

CLEAN AGENT EXTINGUISHING SYSTEMS GENERAL INFORMATION

Project Name _____

Date _____ **Contractor** _____

System _____

Clean agent system manufacturer _____

Detector manufacturer _____

Control panel manufacturer _____

Date system installed _____

Room or area designation _____

Type of extinguishing agent _____

Volume protected Above ceiling Below raised floor Between floor and ceiling

System concentration 50% 65% 75% Other _____

Weight of clean agent with cylinder _____ lb (kg)

Weight of cylinder (tare weight) _____ lb (kg)

Weight of clean agent _____ lb (kg)

Normal pressure (super pressure) _____ psi (bar)

- Detection system
- Ionization-type smoke detectors
 - Photoelectric-type smoke detectors
 - Rate-of-rise heat detectors
 - Fixed-temperature heat detectors
 - Rate-compensation heat detectors
 - Other _____

- Type of detection for clean system operation
- Single zone
 - Two zones (cross-zoned)
 - Two detectors on any zone
 - Other _____

Notes _____



CLEAN AGENT EXTINGUISHING SYSTEMS ACCEPTANCE INSPECTION AND TEST

Project Name _____

Date _____ **System** _____

Agency / Department _____

Y = Satisfactory N = Unsatisfactory (explain) N/A = Not applicable

	Acceptance?	If N, Explanation
Clean agent containers free from physical damage		
Container pressure _____ psi (bar) (Pressure loss greater than 5% requires container refill or replacement.)		
Container weight _____ lb (kg) (Weight loss greater than 5% requires container refill or replacement.)		
Container pressure and weight recorded on tag attached to container		
Control heads operational (Remove heads from containers.)		
Conduct acceptance test of system.		

Witnessed by: (sign) _____	Title _____	Date _____
Name of Contractor _____	_____	_____
Approving Authority _____	_____	_____

Notes _____

