NNMCINST 4300.1
5400
2 May 05

NATNAVMEDCEN INSTRUCTION 4300.1

Subj: FIRESTOP INSTALLATION PERMIT PROGRAM

Ref: (a) NFPA 101 Life Safety Code
(b) UFC-3-600-01 OPERATIONS AND MAINTENANCE: INSPECTION, TESTING, AND MAINTENANCE OF FIRE PROTECTION SYSTEMS

Encl: (1) Firestop Installation Permit
(2) Firestop Installation Log
(3) Letter of Conformance

1. Purpose. To establish procedures to be followed when creating or sealing openings in fire rated assemblies at the National Naval Medical Center, Bethesda (NNMC).

3. Background. In the interest of patient safety, NFPA 101 Life Safety Code compliance and fire containment issues, NNMC requires all contractors, vendors and in-house personnel to obtain a Firestop Installation Permit (FIP) prior to creating or sealing openings in fire rated assemblies. When creating or sealing openings in fire rated assemblies at the NNMC this program provides the following guidelines:

a. Installation in accordance with UL tested systems.

b. Compliance with current fire and life safety codes and standards as per references (a) and (b).

4. Action. Prior to penetrating a fire rated assembly, contractors, vendors and in-house personnel shall:

a. Obtain and review copies of the current fire and smoke rated compartmentation barrier drawings of the facility from the Facilities Management Department (FMD).

b. Review scope of work and locations of anticipated openings with FMD.

c. Obtain and complete an FIP from FMD.

d. Provide documentation of Firestop training for all personnel performing Firestop work.

5. During projects, contractors, vendors and in-house personnel shall display approved FIP in work area.

6. Upon completion of project and/or Firestop installation, contractors, vendors and in-house personnel shall:

a. Notify FMD of completed work and request inspection.

b. Provide FMD with documentation of specific locations and UL#/type of completed Firestop installations using enclosure (2), Firestop Installation Log.

c. Complete and sign enclosure (3), Letter of Conformance.

M. C. OLESEN
By direction

Distribution:(NNMCINST 5215.2D)
Lists I, II & III

(Project Title) Firestop Installation Permit

Please complete the information below, attach any additional information necessary and submit to:

Head, Facilities Management Department
8901 Wisconsin Ave., Bldg. 14
Bethesda, MD 20889
301-295-1114

Contractor's Company Name:	Company Name
Contractors Address:	Address 1 Address 2 City, State Zip
Phone:	(XXX) XXX-XXXX
On-site Contact's Name/Phone:	Name (XXX) XXX-XXXX
Job Location(s):	Bldg. XX, Rm. XXXX-XXXX
Brief Job Description:	This project will install IT wire from Bldg. XX, Rm. XXXX to Rm. XXXX and will penetrate fire rated assemblies.

Type/Rating of Material to be penetrated: 1hr smoke partition

Base material to be penetrated:	☐ Gypsum	☐ Wood	☐ Concrete
Penetrating item(s):	☐ Metal pipe	☐ Insulated metal pipe	☐ Plastic pipe
	☐ Mech. busways	☐ Cables/ trays	☐ Other (explain)

Have you received Firestop installation training?
If **yes**, provide training documentation
If **no**, date scheduled to receive training

Contractor Signature/Date	FMD Signature/Date
Contractor Name (please print)	FMD Name (please print)

Enclosure (1)

Contractor's Company Name:	Company Name			
Contractors Address:	Address 1			
	Address 2			
	City, State Zip			
Phone:	(XXX) XXX-XXXX			
On-site Contact's Name/Phone:	Name (XXX) XXX-XXXX			
Work Order No.:	XXXX-XXXXX			
Building/Room	**Location Description**	**Install Date**	**UL# Used**	**Comments**
Bldg. 14/Rm. 1400 (CDR Office)	East wall above clock	23-Mar-05	XXX-XXXX	1 Hr smoke rated partition wall
Bldg. 10/Rm. 2113 (CDR Office)	West wall above door	25-Mar-05	XXX-XXXX	2 Hr Fire rated partition wall

Enclosure 2

Letter of Conformance

Work Order No.	XXX-XXXX
Job Location(s):	Bldg. XX, Rm. XXXX-XXXX
Brief Job Description:	This project will install IT wire from Bldg. XX, Rm. XXXX to Rm. XXXX and will penetrate fire rated assemblies.

I, (Contractor), on (Day, Month, Year), by completing and signing this letter certify that all Firestop systems used on this project have been installed in accordance with NNMC guidelines.

_____	_____
Contractor Signature/Date	FMD Signature/Date
_____	_____
Contractor Name (please print)	FMD Name (please print)

(End of Attachment J-0200000-16