



# Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35<sup>th</sup> St. Tacoma, WA 98409

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<b>COMMERCIAL KITCHEN RANGEHOOD SYSTEMS</b> (One System per Report)		CTF 8003	System Certification Given				
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		RED <input type="checkbox"/>		YELLOW <input type="checkbox"/>		GREEN <input type="checkbox"/>
Frequency	Annual: <input type="checkbox"/>		Semi-Annual: <input type="checkbox"/>				
Date of Inspection:							
<i>Occupancy Information</i>							
Occupancy Name:				Occupancy Address:			
Building Owner:		Phone Number:		Owner Address:			
Contact Person:				Phone Number:			
<i>System Information (where applicable)</i>							
Size:		UL 300 Yes <input type="checkbox"/> No <input type="checkbox"/>		Make:			
System Alarmed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Central Station Monitoring: Yes <input type="checkbox"/> No <input type="checkbox"/>		Monitoring Company:			
Panel Location:				Hood Location:			
<i>Testing Agency Information</i>							
City of Tacoma Fire Protection License:		Washington State Contractor License:		NICET NUMBER:			
Testing Agency Name:				Address:			
Phone:				E-mail:			
<b>Problems Found:</b> <i>(Explain any "no" responses and use the back page if necessary)</i>							
<b>Corrections Made:</b>							
Date Corrected:		Corrected by:		(Sign)			
<small>This report certifies this fire and life safety system has been properly inspected for reliability to cover the items listed in the report and is consistent with NFPA 96 Standard. All discrepancies are noted and have been reported to the building owner or responsible person for corrective action.</small>							
TECH NAME: (Print)		(Sign)		Date:			
Building Representative: (Print)		(Sign)		Date:			

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the NFPA Standard 17, 17.A & 96 and the manufacturer’s maintenance specifications for inspecting and testing requirements.

SYSTEM FUNCTIONALITY			YES	NO
Are all cooking surfaces protected?			<input type="checkbox"/>	<input type="checkbox"/>
Does system have adequate volume and/or nozzle coverage?			<input type="checkbox"/>	<input type="checkbox"/>
Positioning of all nozzles is appropriate?			<input type="checkbox"/>	<input type="checkbox"/>
Nozzle caps in place?			<input type="checkbox"/>	<input type="checkbox"/>
Are all appliances inside of the hood protection area?			<input type="checkbox"/>	<input type="checkbox"/>
System is fully operational with inspection and service tag on system cylinder?			<input type="checkbox"/>	<input type="checkbox"/>
All piping and conduit are immobilized with proper hangers and brackets?			<input type="checkbox"/>	<input type="checkbox"/>
Fuse links replaced?	Number of Links:	Date of new Links:	<input type="checkbox"/>	<input type="checkbox"/>
Tested system operation from terminal link for proper operation?			<input type="checkbox"/>	<input type="checkbox"/>
Tested system operation with manual remote for proper operation?			<input type="checkbox"/>	<input type="checkbox"/>
Tested system operation and proper operation of micro switch?		N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System components visible and free from obstructions?			<input type="checkbox"/>	<input type="checkbox"/>
Gas shuts down upon system activation?		N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric power shuts down upon system activation?		N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cylinder hydro test conducted within last 12 years? Hydro Test date:			<input type="checkbox"/>	<input type="checkbox"/>
Is there chemical in the cylinder?			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure gauge present and in operational range?			<input type="checkbox"/>	<input type="checkbox"/>
Weight of CO2 or Nitrogen cartridge:		N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all tamper seals intact?			<input type="checkbox"/>	<input type="checkbox"/>
Class “K” extinguisher in place and serviced?			<input type="checkbox"/>	<input type="checkbox"/>
Range hood activation signal received at building alarm panel?		N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is system free of visual grease buildup?			<input type="checkbox"/>	<input type="checkbox"/>
If no, is the build up	Light: <input type="checkbox"/>	Medium: <input type="checkbox"/>	Heavy: <input type="checkbox"/>	
Currently cleaned by (name of company and technician):				
Date of last hood cleaning per NFPA standards?				
Previous confidence test company and technician:				
Has system been fired or been tampered with?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				

**DRAWING OF SYSTEM (Sketch of nozzles and appliances)**



