

Report of Inspection, Testing & Maintenance Of Commercial Kitchen Fire Suppression Systems



Vancouver Fire Department
 Fire Marshals Office
 7110 NE 63rd Street
 Vancouver, WA 98661

The information on this page **MUST** be completed in entirety. It is the owner's responsibility to have a representative provide all required information to the service provider prior to the service/testing. The owner's representative is also required to review all deficiencies found by the service provider at the completion of the service or testing, establish required fire watch if necessary and alert the Vancouver Fire Department of equipment out of service.

A. OWNER'S SECTION

BUILDING/PROPERTY INFORMATION

Name of Business/Facility/Property: _____
 Street Address: _____ Suite Number(s): _____
 City: _____ State: WA Zip: _____
 Property Contact Person(s): _____
 Title: _____ Authority to Approve Work: | Yes | No | N/A |
 Office Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____ Fax: (____) _____ - _____

BUILDING OWNER/RESPONSIBLE CONTACT BILLING INFORMATION

Owner/Property Management Firm: _____
 Street Address: _____ Suite Number(s): _____
 City: _____ State: _____ Zip: _____
 Responsible Contact: _____ Title: _____
 Office Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____ Fax: (____) _____ - _____
 PO/Work Order Number for Billing: _____

(If any answers are "No", please describe in detail conditions found and resulting actions taken)	Y	N	N/A
1. Were all deficiencies reported at last inspection corrected?			
2. Was Owner/Owner's Representative on site during the entirety of test?			
3. Have any cooking appliances been replaced, moved or relocated since the last inspection?			
4. Did your contractor show you equipment that was removed, destroyed and/or replaced?			
5. Does your contractor have copies of the installation, maintenance and service documents?			
6. Did your contractor review the findings of their service visit, explain any deficiencies found and establish a plan to correct these prior to leaving?			
7. Are you aware deficiencies found by service contractors will be followed up by a Deputy Fire Marshal and could result in additional inspection fees by the City of Vancouver if not repaired?			

I, _____, serve as the responsible person for the address listed above. I am aware that the fire department is required to be notified immediately (IFC 901.7) when required fire protection systems are out of service. A copy of this report is required to be submitted immediately to the Vancouver Fire Department by service providers and a separate copy shall be kept on site for a period of 6 years.

Owner/Owner's Representative Signature: _____ Date: _____

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B. SERVICE PROVIDER SECTION

Inspecting Firm (Contractor): _____ Endorsement Number: _____

Date of This Inspection: _____ Start Time of This Test: _____ End Time of This Test: _____

Purpose: Service Call Annual Semi-Annual Other: _____

List ALL Inspector(s) Present During This Test: _____

System Manufacturer: _____ Model Number: _____

Installation Date: _____ Last Hydrostatic Test Date: _____ Hydrostatic Test Due Date: _____

Extinguishing Agent: Potassium Carbonate Potassium Acetate Combination Potassium Carbonate/Acetate

Cylinder Information: Manufacturer's Minimum Weight: _____ lbs Weight: _____ lbs

Manufacturer's Minimum Pressure: _____ psi Pressure: _____ psi

Expellant Gas Cartridge Provided? Yes No Type: CO2 Nitrogen Amount: _____ lbs/psi

Is system connected to fire alarm system? Yes No

(If any answers are "No", please describe in detail conditions found and resulting actions taken)

	Serviced	Inspected	N/A
1. Piping, conduit and mechanical tubing is secure and internally unobstructed		Pass / Fail	
2. Surface, duct and plenum nozzles are properly located and spaced		Pass / Fail	
3. Fusible links are properly located and replaced semi-annually (# replaced: _____)		Pass / Fail	
4. System release cables free to move and adequate clearance between fusible link and mechanical tubing		Pass / Fail	
5. Remote manual pull is unobstructed and operational		Pass / Fail	
6. All safety seals, protective grease caps are free to move, foil seals are free of damage		Pass / Fail	
7. Automatic shutdown of cooking equipment <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Fan		Pass / Fail	
8. System is in compliance with manufacturer and UL-300 requirements		Pass / Fail	
9. System is in compliance with NFPA 17 or NFPA 17A requirements		Pass / Fail	
10. Hood is in compliance with NFPA 96 requirements, including a proper exhaust cleaning program through entire duct length		Pass / Fail	
11. Class K portable and required ABC extinguishers are available		Pass / Fail	

DEFICIENCIES FOUND DURING INSPECTION (Please provide any further details relating to deficiencies found.)

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DEFICIENCIES REPAIRED (Please provide an explanation of all repairs made on site during this inspection.)

COMMENTS (Please provide any further comments or issues of concern that may need follow up.)

DECLARATION

Completed Date and Time of Test: _____

I _____ Print Name _____, certify under the penalty of perjury that I tested the commercial kitchen fire suppression system at the address identified in this test report, documented all conditions found during the inspection and have listed all deficiencies that were either corrected prior to leaving or require additional follow up.

Signature _____ Date: _____

Endorsement Number: _____