



PRESSURIZED STAIR SHAFT PERFORMANCE TEST REPORT

Date of Test: _____ Name of Building: _____

Address of Building: _____

Tester: _____ Company: _____ Cert. of Fitness #: _____

STAIR SHAFT INFORMATION

FD Stair Number: _____ Location: _____ Floor Levels Served: _____

Location of Fan(s): _____ Location of Relief Openings(s): _____

Top Relief opening area: _____ in. x _____ in. = _____ sq. in./144 sq. in. = _____ sq. ft.

PERFORMANCE TEST:

1. AUTOMATIC START (from any fire alarm device in building.): RESULTS: _____
2. AIR FLOW TEST: Air flow taken with rotating vane anemometer (or approved equivalent device) measured uniformly across the surface of the relief opening(s) for one minute:

Required C.F.M.: 2500

Air flow _____ ft./min X _____ sq. ft. of relief opening = _____ C.F.M

Actual Static Pressure: _____ Results: _____

3. TEST OF OPENING PRESSURE FOR DOORS OPENING INTO STAIRSHAFT AND VESTIBULE:
(SEE ATTACHED DOOR OPENING PRESSURE AND DIFFERENTIAL PRESSURE SHEET)

RESULTS: _____

If unsatisfactory, which doors need repair? _____

Signature of Tester: _____

Print Name: _____

Notes: _____