

System is Compliant with NJAC 5:70-3

System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

LOGO / NAME / ADDRESS / PERMIT

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
ADDRESS	CUSTOMER NUMBER		
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> _____		

Initial Actions / Observations	Y	N	N/A	System Functional Test	Y	N	N/A
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1 Last Serviced By? _____				21 System disarmed per manufacturer's recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Were building personnel notified of the inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Mechanical detection line tested and found to operate properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Was the monitoring company notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper number and placement of detectors/links?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 System found charged and functioning at time of technician's arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Did the system operate properly from activation of a manual pull station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 System un-tampered with since last visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Gas shut-off valve installed and working properly? (Note location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 System found to be at proper pressure upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Replaced links with proper temperature rating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visually Check System	Y	N	N/A	_____ at _____ Degrees	_____ at _____ Degrees
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7 Baffle-type filters installed in hood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ at _____ Degrees	_____ at _____ Degrees		
8 System [and appliance layout] appear unchanged since last service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ at _____ Degrees	_____ at _____ Degrees		
9 Were the nozzle caps in place at time of arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Is the manual reset for electric gas valves operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Visible piping and nozzles properly connected, braced, and free of damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Did all electrical appliances shut off upon system operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Piping/conduit/cablling free from observable obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29 Did all gas appliances shut off upon system operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Nozzle(s) inspected and found to be clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Did the make-up air shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Did the alarm system activate when the system tripped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Nozzle(s) properly positioned over appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Did control head(s)/cylinder releasing device(s) operate properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders and Agent			
16 Is there a fan warning sign on hood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Cylinder Pressure _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Flow points/extinguishing agent within mfg's allowed maximums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Hydrostatic test date of cylinder checked. Due: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Inspection	Y	N	N/A	_____	Y	N	N/A
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18 Hazard configuration appeared to remained unchanged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Were all cylinders free of signs of external corrosion and/or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Are all observable penetrations to the hood and duct sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Are all cylinders securely mounted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTIFICATION OF DEFICIENCIES	CUSTOMER INITIALS: _____
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A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
			CUSTOMER NUMBER

System Reactivation	Y	N	N/A	Final	Y	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Operator's manual on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Detection [link] line has proper tensioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49 Class K portable extinguisher available and properly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Was the control head reset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Remote manual release free from obstructions & operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Were all fuel sources and power restored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 Has the system been placed back in service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Were all pilot lights supplied by the gas valve relit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52 Monitoring company notified that the system is back in full service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Microswitch/relay(s) reset -- electric appliances "on"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 Were building personnel notified of the system condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Are all nozzle caps in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Have you received a signature from the building personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Were all filters reinstalled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55 Inspection tag affixed to system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 Were all cartridges reinstalled? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
47 Tandem/slave releasing device(s) reset properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Description of Deficiencies		

Comments and Recommendations		

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP Customer Initials: _____

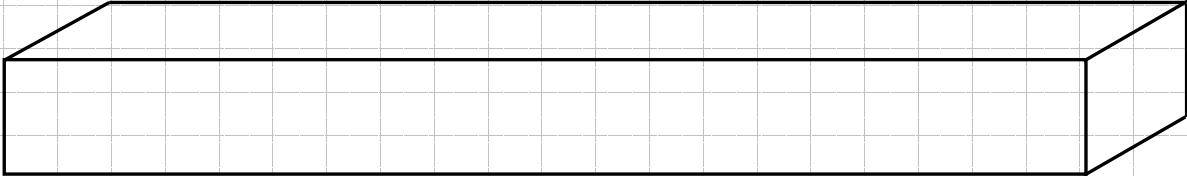
A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

<p>Authorized Customer Representative</p> <p>SIGNATURE: _____</p> <p>PRINT NAME: _____</p>	<p>Authorized Company Representative</p> <p>SIGNATURE: _____</p> <p>PRINT NAME: _____</p> <p>CERTIFICATION NUMBER _____</p>
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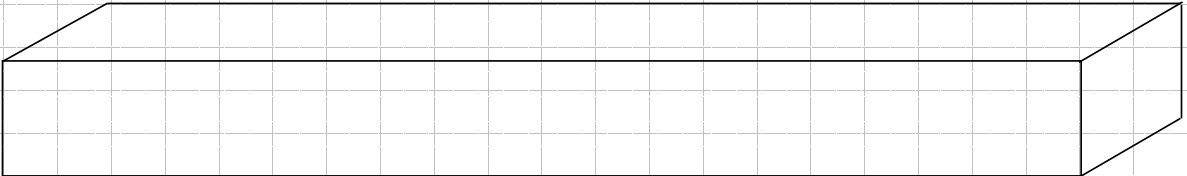
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
			CUSTOMER NUMBER

Hood Size: _____

Duct Quantity & Size : _____



Label All Appliances



Size _____

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes _____ No _____

Gas Valve: Yes _____ No _____ Size : _____

Nozzle Quantity: Duct _____ Plenum _____ Appliance _____

Gas Valve Style: Electrical _____ Mechanical _____

Remote Pull: Yes _____ No _____ Location _____

Gas Valve Location: _____ Type: Release / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION