



DELHI CHARTER TOWNSHIP FIRE DEPARTMENT

2074 Aurelius Rd. • Holt, MI 48842 • 517-694-3327

Commercial Kitchen Hood Final Pre-Inspection Checklist

This Pre-Inspection Checklist is provided to assist you in verifying readiness for the field inspection and acceptance tests. Please email or call our office with any questions at leo.allaire@delhitownshipmi.gov or 517-694-3327.

FORM MUST BE SUBMITTED & APPROVED BY THE FIRE DEPARTMENT BEFORE FINAL INSPECTION CAN BE SCHEDULED

PROPERTY INFORMATION

Project Name:

Project Address:

Owner's Address:

Owner's Phone Contact:

INSTALLER INFORMATION

Company Name:

Company Address:

Contact Name:

Phone #:

Fax #:

Email:

Basic Information

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. A Hood Air Balance test has been conducted to verify air balance |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. The hood air balance report has been supplied and accepted by the Fire Department |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. The make-up air unit has been interconnected with the exhaust fan (pre-test) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. The activation of the exhaust fan shall occur through an interlock with the cooking appliances, by means of heat sensors or by means of other approved methods |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. All duct wrap systems are protected from physical damage |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. An up-blast fan is hinged and supplied with a flexible weatherproof electrical cable to permit inspection and cleaning. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Cooking appliances are sized and located as on the accepted plans |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Movable cooking equipment is provided with a means to ensure that it is correctly positioned in relation to the appliance discharge nozzle during cooking operations |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Smoke test confirms good air balance between the exhaust and supply airflow |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. The temperature differential between makeup air and the air in the conditioned space shall not exceed 10°F (6°C). |

Pre-Engineered Automatic Fire Suppression System

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Test link was used to simulate mechanical system activation via detection device |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. All fuel sources shut-down upon suppression system actuation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 13. Gas valve is visible and accessible |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 14. Gas valve installation has been checked for gas leaks |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 15. The make-up air unit shuts off and the exhaust continues to operate at suppression system actuation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 16. The extinguishing system is connected to the fire alarm system, <u>if provided</u> , in accordance with the requirements of NFPA72© so that the actuation of the extinguishing system will sound the fire alarm as well as provide the function of the extinguishing system |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 17. Fire Alarm Control Panel zone and central station indicate kitchen hood zone |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 18. Readily accessible means for manual activation is located in a path of egress |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 19. Manual remote pull stations are installed at a height of no more than 48 inches nor less than 42 inches above the floor |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 20. Manual pull operation actuates suppression system |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 21. Manual pull operation requires a movement of not more than 14 inches to secure operation |

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	22. Remote pulls are identified as to the hazard they protect
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	23. Fusible links located over each appliance, or design group, and at the duct opening
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	24. All fusible links are positioned in brackets per manufacturer's specification
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	25. All fusible link temperatures are as indicated on the accepted plans
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	26. All discharge nozzles are positioned per manufacturer's specifications
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	27. The discharge nozzles are the correct type for the hazard
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	28. The nozzle blow-off caps, where provided, are intact and undamaged
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	29. All hood penetrations are sealed with a listed hood seal or device
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	30. All electrical connections are made outside of the system control box or control head
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	31. A "puff test" has been completed to verify the pipe is free of debris and piping continuity
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	32. The pressure gauge(s) is in operable range
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	33. The owner has received a copy of the listed installation and maintenance manual or listed owner's manual
Hand Portable Fire Extinguisher	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	34. A Class K wet chemical fire extinguisher is provided no more than thirty (30) feet from the cooking area
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	35. A placard is conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher
Access for Inspection and Maintenance	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	36. Roof platform provided for roof top equipment installed on roof of 25% slope or greater
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	37. Roof railing provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	38. Ladder provided for access to roof exceeding 16 feet
Pre-Test Completion	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	39. A pre-test has been conducted of all items listed above prior to scheduling the Fire Department's Final Acceptance Test and Final Inspection.

DISCLAIMER: This list is not all-encompassing due to the extensive list of adopted codes. The inspector shall document ALL fire and Life Safety violations and require corrections when any are discovered during an inspection.

OWNER OR GENERAL CONTRACTOR

I certify that the information provided in this document is true and accurate.

 Print Name

 Signature

 Date

 Company Name

 Email

 Phone