

REPORT OF INSPECTION - CHEMICAL SUPPRESSION SYSTEMS

DATE OF INSPECTION _____

INSPECTOR: _____ NAME OF FACILITY: _____
INSPECTION COMPANY _____ ADDRESS: _____
ADDRESS: _____ CITY: _____ KY ZIP: _____
CITY: _____ STATE: _____ OCCUPIED AS: _____
ZIP: _____ PHONE: () _____ SEND REPORT TO: _____

REASON FOR REPORT: () INITIAL INSTALLATION; () SEMIANNUAL INSP; () ANNUAL INSP; OTHER (specify): _____

SYSTEM MANUFACTURER AND MODEL: _____
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1. **TYPE OF SYSTEM:** () DRY-CHEMICAL; () HALON; () CARBON DIOXIDE; OTHER (specify) _____

2. **EXTINGUISHING AGENT:** () POTASSIUM BICARBONATE; () MONAMMONIUM PHOSPHATE; () SODIUM BICARBONATE;
() POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONATE; () HALON _____;
() CARBON DIOXIDE; OTHER (specify) _____

3. **AMOUNT OF AGENT:**
_____ LBS./GAL.; NO. OF AGENT CONTAINERS _____; DATE AGENT CHANGED/CHARGED _____

4. **EXPELLANT:** () CARBON DIOXIDE CARTRIDGE - _____ WT.; () NITROGEN CARTRIDGE - _____ PSI NORMAL PRESSURE;
PRESSURIZED CYLINDER _____ PSI OF () COMPRESSED AIR, () NITROGEN, OR OTHER (specify) _____

5. **PIPING:** CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (YES) (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (YES) (NO)

6. **DETECTION DEVICES:** () FUSIBLE METAL ALLOY TYPE LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify) _____
_____; TEMPERATURE RATING _____; MANUFACTURER AND MODEL _____

7. **NOZZLES:** TOTAL NO. INSTALLED _____; TYPE COVERAGE (specify) _____

8. **EQUIPMENT PROTECTED:** TYPE AND NO./AMOUNT (specify) _____

9. **AUTOMATIC SHUTDOWN:** () YES () NO; FOR () ELECTRICITY () FUEL; TYPE FUEL (specify) _____
FUEL LINE SIZE _____; TYPE, MAKE, AND MODEL OF SHUTDOWN DEVICE: _____
MANUAL RESET ONLY ON SHUTDOWN DEVICE () YES () NO; DEVICE OPERATES PROPERLY () YES () NO

10. **MANUAL RELEASE:** PROPER LOCATION () YES () NO; OPERATES PROPERLY () YES () NO

11. **HYDROSTATIC TEST:** DATE OF CURRENT HYDROSTATIC TEST _____ THE FOLLOWING DEVICES WERE TESTED:
() PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALVE ASSEMBLIES; () CHECK VALVES; () HOSE AND FITTINGS;
() MANIFOLDS; () DIRECTIONAL VALVES; () AUXILIARY PRESSURE CONTAINERS; OTHER (specify) _____

12. **ALARM:** THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE ALARM SYSTEM WHEN OPERATED? () YES () NO
IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE THE SYSTEM WAS TESTED () YES () NO; NAME OF PERSON
CONTACTED _____ AT _____
ALARM OPERATION WAS SATISFACTORY () YES () NO

13. **OTHER:** ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY INSTALLED () YES () NO; A FULL SYSTEM TEST WAS CONDUCTED
() YES () NO; OWNER HAS A COPY OF INSTALLATION/MAINTENANCE DOCUMENTS? () YES () NO; THE SYSTEM WAS
LEFT IN SERVICE AND WAS FULLY OPERATIONAL? () YES () NO

14. **REMARKS:** EXPLAIN ANY "NO" ANSWERS _____

CUSTOMER SIGNATURE: _____

