PROTECTED PROPERTY

Name: ____________________________  City: ____________________________  Zip: ____________________________

Street Address: ____________________________

Owner or Owner's representative instructed on system operation & maintenance: [ ] Yes [ ] No

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: ____________________________


Air/Fan shutdown on actuation? Yes: ____________________________  No: ____________________________

Design discharge rate or concentration level: ____________________________

Design discharge time: ____________________________

AGENT INFORMATION

Type of agent provided:

- Qty Storage cylinder: ____________________________  Manufacturer: ____________________________  Part No.: ____________________________  Amount of agent: ____________________________

EQUIPMENT INFORMATION

Initiating Devices

<table>
<thead>
<tr>
<th>Qty</th>
<th>Item</th>
<th>Manufacturer</th>
<th>Part No.</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fusible Links</td>
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<tr>
<td></td>
<td>Sprinkler Heads</td>
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<tr>
<td></td>
<td>Heat Detectors</td>
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<td></td>
<td>Smoke Detectors</td>
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<td></td>
<td>Other Fire Detectors</td>
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<tr>
<td></td>
<td>Manual Pull Stations</td>
<td></td>
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</tbody>
</table>

Nozzles

<table>
<thead>
<tr>
<th>Qty</th>
<th>Part No.</th>
<th>Qty</th>
<th>Part No.</th>
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Use the back of the form, or additional paper, to sketch the piping configuration and device

This system was installed in accordance with the following codes:

<table>
<thead>
<tr>
<th>NFPA</th>
<th>Year</th>
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<tbody>
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</tbody>
</table>

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 to Certifying Firm for access by SFMO
Form # FML 010  July 2015
SF205 Rev. 07/15