

# 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: \_\_\_\_\_