STATE OF DELAWARE
OFFICE OF THE STATE FIRE MARSHAL

GROVER P. INGLE
STATE FIRE MARSHAL

DOVER OFFICE
HEADQUARTERS

HRANGE HOOD FIRE SUPPRESSION SYSTEM

CERTIFICATE OF COMPLETION

Protected Property

Name of Business: _____

Address/City: _____

Owner/Contact: _____ Phone Number: _____

Suppression System Contractor

Company Name: _____ State License # _____

Technician's Name: _____ Date installation completed: _____

System Information

System ID : _____

System manufacturer: _____ Model Number: _____

Agent Tank Capacity: Tank 1 _____ gal Tank 2 _____ gal Tank 3 _____ gal Total flow cap. _____

Nozzle Information

Part Number	Quantity Installed	Flows Per Nozzle	Total Flows
		Total Flow Demand	

Is there a fire alarm interconnect? ☐ YES ☐ NO

Activation will shut off the following heat sources to cooking appliances: ☐ GAS ☐ ELECTRIC

Kitchen Equipment Protected (List from left to right) _____

_____

This is to certify that the fire suppression system described above has been installed in accordance with the manufacturer's instructions, NFPA Standard, and all applicable state and local codes.

Installer's Signature: _____ Acceptance Test Date: _____