Kitchen Hood Suppression System
Acceptance Inspection

Facility Name: _______________________________________________________________________________________

Facility Address: _______________________________________________________________________________________

Reference numbers following checklist statements represent an NFPA code section unless otherwise specified.
1. _____ Approved drawing is on site.
2. _____ Received system certification from installer.
4. _____ Manual pull station is 42 in. to 48 in. above floor level.
5. _____ Manual pull system activates system.
6. _____ Building fire alarm, if system is available, sounds upon system activation.
7. _____ Fuel or power shut down device operates on system activation and
8. _____ All equipment under the hood shall shutdown when the system activates.
9. _____ Fuel or power shutdown device must be manually reset.
10. _____ Operation of detection device activates system perform a nitrogen blow off test.
11. _____ Pipe size and configuration complies with the approved plans.
12. _____ Piping and nozzles are secured.
13. _____ Nozzle types match appliance hazard and type of use as shown on approved plans
14. _____ Nozzle placement complies with the approved plans.
15. ______ Nozzle blow-off caps, when provided, are in place.

16. ______ Plenum and duct areas are protected in accordance with the approved plans.

17. ______ Chemical container is accessible and installed in accordance with NFPA 17A

18. ______ Pressure gauges are in the operable range.

19. ______ Maintenance tag is in place.

20. ______ Listed grease filters are in place and are stamped “Listed Grease Filter” on the side.

21. ______ All penetrations of the hood are properly sealed.

22. ______ Class K-extinguisher is within 30 ft. of the appliance. Provide one 1.5 gallon extinguisher for up to four deep fat fryers with a maximum cooking medium capacity of 80 pounds and one additional extinguisher for every additional group of four fryers. For fryers exceeding 6 sq. ft. provide an extinguisher in accordance with the manufacturer’s recommendations,

Acceptance Inspection ______/_____/20_____

______________________________  ______________________________
Fire Code Administration Staff Captain  Employee Number