Clean Agent System Acceptance Test Report

PROCEDURE

Upon completion of work, an inspection and test shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and the system left in service before the contractor's personnel leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against the contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property name		Date	
Property address			
Plans	Accepted by approving authorities (names)		
	Address		
	Installation conforms to accepted plans	❑ Yes	❑ No
	Equipment used is approved If no, state deviations	❑ Yes	❑ No
Instructions	Person in charge of fire equipment has been instructed as to location of control valves and care and maintenance of this new equipment If no, explain	❑ Yes	❑ No
	Copies of appropriate instructions and care and maintenance charts have been left on premises If no, explain	❑ Yes	❑ No
Enclosure	Enclosure in conformance with construction documents If no, explain	❑ Yes	❑ No
	Enclosure integrity report received and approved	❑ Yes	❑ No
Mechanical equipment	System type	❑ Total flooding	❑ Local app.
	Agent storage containers properly located (in accordance with approved system drawings)	❑ Yes	❑ No
	Storage containers and mounting brackets fastened securely	❑ Yes	❑ No
	Piping, equipment, and discharge nozzles proper size and location	❑ Yes	❑ No
	Pipe size reduction and tee fitting position in conformance with design drawings	❑ Yes	❑ No
	Piping joints, discharge nozzles, and pipe supports securely fastened	❑ Yes	❑ No
	Discharge nozzle orientation in conformance with approved design drawings	❑ Yes	❑ No
	Nozzle deflectors (if installed) orientation in conformance with approved design drawings	❑ Yes	❑ No
	Location of alarms and manual emergency releases acceptable	❑ Yes	❑ No
	Current hazard configuration comparable to original configuration	❑ Yes	❑ No
	Enclosure test report received	❑ Yes	❑ No
	All installed equipment listed for use	❑ Yes	❑ No
Electrical equipment	Proper operation verified for all auxiliary functions including alarm-sounding or displaying devices, remote annunciators, air-handling shutdown, and power shutdown	❑ Yes	❑ No
	Main/reserve transfer switch installed properly, readily accessible, and clearly identified	❑ Yes	❑ No
	Type and location of all detection devices verified	❑ Yes	❑ No
	Manual pull stations installed properly, readily accessible, accurately identified, and protected to prevent damage	❑ Yes	❑ No
Pipe and fittings	Piping pneumatically tested to 40 psi (276 kPa) for 10 minutes	❑ Yes	❑ No
	Pipe conforms to Standard	❑ Yes	❑ No
	Fittings conform to Standard	❑ Yes	❑ No
	If no, explain		
Pre-functional tests	Each detector checked for proper response	❑ Yes	❑ No
	Polarity verified for all polarized alarm devices and auxiliary relays	❑ Yes	❑ No
	EOL resistors installed across all alarm and detection circuits (where required)	❑ Yes	❑ No
	Proper trouble response verified for all supervised circuits	❑ Yes	❑ No

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Clean Agent System Acceptance Test Report (Continued)

Operational test	Puff test completed and continuous flow and unobstructed piping and nozzles verified	❑ Yes	❑ No
	Alarm functions verified following detection initiation	❑ Yes	❑ No
	Manual release functions according to design specifications	❑ Yes	❑ No
	Abort switch functions according to design specifications	❑ Yes	❑ No
	Automatic valves tested and operation verified	❑ Yes	❑ No
	All pneumatic equipment tested and verified	❑ Yes	❑ No
	Full operational test for single or multiple hazards	❑ Yes	❑ No
	Weight before and after discharge	_____ lb	_____ kg
	For intert gas systems — pressure before and after discharge	_____ psi	_____ kPa
	Remote Monitoring	❑ Yes	❑ No
	Alarm signal from each input device on stand-by owner verified	❑ Yes	❑ No
	Trouble signal verified for each alarm condition on each signal circuit	❑ Yes	❑ No
	Control panel primary power source	❑ Yes	❑ No
	Control panel connected to a dedicated circuit	❑ Yes	❑ No
	Control panel labeled properly	❑ Yes	❑ No
	Control panel readily accessible	❑ Yes	❑ No
	Control panel secured from unauthorized access	❑ Yes	❑ No
	System returned to fully operational design condition	❑ Yes	❑ No

Signatures

Name of installing contractor: _____

Tests witnessed by:

For property owner: Title: _____ Date: _____

For contractor: Title: _____ Date: _____

Notes:

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