

Seattle Fire Prevention Division

220 3rd Avenue S.

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System Test Report

HOOD SUPPRESSION		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White

Occupancy Information	
Occupancy Name:	
Occupancy Address:	
Contact Name:	Contact Phone:
Contact Address:	Contact Email:
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Company Name:	Monitoring Company Phone:

Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:

Inspector/Tester Information	
Name:	Phone:
SFD Certification No.: SCP-_____	

Hood Suppression System
Date of Test:
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 Fire Code used by the AHJ, NFPA 17, NFPA 17A, and NFPA 96 and manufacturer's recommendations for inspecting and testing requirements.

PRE-TEST CHECKS
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

1. The suppression system meets the UL300 standard. (Note to System Owners: Non UL300 systems are no longer UL listed for commercial range hood fire suppression. All non UL300 systems must be upgraded or replaced to meet the UL300 standard.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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APPLIANCE COVERAGE, NOZZLES, AND PIPING		
2. All cooking appliances that can produce grease laden vapors are completely under the range hood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. All cooking appliances have the required number and type of nozzles to provide adequate fire protection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. All nozzles are properly positioned.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. All piping and conduit are immobilized with proper hangers and brackets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. List covered cooking appliances as installed under hood from left to right.			
7. For systems installed in 2018, or later, there is a placard that depicts the type and location of appliance protected underneath the range hood of the fire protection system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SYSTEM CONTROLS			
8. All system controls and components are accessible and free from obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. The system is operational from the terminal link (last fusible link)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. The fusible links were replaced. (At 6 month intervals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. The manual (remote) pull is configured correctly and is operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. The operation of the fusible link line is not impaired by grease.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. The micro switch that controls the gas and/or electrical power to the appliances functions properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. The gas shuts down upon system activation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. The appliance electrical shutdown device functions properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
CYLINDERS AND EXTINGUISHING AGENT			
16. The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. The cylinders are filled with the correct volume of extinguishing agent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. If present, the cylinder gauge is in the operational range.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20. If present, the CO2 or Nitrogen cylinder is fully charged. (According to weight)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
21. The hydrostatic testing of the agent cylinder(s) is up-to-date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SYSTEM SECURITY AND MONITORING			
22. The lead and wire seals on the suppression system were replaced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23. The system is connected to the fire alarm panel. (if an alarm panel exists)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24. The fire alarm panel receives the proper signals upon suppression system activation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
25. The alarm monitoring company received the alarm signal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
CLEANING			
26. The system is	<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	
FINAL CHECKS			
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)			
27. A current status tag was placed on the agent cylinder and the manual pull handle and a copy of the confidence test report will be provided to the owner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.			
I am authorized to submit this report for the certified technician who has accepted this statement.			
SIGNATURE (OPTIONAL)			
Signature of Technician			
Signature of Building Representative			

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>