



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)

333 Guadalupe, Austin, Texas 78701 * PO Box 149221, Austin, Texas 78714-9221
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

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 B - Flammable liquids

Class C - Electrical equipment

Class D - Combustible metals

Explosives

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 _____

TESTING

Method system was tested: _____

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

Kitchen Hoods & Appliance System

Overall Hood Height Length Width _____ ft x _____ ft x _____ ft

Plenum _____ ft x _____ ft

Exhaust duct perimeter _____ in

Appliances Gas or Elect Length Width

Qty Protected _____

_____ Deep Fat Fryer _____ in x _____ in

_____ Range _____ in x _____ in

_____ Griddle _____ in x _____ in

_____ Char Broiler _____ in x _____ in

_____ Radiant Broiler _____ in x _____ in

_____ Upright Broiler _____ in x _____ in

_____ _____ in x _____ in

_____ _____ in x _____ 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 x _____ ft x _____ ft

approx. _____ ft x _____ ft x _____ ft

approx. _____ ft x _____ ft x _____ 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 Chapter 6001 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 Certifying Firm for

for access by SFMO

Form # FML 010 July 2015

SF205 Rev. 07/15