| Text  Description automatically generated with medium confidence | | **Date of Service:** | | Date of Service (Value) | | | | | **Time:** | |  | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Wet Chemical** ☒ | | **Dry Chemical** ☐ | | | **Last Recharge Date:** | | | | | | | | Last Recharge Date (Value) | |
| **Monthly** ☐ | | **Semi-Annual** ☐ | | | **Installation** ☐ | | | | | | | **Renovation** ☐ | | |
| **Location of System Cylinders:** | | | | Location (Value) | | | | | | | | | | |
| **Business Name:** | Business Name (Value) | **Manufacturer:** | Manufacturer (Value) | | | **Model #:** | | Model # (value) | | | | **Serial #:** | | | | Serial # (value\_ |
| **Address:** | Address (Value) | **Fuse Link 360**  Amount | **Fuse Link 450**  Amount | | | **Fuse Link 500**  **0** | | | | **Other:** | |  | | | | |
| **City:** | City (Value) | **Fuel Shut Off**  Y or No | **Electric** ☒ | | | **Gas** ☐ | | | | **Size:** | | Size (value) | | | | |
| **Owner / Manager:** |  | **Main Cylinder Size:** | | |  | | | **2nd Cylinder Size:** | | | | |  | | | |

| **Y** | **N** |  |
| --- | --- | --- |
| ☐ | ☐ | Technicians certified by the Manufacturer |
| ☐ | ☐ | Maintenance shall be conducted in accordance with applicable codes and the manufacture’s manuals |

| **Equipment Protected (left to right)** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **Y** | **Yes (Acceptable)** | | **N** | **No (Unacceptable)** | **NA** | **Not Applicable** | | | | | **No answers explained in the “Comments” section below** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Inspections** | | | | | | | |  | |  | | | |
| Y or N | | Nozzles aim at cooking surfaces as per manufacturers requirement? | | | | | |  | | Y or N | | Filters are listed and in proper position? | |
| Y or N | | Are the plenum and duct protected with the correct nozzles? | | | | | |  | | Y or N | | Proper clearance from flame to filters? | |
| Y or N | | System has not been tampered with? | | | | | |  | | Y or N | | Exhaust Fan and Make Up Air Interlock operate per code? | |
| Y or N | | Are the manual actuators unobstructed? | | | | | |  | | Y or N | | Proper separation/baffle between fryers and open flame? | |
| Y or N | | Tamper indicators and seals are intact? | | | | | |  | | Y or N | | Proper portable fire extinguisher in accessible location? | |
| Y or N | | Maintenance tag or certificate is in place? | | | | | |  | | Y or N | | Personnel instructed in manual operation? | |
| Y or N | | No physical damage exists that may prevent operation? | | | | | |  | | Y or N | | Operating instructions posted conspicuously? | |
| Y or N | | Pressure gauges are in the operable range? | | | | | |  | | Y or N | | System operational & seals in place? | |
| Y or N | | Has the hazard remained the same? | | | | | |  | | **Tests and Maintenance** | | | |
| **Semi-Annual Inspection** | | | | | | | |  | | Y or N | | **Hydrostatic test, 12 yr. Last date test =** |  |
| Y or N | | Clean and/or inspect nozzles? | | | | | |  | | Y or N | | **Next Hydrostatic test due date =** |  |
| Y or N | | Chemical cylinder pressure = | | |  | | psi |  | | Y or N | | **6 Year Maintenance due date =** |  |
| Y or N | | Expellant gas cartridge? | | | | | |  | | Y or N | | Actuating test from pull station? | |
| Y or N | | 1. pressure (nitrogen) = | | |  | | psi |  | | Y or N | | Actuating test from most remote fusible link? | |
| Y or N | | 1. weight (carbon dioxide) = | | |  | | lbs |  | | Y or N | | Actuating test from electrical detection? | |
| Y or N | | Fusible links replaced semi-annually and destroyed? | | |  | | |  | | Y or N | | Connection to fire alarm test? | |
| Y or N | | Check detectors, releasing devices, hose nozzles, alarms? | | | | | |  | | Y or N | | Do the lights under the hood shut off when the system is activated? | |
| Y or N | | System piping examined and not obstructed? | | | | | |  | | Y or N | | Fuel/electric shutoff tested? | |
| Y or N | | Piping and conduit securely bracketed? | | | | | |  | | Y or N | | Dry Chemical Containers? | |
| Y or N | | Check travel of cable nuts/S-hooks? | | | | | |  | Y or N | | | Wet Chemical Containers? | |
| Y or N | | Nozzle caps and seals are intact? | | | | | |  | **Final Review** | | | | |
| Amount | | Nozzle caps replaced? | | | | | |  | Y or N | | | Have the pilots on the appliances been relit? | |
| Y or N | | Check that the fan warning sign is legible and conspicuous? | | | | | |  | Y or N | | | Has the alarm monitoring company been informed to place the system back online? | |

| **Comments:** |
| --- |

| I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments. | |
| --- | --- |
| Name |  |
| Technician Stamp | Owner or Authorized Agent |

**Pictures:**