



**Gwinnett County Department
Of Fire And Emergency Services
Fire Marshal's Office**

446 West Crogan Street, Ste. 100, Lawrenceville, GA 30045-2475
Inspection Request: (678) 518-6277, Office: (678) 518-6100, Fax: (678)518-6101
www.gwinnettfiremarshal.com

***** Hood & Suppression Report *****

Name: _____

File #: _____

Address: _____

City/Zip: _____

Type of System: _____

Type of Occupancy: _____

Ducts

1. Proper clearances (18"- combustible const.; 3" - Limited const; 0 - noncombustible const)
2. Duct is made of 16-gauge steel or 18-gauge stainless steel or better.....
3. Ducts have liquid tight, continuous, exterior welding.....
4. Clean-out panels provided at change of directions.....
5. Ducts do not pass through firewalls.....
6. Ducts lead directly to the exterior of the building.....
7. Ducts are not interconnected with any other building ventilation systems.....
8. Light Test.....

Yes	NO	N/A

Hoods

9. Proper clearances (18"-combustibleconst.; 3"-limited const; 0-noncombustible const)
10. Are ducts enclosed with a 0 clearance wrap.....
11. Hoods is made of 18-gauge steel or 20-gauge stainless steel or better.....
12. Max. 7 ft. above floor, min.6" wider than cooking surface, and min. 2 ft. deep top to bottom
13. Filters are installed at a 45-degree angle or greater.....
14. Filters have a drip tray beneath the lower edge of the filters.....
15. Exhaust outlet is 10-ft (min.) doors. Windows or property lines.....

YES	NO	N/A

Suppression Systems

16. Instructions for manual operation are posted.....
17. Fire Alarm system monitors hood system.....
18. Manual pull station is provided in the path of egress.....
19. The fusible links and, or sprinkler heads are properly placed.....
20. Automatic shut-off for electricity and fuel is below ceiling level.....
21. Hand held Fire Extinguisher is a "K" type.....
22. Cylinder is marked with UL 300 stamp.....
23. Balloon Test.....
24. Hood make-up Air shut down.....

Yes	NO	N/A

Duct Approval:

Inspector: _____

Date: _____

Hood Approval:

Inspector: _____

Date: _____

Suppression System Approval:

Inspector: _____

Date: _____