FIRE/SMOKE DAMPER MAINTENANCE RECORD

Date: _____ Inspector: _____

Location: _____

This is to certify that the following testing and maintenance was performed on the dampers listed. Any modifications or repairs made are described below.

Y = Satisfactory **N** = Unsatisfactory **N/A** = Not applicable

Damper number or location	Damper Type	Tested	Fully Closed	Latch Checked	Fusible Link Removed	Moving Parts Lubricated

COMMENTS: _____

_____

_____

_____