

Name

Address

Phone

email

Confidence Test Report (use one form per sys.)

425-489-2700 Switchboard

425-877-2273 Fire Inspector

425-877-2297 Fire Plans Examiner

RANGE HOOD SYSTEM

Status Given

CONFIDENCE TEST [ ] REACCEPTANCE TEST [ ] RED [ ] YELLOW [ ] WHITE [ ] System Failure A Non-Compliant System Compliant

Occupancy Address: Occupancy Name: Responsible Person First & Last Name: Phone Number: Responsible Person Address, City, State, Zip: Responsible Party E-Mail Address

Technician's Name (Please Print legibly) Certification No.

Date of Test: Test Frequency: Every 2 3 4 6 months Performance Based circle one

System Make: System Model: System Identification No. System Location:

The range hood fire suppression system is connected to an FAP with Central station monitoring Yes [ ] No [ ] If "Yes" Monitoring Company Name

DEFICIENCIES FOUND? Yes [ ] No [ ] List items that were not corrected at the time of the confidence test. Use the Deficiencies section or attach itemized sheet

This kitchen has a Class-K Fire Extinguisher. Yes [ ] No [ ] (Note: "No" on this item does produce a "yellow status" for this Range Hood System; one is required in every commercial kitchen in the City of Woodinville. A Class-K extinguisher shall be installed within 15 days of the date of this test. - City of Woodinville)

REPAIRS: All deficiencies have been corrected [ ] Corrected By: Certification Number: System Status changed to White (including the tag on the system) [ ]

This certifies that this fire and life safety system has been properly inspected for functional operation in accordance with the current International Fire Code (IFC), Administrative Rules, and NFPA Standards adopted by the City for this system. The discrepancies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

Signature of Technician Phone # Name of Testing Company Building Representative (signature) Date Print Name and Title Direct Phone # Building Rep unavailable [ ] Building Rep declined to sign report [ ]

**ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE**

The items on the checklists below shall be inspected and tested. This list may not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the **2012 International Fire Code (IFC) Sections 202, 602, 609, 904.11-904.11.6.3; and 2002 NFPA 17, 2002 NFPA 17A, and 2011 NFPA 96** for inspecting and testing requirements.

**PRE-TEST CHECKS**

1. The <b>Fire Alarm was put into test mode</b> and/or other precautions were taken to <b>avoid preventable alarms.</b>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. This is the only Range Hood Fire Suppression system at this address. If "No" provide the unique ID number. _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The suppression system meets the <b>UL300 standard.</b> ( <b>Note to System Owners:</b> Non <b>UL300</b> systems are no longer UL listed for commercial range hood fire suppression. <b>All non UL300 systems must be upgraded or replaced to meet the UL300 standard.</b> )		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**APPLIANCE COVERAGE , NOZZLES, AND PIPING**

4. All cooking appliances that can produce grease laden vapors are completely under the range hood.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. All cooking appliances have the required number and type of nozzles to provide adequate fire protection.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. All nozzles are properly positioned.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All piping and conduit are immobilized with proper hangers and brackets.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SYSTEM CONTROLS**

8. All system controls and components are accessible and free from obstructions.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. The system is operational from the terminal link (last fusible link)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. The fusible links were replaced.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The manual (remote) pull is configured correctly and is operational.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. The operation of the fusible link line is not impaired by grease.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. The micro switch that controls the gas and/or electrical power to the appliances functions properly.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. The gas shuts down upon system activation.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. The appliance electrical shutdown device functions properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**CYLINDERS AND EXTINGUISHING AGENT**

16. The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. The cylinders are filled with the correct volume of extinguishing agent. Required volume _____ lbs. or _____ gals.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. The cylinder gauge is in the operational range.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. The CO2 or Nitrogen cylinder is fully charged. Design weight _____ lb. Actual Weight _____ lb.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. The hydrostatic testing of the agent cylinder(s) is up-to-date. Date for next hydrostatic test _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>SYSTEM SECURITY AND MONITORING</b>			
22. The lead and wire seals on the suppression system were replaced.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. The system is connected to the fire alarm panel. (if an alarm panel exists)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. The fire alarm panel receives the proper signals upon suppression system activation.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. The alarm monitoring company received the alarm signal.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>CLEANING</b>			
26. The surfaces (walls) around the cooking equipment, range hood, and ducting from hood to termination (fan) are free of grease deposits.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. The system is on a cleaning schedule in accordance with <b>2012 IFC Section 609.3.3 – 609.3.3.3</b> Date for next cleaning _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>FINAL CHECKS</b>			
28. The <b>Fire Alarm was removed from test mode</b> and/or other precautionary measures were removed to <b>restore fire alarm system to normal operation</b> (includes removal of temporary protective coverings, etc.).	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. A copy of the confidence test report was given to the owner and a current status tag was placed on the agent cylinder and the manual pull handle.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. The confidence test report was sent to the fire marshal's office.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Drawing of System (sketch of nozzles and appliances):

## DEFICIENCIES:

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Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**2010 NFPA 96 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**2010 NFPA 96 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**2010 NFPA 96 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**2010 NFPA 96 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**2010 NFPA 96 reference:**