

SPRINGDALE FIRE DEPARTMENT

Fire Prevention Division

Dry Chemical Acceptance Form

Occupancy _____ Date _____
Address _____ Phone _____
Installing Contractor _____
System Manufacturer _____ Model _____
Inspector _____

1. Cylinder

- A. Does the location allow for monthly inspections: YES NO
B. Is it securely mounted: YES NO
C. Date of manufacture: YES NO

2. Distribution Piping

- A. Type: Black Steel Galvanized Other _____
B. Securely mounted YES NO

3. Detectors

- A. Type: Fusible link (Temp. _____) Other _____
B. Securely fastened YES NO
C. Properly located above each appliance: YES NO
D. At or within 12" of duct opening YES NO
E. Travel Distance adequate for fusible link: YES NO

4. Nozzles

A. List nozzle part number and distance from appliance:

- | | | | |
|----------|-------|-----------|-------|
| 1. _____ | _____ | 6. _____ | _____ |
| 2. _____ | _____ | 7. _____ | _____ |
| 3. _____ | _____ | 8. _____ | _____ |
| 4. _____ | _____ | 9. _____ | _____ |
| 5. _____ | _____ | 10. _____ | _____ |

B. List plenum nozzle part number:

1. _____ 2. _____ 3. _____ 4. _____

C. List duct nozzle part number:

1. _____ 2. _____ 3. _____ 4. _____

5. Hood and Duct

- A. Does the hood provide required 4" overhang: YES NO
B. Are the seams and penetrations liquid tight: YES NO
C. Is grease cup installed and easily removable: YES NO

D. Are grease removal devices mounted properly: YES NO

6. Manual Pull

A. Note the distance of the manual pull from hazards: _____
B. Are multiple manual pulls readily identified: YES NO
C. Is the location readily accessible and unobstructed: YES NO

7. Auxiliary Equipment

A. Is the gas/fuel shutoff compatible with system: YES NO
B. Is the alarm contact provided: YES NO

8. Acceptance Test Procedures

A. Automatic function (fusible link/s-hook)
1. Was the travel distance in bracket adequate: YES NO
2. Did all necessary equipment shutdown: YES NO
3. Did alarm contact operate: YES NO

B. Manual Function/Puff test

1. Did the manual pull operate: YES NO
2. Did all necessary equipment shutdown: YES NO
3. Did alarm contact operate: YES NO
4. Were all caps or covers blown free: YES NO

9. Post Test Conditions

A. Were there any discrepancies noted after the test: YES NO
B. Was a copy of the owners manual left by contractor: YES NO

10. Comments on negative results:

11. Draw a layout of the equipment as it appeared beneath the hood at time of acceptance test.