

DRY CHEMICAL SYSTEM ACCEPTANCE TEST REPORT

Property Information

Building name: _____
Address: _____
Building owner: _____
Address: _____
Phone/Fax/E-mail: _____

Designer/Installer Information

Company name: _____
Address: _____
Contact person: _____
Phone/Fax/E-mail: _____

Description of hazard protected: _____

System manufacturer/model: _____

System Check or Test	Results
Installation in accordance with approved plans, where required, and manufacturer's installation manual	
Piping test (10.4.3.1)	
Proper labeling (10.4.3.4)	
Proper alarm operation (10.4.3.5)	
Manual release accessibility (10.4.3.6)	
Releasing control panel (10.4.3.7)	
Automatic detection & manual release (10.4.4)	
System properly charged and left in normal "set" condition (10.4.5)	
Manual left with owner (10.5)	
Date system left in service: _____	

Test Witnessed By:

_____	_____	_____
Owner/Authorized agent	Title	Date
_____	_____	_____
Installing contractor	Title	Date

Additional comments: _____

