



DELAWARE STATE FIRE MARSHAL SPECIAL HAZARD FIRE SUPPRESSION SYSTEM **DEFICIENCY REPAIR FORM**



PROTECTED PROPERTY

Name: _____ Owner/Contact: _____
Address/City: _____ Phone Number: _____

SUPPRESSION SYSTEM COMPANY AND REPAIR DATE

Company Name: _____ FSL #: _____
Technician's Name: _____ Repair Date: _____

SYSTEM INFORMATION

System ID Number: _____ Location: _____
System Type: ☐ Halon ☐ FM-200 ☐ Dry Chemical ☐ Foam
☐ Carbon Dioxide ☐ Inergen ☐ FE-13 ☐ Other

MAJOR DEFICIENCIES CORRECTED

- ☐ 7901 – System Out-of-Service / Impaired
- ☐ 7902 – Closed Control Valves
- ☐ 7903 – FACP in ALARM / TROUBLE
- ☐ 7904 – More than 10% of Initiating Devices Failed
- ☐ 7905 – Loss of Primary Agent Supply or Expellant Pressure in "Red" Zone

NONE ☐ CHECKED BELOW ☐

- ☐ 7906 – Protected Area Concentration Compromised (Doors Lacking Self-Closure / Sweeps; Auxiliary Function Failure)
- ☐ 7907 – Other (Comment Below)

MINOR DEFICIENCIES CORRECTED

- ☐ 7920 – Agent Tank Overdue Hydro Test
- ☐ 7921 – Agent Hoses Overdue Hydro Test
- ☐ 7922 – Agent Hoses Damaged
- ☐ 7923 – Manual Release / Abort Switches Obstructed

NONE ☐ CHECKED BELOW ☐

- ☐ 7924 – Manual Release / Abort Switches Missing / Damaged
- ☐ 7925 – Protected Area Lacking Notification (Audible or Visual Devices)

- ☐ 7926 – Battery or Secondary Power Deficiency
- ☐ 7927 – System not Interconnected to FAS
- ☐ 7928 – Other

COMMENTS/DEFICIENCY CORRECTION DESCRIPTION

Instructions: How to submit this form by email:

1. Download the form to your computer/device and fill-in the information.
2. Use the "Email Form" button to submit the completed form by email

For questions or concerns, contact: qap.techservices@delaware.gov