Standard Operating Procedure

Fire walls located in buildings where patient care activities occur, will be checked for holes or gaps and repaired as needed whenever a penetration is made or discovered.

Firewalls located in buildings with designated Fire/Smoke walls will be repaired or patched to maintain the safety barriers as shown on current blueprints.

Penetration through fire walls by conduit or conduit sleeves will have the open spaces between conduit and the wall, as well as, the open space in the conduit sleeve, filled with appropriate fire stop material.

**Purpose**

To maintain the integrity of the building fire/smoke wall systems and minimize possible fire/smoke spread hazards.

**Procedure**

1. Inspect walls below the finished ceiling on both sides of the wall for any openings or gaps.
   a. Note on the PM record any repairs that are made (ie “repaired hole in wall”).

2. Inspect all doors for proper closing, latching, and door gap.
   a. Fire Barrier Doors = Less than 1/8” gap on top and edge and less than 3/4” at floor
   b. Smoke Barrier Doors + Less than 1” gap at the floor.
   c. Note on the PM record any repairs that are made (ie “adjusted door closer”).

3. Inspect the walls above the finished ceiling. Using a flashlight and ladder, open the ceiling on both sides of the wall and inspect all penetrations, conduits, ventilation, and piping for any openings or gaps.
   a. All penetrations to be sealed with UL approved wall opening protective material (CLIV)
      • Small openings or cracks should be filled with Hilti CP 606 (or equivalent) Firestop sealant.
      • Wire passages should be filled with Hilti 618 Firestop Putty (or equivalent).
      • Larger conduits should be filled with Hilti CP 658T Firestop Plugs (or equivalent).
      • Large openings should be repaired using Drywall, Mortar, or Hilti FS 657 Fire Block (or equivalent).
      • *If in doubt contact Facilities Director for proper repair method.
   b. Note on the PM record any repairs that are made (ie “filled two holes”).