

# ANSUL R-102 Pre-Engineered Restaurant Fire Suppression System Inspection Report

<p style="text-align: center; margin: 0;"><b>* Servicing Agency *</b></p>  NAME _____  ADDRESS _____  CITY _____ STATE _____ ZIP _____  TELEPHONE _____ STORE NO _____  MANAGER _____	DATE OF SERVICE		TIME		AM	PM
	ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
	LOCATION OF SYSTEM CYLINDERS				UL-300	
	MANUFACTURER <b>ANSUL</b>		MODEL NUMBER <b>R-102</b>		WET CHEM <b>X</b>	DRY CHEM
	TANK SIZE MASTER		TANK SIZE 2	TANK SIZE 3	TANK SIZE 4	
FUSE LINKS 500		FUSE LINKS 450	FUSE LINKS 360		OTHER	
FUEL SHUT-OFF		ELECTRIC		GAS <span style="border: 1px solid black; padding: 0 2px;">Mechanical</span>		SIZE
		<span style="border: 1px solid black; padding: 0 2px;">Reset-Relay</span>				
SERIAL NO.		MFG. DATE	LAST HYDRO DATE		LAST RECH. DATE	
TYPE OF HOOD:		MANUFACTURERS MANUAL REFERENCE				
<span style="border: 1px solid black; padding: 0 2px;">CONVENTIONAL HOOD</span> <span style="border: 1px solid black; padding: 0 2px;">WATER-WASH</span> <span style="border: 1px solid black; padding: 0 2px;">ULTRA-VIOLET (UV)</span> <span style="border: 1px solid black; padding: 0 2px;">OTHER</span>		PAGE NUMBER(S):                      DRAWING NUMBER:                      DATE:				
COOKING APPLIANCE LOCATIONS: (LEFT TO RIGHT)						

1. All appliances covered with correct nozzles	YES	NO	N/A	24. Exhaust fan operational	YES	NO	N/A
2. Duct & plenum covered with correct nozzles	YES	NO	N/A	25. Hood, duct, and plenum clean	YES	NO	N/A
3. Check positioning/aim of all nozzles <i>(laser tool recommended)</i>	YES	NO	N/A	26. All filters correctly installed with no gaps	YES	NO	N/A
4. System installed in accordance with MFR Requirements/UL 300	YES	NO	N/A	27. Actuation line pressure tested for leaks	YES	NO	N/A
5. System seals intact	YES	NO	N/A	28. System is in cocked position	YES	NO	N/A
6. Evidence of system tampering	YES	NO	N/A	29. Fuel shut-off in ON position, pilots re-ignited	YES	NO	N/A
7. If system has been discharged, report same	YES	NO	N/A	30. Agent tank(s) at proper level, o-ring(s) replaced	YES	NO	N/A
8. Check cartridge weight (stamped on cartridge) _____	YES	NO	N/A	31. Tank vent plug checked (ball rattles)	YES	NO	N/A
9. Hydrostatic test date within specs. Date _____	YES	NO	N/A	32. Tank bursting discs in place (vinyl gasket facing up)	YES	NO	N/A
10. Inspect cylinder and mount (securely attached)	YES	NO	N/A	33. Manual pull set, seal/break rod in place	YES	NO	N/A
11. Checked operation of micro-switch	YES	NO	N/A	34. Cartridge gasket in place	YES	NO	N/A
12. Checked operation of gas shutoff (if equipped)	YES	NO	N/A	35. Cartridge Installed	YES	NO	N/A
13. Piping and conduit securely bracketed	YES	NO	N/A	36. Lock-bar removed	YES	NO	N/A
14. Piping blow down test conducted, piping clear	YES	NO	N/A	37. Replaced system covers	YES	NO	N/A
15. Nozzles cleaned and unobstructed	YES	NO	N/A	38. System operational, seals in place	YES	NO	N/A
16. Proper nozzle caps/covers in place, Hi-temp grease installed	YES	NO	N/A	39. Regulated release system operational	YES	NO	N/A
17. Operated system from terminal link	YES	NO	N/A	40. Cylinder(s) and mount(s) clean	YES	NO	N/A
18. Checked cable condition, travel/s-hooks	YES	NO	N/A	41. Fan warning sign on hood	YES	NO	N/A
19. Checked detection conduit (EMT piping) for clogging	YES	NO	N/A	42. Personnel instructed in manual operation of system	YES	NO	N/A
20. Changed fusible links. Year stamped on links _____	YES	NO	N/A	43. Proper hand portable extinguishers installed	YES	NO	N/A
21. Tension pull down lever set	YES	NO	N/A	44. Portable fire extinguishers properly serviced	YES	NO	N/A
22. Proper separation between fryers and flame (18")	YES	NO	N/A	45. Service/certification tag on system	YES	NO	N/A
23. Proper clearance flame-to-filters	YES	NO	N/A	46. System deficiencies or discrepancies noted below	YES	NO	N/A

Comments/Deficiencies/Discrepancies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On this date, this **ANSUL R-102** pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of: NFPA 17A, NFPA 96, and the **ANSUL R-102 Design, Installation and Maintenance Manual** with the results indicated above.

X						
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**SERVICE TECHNICIAN**                      **LICENSE/PERMIT NO.**                      **DATE**                      **TIME**                      **AM**                      **PM**                      **MANAGER/AUTHORIZED AGENT**

The above named service technician certifies that this system was personally inspected and found the conditions to be as indicated on this report.

**WHITE COPY** (Servicing Agency Copy)                      **YELLOW COPY** (Customer/Site Copy)                      **PINK COPY** (AHJ/Code Enforcement Official Copy)

STYLE 103

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