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CHECK SHEET FOR TEST OF FIRE SUPPRESSION SYSTEMS (KITCHEN HOOD OR PAINT BOOTH)

Date of Service: _____ Next service due by: _____

Name of Business: _____

Building Address/City/Zip: _____

Phone Number: _____ Contact _____

SYSTEM INFORMATION

Type: _____ Manufacturer: _____ Model: _____

Serial # _____ Pull Station Type: _____ Pull Station Location: _____

NFPA Standard system installed under: _____ Does this system meet UL-300 Standard? _____

SYSTEMS NOT MEETING UL-300 STANDARDS MAY NOT SUPPRESS FIRES AS ORIGINALLY INSTALLED

FUEL SHUTOFF

Fuel type: _____ Fuel shut off type: _____ Shut off valve labeled? _____

Location: _____ Reset location: _____

NUMBER OF NOZZLES

Appliance _____ Plenum _____ Duct _____ Other _____

NUMBER OF FUSIBLE LINKS/FUSIBLE LINKS REPLACED/ MANUFACTURE DATE

360° F ____/____/____ 450° F ____/____/____ 500° F ____/____/____ Other ____/____/____

APPLIANCES

<u>Appliance</u>	<u>Fuel</u>	<u>Appliance</u>	<u>Fuel</u>

CYLINDER(S)

				Inspection - Service					
Size	Manufacturer/ Model	Last Hydro Date	Last Recharge Date	Weight/PSI	Hydro Test	Clean	Mount	Gauge	UL 300
OK – Passes Inspection S – Serviced X – Requires Service NA – Not Applicable									

	Yes	No	N/A		Yes	No	N/A
System interlocked with building fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood/duct penetrations sealed w/weld or UL device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked operation of shut downs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All seals intact, no signs of tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked reserve power supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard properly covered with correct nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping/conduit securely bracketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked positioning of all nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nozzles cleaned, proper caps/covers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure gauge in proper range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System cartridge & seals replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked pneumatic actuator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety pins removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operated system from terminal link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System operational and armed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of electric detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper fire extinguisher for other areas (40B or K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked travel of cable and link position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers properly serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked and cleaned fusible links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel instructed on automatic operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of manual release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel instructed on manual operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of time delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly inspections performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of micro-switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service and certification tag on system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of gas valve. Size _____ Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plans of original system installation on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did exhaust fan operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan warning sign on hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non compliance sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****NON COMPLIANT ITEMS AND EXCESSIVE GREASE BUILD UP ON SYSTEMS MAY IMPAIR THE EFFECTIVENESS OF THE SUPPRESSION SYSTEM TO EXTINGUISH A FIRE****

RECOMMENDATIONS AND COMMENTS -Include All Recommended Repairs

SERVICING COMPANY

Name: _____ Date: _____

Address/City/State/Zip: _____

Phone Number: () _____

Print the name of CERTIFIED personnel doing the service: _____

I certify that all of the information in this report is correct and accurate, to the best of my knowledge:

(Signature of Service Personnel)