

**ENCINITAS FIRE DEPARTMENT
FIXED FIRE PROTECTION HOOD SYSTEM**

PLAN REVIEW CHECKLIST

LOCATION:

Business Name _____

Address _____ Phone _____

INSTALLING CONTRACTOR / DESIGNER

Business Name _____ Licensed: Yes / No

Address _____ Contact Person _____ Phone / Fax _____

Type of System: Mfg. _____ Model _____ Single Tank Multiple Tank Wet Dry

- Minimum (3) copies of plans to be submitted.
- Plans must contain sufficient detail to evaluate the protection of the hazard.
- Only equipment that is referenced in the manufacturer's installation manual is to be used.
- Note must be on plans, "This installation meets NFPA 96 & 17A and the Local Authority Having Jurisdiction".
- Plans to indicate that the system must pass a CERTIFICATION TEST prior to system being placed in service.

CIRCLED ITEMS REQUIRE CLARIFICATION, MODIFICATION, OR TO BE NOTED ON THE PLANS

1. General Information (required on plans)

- a) Business Name
- b) Address and Suite Number
- c) Installation Contractor, Contact Name, Address and Phone Number
- d) Authority Having Jurisdiction
- e) Symbols and Legend Information Adequate
- f) Plans Scaled or Suitably Dimensioned

2. System Configuration

- a) Physical Dimensions Shown: cooking surfaces, hood, plenum, duct
- b) Layout of Piping Indicated: size, length, material, arrangement
- c) Cooking Appliances: type, arrangement
- d) Nozzles: type, placement, flow points
- e) Energy Source for Each Appliance, Auto Fuel Shut-off Indicated
- f) Automatic detection devices: located in openings, temperature ratings
- g) Manual Detection Devices: located in exit path, max cable length
- h) Total length of cables, piping
- i) Cut Sheets of Any New or Auxiliary Equipment
- j) Filters, Grease Trap
- k) Air Handling Equipment
- l) Show Location of Type K Extinguisher for Cooking Establishment

3. Hydraulic Calcs

- a) Tank: size, type of agent, location
- b) Maximum Flow Points Allowed _____
- c) Total Flow Points Used _____

4. Other

- a) System to be tied in to supervised system : Yes No
- b) _____
- c) _____

Fire Department Use:
Plan Check Number: _____
Plans Checked & Approved by: _____ Date _____
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Certification Test
Conducted & Approved By: _____ Date _____