

KITCHEN FIRE SUPPRESSION

SEMI-ANNUAL INSPECTION REPORT

Inspection Date:

Work Order:

Lead Technician:

PROPERTY INFORMATION:

Site Name:

Contact:

Phone:

Address:

City:

State:

Zip:

GENERAL:

Has hazard changed since last inspection?

Pressure gauge in operable range?

- select an option -

No visible signs system has fired or been tampered with?

- select an option -

Is piping and conduit secure?

- select an option -

Is cylinder and mount secure and in good condition?

- select an option -

Ansul internal done?

- select an option -

Ansul Siphon tube clear?

- select an option -

Firing cartridge weighed?

- select an option -

Is link line set correctly?

- select an option -

Nozzles properly arranged?

- select an option -

Nozzle blow off caps and seals in place?

- select an option -

Are U.L. quick seals installed?

- select an option -

System operational test performed from terminal link?

- select an option -

System tested with remote manual pull?

- select an option -

Fuel shut off tested ok?

- select an option -

Code required baffle type filters installed?

- select an option -

Is manual pull at proper height and location?

- select an option -

Were flow points counted?

- select an option -

System installed in accordance with U.L. listing?

- select an option -

Is system U.L. 300 compliant?

- select an option -

Is system hydrostatic testing current?

- select an option -

Is exhaust fan operating per NFPA 96?

- select an option -

Is fan warning on hood?

- select an option -

Are fusible links accessible?

- select an option -

Are the class K fire extinguishers properly installed?

- select an option -

Is system monitored by building fire alarm?

- select an option -

Did system activate building fire alarm?

- select an option -

Were all pilot lights relit?

- select an option -

Are safety pins manual and remote releases replaced?

- select an option -

Are all seals intact?

- select an option -

Were links replaced as required?

- select an option -

Did make up air shut down per NFPA 96?

- select an option -

Is discharge piping free of obstruction?

- select an option -

Does electrical shutdown per NFPA 96?

- select an option -

Is system operational and safety seals in place?

- select an option -

SYSTEM INFORMATION:

Total number of systems to be tested:

System

System #	Location I.D.	Manufacturer	Fusible Link - Temp	QTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fusible Link - Temp	QTY	Fusible Link - Temp	QTY	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cylinder

System #	Cylinder	Size	Mfg. Date	Wet/Dry	Six Yr.	Hydro.
<input type="text"/>	- select -	<input type="text"/>	<input type="text"/>	- select -	<input type="text"/>	<input type="text"/>

Nozzle

System #	Type	QTY	Type	QTY	Type	QTY	Type
<input type="text"/>	- select -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Shutdowns

System #	Mechanical/Electrical?	Size	Elec. Pnl. Location:	Breaker #
<input type="text"/>	- select -	<input type="text"/>	<input type="text"/>	<input type="text"/>

Water Wash System

System #	Manufacturer	Tested
<input type="text"/>	<input type="text"/>	- select -

Appliance Layout

System #	1.	2.	3.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	5.	6.	7.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	9.	10.	11.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments/Recommendations:

System has been tested to state and local codes and has been found to be compliant. System testing is complete and returned to normal operating condition at this time. All parties have been notified.

Lead Technician:

Date:

Time:

Building Representative:

Date:

Time:

Thank you for your business!

