

**Seattle Fire Department**

Confidence Test Report (use one form per sys.)  
 206-386-1448 Confidence Testing Officer  
 206-615-1068 (fax)  
 206-233-7219 Red Tag Hotline

**RANGE HOOD SYSTEM****Status Given**

CONFIDENCE TEST  | REACCEPTANCE TEST  | RED  | YELLOW  | WHITE

Occupancy Address: _____	Occupancy Name: _____
Responsible Person First & Last Name: _____	Phone Number: _____
Responsible Person Address, City, State, Zip: _____	Responsible Party E-Mail Address: _____
Technician's Name _____ (Please Print legibly)	SFD Certification No. SCP- _____

Date of Test: _____	Test Frequency: <b>6 Months</b>
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System Make: _____	System Model: _____
System Identification No. _____	System Location: _____
SFD ID No. _____ (Call 386-1448 for this No.)	

The range hood fire suppression system is connected to an FAP with Central station monitoring Yes  No   
 If "Yes" Monitoring Company Name \_\_\_\_\_

**DEFICIENCIES FOUND? Yes  No**  List items that were not corrected at the time of the confidence test. Use the **Deficiencies** section or attach itemized sheet

**This kitchen has a Class-K Fire Extinguisher. Yes  No**   
 (Note: "No" on this item does not produce a "yellow status" for this Range Hood System; however one is required in every commercial kitchen in the City of Seattle. A Class-K extinguisher shall be installed within 15 days of the date of this test. – Seattle Fire Marshal)

**REPAIRS: All deficiencies have been corrected**   
 Corrected By: \_\_\_\_\_ SFD Certification Number: SCP – \_\_\_\_\_  
**System Status changed to White (including the tag on the system)**

This certifies that this fire and life safety system has been properly inspected for functional operation in accordance with the current Seattle Fire Code (SFC), Administrative Rules, and NFPA Standards adopted by the SFC for this system. The discrepancies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

Signature of Technician _____	Phone # _____
Name of Testing Company _____	
Building Representative (signature) _____	Date _____
Print Name and Title _____	Direct Phone # _____
Building Rep unavailable <input type="checkbox"/> Building Rep declined to sign report <input type="checkbox"/>	

**THIS REPORT WILL BE SENT TO THE SEATTLE FIRE DEPARTMENT BY THE TESTING AGENCY IN ACCORDANCE WITH SEATTLE FIRE CODE ADMINISTRATIVE RULE 9.02.09  
 ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE**

The items on the checklists below shall be inspected and tested. This list may not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the **2009 Seattle Fire Code (SFC) Sec. 202, 602, 609, 904.11-904.11.6.3; SFC Administrative Rule 9.02.09; and 2002 NFPA 17, 2002 NFPA 17A, and 2008 NFPA 96** for inspecting and testing requirements.

### PRE-TEST CHECKS

1. The <b>Fire Alarm was put into test mode</b> and/or other precautions were taken to <b>avoid preventable alarms.</b>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. This is the only Range Hood Fire Suppression system at this address. If "No" provide the unique ID number. ( <b>See SFC Ad Rule 9.02.09</b> ) _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The suppression system meets the <b>UL300 standard.</b> ( <b>Note to System Owners:</b> Non <b>UL300</b> systems are no longer UL listed for commercial range hood fire suppression. <b>All non UL300 systems must be upgraded or replaced to meet the UL300 standard.</b> )		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### APPLIANCE COVERAGE , NOZZLES, AND PIPING

4. All cooking appliances that can produce grease laden vapors are completely under the range hood.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. All cooking appliances have the required number and type of nozzles to provide adequate fire protection.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. All nozzles are properly positioned.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All piping and conduit are immobilized with proper hangers and brackets.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### SYSTEM CONTROLS

8. All system controls and components are accessible and free from obstructions.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. The system is operational from the terminal link (last fusible link)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. The fusible links were replaced.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The manual (remote) pull is configured correctly and is operational.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. The operation of the fusible link line is not impaired by grease.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. The micro switch that controls the gas and/or electrical power to the appliances functions properly.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. The gas shuts down upon system activation.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. The appliance electrical shutdown device functions properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### CYLINDERS AND EXTINGUISHING AGENT

16. The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. The cylinders are filled with the correct volume of extinguishing agent. Required volume _____lbs. or _____gals.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. The cylinder gauge is in the operational range.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. The CO2 or Nitrogen cylinder is fully charged. Design weight _____ lb. Actual Weight _____lb.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. The hydrostatic testing of the agent cylinder(s) is up-to-date. Date for next hydrostatic test _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>SYSTEM SECURITY AND MONITORING</b>			
22. The lead and wire seals on the suppression system were replaced.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. The system is connected to the fire alarm panel. (if an alarm panel exists)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. The fire alarm panel receives the proper signals upon suppression system activation.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. The alarm monitoring company received the alarm signal.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>CLEANING</b>			
26. The surfaced around the cooking surfaces, range hood, and ducting from hood to termination are free of grease deposits.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. The system is on a cleaning schedule in accordance with <b>2009 SFC Section 609.3.3 – 609.3.3.3</b> Date for next cleaning _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>FINAL CHECKS</b>			
28. The <b>Fire Alarm was removed from test mode</b> and/or other precautionary measures were removed to <b>restore fire alarm system to normal operation</b> (includes removal of temporary protective coverings, etc.).	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. A copy of the confidence test report was given to the owner and a current status tag was placed on the agent cylinder and the manual pull handle.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. The confidence test report was sent to the fire marshal's office.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Drawing of System (sketch of nozzles and appliances):

A large grid for drawing the system, consisting of 30 columns and 25 rows of squares.

## DEFICIENCIES:

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2007 NFPA 96 reference:</b>

Resolved <input type="checkbox"/>
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