



1333 NW Eastman Parkway, Gresham, Oregon 97030-3813  
 Phone 503-618-2355 • Fax 503-666-8330  
 www.greshamoregon.gov/fire

**CHECK SHEET FOR TEST OF FIRE SUPPRESSION SYSTEMS  
 (KITCHEN HOOD OR PAINT BOOTH)**

Date of Service: \_\_\_\_\_ Next service due by: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Building Address/City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact \_\_\_\_\_

**SYSTEM INFORMATION**

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial # \_\_\_\_\_ Pull Station Type: \_\_\_\_\_ Pull Station Location: \_\_\_\_\_

NFPA Standard system installed under: \_\_\_\_\_ Does this system meet UL-300 Standard? \_\_\_\_\_

\*\*SYSTEMS NOT MEETING UL-300 STANDARDS MAY NOT SUPPRESS FIRES AS ORIGINALLY INSTALLED\*\*

**FUEL SHUTOFF**

Fuel type: \_\_\_\_\_ Fuel shut off type: \_\_\_\_\_ Shut off valve labeled? \_\_\_\_\_

Location: \_\_\_\_\_ Reset location: \_\_\_\_\_

**NUMBER OF NOZZLES**

Appliance \_\_\_\_\_ Plenum \_\_\_\_\_ Duct \_\_\_\_\_ Other \_\_\_\_\_

**NUMBER OF FUSIBLE LINKS/FUSIBLE LINKS REPLACED/ MANUFACTURE DATE**

360° F \_\_\_\_/\_\_\_\_/\_\_\_\_ 450° F \_\_\_\_/\_\_\_\_/\_\_\_\_ 500° F \_\_\_\_/\_\_\_\_/\_\_\_\_ Other \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLIANCES**

<u>Appliance</u>	<u>Fuel</u>	<u>Appliance</u>	<u>Fuel</u>

**CYLINDER(S)**

Size	Manufacturer/ Model	Last Hydro Date	Last Recharge Date	Inspection - Service					
				Weight/PSI	Hydro Test	Clean	Mount	Gauge	UL 300

OK – Passes Inspection   S – Serviced   X – Requires Service   NA – Not Applicable

	Yes	No	N/A		Yes	No	N/A
System interlocked with building fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood/duct penetrations sealed w/weld or UL device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked operation of shut downs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All seals intact, no signs of tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked reserve power supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard properly covered with correct nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping/conduit securely bracketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked positioning of all nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nozzles cleaned, proper caps/covers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure gauge in proper range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System cartridge & seals replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked pneumatic actuator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety pins removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operated system from terminal link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System operational and armed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of electric detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper fire extinguisher for other areas (40B or K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked travel of cable and link position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers properly serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked and cleaned fusible links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel instructed on automatic operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of manual release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel instructed on manual operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of time delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly inspections performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of micro-switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service and certification tag on system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked operation of gas valve. Size _____ Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plans of original system installation on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did exhaust fan operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan warning sign on hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non compliance sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*NON COMPLIANT ITEMS AND EXCESSIVE GREASE BUILD UP ON SYSTEMS MAY IMPAIR THE EFFECTIVENESS OF THE SUPPRESSION SYSTEM TO EXTINGUISH A FIRE\*\***

**RECOMMENDATIONS AND COMMENTS** -Include All Recommended Repairs

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**SERVICING COMPANY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

Print the name of CERTIFIED personnel doing the service: \_\_\_\_\_

I certify that all of the information in this report is correct and accurate, to the best of my knowledge:

\_\_\_\_\_

(Signature of Service Personnel)