

<b>Carbon Dioxide System Acceptance Test Report</b>	
<b>PROCEDURE</b> Upon completion of work, an inspection and test shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and the system left in service before contractor's personnel leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.	
Property name:	Date:
Property address:	
<b>Plans</b>	Accepted by approving authorities (names):
	Address:
	Installation conforms to accepted plans. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Equipment used is approved. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If no, explain deviations:
<b>Instructions</b>	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Have copies of appropriate instructions and care and maintenance charts been left on premises? If no, explain: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>Location</b>	Building or area protected Explain:
<b>CO<sub>2</sub> equipment</b>	Carbon dioxide appropriate use? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Normally occupied enclosures? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Assumed enclosure:
	System type: <span style="float: right;"> <input type="checkbox"/> High pressure <input type="checkbox"/> Low pressure  <input type="checkbox"/> Local app. <input type="checkbox"/> Total flooding  <input type="checkbox"/> Engineered <input type="checkbox"/> Pre-engineered                 </span>
	Piping, equipment, and discharge nozzles proper size and location? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Location of alarms and manual emergency releases acceptable? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Current hazard configuration comparable to original configuration? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Enclosure of hazard sealed properly? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> All installed equipment listed for use? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Pipe types and class: Pipe conforms to <span style="margin-left: 100px;">Standard</span> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Fittings conform to <span style="margin-left: 100px;">Standard</span> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If no, explain:
	Full operational test for single or multiple hazards: Operational test of devices, including detection and actuation devices? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Local application: Design quantity CO <sub>2</sub> through piping system effectively covers hazard for full time required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Total flooding: Design quantity CO <sub>2</sub> through piping system effectively covers hazard for full time required and concentration level is achieved and maintained? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Hand hose lines: Verification of liquid flow from each nozzle with adequate pattern of coverage per design. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	<b>Signatures</b>
Notes:	
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▲ FIGURE A.4.4.3.1 Sample Acceptance Test Report.