[ ]  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      | CUSTOMER NUMBER      |
| AHJ/FIRE PROTECTION DISTRICT      | INSPECTION TYPE [ ]  INITIAL [ ]  ANNUAL [ ]  SEMI-ANNUAL [ ]        |

**NOTE: USE TAB BUTTON TO MOVE CURSOR**

**Initial Actions / Observations Y N N/A**

**Initial Actions / Observations Y N N/A**

1. Last Serviced By?       [ ]  [ ]  [ ]
2. Were building personnel notified of the inspection? [ ]  [ ]  [ ]
3. Was the monitoring company notified? [ ]  [ ]  [ ]
4. System fund charged and functioning at time of technician’s arrival? [ ]  [ ]  [ ]
5. System un-tampered with since last visit? [ ]  [ ]  [ ]
6. System found to be proper pressure upon arrival? [ ]  [ ]  [ ]

**Visually Check System Y N N/A**

1. Baffle-type filters installed in hood? [ ]  [ ]  [ ]
2. System (and appliance layout) appear unchanged since last service? [ ]  [ ]  [ ]
3. Were the nozzle caps in place at time of arrival? [ ]  [ ]  [ ]
4. Visible piping and nozzles properly connected, braced, and

free of damage? [ ]  [ ]  [ ]

1. Piping/conduit/cabling free from observable obstructions? [ ]  [ ]  [ ]
2. Nozzle(s) inspected and found to be clear of obstructions? [ ]  [ ]  [ ]
3. Correct nozzle type(s) for protected equipment, plenum and ducts? [ ]  [ ]  [ ]
4. Nozzle(s) properly positioned over appliances? [ ]  [ ]  [ ]
5. Nozzle(s) properly positioned in duct(s) and plenum(s)? [ ]  [ ]  [ ]
6. Is there a fan warning sign on hood? [ ]  [ ]  [ ]
7. Flow points/extinguishing agent within mfg’s allowed maximums? [ ]  [ ]  [ ]

**Hazard Inspection Y N N/A**

1. Hazard configuration appeared to remain unchanged? [ ]  [ ]  [ ]
2. Are all observable penetrations to the hood and duct sealed? [ ]  [ ]  [ ]
3. No readily observable obstructions of interference that could

impact effectiveness of the suppression system? [ ]  [ ]  [ ]

1. System disarmed per manufacturer’s recommendations? [ ]  [ ]  [ ]
2. Mechanical detection line tested and found to operate properly? [ ]  [ ]  [ ]
3. Proper number and placement of detectors/links? [ ]  [ ]  [ ]
4. Did the system operate properly from activation of a manual

 pull station? [ ]  [ ]  [ ]

1. Gas shut-off valve installed and working properly? (Note location) [ ]  [ ]  [ ]
2. Replaced links with proper temperature rating? [ ]  [ ]  [ ]

       at       Degrees       at       Degrees

       at       Degrees       at       Degrees

       at       Degrees       at       Degrees

1. Is the manual reset for electric gas valves operational? [ ]  [ ]  [ ]
2. Did all electrical appliances shut off upon system operation? [ ]  [ ]  [ ]
3. Did all gas appliances shut off upon system operation? [ ]  [ ]  [ ]
4. Did the make-up air shut down? [ ]  [ ]  [ ]
5. Did the alarm system activate when the system tripped? [ ]  [ ]  [ ]
6. Did control head(s)/cylinder releasing device(s) operate properly? [ ]  [ ]  [ ]
7. Cylinder Pressure       psi [ ]  [ ]  [ ]
8. Hydrostatic test date of cylinder checked. Due:       [ ]  [ ]  [ ]
9. Were all cylinders free of signs of external corrosion

 and/or damage? [ ]  [ ]  [ ]

1. Are all cylinders securely mounted? [ ]  [ ]  [ ]
2. Cartridge inspected or replaced with mfg’s recommended

interval (if applicable)? Weight

 **NOTIFICATION OF DEFICIENCIES CUSTOMER INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]** 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**

**System Reactivation Y N N/A**

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| --- | --- | --- | --- |
| COMPANY      | CONTACT      | PHONE      | FAX      |
| ADDRESS      | CITY      | STATE     **Final Y N N/A** | ZIP      | CUSTOMER NUMBER      |

38 Test adapters/links, keeper pins, etc., removed from system? [ ]  [ ]  [ ]

39 Detection (link) line has proper tensioning? [ ]  [ ]  [ ]

40 Was the control read reset? [ ]  [ ]  [ ]

41 Were all fuel sources and power restored? [ ]  [ ]  [ ]

42 Were all pilot lights supplied by the gas valve relit? [ ]  [ ]  [ ]

43 Microswitch/relay(s) reset – electric appliances “on”? [ ]  [ ]  [ ]

44 Are all nozzle caps in place? [ ]  [ ]  [ ]

45 Were all filters reinstalled? [ ]  [ ]  [ ]

46 Were all cartridges reinstalled? (if applicable) [ ]  [ ]  [ ]

47 Tandem/slave releasing device(s) reset properly? [ ]  [ ]  [ ]

**Description of Deficiencies**

48 Operator’s manual on site? [ ]  [ ]  [ ]

49 Class K portable extinguisher available and properly serviced [ ]  [ ]  [ ]

50 Remote manual release free from obstructions & operable? [ ]  [ ]  [ ]

51 Has the system been placed back in service? [ ]  [ ]  [ ]

52 Monitoring company notified that the system is back in

 full service? [ ]  [ ]  [ ]

53 Were building personnel notified of the system condition? [ ]  [ ]  [ ]

54 Have you received a signature from the building personnel? [ ]  [ ]  [ ]

55 Inspection tax affixed to system? [ ]  [ ]  [ ]

|  |  |  |
| --- | --- | --- |
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|      **Comments and Recommendations** |       |       |

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| **NOTIFICATION OF EXHAUST SYSTEM GREASE BUILDUP CUSTOMER INITIALS:** **[ ]** A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation 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. |

|  |  |
| --- | --- |
| **Authorized Customer Representation**SIGNATURE:PRINT NAME:       | **Authorized Company Representation**SIGNATURE:PRINT NAME:      CERTIFICATION NUMBER       |

 **KITCHEN SYSTEM REPORT – PAGE 3**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Connection to Alarm? Yes [ ]  No [ ] Nozzle Quantity: Duct [ ]  Plenum [ ]  Appliance [ ] Remote Pull: Yes [ ]  No [ ]  Location       | Gas Valve: Yes [ ]  No [ ]  Size:      Gas Valve Style: Electrical [ ]  Mechanical [ ] Gas Valve Location       Type: Release [ ]  Pull [ ]  |

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