



# Zionsville Fire Department

## Commercial Kitchen Hood Final Pre-Inspection Checklist

This **Pre-Inspection Checklist** must be completed **prior to scheduling the field inspection** with the Zionsville Fire Department. Please send a copy of this completed form (with appropriate signatures) to [ifrost@zionsville-in.gov](mailto:ifrost@zionsville-in.gov) (*Preferred*) or faxed to (317) 733-3022.

### PROPERTY INFORMATION

|                  |                        |
|------------------|------------------------|
| Project Name:    |                        |
| Project Address: |                        |
| Owner's Address: | Owner's Phone Contact: |

### INSTALLER INFORMATION

|                  |        |        |
|------------------|--------|--------|
| Company Name:    |        |        |
| Company Address: |        |        |
| Contact Name:    |        |        |
| Phone #:         | Fax #: | Email: |

### Basic Information

|   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. A Hood Air Balance test has been conducted to verify air balance   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. The hood air balance report has been supplied and accepted by the Fire Department  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. The make-up air unit has been interconnected with the exhaust fan (pre-test)   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. The activation of the exhaust fan shall occur through an interlock with the cooking appliances, by means of heat sensors or by means of other approved methods       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. All duct wrap systems are protected from physical damage   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. An up-blast fan is hinged and supplied with a flexible weatherproof electrical cable to permit inspection and cleaning.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Cooking appliances are sized and located as on the accepted plans  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Movable cooking equipment is provided with a means to ensure that it is correctly positioned in relation to the appliance discharge nozzle during cooking operations |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Smoke test confirms good air balance between the exhaust and supply airflow  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. The temperature differential between makeup air and the air in the conditioned space shall not exceed 10°F (6°C).   |

### Pre-Engineered Automatic Fire Suppression System

|   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Test link was used to simulate mechanical system activation via detection device  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. All fuel sources shut-down upon suppression system actuation  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 13. Gas valve is visible and accessible   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 14. Gas valve installation has been checked for gas leaks   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 15. The make-up air unit shuts off and the exhaust continues to operate at suppression system actuation   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 16. The extinguishing system is connected to the fire alarm system, <u>if provided</u> , in accordance with the requirements of NFPA72© so that the actuation of the extinguishing system will sound the fire alarm as well as provide the function of the extinguishing system |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 17. Fire Alarm Control Panel zone and central station indicate kitchen hood zone  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 18. Readily accessible means for manual activation is located in a path of egress   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 19. Manual remote pull stations are installed at a height of no more than 48 inches nor less than 42 inches above the floor   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 20. Manual pull operation actuates suppression system   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 21. Manual pull operation requires a movement of not more than 14 inches to secure operation  |

|   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 22. Remote pulls are identified as to the hazard they protect   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 23. Fusible links located over each appliance, or design group, and at the duct opening   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 24. All fusible links are positioned in brackets per manufacturer's specification   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 25. All fusible link temperatures are as indicated on the accepted plans  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 26. All discharge nozzles are positioned per manufacturer's specifications  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 27. The discharge nozzles are the correct type for the hazard   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 28. The nozzle blow-off caps, where provided, are intact and undamaged  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 29. All hood penetrations are sealed with a listed hood seal or device  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 30. All electrical connections are made outside of the system control box or control head   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 31. A "puff test" has been completed to verify the pipe is free of debris and piping continuity   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 32. The pressure gauge(s) is in operable range  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 33. The owner has received a copy of the listed installation and maintenance manual or listed owner's manual  |
| <b>Hand Portable Fire Extinguisher</b>  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 34. A Class K wet chemical fire extinguisher is provided no more than thirty (30) feet from the cooking area  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 35. A placard is conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher |
| <b>Access for Inspection and Maintenance</b>  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 36. Roof platform provided for roof top equipment installed on roof of 25% slope or greater   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 37. Roof railing provided   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 38. Ladder provided for access to roof exceeding 16 feet  |
| <b>Pre-Test Completion</b>  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 39. A pre-test has been conducted of all items listed above prior to scheduling the Fire Department's Final Acceptance Test and Final Inspection.               |

**DISCLAIMER:** This list is not all-encompassing due to the extensive list of adopted codes. The inspector shall document ALL fire and Life Safety violations and require corrections when any are discovered during an inspection.

**Owner or General Contractor**

I certify that the information provided in this document is true and accurate.

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Company Name)

\_\_\_\_\_

(Email and Phone Contact)