DELAWARE STATE FIRE MARSHAL

RANGE HOOD FIRE SUPPRESSION SYSTEM

CERTIFICATE OF INSPECTION

☐ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

PROTECTED PROPERTY

Name: _____ Owner/Contact: _____

Address/City: Phone Number:

PROPERTY OWNER

Owner: Address:

SUPPRESSION SYSTEM COMPANY AND INSPECTION DATE

Company Name: _____ FSL #: _____

Technician's Name: Inspection Date:

HOOD SUPPRESSION SYSTEM MONITORING

Is this system monitored off-site? ☐ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: _____

SYSTEM INFORMATION

System ID Number: _____ Location: _____

System Type: ☐ Wet Chemical ☐ Dry Chemical ☐ Other: _____

Suppression System Mfg. _____ Model Number: _____

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION **NONE** ☐ **CHECKED BELOW** ☐

- ☐ 7801 – System Out-of-Service / Impaired
- ☐ 7802 – Any Unprotected Appliance
- ☐ 7803 – Nozzle or Piping Blocked / Obstructed
- ☐ 7804 – Lack or Failure of Gas or Electric Shut Off to Appliances
- ☐ 7805 – Agent / Expellant Gas Levels Out-of-Range
- ☐ 7806 – Exhaust System Out-of-Service
- ☐ 7807 – Other (Comments Below)

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION **NONE** ☐ **CHECKED BELOW** ☐

- ☐ 7820- Manual Release Blocked / Obstructed
- ☐ 7821- Manual Release Damaged / Missing
- ☐ 7822- Grease Laden Filters / Hood / Duct / Area
- ☐ 7823- Not Connected to FAS
- ☐ 7824- Hydro Test Date Expired
- ☐ 7825- Other

COMMENTS/DEFICIENCY DESCRIPTION

_____

_____

_____

_____

FOR INTERNAL USE ONLY:

Data Entry Date: _____ Date Received By T.S. Manager: _____ FM Assigned: _____ Date FM Assigned: _____ Date Inspected: _____

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** _____ ☐ **MAJOR DEFICIENCIES VERIFIED:** _____

DATE NOV ISSUED: _____ COMPLIANCE DATE: _____ 1ST EXTENSION DATE: _____ 2ND EXTENSION & APPROVAL DATE: _____

DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____ BY _____

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