



FIXED WET CHEMICAL EXTINGUISHING SYSTEM INSPECTION & TESTING

Date	Application No.
Project / Establishment Name	
Building Permit No. / Commercial Register No.	PIN *

Building No	رقم المبني		
Area	منطقة	Street	شارع
Unit No	رقم الوحدة		

Checklist	Inspected & Tested
	Passed
Installation/maintenance is as per approved QCDD drawing and manufacturer's recommendation	
Appropriate fusible link is installed	
Discharge nozzles and cartridge are installed as per manufacturer's recommendation	
Manual release and fusible link are properly working	
Exhaust fan remains ON after activation	
Make-up air shuts OFF upon activation	

Testing

Item No.	Area Served	Floor Level Location	Equipment Protected	Type of Agent	Capacity of Cylinder	Interfacing		FACP
						Cooking Equipment		
						Electric	Gas	
01								
02								
03								
04								
05								
06								
07								

Testing

Item No.	Area Served	Floor Level Location	Equipment Protected	Type of Agent	Capacity of Cylinder	Interfacing		
						Cooking Equipment		FACP
						Electric	Gas	
08								
09								
10								
11								
12								
13								
14								
15								

Declaration and Acknowledgement

1. We hereby declare that the information filled-up on this form is true and correct and that all system and equipment are installed/operational in accordance with approved QCDD drawings, NFPA, QCDD codes & standards, and Maintenance Manual and/or manufacturer recommendation.

2. The building is ready for QCDD inspection/assessment and successfully completed all necessary Inspection, Testing and Maintenance Work in accordance with NFPA, QCDD codes & standards.

QCDD Approved Engineer
(Printed Name with Signature, Stamp & Date)

ID No. & Mobile No.

Facility Manager / Owner's Representative / Consultant *
(Printed Name with Signature, Stamp & Date)

UPDA No.* / ID No. & Mobile No.

Note: *Required/mandatory for Building Completion