

# Columbus County

EMERGENCY SERVICES

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## Automatic Extinguishing System Pre-Installation Information Data

### SUBMIT SHOP DRAWING(S) WITH THE FOLLOWING INFORMATION

1. Installer's Company Name: \_\_\_\_\_
2. Street Name: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Phone Number (include Area Code): \_\_\_\_\_
5. Installer/Repairman Certification: \_\_\_\_\_
6. Installation Location (Name of Business): \_\_\_\_\_
7. Street Address: \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Hazard to be Protected: \_\_\_\_\_
10. Number of Exhaust Ducts:
  - Number: \_\_\_\_\_
  - Description: \_\_\_\_\_
  - Dimensions: \_\_\_\_\_
11. Number of Hoods:
  - Number: \_\_\_\_\_
  - Description: \_\_\_\_\_
  - Dimensions: \_\_\_\_\_

**Automatic Extinguishing System Pre-Installation Information Data**  
**Page 2**

12. Number of Plenums:

- Number: \_\_\_\_\_
- Description: \_\_\_\_\_
- Dimensions: \_\_\_\_\_

13. Type of Protection Equipment: \_\_\_\_\_

14. Name of Manufacturer: \_\_\_\_\_

15. Underwriter's Listing Date: \_\_\_\_\_

16. Manufacturer's Training School Last Attended: \_\_\_\_\_

Designer Name: \_\_\_\_\_ Date: \_\_\_\_\_

17. Type of Extinguishing Agent and Cylinder Size: \_\_\_\_\_

\_\_\_\_\_

18. Chemical Cylinder(s) Location (ambient temperature between 32 and 120 F):

- Location(s): \_\_\_\_\_
- Location(s): \_\_\_\_\_

19. Detection, Fusible Link/ Thermostat:

- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- Temperature Rating: \_\_\_\_\_

20. Duct Nozzles:

- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- Height: \_\_\_\_\_

**Automatic Extinguishing System Pre-Installation Information Data**  
**Page 3**

21. Plenum Nozzles:

- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- Height: \_\_\_\_\_

22. Appliance Nozzles:

- Location(s): \_\_\_\_\_
- Number: \_\_\_\_\_
- Height: \_\_\_\_\_

23. Type of Fuel Shut-offs (Electrical and/or Gas):

- Type: \_\_\_\_\_
- Manual Re-Set Switch?    Yes \_\_\_\_\_    No \_\_\_\_\_

24. Gas Main Size: \_\_\_\_\_

25. Manual Pull Stations:

- Number: \_\_\_\_\_
- Location(s): \_\_\_\_\_

26. Number of Portable Fire Extinguishers in Kitchen (min.20BC): \_\_\_\_\_

- Is Class K Extinguisher within 30ft of cooking equipment: \_\_\_\_\_

27. Cooking Appliances Requiring Protection:

- Description: \_\_\_\_\_
- Dimensions: \_\_\_\_\_
- Fuel Source(s): \_\_\_\_\_

**Automatic Extinguishing System Pre-Installation Information Data**  
**Page 4**

28. Before placing the system in operation, the system must be tested and checked for proper operation of the control head(s) and attached auxiliary equipment. *How will this be accomplished?*

- Manual: \_\_\_\_\_
- Cut Link: \_\_\_\_\_

29. Is your Company under contract to provide routine maintenance for the system?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the Service Frequency? \_\_\_\_\_

30. Electrical shut-off must be wired and checked before testing the system.

31. Show Piping Diagrams on Plans

**NOTE:** The hood must be approved by the mechanical inspector prior to scheduling a date/time to test the system or may be scheduled for both inspectors to be present at the same time.