



# TEXAS DEPARTMENT OF INSURANCE

## State Fire Marshal's Office (112-FM)

333 Guadalupe Street, Austin, Texas 78701 ★ PO Box 12107, Austin, Texas 78711  
(512) 676-6800 | F: (512) 490-1056 | TDI.texas.gov/fire | @TXSFM0

Installing company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Company certificate of registration number: \_\_\_\_\_

### PROTECTED PROPERTY

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### Kitchen Hoods & Appliance System

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

Qty	Appliances protected	Gas or Elect.	Length	Width
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in
_____	_____	_____	_____ in x _____ in	_____ in

#### Other Type Hazards

Is hazard normally occupied? Yes No N/A

Size of hazard  
Total volume \_\_\_\_\_ cu. ft.  
or Total area \_\_\_\_\_ sq. ft.

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

### 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: Minutes: \_\_\_\_\_ 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Nozzles				
Qty	Part no.	Qty	Part no.	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  

Interlock			
Qty	Item	Manufacturer	Part no.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Include a diagram of the piping configuration and device.  
  
You can use page 2 of this form or a separate sheet of paper.

### TESTING

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

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 Insurance Code, as amended, and the fire extinguisher rules and adopted NFPA standards.

Signature of licensee \_\_\_\_\_ Planning superintendent (if applicable) \_\_\_\_\_

License number \_\_\_\_\_ License number \_\_\_\_\_ Completion date \_\_\_\_\_

**Reproduce form & distribute**  
Original - To protected premise  
Copy 1 - To installing contractor  
Copy 2 - Certifying firm for access by SFMO.

Diagram of the piping configuration and device.