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Special Bulletin – Automatic Extinguishing System Servicers

April 25, 2008

One of the key pieces of information that the Idaho Surveying & Rating Bureau, Inc. (Bureau) and the insurance companies we serve need in order to best meet the needs of the citizens of Idaho that own and operate facilities with Automatic Fire Extinguishing Systems (AFES) is whether or not the system is UL 300 compliant.

As you know the UL 300 AFES system must be installed to very exacting specifications that are different for each and every model even models by the same manufacture. Simply moving an appliance can make an otherwise compliant system no longer UL 300 compliant.

The Bureau must rely on the information that you provide in the semi-annual service reports to determine if an installed AFES will either receive or continue to receive the very substantial property insurance pricing credits available for the system. However, the Bureau does make common sense evaluations of whether a system is in fact UL 300 compliant.

The Bureau needs your help to better serve your customers, who are also customers of the Bureau. Currently we receive reports in about nineteen (19) different formats. Most of these formats do not have language that is helpful to the Bureau and to your customers in determining if the AFES system is currently in compliance with the manufacturer's UL 300 installation instructions.

Specifically what we are looking for is a response to:

1. Originally installed as a UL 300 compliant system? Yes or No
2. Is the system as currently configured a UL 300 compliant system? Yes or No
Usually some explanation of why it is not is appropriate if No is check for the second question.

Attached is an example of an AFES Report that you can use, copy, reprint to help you make the transition to provide this very important piece of information.

AUTOMATIC FIRE SUPPRESSION SYSTEM SERVICE REPORT

Servicing Company: _____ _____ _____ Phone: _____ Fax: _____ Service Technician: _____			Date of Service: _____		Time of Service: _____		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
			Number of suppression systems at this Location: _____						Were All systems Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			This report covers: _____							
Customer Information ISRB # _____ Name: _____ Address: _____ City: _____ Phone: _____ Customer Contact Name: _____ Contact Title: _____			Manufacturer _____		Model No _____		<input type="checkbox"/> Wet <input type="checkbox"/> Dry		Originally Installed as a UL 300 System? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
			Cylinder Size Master _____		Other Cylinders _____		Due Hydro Test: _____		Due 6 yr. Maintenance: _____	
			Master Cartridge		Auxiliary Cartridge(s)		Due Hydro Test: _____		Ansul Seal Cartridge(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A.	
			Year: _____ Weight: _____		Location of Gas Valve: _____		<input type="checkbox"/> Mechanical		Gas Valve Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Location of Gas Valve: _____				<input type="checkbox"/> Electrical		Electrical Disconnects Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Fuse Link Type & No. 360 450 500		Other Fuse Link _____		Links Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No		Regulator test due: _____	
Hood & Duct / Nozzle(s) / Filter Size(s)			Manual Pull Operable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Automatic Detection Operable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Nozzles clean/replaced per mfg. specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hood #1 _____	Duct(s) _____	Filter(s) No-Size-Type _____	Sprinklers present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last done by: _____		Properly located and secured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hood #2 _____	Duct(s) _____	Filter(s) No-Size-Type _____	Is this system as currently configured UL 300 certifiable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact: _____		Fire Alarm Connection? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLIANCE INFORMATION: RIGHT TO LEFT WITH SIZES AND NOZZLE TYPES										
1. _____		2. _____		3. _____		4. _____				
_____		_____		_____		_____				
5. _____		6. _____		7. _____		8. _____				
_____		_____		_____		_____				
1. Are all external hood penetrations sealed with listed or classified device? <input type="checkbox"/> Yes <input type="checkbox"/> No.				7. Excessive grease buildup? <input type="checkbox"/> Yes <input type="checkbox"/> No.						
2. Are exhaust fans functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No				8. Are additional electrical, gas or alarm contacts required? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. Is vegetable oil used? <input type="checkbox"/> Yes <input type="checkbox"/> No				9. Are additional detectors required to assure reliable detection per manufacturers specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number required _____						
4. Fuel shutoffs in on position after service? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Because of the non-conformity or condition of this fire suppression system it may fail to operate as designed and must be replaced. Why: _____						
5. Fuel shutoffs operational? <input type="checkbox"/> Yes <input type="checkbox"/> No										
6. "K" Class Fire Extinguisher? <input type="checkbox"/> Yes <input type="checkbox"/> No										
COMMENTS: _____										

On this date the above system was tested and inspected in accordance with currently adopted standards and procedures and the manufacturer's UL listed manual.

On this date I have been informed of any deficiencies of the above system. I have been instructed on and understand the operation of this system.

Service Technician

Date

Customers Authorized Agent

Date