



Claremont Fire Department  
 Fire Prevention Office  
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## Appendix I Fire Suppression Inspection and Testing Form

### Place of Testing

Name: \_\_\_\_\_ Address: \_\_\_\_\_

VIOLATIONS: YES \_\_\_\_\_ NO \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspection Type: \_\_\_\_\_

### Inspection Company Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

C/SIZ: \_\_\_\_\_

Inspector: \_\_\_\_\_

Inspector cell phone: \_\_\_\_\_

Insp. Co. email: \_\_\_\_\_

### Owner Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

C/SIZ: \_\_\_\_\_

Owner/Rep: \_\_\_\_\_

Rep Phone: \_\_\_\_\_

Owner/Rep email: \_\_\_\_\_

System Manufacturer: \_\_\_\_\_

System Model: \_\_\_\_\_

Mfg. Hydro Test Date: \_\_\_\_\_

Number of Detectors and Degree: \_\_\_\_\_

Number and Type of Nozzles: \_\_\_\_\_

Energy Shutoffs: \_\_\_\_\_

Accessory Equipment: \_\_\_\_\_

KEY: ✓ =Checked DEF= Deficient UNK=Unknown N/A=Not Applicable REP=Repaired

- |   |       |  |       |
|---|-------|--|-------|
| 1. All appliances properly covered with correct nozzles | _____ | 19. Check travel of cable nuts/S-hooks         | _____ |
| 2. Duct and plenum covered with correct nozzles         | _____ | 20. Piping and conduit securely bracketed      | _____ |
| 3. Check positioning of nozzles                         | _____ | 21. Proper separation between fryers and flame | _____ |
| 4. System installed in accordance with mfg UL listing   | _____ | 22. Proper clearance—flame to filters          | _____ |
| 5. Hood/duct penetrations sealed w/ weld or UL device   | _____ | 23. Exhaust fan operating properly             | _____ |
| 6. Check if seals intact, evidence of tampering         | _____ | 24. All filters reinstalled                    | _____ |
| 7. If system has been discharged, report same           | _____ | 25. Fuel shut-off in "on" position             | _____ |
| 8. Pressure gauge in proper range (replace, if needed)  | _____ | 26. Manual and remote set/seals in place       | _____ |

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|---|-------|--|-------|
| 9. Check cartridge weight (replace, if needed)  | _____ | 27. Replace system covers                            | _____ |
| 10. Hydrostatic/ 6 year maintenance date        | _____ | 28. System operational and seals in place            | _____ |
| 11. Inspect cylinder and mount                  | _____ | 29. Slave system operational                         | _____ |
| 12. Operates system from terminal link          | _____ | 30. Clean cylinder and mount                         | _____ |
| 13. Test for proper operation from remote       | _____ | 31. Fan warning sign on hood                         | _____ |
| 14. Check operation of micro switch             | _____ | 32. Personnel instructed in manual operation of sys. | _____ |
| 15. Check operation of gas valve                | _____ | 33. Proper hand portable extinguishers (K and ABC)   | _____ |
| 16. Proper nozzle covers in place/clean nozzles | _____ | 34. Portable extinguishers properly serviced         | _____ |
| 17. Check fuse links and clean                  | _____ | 35. Service and certification tag on system          | _____ |
| 18. Replace fuse links (record date here) _____ | _____ |  |       |

NOTE DEFICIENCIES, COMMENTS AND RECOMMENDATIONS: (Continue on back as necessary)

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Inspector (PRINT) _____	Inspector's Signature _____
Company Representing _____	Address _____
City/State/Zip _____	Phone/Fax _____

**A copy of this report must be submitted to the Claremont Fire Department Fire Prevention Division**