



Village of East Hampton
1 Cedar Street
East Hampton, NY 11937
DEPARTMENT OF FIRE PREVENTION
Telephone 631-324-0763 Fax 631-324-0166

Kenneth E. Collum
Fire Marshal

kcollum@easthamptonvillage.org

KITCHEN HOOD FIRE SUPPRESSION SYSTEMS INSPECTION & MAINTENANCE REPORT

Occupancy Name _____ Date _____

Address _____

If there are multiple hood systems, use separate forms and identify each system. Hood System _____

Manufacturer of Equipment: AMEREX ANSUL FSI KIDDE PROTEX
PYRO-CHEM RANGE GUARD OTHER _____

Model: _____ Type: _____ Date of last service: ____/____/____

1. System is interconnected with the building fire alarm system Yes No N/A
2. Suppression systems discharged Yes No
3. All seals intact, no evidence of tampering..... Yes No
4. All appliances properly covered w/correct nozzles..... Yes No
5. Check the positioning of all nozzles Yes No
6. Duct & plenum covered w/correct nozzles..... Yes No
7. Hood/duct penetrations sealed Yes No
8. Grease accumulation: Light Mod. Heavy
9. Pressure gauge in proper range Yes No
10. Checked cartridge weight Yes No
11. Cylinder due for hydrostatic test Yes No
12. Six-year Maintenance..... Yes No
13. Inspect cylinder and mount Yes No
14. Operated system from terminal link Yes No
15. Checked travel of cable and link position Yes No
16. Fusible links360 450 500
17. Replaced fusible links, manufacturer date..... Yes No
18. Checked and cleaned fusible links Yes No
19. Checked operation of manual release Yes No
20. Checked operation of micro-switch Yes No N/A
21. Checked operation of auto-gas & electric shut-off..... Yes No N/A
22. Fuel types present: Natural Gas LPG Elect. Solid fuel
23. Piping/conduit securely bracketed Yes No
24. Nozzles cleaned Yes No
25. Proper nozzle caps/covers in place Yes No



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- 26. Proper clearance between flame & filters Yes No
- 27. Proper 16" separation between fryers and open flame Yes No
- 28. Exhaust fan in operating order Yes No
- 29. Remote manual release seals in place Yes No
- 30. System cartridge replaced/safety pins removed Yes No
- 31. System operational and armed Yes No N/A
- 32. Slave system operational and armed Yes No N/A
- 33. Fan warning sign on hood Yes No
- 34. K class fire extinguisher in cooking area Yes No
- 35. 2A water type or wet chemical extinguisher for solid fuel..... Yes No N/A
- 36. Water hose in the area of solid fuel appliances Yes No N/A
- 37. Proper ABC fire extinguisher for other areas Yes No
- 38. Fire extinguishers properly serviced Yes No
- 39. Personnel instructed in manual operation of system Yes No
- 40. Personnel instructed on required monthly inspection of system Yes No
- 41. Personnel instructed on the use of fire extinguishers Yes No
- 42. Service and certification tag on system Yes No
- 43. System installed per U.L. 300 standard Yes No N/A
- 44. System meets manufacturers listing Yes No
- 45. System meets N.F.P.A. standards Yes No

COOKING APPLIANCES UNDER HOOD (LEFT TO RIGHT)

NOTE: A non-compliant system may fail to extinguish a fire.

Comments:

Service Company _____ Service Technician _____

Co. Address _____ Phone _____

I certify that this inspection and service has been conducted properly and all of the above statements are true and correct to the best of my knowledge. Any false statement herein is punishable as a misdemeanor pursuant to 210.45 NYS Penal Law.

Signature of Service Technician

Date: ____/____/200____