☐ System is Compliant with NJAC 5:70-3	☐ System is Non-Compliant											
THIS FORM WILL BE FILED WITH THE LOCAL AHJ												

						KITCHEN SYSTEM REPORT - PAGE 1								
LOGO / NAME / ADDRESS / PERMIT					WORK	ORDER NUM.	DATE	HAZARD AF	HAZARD AREA PROTECTED					
					SYSTE	EM MFG.	SYSTEM CA	PACITY	SYSTEM TYPE		NUM of CYLS			
COMPANY			ACT	ACT			PHONE		FAX					
ADDRESS							STATE	ZIP	CUSTOMER NUMBER					
AHJ / FIRE PROTECTION DISTRICT			ECTION	TYPE										
_						□ INITIAL □ ANNUA		SEMI-ANNUAL D						
lr	nitial Actions / Observations	Υ	N	N/A		ystem Functional T				Υ		N/A		
1	Last Serviced By?	-			21	System disarmed per i	manufactu	rer's recommendation	ns?					
2	Were building personnel notified of the inspection?				22	Mechanical detection I	ine tested	and found to operate	properly?					
3	Was the monitoring company notified?				23	Proper number and pla	acement o	f detectors/links?						
4	System found charged and functioning at time of technician's arrival?				24	Did the system operate	e properly	from activation of a n	nanual pull station?					
5	System un-tampered with since last visit?				25	Gas shut-off valve inst	talled and	working properly? (No	ote location)					
6	System found to be at proper pressure upon arrival?				26	Replaced links with pro	oper temp	erature rating?						
٧	isually Check System		N	N/A		at De	grees	at _	Degrees					
7	Baffle-type filters installed in hood?					at De	egrees	at _	Degrees					
8	System [and appliance layout] appear unchanged since last service?					at De	egrees	at _	Degrees					
9	Were the nozzle caps in place at time of arrival?				27	Is the manual reset for	electric g	as valves operational	?					
10	Visible piping and nozzles properly connected, braced, and free of damage?				28	Did all electrical applia	nces shut	off upon system oper	ration?					
11	Piping/conduit/cabling free from observable obstructions?				29 Did all gas appliances shut off upon system operation?									
12	Nozzle(s) inspected and found to be clear of obstructions?				30	Did the make-up air sh	nut down?							
13	Correct nozzle type(s) for protected equipment, plenum and ducts?				31	Did the alarm system a	activate wl	hen the system trippe	ed?					
14	Nozzle(s) properly positioned over appliances?				32	Did control head(s)/cyl	linder relea	asing device(s) opera	te properly?					
15	Nozzle(s) properly positioned in duct(s) and plenum(s)?				C	ylinders and Agent				Υ	N	N/A		
16	Is there a fan warning sign on hood?				33	Cylinder Pressure	р	si						
17	Flow points/extinguishing agent within mfg's allowed maximums?				34	Hydrostatic test date o	f cylinder	checked. Due:						
Н	lazard Inspection				35	Were all cylinders free	of signs o	of external corrosion a	and/or damage?					
18	Hazard configuration appeared to remained unchanged?				36	Are all cylinders secure	ely mounte	ed?						
19	Are all observable penetrations to the hood and duct sealed?				37	Cartridge inspected or applicable)? Weight			ended interval (if					
20	No readily observable obstructions or interference that could impact effectiveness of the suppression system?					productor violytic								
	NOTIFICATION OF DEFICIENCIES							CU	STOMER INITIALS	S:				
	A mark made in the adjacent box indicates that deficiencies exist with the current signature and initials acknowledges these deficiencies represent an <b>IMMEDIATE</b> the Fire Suppression System malfunctions or fails to function. It is the owner's resy	AND:	SERIC	ous s	SAFE	TY CONCERN that the cu	ustomer mi	e, the customer's authoust correct. Service Co	orized representative, by	/ his or I	ner			

## **KITCHEN SYSTEM REPORT - PAGE 2**

COMPANY	CONTACT		PHONE		FAX					
ADDRESS	CITY		STATE	ZIP	CUSTOMER NUMBER					
			011112							
System Reactivation	Y N N/A	Final				Υ	N	N/A		
38 Test adapters/links, keeper pins, etc., removed from system?		48 Operator's manual on	site?							
39 Detection [link] line has proper tensioning?		□ □ □ 49 Class K portable extinguisher available and properly serviced?								
40 Was the control head reset?		□ □ □ 50 Remote manual release free from obstructions & operable?								
41 Were all fuel sources and power restored?		51 Has the system been p	olaced back	k in service?						
42 Were all pilot lights supplied by the gas valve relit?		52 Monitoring company no	otified that	the system is back in	full service?					
43 Microswitch/relay(s) reset electric appliances "on"?		53 Were building personn	el notified	of the system condition	n?					
44 Are all nozzle caps in place?		54 Have you received a s	ignature fro	om the building perso	nnel?					
45 Were all filters reinstalled?		55 Inspection tag affixed t	o system?							
46 Were all cartridges reinstalled? (if applicable)										
47 Tandem/slave releasing device(s) reset properly?										
Description of Deficiencies										
						+-				
						+				
						<u> </u>				
Comments and Recommendations										
						+-		_		
						+				
						+				
NOTIFICATION OF EXHAUST SYSTEM GREASE BU	_				tials:					
A mark made in the adjacent box indicates that we recommend that the qualified, and certified company or person(s) acceptable to the author Service Technician regarding grease build up are for informational pure service.	rity having jurisdi	ction to determine if cleanin	g is requir	ed. Any visual obse	ervations or commen					
Authorized Customer Representative		Authorized Company Rep	presentati	ve						
		SIGNATURE:								
SIGNATURE:		PRINT NAME:					_			
PRINT NAME:		CERTIFICATION NI IMI	RER							

## **KITCHEN SYSTEM REPORT - PAGE 3**

COMPANY			CONTACT						PHONE				FAX				
ADDRESS			CITY							ZIP		(	CUSTOMER NUMBER				
		ļļ	-							<u> </u>							
Hood Size: _									Duct	Quantit	ty & Size	e :					
															$\neg$		
														/			
<b>_</b>																	
Label All Appli	iances																
															_		
															4		
							ļ.,,										
Ci																	
Size																	
Notes / Comm	nents																
								DE: :	TI								
			INCLU	JUE Al	LL APP	PLIANCE	S. LA	RET MI	IH IYP	'⊏ AN[	SIZE						
Cust C	ad to Al V							0-11	ohus V	_	K.F.						
System Connected to Alarm? Yes No							Gas V	aive: Yes	·	NO _		SIZE :					
Nozzle Quantity: Duct Plenum Appliance						Gas Val	ve Style:	Flectric	al	Mech	anical						
						ous vai	ve Style.	LICCHIC	ui	IVICUI	ul _						
Remote Pull: Yes No Location					Gas Valve Location: Type: Release / Pull												
												٠.					