



**City of Black Hawk
Fire Department**
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

System Test Report

HOOD SUPPRESSION

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	Name:

HOOD SUPPRESSION SYSTEM

Date Tested:

The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the current Fire Code used by the AHJ, NFPA 17, NFPA 17A, and NFPA 96 and the manufacturer's recommendations for inspecting and testing requirements. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

Pre-Test Checks	
A Temporary Fire Watch Permit (TFWP) is required when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. Avoid unnecessary alarms by putting the Fire Alarm System in test mode. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.	
1. If system is taken offline, Temporary Fire Watch Permit (TFWP) has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The suppression system meets the UL300 standard. (Note to System Owners: Non UL300 systems are no longer UL listed for commercial range hood fire suppression. All non UL300 systems must be upgraded or replaced to meet the UL300 standard.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Appliance Coverage, Nozzles, and Piping	
3. All cooking appliances that can produce grease laden vapors are completely under the range hood.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. All cooking appliances have the required number and type of nozzles to provide adequate fire protection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. All nozzles are properly positioned.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. All piping and conduit are immobilized with proper hangers and brackets.	<input type="checkbox"/> YES <input type="checkbox"/> NO
System Controls	
7. All system controls and components are accessible and free from obstructions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. The system is operational from the terminal link (last fusible link).	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. The fusible links were replaced. (Only required annually.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. The manual (remote) pull is configured correctly and is operational.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. The operation of the fusible link line is not impaired by grease.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. The micro switch that controls the gas and/or electrical power to the appliances functions properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. The gas shuts down upon system activation.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. The appliance electrical shutdown device functions properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Cylinders & Extinguishing Agent	
15. The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. The cylinders are filled with the correct volume of extinguishing agent.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. The cylinder gauge is in the operational range.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. The CO2 or Nitrogen cylinder is fully charged.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. The hydrostatic testing of the agent cylinder(s) is up-to-date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
System Security & Monitoring	
21. The lead and wire seals on the suppression system were replaced.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. The system is connected to the fire alarm panel. (if an alarm panel exists)	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. The fire alarm panel receives the proper signals upon suppression system activation.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
24. The alarm monitoring company received the alarm signal.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Cleaning	
25. The surfaced around the cooking surfaces, range hood, and ducting from hood to termination	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. The system is on a cleaning schedule in accordance with IFC 609.3.3.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Checks	
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
27. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Temporary Fire Watch Permit Log Sheet submitted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I am authorized to submit this report for the certified technician who has accepted this statement.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature: