

Name _____

Confidence Test Report

Address _____

(253) 983-4583 Confidence testing questions

Phone _____

(253) 582-7912 (fax)

Here

<h1>RANGE HOOD SYSTEM</h1>		Certification Given	
(One System per Report)		RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>
		WHITE <input type="checkbox"/>	
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		
Occupancy Address: _____	Occupancy Name: _____		
Building Owner: _____	Phone Number: _____		
Responsible Person: _____	Phone Number: _____		
Building Owner Address: _____			
Date of Inspection: _____	Inspection Frequency/Type: _____	Semi-Annual	
Testers Name (Please Print): _____			
Central station monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitoring Company Name: _____		
Primary Component: _____	System Make: _____		
System Model: _____	System Size: _____		
System Location: _____	(Tank Capacity in Gallons) Identification Number: _____		
<u>PROBLEMS FOUND:</u> (If additional room is needed, please add a separate sheet)			
<u>CORRECTIONS MADE:</u> Date Corrected: _____ Corrected By: _____			
(If additional room is needed, please add a separate sheet)			
<p>This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with National Fire Protection Association standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.</p>			
Signature of Tester: _____	Phone # _____		
Testing Agency: _____			
Mailing Address: _____			
Building Representative (signature) _____			

The items on 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. Refer to the NFPA for inspecting and testing requirements.

General

Are all cooking surfaces protected?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspection and service tag on system cylinder?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
System has fired or been tampered with?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
All piping and conduit are immobilized with proper hangers and brackets?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Positioning of all nozzles is appropriate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nozzle caps in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fuse links replaced?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tested system operation from terminal link for proper operation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tested system operation with manual remote for proper operation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tested system operation and proper operation of micro switch?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
System components visible and free from obstructions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas shuts down upon system activation?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electric power shuts down upon system activation?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cylinder hydro test conducted within last 12 years? Hydro Test date _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pressure gauge present and in operational range?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weight of CO2 or Nitrogen cartridge _____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All lead and wire seals are intact?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Class K extinguisher in place and serviced?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rangehood tied to building alarm panel?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Range hood activation signal received at building alarm panel?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is System impaired by grease? (circle) Light Medium Heavy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cleaned By _____			
Date of last hood cleaning? _____			

Drawing of System (sketch of nozzles and appliances):

