



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 (206) 386-1450
 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 - Multiple Systems in a Building May Be Reported on a Single Form (M-mandatory)				
Hood Suppression System ID (one per system) (M):				
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) (M):				
List covered cooking appliances from left to right (M):				
Upload photo or sketch of suppression system and protected appliances: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection & Testing Agency Information				
Company Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
Inspector/Tester Information				
Inspector Name:				
Certification No.:				
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. <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):			
	<ul style="list-style-type: none"> • 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.	<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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4	All nozzles are properly positioned.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	All piping and conduit are immobilized with proper hangers and brackets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	List covered cooking appliances as currently installed under hood from left to right:			
7	Are locations of covered appliances consistent with image stored in TCE showing appliance locations? If not, upload accurate picture or sketch. Answer "yes" once accurate image is uploaded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8	For systems installed in 2018, or later, there is a placard that depicts the type and location of appliance protected underneath the range hood of the fire protection system, and the appliances being protected are consistent with the depiction in the placard. (Only use N/A for systems installed prior to 2018.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

SYSTEM CONTROLS

9	All system controls and components are accessible and free from obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	The system is operational from the terminal link (last fusible link).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11	The fusible links were replaced. (At 6 month intervals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12	The manual (remote) pull is configured correctly and is operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13	The operation of the fusible link line is not impaired by grease.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	The micro switch that controls the gas and/or electrical power to the appliances functions properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15	The gas shuts down upon system activation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16	All sources of cooking heat shut down properly. Make up air shuts down if present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

SYSTEM SECURITY AND MONITORING

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

INSPECTION FOR GREASE BUILDUP AND CLEANING

- 27 The commercial cooking fire suppression hood and exhaust system appears: Clean Dirty - Cleaning recommended
- 28 Advised personnel on the importance of keeping hood, ducts, and filters clean? Yes 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.)

- 29 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. Yes No

The color of the tag is: Red Yellow White

- 30 I will provide a copy of the confidence test report to the owner. Yes No

- 31 I will submit this test report to the fire department through TCE. Yes 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 current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

<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

System Testing Reports Must Be Submitted Online

Submit reports to www.thecomplianceengine.com