



# TEXAS DEPARTMENT OF INSURANCE

## State Fire Marshal's Office (112-FM)

333 Guadalupe, Austin, Texas 78701 \* PO Box 149221, Austin, Texas 78714-9221  
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

INSTALLING COMPANY \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Certificate of Registration Number \_\_\_\_\_

### PROTECTED PROPERTY

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Owners Rep, if applicable: \_\_\_\_\_

### 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: \_\_\_\_\_

System Actuation: \_\_\_\_\_ Automatic: \_\_\_\_\_ Manual: \_\_\_\_\_

Air/Fan shutdown on actuation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Design discharge rate or concentration level: \_\_\_\_\_

Design discharge time: \_\_\_\_\_ Seconds: \_\_\_\_\_

### AGENT INFORMATION

Type of agent provided: \_\_\_\_\_

Qty Storage cylinder Manufacturer Part No. Amount of agent

### EQUIPMENT INFORMATION

Initiating Devices

Qty Item Manufacturer Part No. Temperature

\_\_\_\_\_ Fusible Links \_\_\_\_\_

\_\_\_\_\_ Sprinkler Heads \_\_\_\_\_

\_\_\_\_\_ Heat Detectors \_\_\_\_\_

\_\_\_\_\_ Smoke Detectors \_\_\_\_\_

\_\_\_\_\_ Other Fire Detectors \_\_\_\_\_

\_\_\_\_\_ Manual Pull Stations \_\_\_\_\_

Nozzles Part No. Qty Part No.

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Interlock Item Manufacturer Part No.

\_\_\_\_\_ Fan or A/C Shutdown \_\_\_\_\_

\_\_\_\_\_ Gas line Shut-off \_\_\_\_\_

\_\_\_\_\_ Electric Shut-off \_\_\_\_\_

### TESTING

Method system was tested: \_\_\_\_\_

Use the back of the form, or additional paper, to sketch the piping configuration and device

### Kitchen Hoods & Appliance System

Overall Hood Height Length Width \_\_\_\_\_ ft x \_\_\_\_\_ ft x \_\_\_\_\_ ft

Plenum \_\_\_\_\_ ft x \_\_\_\_\_ ft

Exhaust duct perimeter \_\_\_\_\_ in

Appliances Gas or Elect Length Width

Qty Protected

\_\_\_\_\_ Deep Fat Fryer \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ Range \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ Griddle \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ Char Broiler \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ Radiant Broiler \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ Upright Broiler \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ \_\_\_\_\_ in x \_\_\_\_\_ in

\_\_\_\_\_ \_\_\_\_\_ in x \_\_\_\_\_ in

### Other Type Hazards

Is hazard normally occupied?  Yes  No  N/A

Size of Hazard

Total Volume \_\_\_\_\_ cuft

or Total Area \_\_\_\_\_ sqft

Height Length Width

approx. \_\_\_\_\_ ft x \_\_\_\_\_ ft x \_\_\_\_\_ ft

approx. \_\_\_\_\_ ft x \_\_\_\_\_ ft x \_\_\_\_\_ ft

approx. \_\_\_\_\_ ft x \_\_\_\_\_ ft x \_\_\_\_\_ ft

Area sealed to prevent agent loss?  Yes  No  N/A

Number of room air changes per minute? \_\_\_\_\_ /min.  N/A

Warning & instruction signs posted?  Yes  No  N/A

This system was installed in accordance with the following codes:

NFPA \_\_\_\_\_ Year \_\_\_\_\_

NFPA \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

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 Certifying Firm for

for access by SFMO

Form # FML 010 July 2015

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