

Inspection, Testing and Maintenance of Fixed Extinguishing Systems

Service Company	Date of Service		Time				
	<input type="checkbox"/> Wet Chemical		<input type="checkbox"/> Dry Chemical		Last Recharge Date		
	Monthly <input type="checkbox"/>	Semi-annual <input type="checkbox"/>	Recharge <input type="checkbox"/>	Installation <input type="checkbox"/>	Renovation <input type="checkbox"/>		
	Location of System Cylinders:						
Name:	Manufacturer:		Model #		Serial #		
Address:	City:		Fuse Link 350 <input type="checkbox"/>	Fuse Link 450 <input type="checkbox"/>	Fuse Link 500 <input type="checkbox"/>	Other	
Phone:	Fax:	Store #		Fuel Shut off <input type="checkbox"/>	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Size
Owner/Mgr:			Cylinder Master size		Cylinder Slave Size	Cylinder Slave Size	

- Yes No **Technicians certified by the Manufacturer**
 Yes No **If No, have you advised the owner that your not being certified may affect his/her insurance or warranty of the system.**
 Yes No **Maintenance shall be conducted in accordance with applicable codes and the manufacturers maintenance manuals.**

Equipment Protected (left to right)

“√”Yes - Satisfactory “X” NO - Unsatisfactory (Explain No answers in comments) “NA” - Not Applicable

Inspections

- _____ No significant grease accumulation on nozzles or links?
- _____ Check that corrosive cleaning agents are not used?
- _____ Nozzles aim at cooking surfaces as per manufacturers requirement
- _____ Nozzle caps and/or seals are in place?
- _____ The extinguishing system is in its proper location?
- _____ Manual actuators are unobstructed?
- _____ Tamper indicators and seals are intact?
- _____ Maintenance tag or certificate is in place?
- _____ No physical damage exists that may prevent operation?
- _____ Pressure gauges are in the operable range?
- _____ Has the hazard remained the same?

Semi-Annual Inspection

- _____ Clean nozzles?
- _____ Chemical cylinder pressure- _____ psi/kpa?
- _____ Expellant gas cartridge
- _____ (a)pressure (nitrogen) - _____ psi/kpa?
- _____ (b)weight (carbon dioxide) - _____ lbs/kgs?
- _____ Check dry chemical agent for lumping or caking?
- _____ Fusible links replaced annually and those removed destroyed?
- _____ Check Detectors, releasing devices, hose nozzles, alarms?
- _____ System Piping examined and not obstructed?
- _____ Piping and conduit securely bracketed?
- _____ Check travel of cable nuts/S-hooks?

- _____ Filters are listed and in proper position?
- _____ Proper clearance from flame to filters?
- _____ Damper Operates as intended?
- _____ Proper separation/baffle between fryers and open flame?
- _____ Proper portable fire ext. in accessible location?
- _____ Personnel instructed in manual operation ?
- _____ Operating instructions posted conspicuously?
- _____ Manual and remote set/seals in place?
- _____ System operational & seals in place?

Tests and Maintenance

- _____ Hydrostatic test, 12 yr. Last date test _____ ?
- _____ Cleaned cylinder and mount?
- _____ Actuating test from pull station?
- _____ Actuating test from most remote fusible link?
- _____ Actuating test from electrical detection?
- _____ Fusible link checked , cleaned or replaced?
- _____ Connection to fire alarm test?
- _____ Fuel/electric shutoff tested?
- _____ Exhaust Fan tested and is operational?
- _____ **Hydrostatic test required every 12 years**
- _____ Dry Chemical Containers?
- _____ Wet Chemical Containers?
- _____ Hoses and fittings?
- _____ Auxiliary Pressure Containers?

Comments:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent