

# Inspection, Testing and Maintenance of Halogenated Agent Extinguishing Systems

<b>Service Company</b>			Date of Service		Time	Last Service Date		
			<input type="checkbox"/> Monthly		<input type="checkbox"/> Annual		<input type="checkbox"/> Connected Fire alarm	
			<input type="checkbox"/> Semi-annually		<input type="checkbox"/> Fifth year		<input type="checkbox"/> Central Station	
			Halon 1301 <input type="checkbox"/>		Halon 1211 <input type="checkbox"/>		Other <input type="checkbox"/>	
			Volume Protected					
			<input type="checkbox"/> Above Ceiling		<input type="checkbox"/> Below raised floor			
					<input type="checkbox"/> Between floor & ceiling			
Building Name:			Owner:			Phone:		
Address:			Contact Person:			Fax:		
City:			Postal Code:			Fax:		

**General Information:**

System Location?	System Concentration?
System designation?	Control panel manufacturer?
System manufacturer?	Weight of halon agent with cylinder?
Date installed?	Weight of halon agent?
Service contractor?	Normal pressure (super pressure)?
Detector manufacturer?	

**Technicians may be required to be certified by the Manufacturer. Maintenance shall be conducted in accordance with applicable codes and the manufacturers maintenance manual. All "NO" answers are to be explained in Comments.**

**Detection system**

- Ionization type smoke detectors?
- Photoelectric type smoke detectors?
- Rate of rise heat detectors?
- Fixed temperature heat detectors?
- Rate compensation heat detectors?
- Other? \_\_\_\_\_

**Type of detection for halon system operation:**

- Single zone?
- Two zones (cross-zoned)?
- Two detectors on any zone?
- Other? \_\_\_\_\_

**The following tests shall be conducted at the frequency indicated in NFPA 12A, Halon 1301 Fire Extinguishing Systems & NFPA 12B, Halon 1211 Fire Extinguishing Systems or in conformance with the Manufacturer's requirements.**

**“√”Yes - Satisfactory “X” No - Unsatisfactory (Explain “X” No answers in comments) N/A Not applicable**

**Monthly**

- Nozzle caps are in place?
- No physical damage to the system?
- Doors have self-closing devices?
- Doors are capable of releasing automatically?
- Semi-Annual Inspection & Test**
- Halon containers are free from physical damage?
- Container pressure (kpa/psi)? (Pressure loss greater than 10% requires container refill or replacement)
- Container weight (kgs/lbs)? (Weight loss greater than 5% requires container replacement)
- Enclosures inspected for penetrations or changes?
- Container pressure & weight are recorded on attached tag?
- Control heads operated. (remove heads from containers)?
- Conduct actuating test of system?
- Hoses free from physical damage?
- Thorough inspection of system conducted?
- Alarm receiving office notified and records testing.
- Initiating devices tested for proper response?
- Polarized alarm devices & aux relays have proper polarity
- End of line resistors checked that they have been installed across the detection and alarm bell circuits?
- All supervised circuits checked for proper trouble response?

**Testing continued**

- All supervisory devices checked for proper operation?
- System Functional operational test:**
- Operation of detection initiating devices acceptable?
- Operate the necessary circuits to initiate halon release?
- Operation of manual releases operation?
- Abort switch, if supplied operates correctly?
- Automatic valves tested unless the testing will release halon or damage the valve?
- Pneumatic equipment tested for integrity and proper operation?
- Remote monitoring operations:**
- Operation of each type of input device on standby power?
- Alarm signal received at remote panel?
- Operate each type of alarm condition on each signal circuit and verify trouble condition at remote station?
- Control Panel Primary Power Source**
- Verify control panel connected to a dedicated circuit?
- Primary power failure tested with system fully operated on standby power for required design period?
- 5 Year Hose and Container Inspection**
- System hoses hydrostatically tested?
- Complete visual inspection of halon containers in accordance with local codes? (Compressed gas association)

**Comments:**

## Inspection, Testing and Maintenance of Halogenated Agent Extinguishing Systems

---

---

---

---

---

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