





AAA Fire Safety & Alarm, Inc.
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Automatic Wet/Dry Chemical Suppression Report of Test/Inspection

Company:	CTU	Date:	November 1, 2011
Address:	326 South State Street	Technician:	Joshua Clark
City, State, Zip:	Salt Lake City, Utah 84104	System Name:	
Contact Name:	Jack Bauer	Special Instructions:	**THIS IS AN EXAMPLE ONLY**
E-Mail:	Jack@CTU.gov		
Phone:	801-867-5309		
Fax:			

Technician Signature: 

Customer Signature: 

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
 Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.

System Information

System Type: <u>Wet Chemical</u>	Manufacturer: <u>Ansul</u>	Model: <u>R102</u>	Serial #:	Location: <u>Basement Cafeteria</u>
Pull Station Type: <u>Mechanical</u>	Pull Station Location: <u>Back Wall by Exit</u>	Monitoring Company: <u>AAA Fire Safety & Alarm, Inc.</u>		

Fuel Shutoff		Nozzles	Fusible Links
Fuel Type: <u>Natural Gas</u>	Shutoff Type: <u>Electrical</u>	Appliance: <u>7.00000000</u>	360 (°F): _____
Location: <u>North Wall</u>	Reset: <u>North Wall</u>	Plenum: <u>4.00000000</u>	450 (°F): <u>7.00000000</u>
Fuel Type: _____	Shutoff Type: _____	Duct: <u>2.00000000</u>	500 (°F): <u>2.00000000</u>
Location: _____	Reset: _____	Other: _____	Other (°F): _____

Appliances (In Order Left to Right) Reference Photos/Equipment Location

Appliance #1: <u>Fryer</u>	Fuel Type: <u>Natural Gas</u>
Appliance #2: <u>Range</u>	Fuel Type: <u>Natural Gas</u>
Appliance #3: <u>Griddle</u>	Fuel Type: <u>Natural Gas</u>
Appliance #4: <u>Charbroiler</u>	Fuel Type: <u>Natural Gas</u>
Appliance #5: _____	Fuel Type: _____
Appliance #6: _____	Fuel Type: _____
Appliance #7: _____	Fuel Type: _____
Appliance #8: _____	Fuel Type: _____
Appliance #9: _____	Fuel Type: _____
Appliance #10: _____	Fuel Type: _____
Appliance #11: _____	Fuel Type: _____
Appliance #12: _____	Fuel Type: _____



System Agent Tanks

Location: <u>Cafeteria Storage Room</u>	Manufacturer: <u>Ansul</u>	Size: <u>3 gal</u>	Last Hydro: <u>2011</u>	Last 6 Year: _____	Last Recharge: <u>2011</u>
Location: <u>Cafeteria Storage Room</u>	Manufacturer: <u>Ansul</u>	Size: <u>3 gal</u>	Last Hydro: <u>2011</u>	Last 6 Year: _____	Last Recharge: <u>2011</u>
Location: <u>Cafeteria Storage Room</u>	Manufacturer: <u>Ansul</u>	Size: <u>1.5 gal</u>	Last Hydro: <u>2011</u>	Last 6 Year: _____	Last Recharge: <u>2011</u>
Location: _____	Manufacturer: _____	Size: _____	Last Hydro: _____	Last 6 Year: _____	Last Recharge: _____



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System Inspection	System Testing	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System in service upon arrival?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System operates properly by automatic release?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System installed in accordance manufacturer's UL listing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System operates properly by manual release?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System meets UL300 standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fuel shutoff(s) operates properly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System has not fired as indicated by gauge pressure in proper range, or "fired" indicator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Micro switch(s) operates and electrical equipment shuts down properly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Tamper seals intact with no evidence of tampering?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Exhaust fan operates properly?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Nozzles have proper coverage, are of the correct type, and are positioned correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Local and central station alarms actuate? <i>(If Equipped)</i>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Hood/Duct penetrations sealed with weld or UL device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System is armed and returned to service including slave cylinders?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Piping and conduit securely mounted and installed per manufacturers recommendations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fuel shutoff(s) is in the appropriate (on/off) position?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Mechanical linkage including cable travel, S hooks, levers, and springs (if present), satisfactory at all points?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A System piping actuation lines are connected?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Proper separation of fryers to flame, and filters to flame?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A All seals are replaced, safety pins removed, and all nozzle covers are replaced and sealed?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Filters are in place, and baffle type per NFPA 96-3-1?	System Maintenance	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Portable fire extinguisher (40B or K rated) within 30' of cooking equipment, and properly serviced?	9.000000 Number of fusible links replaced. 2011 Date on replacement links.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Exhaust fan in operating order?	Number of cartridges replaced? 41 3/4 Weight of cartridge <i>(If Present)</i>	
Normal Category of grease/foreign material buildup?	Number of nozzles replaced? 11 Number of nozzle caps replaced?	
System Documentation		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Personnel instructed in manual operation of system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fan warning sign on hood?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Service and certification tag placed on system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Non-Compliance sign posted? <i>(Explain if "Yes.")</i>	
System Notes/Deficiencies		

EXAMPLE