



**Seattle Fire Prevention Division**  
 220 3rd Avenue South  
 Seattle, WA 98104  
 SFD\_FMO\_SystemsTesting@seattle.gov

# **REPORT OF SYSTEM INSTALLATION**

<b>HOOD SUPPRESSION SYSTEM</b>	
Service Date	Report Number [Red or Yellow Tag Icon if Applicable]
AHJ	Status
Phone	Report Type
Reviewed by AHJ	Code Reference
<b>INSPECTION &amp; TESTING AGENCY INFORMATION</b>	
Name	Phone Number:
(includes address)	Emergency Phone:
	Email:
<b>INSPECTOR/TESTER INFORMATION</b>	
Inspector:	Phone Number:
Licenses: License Type	License Number Expiration
<b>OCCUPANCY INFORMATION</b>	
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:
<b>HOOD SUPPRESSION INVENTORY</b>	
<b>GUIDELINES WHEN TO USE (or Not Use): Only create inventory and reports in TCE for (a) fully accepted new systems or (b) confidence tests/ITM tests of existing systems.</b>	
<b>DOCUMENTS UPLOADED (This information is mandatory for new systems and encouraged for existing systems. Uploaded files shall have a short, descriptive name and date.)</b>	
Attach a diagram of appliances and nozzles. Include date and title naming convention in the file name. <input type="checkbox"/> N/A	
Attach a photo of appliances protected, showing the layout. Include date and title naming convention in the file name. * <input type="checkbox"/> N/A	
<b>PERMITTING (This information is mandatory for new systems and encouraged for existing systems.)</b>	
Mechanical Code/Fire Code Edition (Year):	Permit signed off? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Permit #:	
<b>DESCRIPTION / INVENTORY (This information is mandatory for new systems and encouraged for existing systems.)</b>	
Hood Suppression System ID (one per system): *	
Make:	
Model:	
Is system appliance specific or overlapping*	<input type="checkbox"/> Appliance specific <input type="checkbox"/> Overlapping
Is system UL300 compliant*	<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:*	

Control Head (named by manufacturer):

List the link types/temperatures from left to right:\*

#### REPORT OF PRE-TESTING FOR USE PRIOR TO AHJ INSPECTION AND SYSTEM ACCEPTANCE

The items on the checklist 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

Question #	Code Ref(s)	Question	Answer
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		For UL-300 systems, installer must be trained by the manufacturer of the system being installed. Indicate "yes" and fill out training month/year and manufacturer. Indicate N/A if this is not a UL-300 system.	<input type="checkbox"/> YES <input type="checkbox"/> NA
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1a Training month/year:

1b Manufacturer:

#### APPLIANCE COVERAGE, NOZZLES, AND PIPING

Question #	Code Ref(s)	Question	Answer
2		All appliances, hoods, and ducts are properly protected with nozzles and positioned in accordance with the manufacturer's design, installation, and maintenance manual. 2021 NFPA 17A 7.4.1	<input type="checkbox"/> YES
3		Pipe sizes and nozzles are in accordance with the manufacturer's design, installation, and maintenance manual. 2021 NFPA 17A 7.4.2.1	<input type="checkbox"/> YES
4		All piping supports are securely fastened. 2021 NFPA 17A 7.4.2.2	<input type="checkbox"/> YES
5		All installed appliances are the same and in the same locations as the approved system design. 2021 NFPA 17A 7.4.3	<input type="checkbox"/> YES
6		Piping has been physically checked for tightness. 2021 NFPA 17A 7.4.4.1	<input type="checkbox"/> YES
7		Piping network has been tested using nitrogen or dry air at a pressure not to exceed the normal operating pressure of the extinguishing system. The test verified that nitrogen or dry air has discharged out of each nozzle in the system. 2021 NFPA 17A 7.4.4.2	<input type="checkbox"/> YES
8		All devices are labeled with proper designations and instructions. 2021 NFPA 17A 7.4.5	<input type="checkbox"/> YES

#### ALARM OPERATION AND SYSTEM CONTROLS

Question #	Code Ref(s)	Question	Answer
9		Where the system is connected to a building alarm system, the alarm-sounding or notification devices and remote annunciation devices are functional. 2021 NFPA 17A 7.4.6 If no building alarm exists, the local alarm sounds on system activation. NFPA 17A 5.2.1.8.	<input type="checkbox"/> YES

10		All manual devices (manual pull stations) are readily accessible and accurately identified. 2021 NFPA 17A 7.4.7	<input type="checkbox"/> YES
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11		Where a releasing control panel is provided, it is connected to a dedicated circuit and labeled properly. 2021 NFPA 17A 7.4.9.1	<input type="checkbox"/> YES
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12		Where a releasing control panel is provided, it is readily accessible and restricted from unauthorized personnel. 2021 NFPA 17A 7.4.9.2	<input type="checkbox"/> YES
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Functional tests of the following were performed in accordance with manufacturer's design, installation, and maintenance manual: 2021 NFPA 17A 7.4.8

13a	Automatic detection system	<input type="checkbox"/> YES
13b	Manual release devices	<input type="checkbox"/> YES
13c	Gas shutoff	<input type="checkbox"/> YES
13d	Shutoff of makeup air supplied internally to hood	<input type="checkbox"/> YES
13e	Electrical power shutdown	<input type="checkbox"/> YES

14	A temperature study was conducted to verify link temperature rating is consistent with manufacturer's install instructions.	<input type="checkbox"/> YES
15	Exhaust air and make up air is wired directly to the fire suppression control head and not through a switch.	<input type="checkbox"/> YES
<b>FINAL CHECKS, TAGGING, AND REPORTS</b>		
Question #	Code Ref(s)    Question	Answer
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.)		
16	Class K-rated portable fire extinguisher provided no more than 30' distance of travel from the cooking equipment, along path of egress, in conspicuous location, at proper height (21 IFC 906.9), with current inspection tag or with receipt showing purchase within last 12 months.	<input type="checkbox"/> YES
17	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, is durable (example: laminated), at least 8.5" x 11", not hand written, 12 pt font or larger. 2021 WA FC 904.13.	<input type="checkbox"/> YES
18	Each extinguishing agent storage container is reconnected and the system has been returned to its fully operational condition. 2021 NFPA 17A 7.4.10.1	<input type="checkbox"/> YES
19	All concerned personnel at the end user's facility have been notified that the fire system is completed and the system has been returned to its fully operational condition. If the system is connected to an alarm-receiving office, they have also been notified. 2021 NFPA 17A 7.4.10.2	<input type="checkbox"/> YES
20	The owner has been provided with a copy of the manufacturer's design, installation, and maintenance manual or the owner's manual. 2021 NFPA 17A 7.4.10.4	<input type="checkbox"/> YES
21	I will attach a white service label on the agent supply tank or pull tank after this system is accepted by the Fire Department inspector.	<input type="checkbox"/> YES
22	I will provide a copy of the acceptance test report to the responsible party.	<input type="checkbox"/> YES
23	I have submitted this report to the Fire Department through TCE.	<input type="checkbox"/> YES
<b>ATTESTATION</b>		
By accepting this statement I, the certified technician shown on this form, attest that this fire protection system has been properly installed and tested in compliance to the listing, the manufacturer's design and installation instructions, and the current fire code and NFPA standards. By accepting this statement, I further attest that I have the proper manufacturer training and am properly certified 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)
<b>SIGNATURE (OPTIONAL)</b>		
Signature of Technician		
Signature of Building Representative		
<b>This Document Is For Informational Purposes Only - All reports must be submitted online</b> <b>through our third-party vendor, The Compliance Engine (TCE)</b> <b><a href="http://www.thecomplianceengine.com/">http://www.thecomplianceengine.com/</a></b>		
Reports must be filled out on the TCE website. This document is provided for information purposes to share the content of certain annual testing and maintenance reports required by the Seattle Fire Code.		