

REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM

DATE OF INSPECTION _____

INSPECTOR: _____
INSPECTION COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ PHONE: () _____

NAME OF FACILITY: _____
ADDRESS: _____
CITY: _____ KY ZIP: _____ - _____
OCCUPIED AS: _____
SEND REPORT TO: _____

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

SYSTEM MANUFACTURER AND MODEL: _____

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

2. **EXTINGUISHING AGENT:** () POTASSIUM BICARBONATE; () MONAMMONIUM PHOSPHATE; () SODIUM BICARBONATE;
() POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONATE; () HALON _____
() CARBON DIOXIDE; () WATER AND POTASSIUM CARBONATE-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE-BASED CHEMICAL; OTHER (specify) _____

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

4. **NOZZLES:** TOTAL NO. INSTALLED _____; FOR SURFACE _____, DUCT _____, PLENUM _____, 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. **EQUIPMENT PROTECTED:** () DEEP FRYERS, NO. _____; () GRILLS, NO. _____; () RANGE TOP, NO. OF BURNERS _____;
() GRIDDLES, NO. _____; () CHAR-BROILERS, NO. _____; () UPRIGHT BROILERS, NO. _____; OTHER (specify) _____

8. **EXPELLANT:** () CARBON DIOXIDE CARTRIDGE - _____ WT.; () NITROGEN CARTRIDGE - _____ PSI NORMAL PRESSURE;
() PRESSURIZED CYLINDER _____ PSI; () COMPRESSED AIR; () NITROGEN; OTHER (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: _____



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