



# Crawfordsville Fire Department

Code Enforcement Division

100 South Water - Crawfordsville, IN 47933 - (765) 362-1277

## Commercial Kitchen Hood Final Pre-Inspection Checklist

This **Pre-Inspection Checklist** must be completed **prior to scheduling the field inspection** with the Crawfordsville Fire Department. Please send a copy of this completed form (with appropriate signatures) to [bbechtel@crawfordsville-in.gov](mailto:bbechtel@crawfordsville-in.gov) (*Preferred*) or fax to (765) 364-5198.

### 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)