

Columbus County

EMERGENCY SERVICES

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910-640-6610



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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: _____

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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: _____

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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): _____

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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.