

Figure: 28 TAC §34.519(c)



**Texas Department of Insurance**

**State Fire Marshal's Office** Mail Code 112-FM  
 333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221  
 512-305-7900 • 512-305-7910 fax • www.tdi.texas.gov

INSTALLING COMPANY \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Company Certificate of Registration Number \_\_\_\_\_

**PROTECTED PROPERTY**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner or Owner's representative instructed on system operation & maintenance:  Yes  No  
 Owners Rep, if applicable: \_\_\_\_\_

**LOCAL AUTHORITY HAVING JURISDICTION**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

**HAZARD ANALYSIS**

Name of area, room, building or hazard protected \_\_\_\_\_  
 Primary Class of Protected Hazard  
 Class A - Wood, paper, etc.  Class D - Combustible metals  
 Class B - Flammable liquids  Explosives  
 Class C - Electrical equipment

**SYSTEM INFORMATION**

System Manufacturer's Name: \_\_\_\_\_  
 Installation Manual: \_\_\_\_\_ UL Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Design type: \_\_\_\_\_ Pre-engineered: \_\_\_\_\_ Engineered: \_\_\_\_\_  
 If Pre-engineered, Model Number \_\_\_\_\_  
 Coverage Type: \_\_\_\_\_ Total Flooding: \_\_\_\_\_ Local App: \_\_\_\_\_  
 System Actuation: \_\_\_\_\_ Automatic: \_\_\_\_\_ Manual: \_\_\_\_\_  
 Air/Fan shutdown on actuation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Design discharge rate or concentration level: \_\_\_\_\_  
 Design discharge time: \_\_\_\_\_ Seconds: \_\_\_\_\_

**AGENT INFORMATION**

Type of agent provided: \_\_\_\_\_  

Qty	Storage cylinder	Manufacturer	Part No.	Amount of agent

**EQUIPMENT INFORMATION**

**Initiating Devices**

Qty	Item	Manufacturer	Part No.	Temperature
	Fusible Links			
	Sprinkler Heads			
	Heat Detectors			
	Smoke Detectors			
	Other Fire Detectors			
	Manual Pull Stations			

**Nozzles**

Part No.	Qty	Part No.

**Interlock**

Item	Manufacturer	Part No.
Fan or A/C Shutdown		
Gas line Shut-off		
Electric Shut-off		

Use the back of the form, or additional paper, to sketch the piping configuration and device location.

**Kitchen Hoods & Appliance System**

Overall Hood \_\_\_\_\_ ft x \_\_\_\_\_ ft x \_\_\_\_\_ ft  
 Plenum \_\_\_\_\_ ft x \_\_\_\_\_ ft  
 Exhaust duct perimeter \_\_\_\_\_ in

Qty	Appliances Protected	Gas or Eject	Length	Width
	Deep Fat Fryer			
	Range			
	Griddle			
	Char Broiler			
	Radiant Broiler			
	Upright Broiler			

**Other Type Hazards**

Is hazard normally occupied?  Yes  No  N/A

Size of Hazard

Total Volume \_\_\_\_\_ cuft  
 or Total Area \_\_\_\_\_ sqft

Height	Length	Width
approx. _____ ft	_____ ft	_____ ft
approx. _____ ft	_____ ft	_____ ft
approx. _____ ft	_____ ft	_____ ft

Area sealed to prevent agent loss?  Yes  No  N/A

Number of room air changes per minute? \_\_\_\_\_ /min.  N/A

Warning & instruction signs posted?  Yes  No  N/A

This system was installed in accordance with the following codes:

NFPA	_____	Year	_____
NFPA	_____	Year	_____
_____	_____	Year	_____
_____	_____	Year	_____

I certify that this fixed fire extinguishing system has been tested and complies with the requirements of Chapter 6001 of the Texas Insurance Code, as amended, and the fire extinguisher rules and adopted NFPA Standards.

Signature of Licensee & License Number \_\_\_\_\_  
 Planning Superintendent & License Number \_\_\_\_\_  
 Completion Date \_\_\_\_\_

**Reproduce Form & Distribute**

Original to Protected Premise  
 Copy 1 to Authority having Jurisdiction  
 Copy 2 Certifying Firm for \_\_\_\_\_  
 access by SFMO

Form# FML 010 October 2012  
 SF205 Rev. 10/12