



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov/fire

Installing company: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Company certificate of registration number: _____

PROTECTED PROPERTY

Name: _____

Street Address: _____

City: _____ Zip: _____

Owner(s) representative instructed on system operation & maintenance: Yes No

Owners Rep, if applicable: _____

LOCAL AUTHORITY HAVING JURISDICTION

Name: _____

Street Address: _____

City: _____ Zip: _____

HAZARD ANALYSIS

Name of area, room, building, or hazard protected _____

Primary Class of Protected Hazard _____

Class A - Wood, paper, etc.

Class B - Flammable liquids

Class C - Electrical equipment

Class D - Combustible metals

Explosives

Kitchen Hoods & Appliance System

	Height	Length	Width
Primary Hood	_____ ft x _____ ft	_____ ft x _____ ft	_____ ft
Secondary Hood	_____ ft x _____ ft	_____ ft x _____ ft	_____ ft
Primary Plenum	_____ ft x _____ ft	_____ ft x _____ ft	_____ ft
Secondary Plenum	_____ ft x _____ ft	_____ ft x _____ ft	_____ ft
Exhaust duct perimeter	_____ in		

Qty	Appliances protected	Gas or Elect.	Length	Width
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in

Other Type Hazards

Is hazard normally occupied? Yes No N/A

Size of hazard
Total volume _____ cu. ft.
or Total area _____ sq. ft.

Height	Length	Width
approx. _____ ft	x _____ ft	x _____ ft
approx. _____ ft	x _____ ft	x _____ ft
approx. _____ ft	x _____ ft	x _____ ft

Area sealed to prevent agent loss? Yes No N/A

Number of room air changes per minute? _____ / min. N/A

Warning & instruction signs posted? Yes No N/A

SYSTEM INFORMATION

System manufacturer's name: _____

Installation manual: UL number: _____ Date: _____

Design type: Pre-engineered: _____ Engineered: _____

If pre-engineered, model number: _____

Coverage type: Total flooding: _____ Local app: _____

System actuation: Automatic: _____ Manual: _____

Air/Fan shutdown on actuation? Yes: _____ No: _____

Design discharge rate or concentration level: _____

Design discharge time: Minutes: _____ Seconds: _____

AGENT INFORMATION

Type of agent provided: _____

Qty	Storage cylinder	Manufacturer	Part no.	Amount of agent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EQUIPMENT INFORMATION

Initiating devices

Qty	Item	Manufacturer	Part no.	Temperature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Nozzles

Qty	Part no.	Qty	Part no.
_____	_____	_____	_____
_____	_____	_____	_____

Interlock	Item	Manufacturer	Part no.
_____	_____	_____	_____
_____	_____	_____	_____

TESTING

Method system was tested: _____

This system was installed in accordance with the following codes:

NFPA	_____	Year	_____
NFPA	_____	Year	_____
_____	_____	Year	_____
_____	_____	Year	_____

I certify that this fixed fire extinguishing system has been tested and complies with the requirements of Chapter 6001 of the Insurance Code, as amended, and the fire extinguisher rules and adopted NFPA standards.

Signature of licensee _____ Planning superintendent (if applicable) _____

License number _____ License number _____ Completion date _____

Reproduce form & distribute

Original - To protected premise
Copy 1 - To installing contractor
Copy 2 - Certifying firm for access by SFMO.

Include a diagram of the piping configuration and device.

You can use page 2 of this form or a separate sheet of paper.

Diagram of the piping configuration and device.