



Renton Regional Fire Authority

Test Date _____

Confidence Test Report Kitchen Fire Suppression System

18002 108th Ave SE, Renton WA 98055
firemarshal@rentonrfa.org / 425-276-9547 (fax)

Test Frequency:

☐ Semi-Annual
☐ Other

Property/Business Information

Testing Company Information

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Facility Representative: _____

Vendor Permit No.: _____

Title: _____

Technician: _____

Signature: _____

Technician License No.: _____

Signature: _____

This is to certify that this kitchen fire suppression system has been properly inspected for reliability to cover the items listed in this report is consistent with NFPA and industry maintenance standards.

Monitoring Agency Name: _____ Not Monitored ☐

Make of System: _____ Model: _____ Cylinder Size: _____ Last Hydro Date: _____

Appliance:	Fryers	Griddles	Range Top	Gas/Electric Broilers	Charcoal Broilers	Woks	Fusible Links
Quantity:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone: _____

Time system put on hold: _____

Account Number: _____

Time system put back on-line: _____

Problems Found:

Corrections Made:

Date Corrected: _____ Corrected by: _____

F/Up needed: _____ F/Up completed: _____ Enter/File: _____

