

# Inspection, Testing and Maintenance of Halogenated Agent Extinguishing Systems

<b>Service Company</b>			Date of Service		Time	Last Service Date		
			<input type="checkbox"/> Monthly		<input type="checkbox"/> Annual		<input type="checkbox"/> Connected Fire alarm	
			<input type="checkbox"/> Semi-annually		<input type="checkbox"/> Fifth year		<input type="checkbox"/> Central Station	
			Halon 1301 <input type="checkbox"/>		Halon 1211 <input type="checkbox"/>		Other <input type="checkbox"/>	
Building Name:			Owner:			Phone:		
						Fax:		
Address:		City:	Postal Code:		Contact Person:		Phone:	
						Fax:		

**General Information:**

System Location?	System Concentration?
System designation?	Control panel manufacturer?
System manufacturer?	Weight of halon agent with cylinder?
Date installed?	Weight of halon agent?
Service contractor?	Normal pressure (super pressure)?
Detector manufacturer?	

Technicians may be required to be certified by the Manufacturer. Maintenance shall be conducted in accordance with applicable codes and the manufacturers maintenance manual. All "NO" answers are to be explained in Comments.

**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 shall be conducted at the frequency indicated in NFPA 12A, Halon 1301 Fire Extinguishing Systems & NFPA 12B, Halon 1211 Fire Extinguishing Systems or in conformance with the Manufacturer's requirements.*

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

**Monthly**

- Nozzle caps are in place?
- No physical damage to the system?
- Doors have self-closing devices?
- Doors are capable of releasing automatically?

**Semi-Annual Inspection & Test**

- Halon containers are free from physical damage?
- Container pressure (psi/kpa)? (Pressure loss greater than 10% requires container refill or replacement)
- Container weight (lbs/kgs)? (Weight loss greater than 5% requires container replacement)

- Enclosures inspected for penetrations or changes?
- Container pressure & weight are recorded on attached tag?
- Control heads operated. (remove heads from containers)?
- Conduct actuating test of system?
- Hoses free from physical damage?
- Thorough inspection of system conducted?
- Written report of the inspection provided?
- 5 Year Hose and Container Inspection**
- System hoses hydrostatically tested?
- Complete visual inspection of halon containers in accordance with local codes? (Compressed gas association)

**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