DRY CHEMICAL SYSTEM ACCEPTANCE TEST REPORT

Property Information

Building name: _____

Address: _____

Building owner: _____

Address: _____

Phone/Fax/E-mail: _____

Designer/Install Information

Company name: _____

Address: _____

Contact person: _____

Phone/Fax/E-mail: _____

Description of hazard protected: _____

_____

System manufactured/model: _____

System Check or Test	Results
Installation in accordance with approved plans, where required and manufacturer's design, installation, and maintenance manual	
Piping test (10.4.3.1)	
Proper labeling (10.4.3.4)	
Proper alarm operation (10.4.3.5)	
Manual release accessibility (10.4.3.6)	
Releasing control panel (10.4.3.7)	
Automatic detection & manual release (10.4.4)	
System properly charged and left in normal "set" condition (10.4.5)	
Manual left with owner (10.5)	
Date system left in service:	

Test Witnessed By:

_____	_____	_____
Owner/Authorized agent	Title	Date
_____	_____	_____
Installing contractor	Title	Date
_____	_____	_____
AHJ Fire Inspector	Title	Date