

### **General Information**

Date:	Inspector:	System:	
Location:			
System designation	n:		
Type of extinguishin		Potassium bicarbonate Sodium bicarbonate	Ammonium phosphate Other
Manufacturer's mir Normal weight:	er psi (bar) himum pressure: lbs (kg) himum weight:		
Equipment protecto	Deep fat fryer Grill(s) Charbroiler(s)	Upright broiler(s) Griddle(s) Range top(s)	Total flooding Hand hose line Other
	dge-any provided? nt (if carbon dioxide):essure (if nitrogen):		No
Connected to fire a	larm system?	Yes[	No
If yes, is it: Automatic shutdow		Yes Gas Yes	No Electric No
Comments:			

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## **Monthly Inspection**

Year:System:			 						 
Location:			 						 
Y= Satisfactory	belo	w)		N/A	= No	t app	olical	ble	
Date									
Inspector									
Nozzle caps are in place									
Extinguishing system is in its proper location over the equipment being protected									
System components have no obvious damage									
No cooking equipment has been added or existing equipment moved									
Nozzles aim at cooking surfaces they protect									
Manual releases are unobstructed									
Tamper indicators and seals are intact									
Maintenance tag or certificate is in place									
Pressure on gauges is in satisfactory range									
Comments			 						 
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### **Semi-Annual Inspection**

Year:	System:		
Location:			
<b>Y</b> = Satisfactory	<b>N</b> = Unsatisfactory (explain below)	<b>N/A</b> = Not applicable	
Date			
Inspector			
Dry chemical cylinder press	ure: psi (bar)		
Expellant gas cartridge			
Pressure of nitrogen:	psi (bar)		
	lb (kg)		
	or lumping or caking in cartridge-operated-type systems		
Check to ensure that hazard	d has not changed		
Check detectors and fusible	links for damage, obstruction, or change from normal		
Check expellant gas contain	ners for damage or changes		
Check agent containers for	damage or changes		
Check manual releases for o	damage or changes		
Check piping for damage or	changes		
Check hand-hose assemblie	es for damage or changes		
Check discharge nozzles for			
Check local signal devices for	or damage or changes		
Check auxiliary equipment			
Replace fusible link (annual	ly)		
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Comments			

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#### **Tests and Maintenance**

Date:	e:Inspector:	
Location		
Date of last hydrostatic test		
(Tests are required every 12 years)		
Date of actuating test (required anr	nually)	
Manual release	Satisfactory	Unsatisfactory
Fusible link	☐ Satisfactory	☐ Unsatisfactory
Connection to fire alarm system	□Yes	□No
Results	Satisfactory	Unsatisfactory
Connection to shut off power to cooking e	quipment Yes	No
Results	Satisfactory	Unsatisfactory
Fusible link replaced (annually)	Yes	No
Connection to shut down supply air to exh		
Results	☐Satisfactory	Unsatisfactory
Grease exhaust fan	Continues to run	Stops
Connection to shut off electric power t	to receptacles	
Under the hood		
Results	Satisfactory	Unsatisfactory
Connection to shut down exhaust fa	an for total	
Flooding system		
Results	Satisfactory	Unsatisfactory
Hydrostatic test performed every 1	<u> </u>	,
Pressure cylinders	□Yes	□No
Dry chemical chambers	□Yes	□No
Auxiliary pressure container	=	□No
Valve assemblies	Yes	□No
	□ Yes	□No
Hoses and fittings	=	=
Check valves	∐Yes □√	∐No
Directional valves	∐Yes	∐No
Manifolds	∐Yes	□No
Comments		
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