



Commercial Kitchen Fire Suppression Inspection, Testing & Maintenance Report


Endorsed Contractor Company Name:		Endorsed Technician Name:		
Address:		Phone:		Email:


Customer/Business Name:		Location Address:			
Representative Name:		Mailing Address:			
System Owner Name:		Phone:		Email:	

Kitchen System Bar Code:		Pass (X)	Fail (X)	Notes:			
All identified deficiencies corrected?							
Changes to cooking appliance line up?							
Piping, conduit and mechanical tubing is secure and internally unobstructed							
Surface, duct and plenum nozzles are properly located and spaced							
Fusible links are properly located and replaced semi-annually							
System release cables free to move and adequate clearance between fusible link and mechanical tubing							
Remote manual pull is unobstructed and operational							
All safety seals, protective grease caps are free to move, foil seals are free of damage							
Automatic shutdown of cooking equipment <input type="checkbox"/> Gas <input type="checkbox"/> Electric							
System is in compliance with manufacturer and UL-300 requirements & <input type="checkbox"/> NFPA 17 or <input type="checkbox"/> NFPA 17A							
Class K portable and required ABC extinguishers are current.							
Sys. manufacturer/model:		Capacity (gal):		Capacity flow pts:		Flow pts. Used:	
Last hydro MM/YY:		Next hydro due MM/YY:		Tied to fire alarm?(X)		Yes	No

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DEFICIENCIES FOUND DURING INSPECTION (Please provide any further details relating to deficiencies found.)



COMMENTS (Please provide any further comments or issues of concern that may require follow up.)

DECLARATIONS

Completed Date and Time of Test: _____ Next Due Service Date (MM/YYYY): _____

SERVICE TECHNICIAN

I, _____ Print Name _____, certify under the penalty of perjury that I hold a City of Vancouver Fire Department endorsement to perform this work. I have tested the commercial kitchen fire suppression system at the address identified in this test report, documented all conditions found during the inspection and that the information contained in this report is true and accurate. Our office will upload a copy of this report to the Vancouver Fire Marshal as required by VMC 16.04.

Service Technician Signature _____ Date: _____

SYSTEM OWNER REPRESENTATIVE

I, _____ Print Name _____, serve as the responsible person for the address listed above. I am aware that the fire department is required to be notified immediately (IFC 901.7) when required fire protection systems are out of service. A copy of this report is required to be submitted immediately to the Vancouver Fire Department by service providers and a separate copy shall be kept on site for a period of not less than 6 years and made available to the fire code official upon request.

Owner/Owner's Representative Signature: _____ Date: _____