

COMMERCIAL COOKING FIRE SUPPRESSION SYSTEMS TEST

Date: _____ Company Performing Testing: _____

Contact Person: _____

Phone Number: _____

Location of Testing: _____

Type of Agent: _____

| Components Tested: | Passed | ↓ |
|--|--------|--------------------------|
| Control Box: _____ | | <input type="checkbox"/> |
| Tank Assembly: _____ | | <input type="checkbox"/> |
| Tank Adapter: _____ | | <input type="checkbox"/> |
| Gaskets: _____ | | <input type="checkbox"/> |
| Activation Line: Tested with Vacuum <input type="checkbox"/> Pressure <input type="checkbox"/> | | <input type="checkbox"/> |
| Manual Release/Pull Station: _____ | | <input type="checkbox"/> |
| Nozzles: <u>Cooking-Plenum-Duct-Broiler</u> | | <input type="checkbox"/> |
| Blow Off Caps: _____ | | <input type="checkbox"/> |
| Fusible Links: _____ | | <input type="checkbox"/> |
| Auto-Fuel Shutoffs: _____ | | <input type="checkbox"/> |
| Appliance Restraining Devices: _____ | | <input type="checkbox"/> |

Repairs Made: Yes No

List of Repairs: _____

Signature of Testing Technician: _____