



Fire Suppression System Distributor Certificate of Installation

Job Name _____	Permit # _____
Job Address _____	Type of System: Ansul <input type="checkbox"/>
_____	Pyrochem <input type="checkbox"/>
_____	Other

To be Completed by Fire System Distributor

Company Name _____	System Model _____
Address _____	Tank Size _____

Fuel/Energy Shut Off Device Gas Valve: Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Size _____	
Installed. Tested on _____ <small>Date</small>	Electric Equipment Shut-Down Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues), and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary.) Equipment layout and sizes are noted on back. <input type="checkbox"/> Yes</p>	

Installer's Name _____	
Signature _____	Date _____

To be Completed by Owner or Owner's Representative

<p>I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.</p>	
Signature: _____	Date _____

To be Completed by the Authority Having Jurisdiction

<p>Functional tests have been witnessed and the system performs as designed.</p>	
Signature: _____	Date _____

