HOOD SUPPRESSION SYSTEM TEST REPORT

(05/2020)

HOOD SUPPRESSION		STATUS		
☐ Confidence Test	☐ Deficiency Repair Test	☐ Red	☐ Yellow	☐ White

Occupancy Information

Premises Name:	Premises Address:
Contact Name: Contact Address:	Contact Phone: Contact Email:
Central Station Monitoring: ☐ Yes ☐ No ☐ N/A Monitoring Company Name:	Monitoring Required: ☐ Yes ☐ No Monitoring Company Phone:

Hood Inventory - Multiple Systems in a Building May Be Reported on a Single Form (M-mandatory)

Hood Suppression System ID (one per system) (M):
Make:
Model:
Is system UL300 capable? ☐ Yes ☐ No
Size (gal):
Style:
Location of Cylinder(s):
Last Hydro-test Date (month/year):
System coverage/location (deli, main line, bakery station) (M):
List covered cooking appliances from left to right (M):
Upload photo or sketch of suppression system and protected appliances: ☐ Yes ☐ No

Inspection & Testing Agency Information

Company Name: Address:	Phone: Emergency Phone: Email:

Inspector/Tester Information

Inspector Name:
Certification No.:

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 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. ☐ Yes ☐ No

Select "No" if the system is non-UL300 and any of the following three statements is true (if any of the following is true for a non-UL300 system, it must be replaced and until replacement, this is a deficiency):

- Vegetable oil is the medium used by the cooking appliance.
- Parts are no longer available for repair/maintenance of the current system.
- Coverage provided by the system is not adequate for the protected appliance.

APPLIANCE COVERAGE, NOZZLES, AND PIPING				
2	All cooking appliances that can produce grease laden vapors are completely under the range hood.	☐ Yes	☐ No	
3	All cooking appliances have the required number and type of nozzles to provide adequate fire protection.	☐ Yes	☐ No	
4	All nozzles are properly positioned.	☐ Yes	☐ No	
5	All piping and conduit are immobilized with proper hangers and brackets.	☐ Yes	☐ No	
6	List covered cooking appliances as currently installed under hood from left to right:			
7	Are locations of covered appliances consistent with image stored in TCE showing appliance locations? If not, upload accurate picture or sketch. Answer "yes" once accurate image is uploaded.	☐ Yes	☐ No	☐ N/A
8	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, and the appliances being protected are consistent with the depiction in the placard. (Only use N/A for systems installed prior to 2018.)	☐ Yes	☐ No	☐ N/A
SYSTEM CONTROLS				
9	All system controls and components are accessible and free from obstructions.	☐ Yes	☐ No	
10	The system is operational from the terminal link (last fusible link).	☐ Yes	☐ No	
11	The fusible links were replaced. (At 6 month intervals)	☐ Yes	☐ No	
12	The manual (remote) pull is configured correctly and is operational.	☐ Yes	☐ No	
13	The operation of the fusible link line is not impaired by grease.	☐ Yes	☐ No	
14	The micro switch that controls the gas and/or electrical power to the appliances functions properly.	☐ Yes	☐ No	
15	The gas shuts down upon system activation.	☐ Yes	☐ No	☐ N/A
16	All sources of cooking heat shut down properly. Make up air shuts down if present.	☐ Yes	☐ No	☐ N/A
CYLINDERS AND EXTINGUISHING AGENT				
17	The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system.	☐ Yes	☐ No	
18	The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances.	☐ Yes	☐ No	
19	The cylinders are filled with the correct volume of extinguishing agent.	☐ Yes	☐ No	
20	If present, the cylinder gauge is in the operational range.	☐ Yes	☐ No	☐ N/A
21	If present, the CO2 or nitrogen Nitrogen cylinder is fully charged. (According to weight)	☐ Yes	☐ No	☐ N/A
22	The hydrostatic testing of the agent cylinder(s) is up-to-date.	☐ Yes	☐ No	
SYSTEM SECURITY AND MONITORING				
23	The tamper seals on the suppression system were replaced.	☐ Yes	☐ No	
24	The suppression system is connected to the fire alarm panel. (Only select N/A if there is no fire alarm system)	☐ Yes	☐ No	☐ N/A
25	The fire alarm panel receives the proper signals upon suppression system activation.	☐ Yes	☐ No	☐ N/A
26	The alarm monitoring company received the alarm signal. (Only select N/A if there is no fire alarm system.)	☐ Yes	☐ No	☐ N/A

INSPECTION FOR GREASE BUILDUP AND CLEANING			
27	The commercial cooking fire suppression hood and exhaust system appears:	☐ Clean	☐ Dirty - Cleaning recommended
28	Advised personnel on the importance of keeping hood, ducts, and filters clean?	☐ Yes	☐ No

FINAL CHECKS, TAGGING, AND REPORTS				
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.)				
29	A current red, yellow or white tag was placed on the agent cylinder and the manual pull handle indicating the system's status consistent with my inspection today and SFD Administrative Rule 9.02.	☐ Yes	☐ No	
	The color of the tag is:	☐ Red	☐ Yellow	☐ White
30	I will provide a copy of the confidence test report to the owner.	☐ Yes	☐ No	
31	I will submit this test report to the fire department through TCE.	☐ Yes	☐ 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 accept.	☐ I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)

SIGNATURE (OPTIONAL)
Signature of Technician
Signature of Building Representative

System Testing Reports Must Be Submitted Online

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