



DEPARTMENT OF BUILDING & SAFETY

DUCT/AREA DETECTOR

TEST DATA

www.LasVegasNevada.gov/BuildingPermits

Phone: (702) 229-6251 Fax: (702) 382-1240

PERMIT # _____ DATE: _____

ADDRESS: _____ LOT/BLOCK: _____

CONTRACTOR NAME: _____ JOB NAME: _____

TESTING EQUIPMENT TYPE: _____

Devices upon detection of smoke shall automatically shutoff air-moving equipment by interrupting the power source.

DUCT DETECTORS AREA DETECTORS (circle one)

NUMBER OF DEVICES: _____

DUCT DETECTORS

MANUFACTURER'S AIRFLOW REQUIREMENTS:

(fpm min.) _____ (fpm max.) _____

(water column min.) _____ (water column max.) _____

HVAC EQUIPMENT AIRFLOW OUTPUT IN CFM _____

EQUIPMENT SHUTOFF ACCOMPLISHED WHEN DEVICE PUT INTO ALARM:

YES: _____ NO: _____

PERSON PERFORMING TEST: _____

TITLE & AFFILIATION: _____