



Department of
Licenses and Inspections
CITY OF PHILADELPHIA

Upload completed forms through the "Submit an Annual Certification Report" option in eCLIPSE www.eclipse.phila.gov.

Special Hazard Systems Annual Certification Form

Use this form to provide results and certify the special hazard fire suppression systems testing performed.

Submit one certification for each system.

Property Information

Provide the property address where the testing will be performed.

1

Address: _____

Building Owner/Owner's Agent

Provide the contact information for the building owner/owner's agent.

2

Name: _____

Address: _____

Email: _____ Phone: _____

Contractor and Inspector Information

(a) The contractor must provide their contact information and license number, then sign and date.

(b) The inspector must provide their contract information as well as license and certification numbers.

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(a) Contractor Information

Contractor Name: _____ Contractor License #: _____

Email: _____ Phone: _____

Contractor Signature: _____ Date: _____

(b) Inspector Information

Inspector Name: _____

Email: _____ Phone: _____

Inspector License #: _____ Certification #: _____

General Information

This section is to be completed by the property owner or agent.

Provide explanation for all "no" answers, except as noted.

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- Is the building occupied? ☐ Yes ☐ No
- Has the building occupancy or hazard or floor layout changed since the last certification? ☐ Yes ☐ No
 - If yes, explain: _____
- Are all systems kept in service? ☐ Yes ☐ No
- Are the test results kept on file? ☐ Yes ☐ No
- Has there been any modifications to the system since the last certification? ☐ Yes ☐ No
 - If yes, explain: _____
- Was there any action or alarm since the last certification? ☐ Yes ☐ No
 - If yes, explain: _____
- Does this certification cover all fire special hazard systems in the building? ☐ Yes ☐ No

System Information

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- System: ☐ Range Hood (Skip Section 6) ☐ Special Hazard (Skip Section 7)
- System ID Number: _____ Location: _____
- Suppression System Manufacturer: _____ Model Number: _____
- System Type:

<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Halon	<input type="checkbox"/> Dry Chemical
<input type="checkbox"/> Foam	<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Wet Chemical
<input type="checkbox"/> Other: _____		



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**Special Hazard Fire
Extinguishing System
Inspection Results**

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- Was the system in service with no impairments? ☐ Yes ☐ No
- Were all control valves open? ☐ Yes ☐ No
- Was the Special Hazard (releasing) Control Panel in normal mode, not in alarm or trouble? ☐ Yes ☐ No
- Were all initiating devices operational? ☐ Yes ☐ No
- Were the primary agent supply and expellant pressures within acceptable range? ☐ Yes ☐ No
- Was the agent tank within hydro test period? ☐ Yes ☐ No
- Were agent hoses within hydro test period? ☐ Yes ☐ No
- Were agent hoses in good condition? ☐ Yes ☐ No
- Were manual release / abort switches unobstructed? ☐ Yes ☐ No
- Were manual release / abort switches in place and operational? ☐ Yes ☐ No
- Were protected areas not compromised (lack of door closers, dampers or HVAC shut-down or auxiliary function failure)? ☐ Yes ☐ No
- Did protected areas have appropriate notification devices (audible / visual)? ☐ Yes ☐ No
- Was secondary power operational? ☐ Yes ☐ No
- Was the special hazard system interconnected to the building's fire alarm system (if present)? ☐ Yes ☐ No
- Other? Explain: _____

**Range Hood Fire
Extinguishing System
Inspection Results**

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- Was the system in service with no impairments? ☐ Yes ☐ No
- Were all appliances protected? ☐ Yes ☐ No
- Were nozzles and piping not blocked and unobstructed? ☐ Yes ☐ No
- Were shut-offs for gas and electric that produce heat operational? ☐ Yes ☐ No
- Were manual releases not blocked and unobstructed? ☐ Yes ☐ No
- Were manual releases in place and in good repair? ☐ Yes ☐ No
- Were agent / expellant gas levels in the appropriate range? ☐ Yes ☐ No
- Was the exhaust system in service? ☐ Yes ☐ No
- Were filters, hood and duct clean? ☐ Yes ☐ No
- Were cylinders within hydro test period? ☐ Yes ☐ No
- Was the system connected to the building's fire alarm system (if provided)? ☐ Yes ☐ No
- Were fire extinguishing systems for new cooking appliances or appliances that were Replaced in the past year in compliance with UL300? ☐ Yes ☐ No
- Other? Explain: _____

Declaration & Signature

By accepting this statement, I, the certified technician shown on this form, certify that this special fire hazard system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building owner/owner's agent for corrective action.

The certification must be presented by the Contractor to the building owner/owner's agent upon completion and shall be maintained on the property and made available for inspection upon request

The Deficiency Form (TP_014_F) shall be submitted to the Department of Licenses and Inspections when deficiencies are not corrected within 45 days.

Signature of Inspector: _____ **Date:** _____

Signature of Building Owner/Owner's Agent: _____ **Date:** _____