

Kitchen Hood Suppression System Installation Certification

City of Vancouver

Development Review Services Division

Permit # _____

Date: _____

Business Name: _____

Address: _____

Installer Representative: _____

Installer Telephone Number: _____

Type of System: _____

Location of Plans: _____

Location of Owners Manual: _____

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests. This system installation was inspected and was found to comply with the installation requirements of :

_____ NFPA 13 and 96
_____ UFC
_____ Manufacture's Instructions
_____ Other (FM, UL, etc.)

Print Name: _____

Signed: _____ Date: _____

Organization: _____

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

_____ NFPA 13 and 96
_____ UFC
_____ Manufacture's Instructions
_____ Other (FM, UL, etc.)

Print Name: _____

Signed: _____ Date: _____

Organization: _____