



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

**REPORT OF
 SYSTEM INSTALLATION**

WET CHEMICAL EXTINGUISHING SYSTEM		STATUS	
<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Passed	
This form documents required pre-testing and must be completed in The Compliance Engine prior to the inspection during which you are seeking Fire Department approval of your system. Use one form per system.			
Occupancy Information			
Premises Name:		Premises Address:	
Contact Name:		Contact Phone:	
Contact Address:		Contact Email:	
Central Station Monitoring:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Monitoring Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Company Name:		Monitoring Company Phone:	
Hood Inventory - As of 2024, when submitting a NEW hood to TCE, vendors must create a separate hood system record for each hood system in the building. Multiple hoods may still be listed on the same report for hoods in TCE in 2023 and prior. All inventory information is mandatory for new systems and encouraged for existing systems.			
Hood Suppression System ID (one per system): *			
Control Head (named by manufacturer):			
Make:			
Model:			
Is system UL300 capable? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size (gal):			
Style:			
Location of Cylinder(s):			
Last Hydro-test Date (month/year):			
System coverage/location (deli, main line, bakery station) *			
List covered cooking appliances from left to right:*			
List the link types/temperatures from left to right:*			
Diagram of appliances and nozzles is uploaded and included in TCE. Include date and title in the file name.			<input type="checkbox"/> Yes
Photo of appliances protected, showing the layout, is uploaded and available in TCE. Include date and title in the file name.*			<input type="checkbox"/> Yes
Inspection & Testing Agency Information			
Company Name:		Phone:	
Address:		Emergency Phone:	
		Email:	
Inspector/Tester Information			
Inspector Name:			
Certification No.:			
Current ICC/NAFED Certification: <input type="checkbox"/> Yes			
UL-300 systems: Inspector must be factory certified/trained by the manufacturer of the system being installed.			
Test Information			
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 "FALSE ALARMS" TO FIRE DEPARTMENT 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 For UL-300 systems, installer must be trained by the manufacturer of the system being installed. Indicate "yes" and fill out training month/year and manufacturer. Indicate N/A if this is not a UL-300 system. Yes N/A

APPLIANCE COVERAGE, NOZZLES, AND PIPING

2 All appliances, hoods, and ducts are properly protected with nozzles and positioned in accordance with the manufacturer's design, installation, and maintenance manual. 2021 NFPA 17A 7.4.1 Yes

3 Pipe sizes and nozzles are in accordance with the manufacturer's design, installation, and maintenance manual. 2021 NFPA 17A 7.4.2.1 Yes

4 All piping supports are securely fastened. 2021 NFPA 17A 7.4.2.2 Yes

5 All installed appliances are the same and in the same locations as the approved system design. 2021 NFPA 17A 7.4.3 Yes

6 Piping has been physically checked for tightness. 2021 NFPA 17A 7.4.4.1 Yes

7 Piping network has been tested using nitrogen or dry air at a pressure not to exceed the normal operating pressure of the extinguishing system. The test verified that nitrogen or dry air has discharged out of each nozzle in the system. 2021 NFPA 17A 7.4.4.2 Yes

8 All devices are labeled with proper designations and instructions. 2021 NFPA 17A 7.4.5 Yes

ALARM OPERATION AND SYSTEM CONTROLS

9 Where the system is connected to a building alarm system, the alarm-sounding or notification devices and remote annunciation devices are functional. 2021 NFPA 17A 7.4.6 If no bulding alarm exists, the local alarm sounds on system activation. NFPA 17A 5.2.1.8. Yes N/A

10 All manual devices (manual pull stations) are readily accessible and accurately identified. 2021 NFPA 17A 7.4.7 Yes

11 Where a releasing control panel is provided, it is connected to a dedicated circuit and labeled properly. 2021 NFPA 17A 7.4.9.1 Yes N/A

12 Where a releasing control panel is provided, it is readily accessible and restricted from unauthorized personnel. 2021 NFPA 17A 7.4.9.2 Yes N/A

13 Functional tests of the following were performed in accordance with manufacturer's design, installation, and maintenance manual: 2021 NFPA 17A 7.4.8

Automatic detection system Yes

Manual release devices Yes

Gas shutoff Yes

Shutoff of makeup air supplied internally to hood Yes

Electrical power shutdown Yes

14 A temperature study was conducted to verify link temperature rating is consistent with manufacturer's install instructions. Yes

15 Exhaust air and make up air is wired directly to the fire suppression control head and not through a switch. Yes

FINAL CHECKS, TAGGING, AND REPORTS

Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)

16	Signage shall be provided on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire extinguishing system. Signage shall indicate appliances from left to right, be durable, and the size and color and lettering shall be approved. 2021 WA FC 904.13.	<input type="checkbox"/> Yes
17	Each extinguishing agent storage container is reconnected and the system has been returned to its fully operational condition. 2021 NFPA 17A 7.4.10.1	<input type="checkbox"/> Yes
18	All concerned personnel at the end user's facility have been notified that the fire system is completed and the system has been returned to its fully operational condition. If the system is connected to an alarm-receiving office, they have also been notified. 2021 NFPA 17A 7.4.10.2	<input type="checkbox"/> Yes
19	The owner has been provided with a copy of the manufacturer's design, installation, and maintenance manual or the owner's manual. 2021 NFPA 17A 7.4.10.4	<input type="checkbox"/> Yes
20	I will attach a white service label after this system is accepted by the Fire Department inspector.	<input type="checkbox"/> Yes
21	I will provide a copy of the acceptance test report to the responsible party.	<input type="checkbox"/> Yes
22	I have submitted this report to the Fire Department through TCE.	<input type="checkbox"/> Yes

By accepting this statement I, the certified technician shown on this form, attest that this fire protection system has been properly installed and tested in compliance to the listing, the manufacturer's design and installation instructions, and the current fire code and NFPA standards. By accepting this statement, I further attest that I have the proper manufacturer training and am properly certified to perform the work documented in this report, or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.

<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)
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SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

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