



Special Hazard Suppression System Deficiency Report

When deficiencies are not corrected within 45 days of the certification inspection or testing, the Contractor must submit this deficiency report to the Department of Licenses and Inspections.

Property Information	1	Provide the address of the property where the deficiency is being reported.	Address: _____																							
Building Owner/Owner's Agent Information	2	Provide the contact information for the building owner/owner's agent.	Name: _____ Address: _____ Email: _____ Phone: _____																							
Contractor and Inspector Information	3	Provide the names of the Contractor and inspector.	Contractor Name: _____ Inspector Name: _____ Date of Inspection: _____																							
Deficiency Information	4	(A) Provide information on any minor deficiencies. (B) Provide information on any major deficiencies.	<p>(A) Minor Deficiencies Identified: <input type="checkbox"/>None <input type="checkbox"/>Checked Below <input type="checkbox"/>Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> New appliances added – Not UL-300</td> <td><input type="checkbox"/> Not tied into building alarm</td> </tr> <tr> <td><input type="checkbox"/> Hydro test date expired</td> <td><input type="checkbox"/> Manual release obstructed</td> </tr> <tr> <td><input type="checkbox"/> No electric shut-down (no heat source)</td> <td><input type="checkbox"/> Excessive grease, dust or residue in capture devices</td> </tr> <tr> <td><input type="checkbox"/> Fire extinguisher not compatible with hazard or nonexistent</td> <td><input type="checkbox"/> Water flow switch tests not satisfactory</td> </tr> <tr> <td><input type="checkbox"/> Fire suppression system not installed to manufacturer's specifications (Minor)</td> <td><input type="checkbox"/> Heat detection placement</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>(B) Major Deficiencies Identified: <input type="checkbox"/>None <input type="checkbox"/>Checked Below <input type="checkbox"/>Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> System out-of-service / impaired</td> <td><input type="checkbox"/> Pre-discharge alarm not operational</td> </tr> <tr> <td><input type="checkbox"/> Lack or failure of gas or electric shut off (fuel supply)</td> <td><input type="checkbox"/> Heat detection not operational</td> </tr> <tr> <td><input type="checkbox"/> Unprotected appliance</td> <td rowspan="2"><input type="checkbox"/> Pressure gauge shows: <input type="checkbox"/> Over-charge <input type="checkbox"/> Under-charge</td> </tr> <tr> <td><input type="checkbox"/> Obstructed protection</td> </tr> <tr> <td><input type="checkbox"/> Fire suppression system not installed to manufacturer's specifications (Major)</td> <td><input type="checkbox"/> Agent / expellant gas levels out-of-range</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (describe): _____</td> </tr> </table>	<input type="checkbox"/> New appliances added – Not UL-300	<input type="checkbox"/> Not tied into building alarm	<input type="checkbox"/> Hydro test date expired	<input type="checkbox"/> Manual release obstructed	<input type="checkbox"/> No electric shut-down (no heat source)	<input type="checkbox"/> Excessive grease, dust or residue in capture devices	<input type="checkbox"/> Fire extinguisher not compatible with hazard or nonexistent	<input type="checkbox"/> Water flow switch tests not satisfactory	<input type="checkbox"/> Fire suppression system not installed to manufacturer's specifications (Minor)	<input type="checkbox"/> Heat detection placement	<input type="checkbox"/> Other: _____		<input type="checkbox"/> System out-of-service / impaired	<input type="checkbox"/> Pre-discharge alarm not operational	<input type="checkbox"/> Lack or failure of gas or electric shut off (fuel supply)	<input type="checkbox"/> Heat detection not operational	<input type="checkbox"/> Unprotected appliance	<input type="checkbox"/> Pressure gauge shows: <input type="checkbox"/> Over-charge <input type="checkbox"/> Under-charge	<input type="checkbox"/> Obstructed protection	<input type="checkbox"/> Fire suppression system not installed to manufacturer's specifications (Major)	<input type="checkbox"/> Agent / expellant gas levels out-of-range	<input type="checkbox"/> Other (describe): _____	
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Declaration & Signature

The Deficiency Form must be presented by the Contractor to the building owner/agent upon completion. By signing below, I certify that the above Special Fire Hazard Suppression System, tested in accordance with the NFPA standards and the Philadelphia Fire Code, failed the annual inspection. Systems out of service must be reported immediately to the Philadelphia Fire Department at 215-922-6000.

Signature of Inspector: _____

Date: _____

Signature of Building Owner/Owner's Agent: _____

Date: _____