



Assessment of Essential Fire Life Safety Measures Fire/Smoke Damper Inspection Record Report

Job No.:

Project:

Address:

Year of Inspection

Fire Damper Inspected By / Date

Structure Inspected By / Date

Approved By / Date

Damper Identification							Comments
Damper Identification	Type	Level	Location	Test 1 Passed Yes / No	Test 2 Passed Yes / No	Test 3 Passed Yes / No	