9 Sep 2024 (2025) NM REV 7.0

***Smoke Control Association NEW Membership Criteria***

The Smoke Control Association (SCA) membership includes Manufacturers only, Designers only, Installers only and some members offer a full turnkey solution. It is recognised that not all of the criteria below are applicable for all members.

Please provide information applicable to your company.

Please use a continuation sheet where required.

***All information provided will remain Confidential***

|  | **Criteria**  **(The criteria which should not be left as non-applicable are highlighted in yellow)** | **Included / attached** | **N/A** |
| --- | --- | --- | --- |
| **1** | **Membership of the SCA requires a company to have been trading for a minimum of two years and provide the following details:** |  |  |
|  | Company name and Company Registration number |  |  |
|  | Date established and proof of incorporation |  |  |
|  | Name of Parent / Holding company if applicable |  |  |
|  | Brief statement explaining reason for wanting to join the SCA |  |  |
|  | 3 recent Smoke Ventilation projects (within last 2 years) – provide Project details, scope of works and a contact name / email / mobile number of a Project referee that the SCA can contact for a trade reference? |  |  |
| **2** | **Membership of the SCA requires all members to provide the following details:** |  |  |
|  | Approximate turnover of company (smoke control business only) £ |  |  |
|  | Number of Employees |  |  |
|  | Name of Board Directors and brief details of industry credentials / background |  |  |
|  | Name of Principal Designer and qualifications & industry credentials / CV or Name of External Consultant / Company providing design support (evidence required of working partnership agreement if external Consultant is utilised) |  |  |
|  | Other trade organisations your company is a member of: |  |  |
| **3** | **All members should have the following (if applicable) copies of Certificates must be included.** |  |  |
|  | Product and Public Insurance Policy (£5m cover). *The policy needs to state it covers “smoke control (or ventilation) installation”.* |  |  |
|  | Employers Liability (£5m cover) |  |  |
|  | Professional Indemnity Policy (PI Insurance) *The policy needs to state it covers “smoke control (or ventilation) installation”*   1. **£ 5 M** (minimum) PI Insurance is required for companies who are engaged in complex Smoke Control System design / CFD and development. **If a ‘third party’ Fire Engineer/Consultant are employed by the member they must also have a minimum of £5 M Professional Indemnity Insurance and a copy of the ‘third party’ Fire Engineer / Consultant’s Certificate must be provided also.**   .   1. **£2 M** (minimum) PI Insurance is required for companies who only install basic / simple systems and who are capable of reviewing designs which are code compliant/strictly described in ADB and require no significant design input or CFD verification by the member company. Member companies are still expected to have employed competent persons trained for this type of work.   If a member company offers a design service or a design review service directly or indirectly or via a ‘third party’ Specialist, this would be deemed to be covered in **‘A**’ above and both the Member company and the ’third Party’ Specialist would need £5M PI cover. |  |  |
|  | Health and Safety accreditation, provide a copy of Health Safety Policy or H&S Statement and copies of any accreditations (Safe Contractor etc) |  |  |
|  | ISO 9001 or similar, Provide a copy of the Quality Policy or Quality Statement |  |  |
| **4** | All Products installed for life safety smoke ventilation systems should be independently tested and certified to the EN12101 series of standards (EN 12101 - 1, 2, 3, 6, 7 and 8) and CE or UKCA marked (Products tested in house or manufactured in accordance with is not the same as Independently tested and certified by an approved Notified Body). |  |  |
| **5** | All Control equipment used for Smoke Control systems should comply with ISO 21927- 9 and Power Supplies should comply with EN 12101-10. |  |  |
| **6** | Membership of the SCA requires continued payment of the SCA levy to fund the work of the external consultants on behalf of the SCA. |  |  |
| **7** | All Smoke control or smoke clearance designs for all building types should be designed in accordance with the latest SCA guidelines, Industry standards and UK legislation. *(If using an external designer, you are confirming that your designer will design to the latest standards and legislation).* |  |  |
| **8** | All CFD modelling should follow the guidance and recommendations of the SCA CFD guide. |  |  |
| **9** | All products installed on site should be installed in accordance with the manufacturer’s recommendations and certificate of compliance. |  |  |
| **10** | All ancillary components such as electrical wiring, cable trays, attenuators, fixings, sealants etc should also be selected to meet current guidelines and legislation and installed in accordance with the manufacturer’s recommendations. |  |  |
| **11** | Any Smoke Control Duct should be classified to BS EN 13501-4 and tested as follows:  Single Compartment Smoke Control Ducts should be tested to EN1366-9.  Multi Compartment Smoke Control Ducts should be tested EN1366-1 and then 1366-8. |  |  |
| **12** | Membership of the SCA requires all members carrying out site Installation work to join the IFCC SDI 19 Smoke Installer scheme and be certificated before SCA membership can be confirmed**. New members will need to provide evidence that they have been Certificated to SDI 19 by IFCC.** |  |  |
| **13** | Membership of the SCA requires all members carrying out service or maintenance work to comply with all requirements in the *SCA Service and Maintenance guide* OR the *SCA/FMA Best Practice Guide to Smoke extract fan maintenance*. |  |  |

**We hereby certify that, as a member of the SCA, we will uphold the standards and principles of the Smoke Control Association and never knowingly compromise on safety in the interest of commercial gain.**

**Company Name ………………………………………………………………………………**

**Director's Name ………………………………………………………………………………**

**Signature ……………………………………………………………….……………..**

**Date ……………………………………………………….……………………..**

**Please email the form back to** [**Louise.Humphrey@feta.co.uk**](mailto:Louise.Humphrey@feta.co.uk)

**CHECK LIST BEFORE RETURNING THE FORM**

1. The Criteria form must be signed and dated by a Director of the company.
2. All boxes must be ticked or indicated with N/A if not relevant.
3. Supporting evidence must be provided.

**CHECK LIST BEFORE RETURNING THE FORM**

* The Criteria form must be signed and dated by a Director of the company.
* All boxes must be ticked or indicated with N/A if not relevant.
* Supporting evidence must be provided.

**CHECK LIST BEFORE RETURNING THE FORM**

1. The Criteria form must be signed and dated by a Director of the company.
2. All boxes must be ticked or indicated with N/A if not relevant.
3. Supporting evidence must be provided.

**CHECK LIST BEFORE RETURNING THE FORM**

1. The Criteria form must be signed and dated by a Director of the company.
2. All boxes must be ticked or indicated with N/A if not relevant.
3. Supporting evidence must be provided.

**CHECK LIST BEFORE RETURNING THE FORM**

1. The Criteria form must be signed and dated by a Director of the company.
2. All boxes must be ticked or indicated with N/A if not relevant.
3. Supporting evidence must be provided.