Clark County Building Department

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

Duct/Area Detector Test Data

James Gerren, P.E., Director
Werner Hellmer P.E., Deputy Director Scott Telford P.E., Deputy Director

DATE: _____

CONTRACTOR NAME: _____

T.A.B. APPROVED AGENCY: _____

PERMIT NUMBER: _____

JOB ADDRESS: _____

JOB NAME/TENANT: _____

EQUIPMENT TYPE:_____
Devices upon detection of smoke shall automatically shutoff air-moving Equipment by interrupting the power source.

(Check One) ☐ Duct Detectors ☐ Area Detectors

NUMBER OF DEVICES AT THIS LOCATION:_____

MANUFACTURER'S NAME & MODEL NUMBER:_____

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

(CFM min.) (CFM max.) _____

ACTUAL AIRFLOW AS MEASURED AT DEVICE:_____

EQUIPMENT AIRFLOW OUTPUT:_____
(CFM or tonnage as shown on rating plate)

EQUIPMENT SHUT OFF ACCOMPLISHED WHEN DEVICE PUT INTO ALARM:

(Check one) ☐ YES: ☐ NO:

TIME REQUIRED FOR SHUTOFF ONCE DEVICE SET IN ALARM:

SECONDS:_____*(15 seconds max permitted time).*

PERSON PERFORMING TEST:_____

TITLE & AFFILIATION:_____