System is	Compliant with	NJAC 5:70-3

System is Non-Compliant	

#### THIS FORM WILL BE FILED WITH THE LOCAL AHJ

# EVESHAM TRE-RESCUE

## Evesham Fire-Rescue

#### **KITCHEN SYSTEM REPORT - PAGE 1**

PO Box 276 Tel: (856) 983-2750 Marlton, NJ 08053 Fax: (856) 797-2069 Email: firemarshal@eveshamfire.org

VORK ORDER NUM.	DATE	HAZARD AREA PROTECTED								
YSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE NUM of CYLS								
	PHONE	FAX								
	STATE ZIP	CUSTOMER NUMBER								

COMPANY		CONTACT					PHONE		FAX			
ADDRESS (							STATE	ZIP	CUSTOMER NUMBER			
AHJ / FIRE PROTECTION DISTRICT			SPECTION TYPE  INITIAL ANNUAL SEMI-ANNUAL									
Initial Actions / Observations				N/A	S	system Functional T	est			Υ	N	N/A
1	Last Serviced By?				21	System disarmed per r	nanufactu	rer's recommendation	s?			
2	Were building personnel notified of the inspection?				22	Mechanical detection li	ne tested	and found to operate	properly?			
3	Was the monitoring company notified?				23	Proper number and pla	cement o	f detectors/links?				
4	System found charged and functioning at time of technician's arrival?				24	Did the system operate	properly	from activation of a m	anual pull station?			
5	System un-tampered with since last visit?				25	Gas shut-off valve insta	alled and					
6	System found to be at proper pressure upon arrival?				26	Replaced links with pro	per temp	erature rating?				
٧	isually Check System	Υ	N	N/A		at De	grees	at	Degrees			
7	Baffle-type filters installed in hood?					at De	grees	at	Degrees			
8	System [and appliance layout] appear unchanged since last service?					at De	grees	at	Degrees			
9	Were the nozzle caps in place at time of arrival?				27	Is the manual reset for	electric ga	as valves operational?	,			
10	Visible piping and nozzles properly connected, braced, and free of damage?				28	Did all electrical appliar	nces shut	off upon system opera	ation?			
11	Piping/conduit/cabling free from observable obstructions?				29	Did all gas appliances	shut off up	oon system operation?	,			
12	Nozzle(s) inspected and found to be clear of obstructions?				30	Did the make-up air sh	ut down?					
13	Correct nozzle type(s) for protected equipment, plenum and ducts?				31	Did the alarm system a	ictivate wl	nen the system tripped	<del>1</del> ?			
14	Nozzle(s) properly positioned over appliances?				32	Did control head(s)/cyli	nder relea	asing device(s) operat	e properly?			
15	Nozzle(s) properly positioned in duct(s) and plenum(s)?				C	Sylinders and Agent				Υ	N	N/A
16	Is there a fan warning sign on hood?				33	Cylinder Pressure	p	si				
17	Flow points/extinguishing agent within mfg's allowed maximums?				34	Hydrostatic test date of	cylinder	checked. Due:				
Н	lazard Inspection				35	Were all cylinders free	of signs o	of external corrosion ar	nd/or damage?			
18	Hazard configuration appeared to remained unchanged?				36	Are all cylinders secure	ely mounte	ed?				
19	Are all observable penetrations to the hood and duct sealed?				37	Cartridge inspected or applicable)? Weight			nded interval (if			
20	No readily observable obstructions or interference that could impact effectiveness of the suppression system?											

NOTIFICATION OF DEFICIENCIES **CUSTOMER INITIALS:** 

A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

### **KITCHEN SYSTEM REPORT - PAGE 2**

COMPANY	CONTACT		PHONE		FAX			
ADDRESS	CITY		STATE	ZIP	CUSTOMER NUMBER			
			57712					
System Reactivation	Y N N/A	Final				Υ	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?		48 Operator's manual on	site?					
39 Detection [link] line has proper tensioning?		49 Class K portable exting	guisher ava	ailable and properly so	erviced?			
40 Was the control head reset?		50 Remote manual releas	se free from	obstructions & opera	able?			
41 Were all fuel sources and power restored?		51 Has the system been p	olaced back	k in service?				
42 Were all pilot lights supplied by the gas valve relit?		52 Monitoring company no	otified that	the system is back in	full service?			
43 Microswitch/relay(s) reset electric appliances "on"?		53 Were building personn	el notified	of the system condition	n?			
44 Are all nozzle caps in place?		54 Have you received a s	ignature fro	om the building perso	nnel?			
45 Were all filters reinstalled?		55 Inspection tag affixed t	o system?					
46 Were all cartridges reinstalled? (if applicable)								
47 Tandem/slave releasing device(s) reset properly?								
Description of Deficiencies								
						+-		
						+		
						<u> </u>		
						1		
Comments and Recommendations								
						+		_
						+		
						+		
				• • • • • •				
NOTIFICATION OF EXHAUST SYSTEM GREASE BU	_				tials:			
A mark made in the adjacent box indicates that we recommend that the qualified, and certified company or person(s) acceptable to the author Service Technician regarding grease build up are for informational pure service.	rity having jurisdi	ction to determine if cleanin	g is requir	ed. Any visual obse	ervations or commen			
Authorized Customer Representative		Authorized Company Rep	presentati	ve				
		SIGNATURE:						
SIGNATURE:		PRINT NAME:					_	
PRINT NAME:		CERTIFICATION NI IMI	RER					

#### **KITCHEN SYSTEM REPORT - PAGE 3**

				CONTACT													
COMPANY										PHONE				FAX			
ADDRESS					CITY								(	CUSTOMER NUMBER			
										STATE							
		ļļ	-							<u> </u>							
Hood Size: _									Duct	Quantit	ty & Size	e :					
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														/			
<b>_</b>																	
Label All Appli	iances																
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															4		
							ļ.,,										
Ci																	
Size																	
Notes / Comm	nents																
								DE: :	TI								
			INCLU	JUE Al	LL APP	PLIANCE	S. LA	RET MI	IH IYP	'⊏ AN[	SIZE						
Cust C	ad to Al V							0-11	ohus V	_	K.F.		Ci				
System Connecte	eu to Alarm? Yes	No	)					Gas V	aive: Yes	·	NO _		SIZE :				
Nozzle Quantity:	Duct	Plenum		Annliar	nce			Gas Val	ve Style:	Flectric	al	Mech	anical				
NOZZIC Quantity.		_ I IOIIUIII		, whilai				ous vai	ve Style.	LICCHIC	ui	IVICUI	ul _				
Remote Pull: Ye	es No _	Lo	ocation					Gas V	alve Loca	tion:				Type: R	Release /	Pull	
	_					-								٠.			