

**COMMERCIAL COOKING EXTINGUISHING SYSTEM
INSPECTION, TESTING AND MAINTENANCE REPORT**

Company Name:					Building Permit No: _____				
					License No: _____				
					TMK: _____				
Name of Area:									
Date:				Time In: _____ AM / PM			Type of Inspection:		
Business Name:						Semi-Annual			
Business Address:						Emergency Call			
Telephone:			Contact Person:						
Building Owner:						Date System Installed:			
Address:				City:		State: HI		Zip:	
Location of Extinguishing System:									
Manufacturer:				Model No.:			Serial No:		
Cylinder Size:				Last Hydrotest:			Last Six-Year Maintenance:		
Type of Fuel Shutoff:									
Maximum Number of Flow Points Allowed for this System:								YES	NO
1	Does this system meet the manufacturer's and NFPA specifications?				(If no, explain in Item 15)				
2	Was the fusible link actuated and did the system operate as designed?				(If no, explain in Item 15)				
3	Were all fusible links changed?		Yes	No	Date On New Links:				
4	Did the system operate as designed when the manual pull station was activated?				(If no, explain in Item 15)				
5	Did the fuel shutoff devices operate properly upon system activation?				(If no, explain in Item 15)				
6	Are all installed grease filters approved and listed as grease filters?				(If no, explain in Item 15)				
7	Is this fire protection system connected to a fire alarm system?								
8	Did the fire alarm system function properly when the system was activated?				(If no, explain in Item 15)				
9	Are there visible grease conditions existing that pose a fire hazard?				(If yes, explain in Item 15)				
10	Grease Conditions - Indicate with a Check Mark				Comments or Recommendations:				
	Grease Condition	Plenum	Duct	Filter	Traps				
	Heavy								
	Fair								
	Light								
11	Name of person performing grease cleaning:						COF#		
12	Is there a 40-B or approved equivalent extinguisher installed in the kitchen?						Yes	No	
13	When were the portable fire extinguishers last serviced?								
14	System inspected and found:				SATISFACTORY <input type="checkbox"/>	UNSATISFACTORY <input type="checkbox"/>	See Item 15 for Comments		
15	Comments:								

Inspector's Name:				Certificate No.:			Date of Inspection:		
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Owner, Agent, or Representative's Section

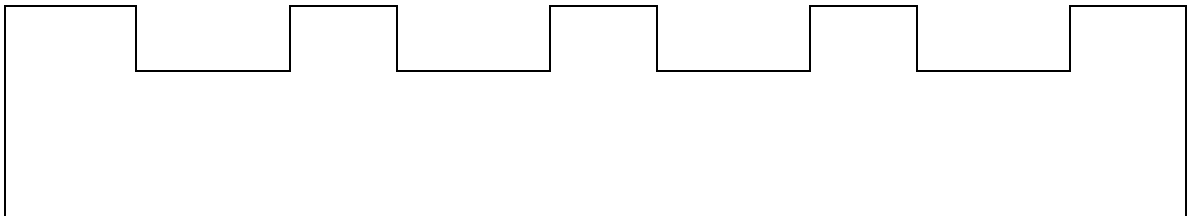
I have been apprised of the test results and have been given a copy of this report to be kept on the premises. I will immediately correct or notify responsible parties of all deficiencies noted on this report.

Signature:	Print Name:	Date:
Business Name:	Name of Kitchen:	Date:

1. Note the cooking equipment layout and nozzle locations at the time of this inspection.
2. Note the exit, manual pull station, actuator, shutoffs, and emergency reset locations.

Ducts

1. Cross out any ducts that are not as shown on this drawing. If the duct is elsewhere than where it is shown on this drawing, draw in the duct location.
2. Draw in the location of all nozzles used in the plenum and duct areas.

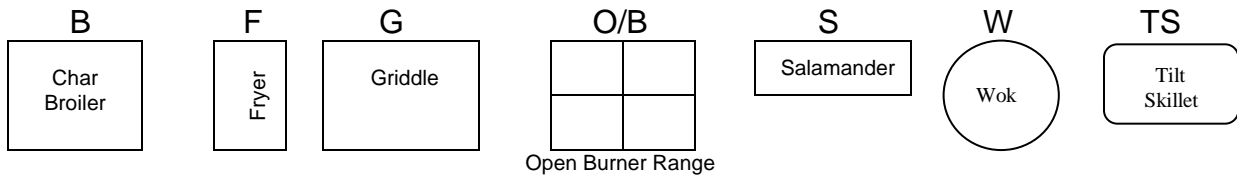


Location of surface nozzles at time of inspection

Hood



Cooking Appliance Symbols



Nozzle Location ●

1. Location of exit door: _____
2. Location of manual pull station: _____
3. Location of actuator(s): _____
4. Location of fuel shutoffs: _____
5. Location of emergency resets: _____
6. Additional notes regarding this system: _____

