

**Fire Extinguisher System Installation Certification**  
**TEXAS STATE FIRE MARSHAL'S OFFICE**  
P. O. Box 149221  
Austin, TX 78714-9221



INSTALLING COMPANY \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company Certificate of Registration Number \_\_\_\_\_

**PROTECTED PROPERTY**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner or Owner's representative instructed on system operation & maintenance:  Yes  No  
Owners Rep, if applicable: \_\_\_\_\_

**LOCAL AUTHORITY HAVING JURISDICTION**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

**HAZARD ANALYSIS**

Name of area, room, building or hazard protected \_\_\_\_\_  
Primary Class of Protected Hazard  
 Class A - Wood, paper, etc.  Class D - Combustible metals  
 Class B - Flammable liquids  Explosives  
 Class C - Electrical equipment

**SYSTEM INFORMATION**

System Manufacturer's Name: \_\_\_\_\_  
Installation Manual. UL Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Design type: Pre-engineered: \_\_\_\_\_ Engineered: \_\_\_\_\_  
If Pre-engineered, Model Number \_\_\_\_\_  
Coverage Type: Total Flooding: \_\_\_\_\_ Local App: \_\_\_\_\_  
System Actuation: Automatic: \_\_\_\_\_ Manual: \_\_\_\_\_  
Air/Fan shutdown on actuation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Design discharge rate or concentration level: \_\_\_\_\_  
Design discharge time: Seconds: \_\_\_\_\_

**AGENT INFORMATION**

Type of agent provided: \_\_\_\_\_  

Qty	Storage cylinder	Manufacturer	Part No.	Amount of agent

**EQUIPMENT INFORMATION**

Initiating Devices

Qty	Item	Manufacturer	Part No.	Temperature
	Fusible Links			
	Sprinkler Heads			
	Heat Detectors			
	Smoke Detectors			
	Other Fire Detectors			
	Manual Pull Stations			

Nozzles	Part No.	Qty	Part No.

  

Interlock	Item	Manufacturer	Part No.
	Fan or A/C Shutdown		
	Gas line Shut-off		
	Electric Shut-off		

Use the back of the form, or additional paper, to sketch the piping configuration and device location.

**TESTING**

Method system was tested: \_\_\_\_\_

**Kitchen Hoods & Appliance System**

Overall Hood	Height	Length	Width
_____ ft x _____ ft x _____ ft	_____ ft	_____ ft	_____ ft
Plenum	_____ ft	_____ ft	_____ ft
Exhaust duct perimeter	_____ in	_____ in	_____ in

  

Qty	Appliances Protected	Gas or Elect	Length	Width
	Deep Fat Fryer		_____ in x _____ in	_____ in
	Range		_____ in x _____ in	_____ in
	Griddle		_____ in x _____ in	_____ in
	Char Broiler		_____ in x _____ in	_____ in
	Radiant Broiler		_____ in x _____ in	_____ in
	Upright Broiler		_____ in x _____ in	_____ in

**Other Type Hazards**

Is hazard normally occupied?  Yes  No  N/A  
Size of Hazard  
Total Volume \_\_\_\_\_ cuft  
or Total Area \_\_\_\_\_ sqft  

Height	Length	Width
approx. _____ ft	_____ ft	_____ ft
approx. _____ ft	_____ ft	_____ ft
approx. _____ ft	_____ ft	_____ ft

Area sealed to prevent agent loss?  Yes  No  N/A  
Number of room air changes per minute? \_\_\_\_\_ /min.  N/A  
Warning & instruction signs posted?  Yes  No  N/A

This system was installed in accordance with the following codes:  
NFPA \_\_\_\_\_ Year \_\_\_\_\_  
NFPA \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

I certify that this fixed fire extinguishing system has been tested and complies with the requirements of Article 5.43-1 of the Texas Insurance Code, as amended, and the fire extinguisher rules and adopted NFPA Standards.  
\_\_\_\_\_  
Signature of Licensee & License Number  
\_\_\_\_\_  
Planning Superintendent & License Number  
\_\_\_\_\_  
Completion Date \_\_\_\_\_

**Reproduce Form & Distribute**  
Original to Protected Premise  
Copy 1 to Installing Contractor  
Copy 2 Authority having Jurisdiction  
Copy 3 State Fire Marshal's Office  
Form # FML 010 January 1999  
SF205 Rev. 01/99