



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

HOOD SUPPRESSION		STATUS			
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White	
Occupancy Information					
Premises Name:		Premises Address:			
Contact Name:		Contact Phone:			
Contact Address:		Contact Email:			
Central Station Monitoring:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Monitoring Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Monitoring Company Name:		Monitoring Company Phone:			
Hood Inventory - As of 2024, when submitting a NEW hood to TCE, vendors must create a separate hood system record for each hood system in the building. Multiple hoods may still be listed on the same report for hoods in TCE in 2023 and prior. All inventory information is mandatory for new systems and encouraged for existing systems.					
Hood Suppression System ID (one per system)*:					
Control Head (named by manufacturer):					
Make:					
Model:					
Is system UL300 capable?*					
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Size (gal):					
Style:					
Location of Cylinder(s):					
Last Hydro-test Date (month/year):					
System coverage/location (deli, main line, bakery station) *					
List covered cooking appliances from left to right:*					
List the link types/temperatures from left to right*					
Upload photo of appliances protected, showing the layout. Include date in the file name.*					
Inspection & Testing Agency Information					
Company Name:		Phone:			
Address:		Emergency Phone:			
		Email:			
Inspector/Tester Information					
Inspector Name:					
Certification No.:					
Current ICC/NAFED Certification: <input type="checkbox"/> Yes					
Test Information					
Date of Test:					
The items on the checklists below shall be inspected and tested. This list may not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Fire Code used by the AHJ, NFPA 17, NFPA 17A, and NFPA 96 and manufacturer's recommendations for inspecting and testing requirements.					
PRE-TEST CHECKS					
AVOID "FALSE ALARMS" TO FIRE DEPARTMENT BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.					
1	The suppression system meets the UL300 standard. IFC 904.13			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Select "No" if the system is non-UL300 and any of the following three statements is true (if any of the following is true for a non-UL300 system, it must be replaced and until replacement, this is a deficiency):

- Vegetable oil is the medium used by the cooking appliance.
- Parts are no longer available for repair/maintenance of the current system.
- Coverage provided by the system is not adequate for the protected appliance.

APPLIANCE COVERAGE, NOZZLES, AND PIPING

2	All cooking appliances that can produce grease laden vapors are completely under the range hood. 2021 IFC 606.1 refers to IMC 507.4.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	All cooking appliances have the required number and type of nozzles to provide adequate fire protection. NFPA 96 10.1.2, 13.1.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	All nozzles are properly positioned. NFPA 17A 8.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	All piping and conduit are immobilized with proper hangers and brackets. NFPA 17A 8.3.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Signage is provided on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire-extinguishing system. Signage indicates appliances from left to right, be durable, and the size, color, and lettering shall be approved. IFC 904.13	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	I have reviewed the IFC 904.13 signage on the exhaust hood (and photos uploaded to TCE, if available) and in my professional opinion, it appears that the approved suppression system continues to protect the appliances it was approved to protect (appliances have not be rearranged).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SYSTEM CONTROLS

8	All system controls and components are accessible and free from obstructions. NFPA 17A 8.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	The system is operational from the terminal link (last fusible link). NFPA 96 12.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	The fusible links were replaced. (Annually) NFPA 96 12.2.4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	The manual (remote) pull is configured correctly and is operational. NFPA 96 12.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	The operation of the fusible link line is not impaired by grease. NFPA 96 12.2.6	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	The micro switch that controls the gas and/or electrical power to the appliances functions properly. NFPA 96 12.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	The gas shuts down upon system activation. 2021 IFC 904.13.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
15	All sources of cooking heat shut down properly. Make up air shuts down if present. NFPA 96 12.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

CYLINDERS AND EXTINGUISHING AGENT

16	The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system. NFPA 96 12.2.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances. NFPA 96	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	The cylinders are filled with the correct volume of extinguishing agent. NFPA 96 12.2.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	If present, the cylinder gauge is in the operational range. NFPA 96 12.2.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
20	If present, the CO2 or nitrogen Nitrogen cylinder is fully charged. (According to weight) NFPA 96 12.2.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
21	The hydrostatic testing of the agent cylinder(s) is up-to-date. NFPA 17A 8.5.1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SYSTEM SECURITY AND MONITORING

22	The tamper seals on the suppression system were replaced. NFPA 17A 8.2.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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23	The suppression system is connected to the fire alarm panel. (Only select N/A if there is no fire alarm system) 2021 IFC 904.3.5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24	The fire alarm panel receives the proper signals upon suppression system activation. (Only select N/A if there is no fire alarm system). 2021 IFC 904.3.5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
25	The alarm monitoring company received the alarm signal. (Only select N/A if there is no fire alarm system.) 2021 IFC 904.3.5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

INSPECTION FOR GREASE BUILDUP AND CLEANING

26	The commercial cooking fire suppression hood and exhaust system appears: 2021 IFC 606.3.3.2	<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty - Cleaning recommended
27	Advised responsible party or their representative on the importance of keeping hood, ducts, and filters clean and the requirement to inspect them and clean them when dirty. NFPA 96 12.6.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FINAL CHECKS, TAGGING, AND REPORTS

Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)

28	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on the agent cylinder and the manual pull handle indicating the system's status consistent with my inspection today. NFPA 96 12.1.6.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	The color of the tag is:	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow <input type="checkbox"/> White
29	I will provide a copy of the confidence test report to the owner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30	I will submit this test report to the fire department through TCE.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	For UL-300 Systems: The technician performing the work reported on the test has current training from the manufacturer of the UL-300 system that is the subject of this report.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the listing, the manufacturer's manual and service bulletins, and the current current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Under penalty of perjury I attest that I have access to the current manufacturer's installation, maintenance and testing instructions manual and service bulletins for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. By accepting this statement, I further attest that I am properly certified by the State of Washington to perform the work documented in this report, or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.

<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)
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SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

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To submit reports to SFD, use the online forms at www.thecomplianceengine.com.