>               |                        |      | Phone               |   |
| Contractor and Inspector Information  |             |         | Contractor Name            |                        |      |                     |   |
| Provide the names of the contractor and inspector.                              | 3           |         |                            |                        |      |                     | - |
| 'Date of inspection' refers to the  | 3           |         | Inspector Name             |                        |      |                     | - |
| completion date noted on the<br>Smoke Control or Damper<br>Certification Forms. |             |         | Date of Inspection         |                        |      |                     |   |
| Deficiency Information  |             | (a) I   | Damper Deficienc           | y Details              |      |                     |   |
| (a) Provide any Damper deficiency information.                                  |             |         | Damper Type<br>(FD/FSD/SD) | Location               |      | Deficiency Reported |   |
| (b) Provide any Smoke Control deficiency information.                           |             |         |                            |                        |      |                     |   |
|   |             |         |                            |                        |      |                     |   |
|   |             |         |                            |                        |      |                     |   |
|   |             |         |                            |                        |      |                     |   |
|   | 4           |         |                            |                        |      |                     |   |
|   |             | (b) :   | Smoke Control De           |                        |      |                     |   |
|   |             |         | Smoke Control<br>Component | Location               |      | Deficiency Reported |   |
|   |             |         |                            |                        |      |                     |   |
|   |             |         |                            |                        |      |                     |   |
|   |             |         |                            |                        |      |                     |   |
|   |             |         |                            |                        |      |                     |   |
| Declaration & Signature   |             |         |                            |                        |      |                     |   |
| The Deficiency Report must be prese   | nted by the | e Cont  | ractor to the building ow  | ner/agent upon complet | ion. |                     |   |
| Signature of Inspector  |             |         |                            |                        | Date |                     |   |
| Signature of Building Owner/Owner's A   | Agent       |         |                            |                        | Date |                     |   |