

Inspection, Testing and Maintenance of Carbon Dioxide Extinguishing Systems

Service Company			Date of Service	Time	Last Service Date
			<input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annually <input type="checkbox"/> Fifth year	<input type="checkbox"/> Connected Fire alarm <input type="checkbox"/> Central Station	
Building Name:			Volume Protected		
			<input type="checkbox"/> Above Ceiling <input type="checkbox"/> Below raised floor <input type="checkbox"/> Between floor & ceiling		
Address:			Owner:		Phone:
City:	Postal Code:	Contact Person:		Fax:	
			Phone:		Fax:

General Information:

Room or area designation?	System concentration?
CO2 system manufacturer?	Weight of CO2 agent with cylinder?
Date system was installed?	Weight of cylinder (tare weight)?
Detector manufacturer?	Weight of CO2 agent?
Control panel manufacturer?	Normal pressure (super pressure)?

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 halon system operation:

- _____ Single zone?
- _____ Two zones (cross-zoned)?
- _____ Two detectors on any zone?
- _____ Other? _____

The following tests should be conducted at the frequency indicated in NFPA 12 Standard on Carbon Dioxide Fire Extinguishing Systems or in conformance with the Manufacturer's requirements.

Technicians may be required to be certified by the Manufacturer. Maintenance shall be conducted in accordance with the manufacturers maintenance manual. As a minimum, such maintenance shall consist of the following: All "NO" answers are to be explained in Comments.

“√”Yes - Satisfactory “X” No - Unsatisfactory N/A Not applicable (Explain “X” No answers in comments)

Weekly Inspections

- _____ Nozzles free from physical damage?
- _____ Inspect to ensure all doors are selfclosing or capable of being closed?
- _____ There are no changes to the hazard protected?
- _____ Liquid level in each low pressure container is OK?

Monthly

- _____ No sign of leakage at cylinders?
- _____ No sign of physical damage to system components?

Annually

- _____ No sign of physical damage to flexible connectors?

Semi-Annual

- _____ CO2 cylinders are free from physical damage?
- _____ Cylinder weight _____lbs/kgs (Pressure loss greater than 10% requires filling)? Weigh with discharge control valve.
- _____ Control valve operation satisfactory?
- _____ Control head operation satisfactory?

Tests - Annual

- _____ Conduct actuating test of system?

5 Year Hose and Container Inspection

- _____ Hydrostatic test system hoses?

12 Year Test and Maintenance

- _____ Discharge test of the system conducted and satisfactory?
- _____ Hydrostatic test of the cylinders?

Comments:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent