



DELAWARE STATE FIRE MARSHAL
SPECIAL HAZARD 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:

SPECIAL HAZARD FIRE 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: Halon FM-200 Dry Chemical Foam Carbon Dioxide Inergen FE-13 Other

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE CHECKED BELOW

- 7901 - System Out-of-Service / Impaired
7902 - Closed Control Valves
7903 - FACP in ALARM / TROUBLE
7904 - More than 10% of Initiating Devices Failed
7905 - Loss of Primary Agent Supply or Expellant Pressure in "Red" Zone

- 7906 - Protected Area Concentration Compromised (Doors Lacking Self-Closure / Sweeps; Auxiliary Function Failure)
7907 - Other (Comment Below)

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE CHECKED BELOW

- 7920 Agent Tank Overdue Hydro Test
7921 Agent Hoses Overdue Hydro Test
7922 Agent Hoses Damaged
7923 Manual Release / Abort Switches Obstructed
7924 Manual Release / Abort Switches Missing / Damaged

- 7925 Protected Area Lacking Notification (Audible or Visual Devices)
7926 Battery or Secondary Power Deficiency
7927 System not Interconnected to FAS
7928 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