



Utah State Fire Marshal's Office

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Sandy, Utah 84070
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KITCHEN AUTOMATIC FIRE SUPPRESSION SYSTEM PLAN REVIEW - SUBMITTAL FORM

PROJECT DISCRIPTION: _____

LOCATION: _____

PARENT ORGANIZATION/COMPLEX: _____

DESIGN FIRM: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

Expected Completion Date: _____ Expected 70% Completion Date: _____

Description of Occupancy: _____ Occupancy Type (IBC): _____

Kitchen Layout: _____ (Exiting, Exit Lighting, ABC & K Extinguisher & Pull Station locations)

Type of Kitchen: _____ Patrons Serving: _____

Number of Stories: _____ Height of Structure: _____ Kitchen SqFt _____

Type of Hood: _____ Hood Length: _____ Height: _____ Width: _____

System Manufacturer: _____ Type of AFSS: _____

Number of Tanks: _____ Tank size: _____ Agent: _____

Flow Points Supported by the System: _____ Water Supply: _____

Isometric view and description of nozzles with location: _____ Type of Appliances Protected: _____

Maximum length, size and arrangement of connection piping – May be combined with Isometric view:

Identify associated equipment, fire dampers, fixed or adjustable baffles with water wash systems, ultra-violet protections or any other anomaly that might be connected with this system.

Turn page over.

The following items **must** be submitted with the drawings, **or the drawings will not be accepted for review.**

Check the appropriate box which indicates the items that are enclosed:

- | | |
|--|---|
| <input type="checkbox"/> System specifications/data | <input type="checkbox"/> Fusible link type, temperature and hanger detail |
| <input type="checkbox"/> Nozzle Coverage Summary | <input type="checkbox"/> Cable-conduit, pulley elbows and connectors |
| <input type="checkbox"/> Duct & Plenum protection detail | <input type="checkbox"/> Pipe size, fitting, tubing, hose and hanger detail |
| <input type="checkbox"/> Mechanical sealing detail | <input type="checkbox"/> Appliance summary |
| <input type="checkbox"/> Extinguishing agent data sheet | <input type="checkbox"/> Detector data |
| <input type="checkbox"/> Associated equipment specifications | <input type="checkbox"/> Associated sprinkler and/or water systems |

Utah State Fire Marshal License: _____ Certificates of Registration: _____ Expiration dates.

SIGNATURE _____ DATE _____



OFFICIAL USE ONLY

Plan No. _____ Date Rec'd _____ Time Rec'd _____ Rec'd by _____

Attach completed form to the plan submittal packet.