



STATE OF DELAWARE
OFFICE OF THE STATE FIRE MARSHAL

JOHN W. RUDD
STATE FIRE MARSHAL

DOVER OFFICE
HEADQUARTERS

**RANGE 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: _____

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