



**BELLEVUE FIRE DEPARTMENT**  
 Fire Prevention Division  
 450 110th AVE NE  
 Bellevue, WA 98004  
 PH: 425.452.6872  
 FAX: 425.452.5287  
 www.bellevuewa.gov

# RANGEHOOD SYSTEM TEST REPORT (UL 300)

CERTIFICATION GIVEN: WHITE  YELLOW  RED

ACCEPTANCE  CONFIDENCE TEST  REPAIRS

SYSTEM \_\_\_\_\_ OF \_\_\_\_\_

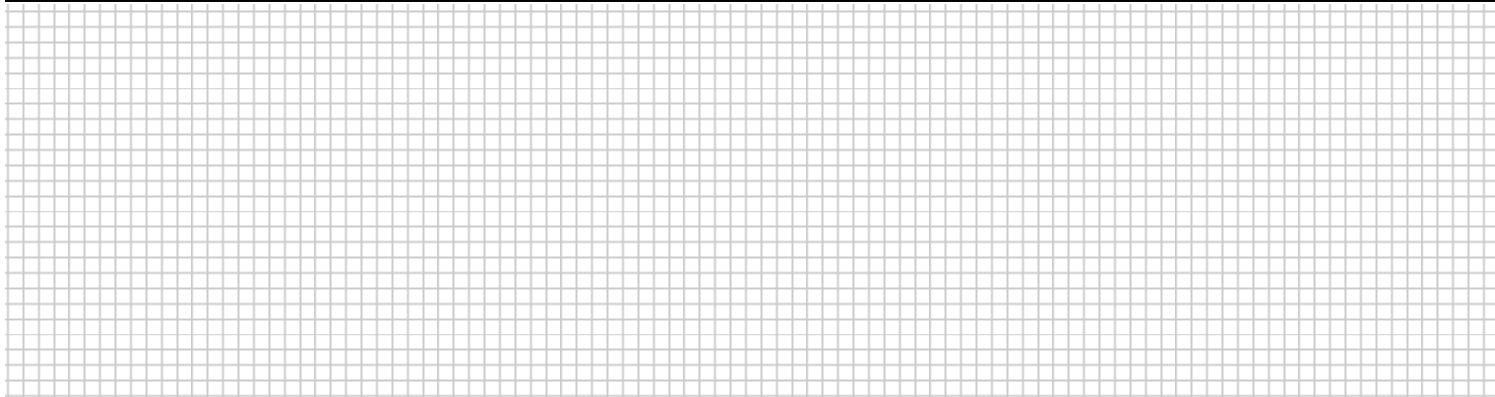
ADDRESS	TIME IN:
NAME OF FACILITY	TIME OUT:

**SYSTEM** MFG. INFO: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_

YES	NO	YES	NO	WET	DRY
U.L. 300 SYSTEM?	<input type="checkbox"/>	<input type="checkbox"/>	U.L. 300 COMPLIANT?	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL TYPE:			<input type="checkbox"/>	<input type="checkbox"/>	

ALARMS	YES	NO	N/A		YES	NO	N/A	YES	NO	N/A	
SYSTEM ALARMED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAS SYSTEM AND MICRO SWITCH OPERATIONAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARM REC'D AT CENTRAL STATION MONITORING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CENTRAL STATION MONITORING? COMPANY: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RANGE HOOD SYSTEM TIED TO BUILDING ALARM PANEL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RANGEHOOD ACTIVATION SIGNAL RECEIVED AT BUILDING ALARM PANEL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL	YES	NO	N/A		YES	NO	N/A
ARE ALL APPLIANCES INSIDE OF THE HOOD PROTECTION AREA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE LEAD & WIRE CONN. CONTAINED IN EXTERNAL J-BOX OUTSIDE OF AUTOMAN IN ACCORDANCE WITH NEC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE SYSTEM HAVE ADEQUATE VOLUME AND / OR NOZZLE COVERAGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST FAN STAYS ON DURING TEST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE ALL NOZZLE PROTECTIVE COVERS IN PLACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAKE UP AIR SHUT DOWN DURING TEST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE ALL PIPING AND CONDUIT IMMOBILIZED WITH PROPER HANGERS AND BRACKETS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 YEAR HYDRO DATE ON CYLINDER:			
IS PRESSURE GAUGE INDICATOR IN OPERABLE RANGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GREASE BUILD UP: LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/>			
IS THERE CHEMICAL INSIDE THE CYLINDER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF LAST HOOD CLEANING:			
ANY VISIBLE SIGNS OF A SYSTEM FIRE, DAMAGE, OR TAMPERING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE CLEANING INTERVALS IN COMPLIANCE NFPA 96 STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEM OPERATIONAL FROM TERMINAL LINK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WERE ALL COOKING SURFACES PROTECTED? IF NOT — WAS OWNER GIVEN FULL DISCLOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEM OPERATIONAL FROM MANUAL RELEASE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAS OPERATING PROCEDURE VERBALLY GIVEN TO RESTAURANT PERSONNEL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANUAL RELEASE VISIBLE AND FREE OF OBSTRUCTION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAS UL 300 COMPLIANCE EXPLAINED TO OWNER OR MANAGER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES COOKING LINE UP MATCH FILE DRAWINGS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PREVIOUS CONFIDENCE TEST CO. & TECH:			
CLASS K EXTING. PRESENT AND PROPERLY SERVICED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM RESTORED TO SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS SHUTS DOWN UPON SYSTEM ACTIVATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTION TAG PROPERLY PUNCHED AND IN PLACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL POWER SHUTS DOWN UPON SYSTEM ACTIVATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPY OF INSPECTION REPORT(S) HAVE BEEN LEFT ON SITE AND FORWARDED TO FIRE DEPARTMENT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PROBLEMS FOUND :** YES  NO

**CORRECTIONS MADE:** YES  NO

THIS CERTIFIES THAT THIS FIRE SYSTEM HAS BEEN PROPERLY TESTED AND INSPECTED FOR RELIABILITY AND IS CONSISTENT WITH NFPA 17A STANDARDS. DISCREPANCIES AND DEFICIENCIES HAVE BEEN REPORTED TO THE OWNER OR OWNER'S REPRESENTATIVE FOR CORRECTIVE ACTION.

TECHNICIAN NAME : \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ SIGN : \_\_\_\_\_