



Hood & Duct System Confidence Report

Customer Name _____
 Address _____
 City _____
 Telephone _____
 Contact _____

Date of Service _____
 Occupancy Number _____
 Manufacturer _____
 Model Number _____
 Annual Semi-annual Recharge

Cylinder Size Master		Cylinder Size Slave		Cylinder Size Slave		Fuse Links 360°F		Fuse Links 450°F		Fuse Links 500°F		Other		
Wet	Dry Chemical		Fuel Shut Off		Electric		Gas		Size		Last Recharge		Last Hydro Test	

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

- | | | | |
|--|-------|--|-------|
| 1. All appliances properly covered w/correct nozzles | _____ | 16. Check travel of cable nuts/S-hooks | _____ |
| 2. Duct and plenum covered w/correct nozzles | _____ | 17. Proper separation between fryers and flame | _____ |
| 3. Check positioning of all nozzles | _____ | 18. Proper clearance-flame to filters | _____ |
| 4. System installed in accordance w/MFG UL listing | _____ | 19. Exhaust fan in operating order | _____ |
| 5. Hood/duct penetrations sealed w/weld or UL device | _____ | 20. All filters replaced | _____ |
| 6. Check if seals intact, evidence of tempering | _____ | 21. Fuel shut-off in on position | _____ |
| 7. If system has been discharged, report same | _____ | 22. Manual and remote set/seals in place | _____ |
| 8. Pressure gauge in proper range (if gauged) | _____ | 23. Replace systems covers | _____ |
| 9. Check cartridge weight (if applicable) | _____ | 24. System operational and seals in place | _____ |
| 10. 6 year maintenance date | _____ | 25. Slave system operational | _____ |
| 11. Operate system from terminal link | _____ | 26. Fan warning sign on hood | _____ |
| 12. Test for proper operation from remote | _____ | 27. Proper hand portable extinguishers | _____ |
| 13. Check operation of micro switch, gas valve | _____ | 28. Portable extinguishers properly serviced | _____ |
| 14. Proper nozzle covers in place | _____ | 29. Service and Certification tag on system | _____ |
| 15. Check and clean fuse links and nozzles | _____ | NOTE DISCREPANCIES OR DEFICIENCIES BELOW | |

Comments _____

Service Company _____ Service Technician _____
 Address _____ Phone Number _____
 C/S/Zip _____ Customer Signature _____

Mail To: Thurston County Fire Marshal's Office, Bldg 1
 2000 Lakeridge Drive SW
 Olympia WA 98502-6045

On the date listed above the system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.