

General	YES	NO	N/A
Are all cooking surfaces under the hood and properly protected?			
Correct nozzles protecting appliances?			
Are all piping and conduit immobilized with proper hangers and brackets?			
Any visible signs of a system activation, damage or tampering?			
System operational from terminal link?			
System operational from manual release?			
Class K extinguisher present and properly serviced?			
Gas shuts down upon system activation?			
Electrical power shuts down upon system activation?			
Exhaust fan stays on during test?			
Make up air shuts down during test?			
12 year hydro date on cylinder? Date _____			
Are all nozzle protective covers in place?			
Are fusible links replaced every 12 months?			
Grease build up: Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/>	Date of last Cleaning _____		
System restored to service?			
Service and Certification tag on system?			
If deficiencies were noted was a copy left with the owner or a representative?			
Copy of inspection report forwarded to Fire Department?			

Problems Found: _____

Corrections Made: _____

Date Corrected: _____ By: _____

**THIS FORM SHOULD BE FILLED OUT IN DUPLICATE. ONE COPY SHALL BE LEFT AT THE OCCUPANCY.
 THE SECOND COPY SHALL BE FORWARDED TO:**

**South King Fire & Rescue
 Fire Marshal's Office
 31617 1st Ave S
 Federal Way, WA 98003
 Fax 253-529-7206**