

Trending Life Safety Code deficiencies: The NFPA 2012 Life Safety Code Requirements were effective November 1, 2016. Included here are areas frequently cited during the last quarter and since the update.

K345-NFPA 72, 2010 edition, *Table 14.3.1*-Requires a semiannual fire alarm inspection be completed. Compliance is achieved when all of the required elements are itemized and checked as reviewed and functioning properly.

These inspections must include at a minimum the visual inspections of:

- Nickel-cadmium or sealed lead acid batteries;
- Transient suppressors;
- Fire alarm control unit trouble signals;
- In building fire emergency voice/alarm communications equipment;
- Remote annunciators;
- Initiating devices such as air sampling, duct detector, electromechanical releasing devices, fire extinguishing system(s) or suppression system(s) switches; manual fire alarm boxes, heat detectors, and smoke detectors;
- Guard tour equipment;
- Combination systems such as fire extinguisher electronic monitoring device/systems and carbon monoxide detector systems;
- Interface equipment;
- Supervised alarm notification appliances;
- Supervising station alarm systems transmitters such as DACT, DART, McCulloh, and RAT;
- Special procedures;
- Receivers for the supervising station alarm systems;
- Publically accessible alarm box;
- Manual operations for the master box;
- Control equipment such as fuses, interfaces, lamps/LEDs, primary power supply;
- The secondary power supply lead-acid, nickel-cadmium, primary (dry cell), or sealed lead-acid batteries;
- Initiating devices;
- Notification appliances.

Each element must be listed and individually checked in order to be in compliance with the requirement.

K354-NFPA 25, 2011 edition, shows what steps must precede shutting off the sprinkler system or taking it out of service:

15.5.2:

Before authorization is given, the impairment coordinator shall be responsible for verifying that the following procedures have been implemented:

- (1) The extent and expected duration of the impairment have been determined.
- (2) The areas or buildings involved have been inspected and the increased risks determined.
- (3) Recommendations have been submitted to management or the property owner or designated representative.
- (4) Where a required fire protection system is out of service for more than 10 hours [the state regulation allows only 4 hours; therefore, this must be implemented in 4 hours rather than 10] in a 24-hour period, the impairment coordinator shall arrange for one of the following:
 - (a) Evacuation of the building or portion of the building affected by the system out of service;

- (b) An approved fire watch;
 - (c) Establishment of a temporary water supply;
 - (d) Establishment and implementation of an approved program to eliminate potential ignition sources and limit the amount of fuel available to the fire;
 - (5) The fire department has been notified.
 - (6) The insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified.
 - (7) The supervisors in the areas to be affected have been notified.
 - (8) A tag impairment system has been implemented. (See Section 15.3.)
 - (9) All necessary tools and materials have been assembled on the impairment site.
- All of these elements must be in the facility's policies and followed during any planned impediment to the facility's sprinkler systems (partial or full).**

K372-NFPA 105, 2010 edition, added fire/smoke barrier doors need to be checked and documented annually:

5.2.1 Inspections.

5.2.1.1 Smoke door assemblies shall be inspected annually.

5.2.1.2 Doors shall be operated to confirm full closure.

5.2.1.3 Hardware and gaskets shall be inspected annually, and any parts found to be damaged or inoperative shall be replaced.

5.2.1.4 Tin clad and Kalamein doors shall be inspected regularly for dry rot.

5.2.1.5 A written record shall be maintained and shall be made available to the authority having jurisdiction.

5.2.1.6 Records shall be maintained for not less than 3 years.

These records need to specifically show where all the doors are located within the facility (such as "smoke barrier door between rooms 100 and 102") and be individually marked that they have been checked and they are in compliance. If the doors failed and/or repairs were made, that needs to be documented as well.