

**OFFICE OF CODE ENFORCEMENT/  
BUILDING DEPARTMENT**

Village of Sag Harbor  
55 Main St., PO Box 660  
Sag Harbor, N.Y. 11963  
631-725-2804  
631-725-4852 fax  
KPAYNE@SAGHARBORNY.GOV@sagharborNY.gov

**COMMERCIAL KITCHEN HOOD FIRE SYSTEM REPORT**

CUSTOMER	
NAME	_____
ADDRESS	_____
PHONE	_____
OWNER/MANAGER	_____

CONTRACTOR	
NAME	_____
ADDRESS	_____
CITY/STATE/ ZIP	_____
PHONE	_____

EXTINGUISHING SYSTEM	
MANUFACTURER	_____
MODEL NUMBER	_____
TYPE	<input type="checkbox"/> CARTRIDGE <input type="checkbox"/> STORED-PRESSURE
CYLINDER SIZE	_____

INSPECTION	
TODAY'S DATE	_____
COMPANY THAT PERFORMED LAST INSPECTION	<input type="checkbox"/> SAME AS ABOVE <input type="checkbox"/> UNK <input type="checkbox"/> _____
DATE OF LAST INSPECTION	_____

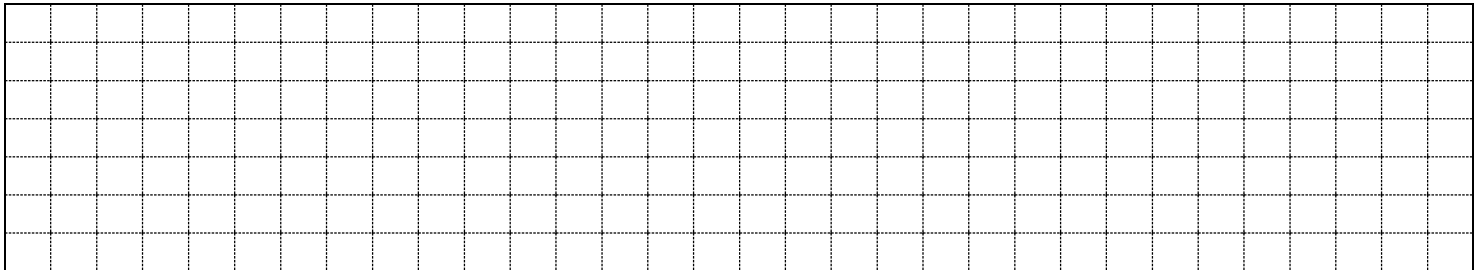


DIAGRAM OF INSTALLED EQUIPMENT

**OVER ▶**

SYSTEM SUPERVISION	
IS THERE A FIRE ALARM SYSTEM PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
IS THE EXTINGUISHING SYSTEM MONITORED BY THE FIRE ALARM?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNK
ELECTRICITY IS REQUIRED FOR EXTINGUISHING SYSTEM OPERATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
SYSTEM HAS AUDIBLE OR VISUAL ALERT AFTER DISCHARGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
MANUAL ACTIVATION	
LOCATED BETWEEN 42 IN. AND 60 IN. ABOVE THE FLOOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACCESSIBLE AND LOCATED IN A PATH OF EGRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CLEARLY IDENTIFIES THE HAZARD PROTECTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
FAILURE WILL IMPAIR AUTOMATIC SYSTEM OPERATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
SEAL IS INTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONNEL INSTRUCTED IN THE USE OF THE SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO
AUTOMATIC OPERATION	
VERIFIED TRAVEL OF CABLE AND LINK POSITION	<input type="checkbox"/> YES <input type="checkbox"/> NO
VERIFIED OPERATION OF GAS SHUTOFF VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
VERIFIED OPERATION OF MICRO-SWITCH	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
CHECKED AND CLEANED FUSIBLE LINKS	<input type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURE DATE OF FUSIBLE LINKS	DATE: _____
REPLACED FUSIBLE LINKS	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLES CLEANED	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROPER NOZZLE CAPS IN PLACE	<input type="checkbox"/> YES <input type="checkbox"/> NO
GAS SHUTOFF VALVE CONTROLS ALL EQUIPMENT PROTECTED BY SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO

EXHAUST HOOD	
HOOD CLEANING STICKER IS AFFIXED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF LAST HOOD CLEANING	DATE: _____
GREASE ACCUMULATION	<input type="checkbox"/> HEAVY <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT
FILTERS ARE INTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FAN IS IN OPERATING ORDER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
LIGHTING IN HOOD IS PROPERLY PROTECTED FROM DAMAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNK
EXTINGUISHING SYSTEM	
CYLINDER MANUFACTURE DATE(S)	DATE: _____
DATE OF LAST 6-YEAR MAINTENANCE	<input type="checkbox"/> N/A <input type="checkbox"/> DATE: _____
DATE OF LAST HYDROSTATIC TEST	<input type="checkbox"/> N/A <input type="checkbox"/> DATE: _____
WEIGHT OF CARTRIDGE (CARTRIDGE OPERATED UNITS)	<input type="checkbox"/> N/A <input type="checkbox"/> DATE: _____
PRESSURE READING	_____ PSI
EXTINGUISHING AGENT CYLINDER WEIGHT(S)	_____
AUXILIARY EQUIPMENT	
TYPE K PORTABLE FIRE EXTINGUISHER PRESENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXTINGUISHER IS PLACARDED AS BACKUP EXTINGUISHMENT MEANS	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONNEL ARE INSTRUCTED IN THE USE OF EXTINGUISHER	<input type="checkbox"/> YES <input type="checkbox"/> NO

**LEAVE NO QUESTION UNANSWERED**

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAS ANY EQUIPMENT BEEN ADDED SINCE LAST INSPECTION?  YES  NO  UNK  
 IS EXTINGUISHING SYSTEM UL 300 COMPLIANT?  YES  NO

SYSTEM IS ARMED AND OPERATIONAL:  YES  NO

SIGNED: \_\_\_\_\_  
 TECHNICAL NAME NOT COMPANY NAME OWNER OR AGENT

RETURN TO THE SAG HARBOR CODE ENFORCEMENT OFFICER  
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 TEL: 631-725-2804 FAX: 631-725-4852