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Fire Sprinkler Plan Submittal Form

Crystal Lake Fire Rescue Department

100 W Woodstock St. Phone: (815) 356-3640 Crystal Lake, IL 60014 (815) 477-2568 Fax: E-Mail: fpb@crystallake.org In order to perform a thorough Fire Sprinkler System Plan Review, four (4) copies of the following specifications, drawings and details shall be submitted along with a completed City of Crystal Lake permit application.

Su	ibmit detailed shop drawings which shall:
	Be drawn to scale.
	Include the business name and address.
	Include the sprinkler company name and address.
	Show underground main and feeder details.
	Location of tap into main.
	Location of flow test hydrants.
	Indicate flow and gauged hydrants.
	Indicate all pipe sizes, spacing between branch lines and sprinkler locations.
	Identify the make, model, temperature, and number of each head used in the
	design.
	, ,
	Show the riser detail.
	Show the location, size and construction of concealed spaces.
	Provide full height cross section including ceiling construction detail.
	Identify the location of monitoring equipment for water flow, supervisory and
	trouble conditions.
	Design details in accordance with the applicable referenced standard (NFPA 13,
	13R, 13D) as referenced by the 2006 International Fire Code as amended by the
	City of Crystal Lake.
Pr	ovide manufacturer's catalog cut sheets on all installed materials and

2) equipment:

- ☐ All applicable item(s) shall be highlighted.
- □ Verify all materials used are installed in accordance with their listing and manufacturer's recommendations.
- 3) Provide results of a current flow test (dated within 12 months) indicating the location and date of the test with the names of the company or personnel conducting the test. Contact the City of Crystal Lake Public Works Department at (815) 356-3614 to schedule the flow test.
- 4) Available water shall exceed the system demand by a minimum of 5 psi.
- 5) Design calculations, sprinkler summary sheet and water supply graphs indicating the discharge requirements of each system.
- 6) Provide 3 different hydraulic calculations to determine the most hydraulically demanding area.

- 7) Each build out in a multi-tenant building shall require a separate permit and submittal for changes to the sprinkler system including a letter of authorization to alter the system from the property owner.
- 8) Description and locations of all rooms and uses in the building, along with occupancy, commodity classification, and storage arrangements that include storage height shall be shown on the plan.
- 9) A reduced pressure zone (RPZ) backflow prevention assembly is required.

This form must be included with the sprinkler submittal with all information completed.

Company Name Company phone number

Contact name and signature Contact phone number



Standpipe Plan Review Submittals

Crystal Lake Fire Rescue Department

100 W Woodstock St. Phone (815) 356-3640 Crystal Lake, IL 60014 Fax: (815) 477-2568 E-Mail: fpb@crystallake.org In order to perform a thorough Fire Standpipe System Plan Review, four (4) copies of the following specifications, drawings and details shall be submitted along with a completed City of Crystal Lake permit application. 1) Standpipe systems not combined with automatic sprinkler systems must obtain a separate permit as required by the 2006 IBC, 2006 IFC Section 905 and Crystal Lake Ordinances. 2) Submit detailed shop drawings which shall: □ Be drawn to scale. ☐ Include the business name and address. □ Include the sprinkler company name and address. □ Include a standpipe hose connection on the roof or in the stairway with access to the roof, when the roof slope is 33.3% or less. ☐ Include an additional hose connection at the highest hydraulically remote standpipe for testing purposes. □ Show building locations, hose connections, supervised control valves, and cabinets if used. □ Show all hose thread connections which must be compatible with the Crystal Fire Department hose. 2) Design calculations and water supply graphs indicating the discharge requirements ☐ Minimum of 500 gpm for the most remote standpipe. □ 250 gpm for each additional standpipe total not to exceed 1250 gpm or 1000 gpm for combination standpipe/sprinkler systems. 3) Provide manufacturer's catalog cut sheets on all installed materials and equipment ☐ All applicable item(s) shall be highlighted. □ Verify all materials used are installed in accordance with their listing and manufacturers recommendations. 4) Standpipe systems are allowed to be combined with automatic sprinkler systems with the exception of all warehouse storage areas exceeding 30,000

5) The City of Crystal Lake does not require or permit pressure reducing valves

sq ft with rack storage greater than 12 feet.

on the hose connections.

- 6) Dry standpipes shall not be installed. Exception: where subject to freezing and in accordance with NFPA 14.
- 7) Pressure requirements for type I and III standpipes shall be 100 psi to the most remote 2 ½ inch fire hose valve.

Any submittal requirements not specifically addressed above must be in full compliance with the 2006 IBC, 2006 IFC, NFPA 14, and City of Crystal Lake Ordinances.

This form must be included with the submittal with all information completed.

Company Name

Company Phone Number

Contact Name

Contact Phone Number



Fire Pump Plan Submittal Requirements

Phone

(815) 356-3640

Crystal Lake Fire Rescue Department

Crys	stal Lake, IL 60014	Fax: E-Mail:	fpb@crystallake.org
spe	rder to perform a thorough Fire Pump Plan Revicifications, drawings and details shall be submistal Lake permit application.	, ,	
	Bubmit detailed shop drawings which shall: Be drawn to scale. Include the business name and address. Include sprinkler company name and address: Show fire pump location within the building. Identify the pump mounting. Identify the pump driver. Identify the pump controller. Show piping detail and all control valves. Location of the jockey pump. Location of all installed devices. Location of underground main and feeder det Location of tap into main. Location of flow test hydrants. Indicate flow and gauged hydrants.		
, [Provide electric plans for: ☐ The pump. ☐ The controller. ☐ The jockey pump. ☐ Other installed electric device for approval an	d permit.	
Í	Provide results of a current flow test (dated wo ocation and date of the test and the names of conducting the test. Contact the City of Crystat (815) 356-3614 to schedule the flow test.	f the company	or personnel
, (Provide manufacturer's catalog cut sheets on equipment: All applicable item(s) shall be highlighted. Verify all materials used are installed in accormanufacturers recommendations.		

5) If fire pump is connected to the City water supply, the fire pump suction pressure shall be greater than 25 psi at 150% of the fire pump rating.

6)		diesel driven fire pumps, detailed plans shall be submitted for approval on engine and for the fuel supply system. Detailed plans of exhaust and ventilation must also be submitted to the Building Department for approval. Supply documentation verifying the engine is listed for fire pump use.
7)		e pump test headers shall be piped on the exterior of the building. Interior theaders are not permitted.
8)	red rat sp	e fire pump shall be located in a dedicated fire protection system room and uires an exterior door for Fire Department access. The room shall be 2 houred with the exception if the building is fully protected with an automatic inkler system in compliance with NFPA 13 the room rating may be reduced I hour.
СО	mp	ubmittal requirements not specifically addressed above must be in full iance with the 2006 IFC, NFPA 20, NFPA 25, NFPA 13, and City of Crystal Ordinances.
Th	is f	orm must be included with the submittal with all information completed.
Co	mp	any Name Company Phone Number

Contact Phone Number

Contact Name



Fire Alarm Plan Submittal Form

Phone:

(815) 356-3640

Crys	stal Lake, IL 60014	Fax: E-Mail:	(815) 477-2568 fpb@crystallake.org
follo City	rder to perform a thorough Fire Alarm Syste wing specifications, drawings and details s of Crystal Lake permit application. Include mittal.	hall be sub	mitted along with a completed
	for each wire run. Include a riser diagram for the system, if Include overall dimensions of the buildin arrangements for special applications. Provide a point address for each initiatin Identify all rooms or areas.	ddress. licating the applicable g on each the details permodules. or each strong the applicable gone and the applicable gone ach strong the ach strong ddress.	floor, rooms, uses and storage er IMC 2006.
(Monitoring shall be accomplished by Cry CLWAN) to the Crystal Lake Fire Rescue Contact the Fire Prevention Bureau for n	e Departmo	ent's dispatch center.
•	Provide manufacturer's catalog cut shee equipment. All applicable item(s) shall be highlighted verify all materials used are installed in manufacturer's recommendations.	d.	
4) F	 Provide the following calculations: Provide battery calculations and indicate installed. Provide voltage drop calculations for each provide installed. 	·	J

5) W	iscellaneous required documentation:	
	Alarm Company must submit documentation which differ from the approved documents. It Contractor receive approval prior to making f	is required that the Alarm
	Plans that are submitted for fire alarm alterat out require a letter from the property owner in system.	
	Submit a copy of State license.	
This	form must be included in the submittal with	all information completed.
Com	pany Name	Company phone number
Cont	act Name and signature	Contact phone number



Kitchen Hood Wet Chemical Submittal

	0 W Woodstock St. estal Lake, IL 60014	Phone Fax: E-Mail:	(815) 356-3640 (815) 477-2568 fpb@crystallake.org	
of t	In order to perform a thorough Kitchen Hood Wet Chemical Plan Review, four (4) copies of the following specifications, drawings and details shall be submitted along with a completed City of Crystal Lake permit application.			
·	Submit detailed shop drawings which shall: Be drawn to scale. Include the business name and address. Include the submitting company's name and a Show the view of the kitchen, hood, tank, and closer than 10 feet and farther than 20 feet). Show the view of the appliance locations, diminate light, a light than the type of nozzles, mounting height, a Show the tank size and flow point count.	remote pull seensions and t	ypes.	
•	2) Provide manufacturer's catalog cut sheets on all installed materials and equipment:			
	 All applicable item(s) shall be highlighted. Verify all materials are installed in accordance manufacturer's recommendation. 	with their listi	ing and	
,	3) The kitchen hood mechanicals will be reviewed by the Crystal Lake Building Department. Contact the Crystal Lake Building Department at (815) 356-3605 for mechanical submittal requirements.			
	y submittal requirements not specifically ac npliance with NFPA 17A, NFPA 96, and City of			
Thi	s form must be included with the submittal wi	th all informa	ation completed.	
Coı	mpany Name	Com	pany Phone Number	
Coi	Contact Name Contact Phone Number			



Contact name and signature

Clean Agent System Plan Submittal

Phone

(815) 356-3640

Contact phone number

Crystal Lake Fire Rescue Department

Crystal Lake, IL 60014 Fax: (815) 477-2568 fpb@crystallake.org E-Mail: In order to perform a thorough Clean Agent System Plan Review, four (4) copies of the following specifications, drawings and details shall be submitted along with a completed City of Crystal Lake permit application. 1) Submit detailed shop drawings which shall: □ Be drawn to scale. □ Include the business name and address. □ Include the submitting company's name and address. □ Show room construction details. □ Show ceiling heights. □ Show dimensions of the hazard area. □ Identify the locations of all equipment to be installed. ☐ Identify the operation of HVAC shut down. ☐ Show the fire damper control and operation. □ Show the door closer operation. ☐ Show the electrical equipment shut down. ☐ Show the key plan for the area of the work in the building. ☐ Identify the audio/visual alarm devices provided for pre-discharge and system discharge. □ Provide location and examples of all required signs. 2) Additional requirements ☐ Flow calculations shall be submitted. Pre-engineered systems do not require flow calculations when installed within their listing limitations. □ Concentration hold time shall be no less than 6 minutes. □ Obtain a fire alarm permit (see Fire Alarm Plan Submittal). □ Provide information on the type of hazard being protected. □ Provide catalog cut sheets on all the equipment to be used. □ Reduced detection spacing is required in high air movement rooms and below floor areas such as computer rooms. ☐ A time delay of 20–30 seconds shall be permitted provided there is no increase to threat of life. 3) A manual means of operation is required ☐ A manual pull station shall be located at the exit door to a maximum of 4 feet in height. □ Additional pull station shall be located at the storage containers if located in a different room. This form must be included in the submittal with all information completed. **Company Name** Company phone number



Final Occupancy Check List

Phone

(815) 356-3640

Crystal Lake Fire Rescue Department

(815) 477-2568 Crystal Lake, IL 60014 Fax: E-Mail: fpb@crystallake.org The following inspections and/or tests are required for final occupancy approval. Contact the City of Crystal Lake Building Department at (815) 356-3605 to schedule inspection/testing. Please provide up to 48 hours notice to schedule inspections/testing. Actual test date is subject to availability. 1) Fire Protection: □ All required fire protection systems **must** be completed, tested, approved, and permit closed. □ Verify fire extinguishers have been properly located, secured and with proper certification tags. Travel distance shall not exceed 75 feet in ordinary occupancies and 30 feet if flammable liquids are used or stored. ☐ All occupancies with boilers that are required to be certified must have Illinois Office of State Fire Marshal inspection document in place. □ Verify fire alarm devices, sprinkler heads, or fire extinguishers have not been blocked by furniture, décor, fixtures, etc. 2) Exiting: □ Verify all exit pathways have been maintained per plan. □ Verify all installed door hardware is passage type locksets not requiring a key or special knowledge for egress. □ Verify that exit discharge pathways are completed and not blocked by items such as dumpster, fencing, debris, etc. □ Verify all fire doors are self closing and positive latching. 3) Emergency Lighting: ☐ Emergency lighting is properly located to provide proper lighting for exit discharge. ☐ Circuit breaker is locked when required. □ Verify emergency lights have not been blocked by furniture, décor, fixtures, etc. 4) Required signage: ☐ Exit signs are located properly to direct occupants to exit discharge. ☐ Exit signs function on AC power. ☐ Exit signs battery power. ☐ Exit signs have not been blocked by furniture, décor, fixtures, etc. □ Verify occupant load signs have been posted at the entrance doors of rooms used for assembly and for occupancies used for assembly. ☐ Address must be posted a minimum of 4 inches in size with contrasting colors and be clearly visible from the street. ☐ Multi-tenant buildings require each unit to post unit designation (alpha or

numeric) at all exterior doors.

		All interior room doors shall have proper signs indicating special use such as electric room, mechanical room, utility room, restroom, etc.
		All closets used to store medical gas must have door marked "Medical Gas" and post appropriate NFPA 704 placard.
		Occupancies such as auto shops which have rooms storing bulk flammable or combustible liquids must have proper NFPA 704 placard on door and on tanks.
		All evacuation plan signs must be posted in occupancies required by code.
		All stairways require signs in place indicating floor and stairway designation.
		Buildings with stairs serving 5 or more floors must comply with the State of Illinois
		stairway sign codes.
		All areas of refuge must be properly posted and shall have required lighted sign
		in place. The sign shall function for AC power and battery power.
		All areas or refuge two way communications will be verified for function.
5)	Mi	scellaneous:
•,		Knox Box is properly secured in the proper location.
		All applicable keys are provided for the Knox Box.
		Verify the Fire Department connection and the fire hydrants are clear from all
		debris and can be accessed.
		Emergency contact form is completed.

Any items not specifically addressed above shall be in full compliance with the 2006 IBC, 2006 IFC, and all City of Crystal Lake Ordinances.



Fire Sprinkler Inspection Requirements

100 W Woodstock St. Crystal Lake, IL 60014			Phone Fax: E-Mail:	(815) 356-3640 (815) 477-2568 fpb@crystallake.org
Co	nta pec	ollowing inspections and/or tests are required for the City of Crystal Lake Building Department ction/testing. Please provide up to 48 hours not I test date is subject to availability.	t at (815) 356	-3605 to schedule
1)	 Water Main Flush □ Contact the City of Crystal Lake Building and Public Works Departments to schedule water main flush. Sprinkler equipment is not permitted to be connected prior to the flush. 			
2)	 Above Ceiling Inspection □ The entire ceiling must be open. □ Inspection of piping and hangers for proper installation. □ Verification of proper coverage and obstructions. □ Verification that the system is installed as approved plans. 			
3)	Hy	The entire ceiling must be open. Hydrostatic testing must be witnessed at 200 paystems. Pressure drain down must be witnessed at the	psi for 2 hour	s on all sprinkler
4)		y system testing In addition to the hydrostatic test a 24 hour air witnessed including pre-action systems. A full trip test is required to be witnessed and conducted using the most remote inspector's to the completion of the air test certification paperest.	timed. The tir	ning shall be
5)		Dw test. Main drain test must be witnessed and all the All flow switches must be tested for time retard	•	
6)	Fir	All risers must have hydraulic design calculation. Backflow certification report is attached to the Sign in place for inspector test valves. Sign in place for drain(s). Sign in place for control valves.	•	•

		protect and must correspond with the fire alarm description. All as built plans have been submitted and approved by the Fire Prevention Bureau. The completion of the hydrostatic test certification papers is required at the end of the test.
7)	by	abinet shall be mounted in the riser room and be no less than 14 inches high $\sqrt{14}$ inches wide by 4 $\frac{1}{2}$ inches deep. The following information shall be ovided in the cabinet. A copy of the plans.

Any testing or inspections required not specifically addressed above must be in full compliance with NFPA 13, NFPA 25, 2006 IFC, and the City of Crystal Lake Ordinances.



Standpipe Inspection Requirements

Crystal Lake Fire Rescue Department

100 W Woodstock St. Crystal Lake, IL 60014		Phone Fax: E-Mail:	(815) 356-3640 (815) 477-2568 fpb@crystallake.org
Conta inspe	ollowing inspections and/or tests are required act the City of Crystal Lake Building Department ction/testing. Please provide up to 48 hours not lest date is subject to availability.	nt at (815) 35	66-3605 to schedule
1) Hy	All installed standpipe piping and devices muconcealed to verify proper piping, hangers, a compliance with the codes and per approved A hydrostatic test must be complete no less twitnessed by the Fire Prevention Bureau. An air test will be required in compliance with All certification papers shall be provided and testing.	nd devices h I plans. than 2 hours n NFPA 14 a	ave been installed in at 200 psi and NFPA 25.
2) Fi	For non-combination standpipe system the fire a 5 inch Storz hose connection with a 30 deginches in height above ground. The connection Access to the fire department shall be easily. The ball drip valve is located between the fire check valve in the lowest point of the piping. Each installed standpipe shall be flushed and remote outlets to assure 500 gpm at 100 psi. Any alterations from the original approved plassibilities for review and approval. For final approval a complete set of shop dracatalog cut sheets shall be provided for the breather than the cabinet 14" high by 14" wide by 4 ½ inches in	gree elbow lo on sign shall accessible a e department d a flow test of is available. ans require a wings, hydra building and lo	cated a maximum of 42 read as "Standpipe". Indivisible. It connection and the conducted at the most as built plans to be sulic calculations, and ocated in a mounted

Any inspections or testing not specifically addressed above must be in full compliance with the 2006 IBC, 2006 IFC, NFPA 14, NFPA 25, and City of Crystal Lake Ordinances.



Fire Pump Test Requirements

		V Woodstock St. al Lake, IL 60014	Phone Fax: E-Mail:	(815) 356-3640 (815) 477-2568 fpb@crystallake.org
Co ins	nta ped	ollowing inspections and/or tests are require act the City of Crystal Lake Building Departr ction/testing. Please provide up to 48 hours I test date is subject to availability.	ment at (815) 350	6-3605 to schedule
1)	Wa	ater supply The fire pump piping shall be hydrostatica Verify adequate water supply with the fire of the pump shall not drop below 25 psi. The fire pump shall be capable of pumping The fire pump test shall be witnessed by the manufacturer's pump test curve shall be of	pump running at g 150% of the ra he Fire Departm	ted capacity. ent and the
2)		Ten (10) automatic and ten (10) manual strequired. The pump shall be in operation required. The pump shall be in operation rethe foregoing tests. The items required to be documented at the water flow, volts and amps of motors, specifies pure settings. All control valves shall be tested for alarm. The fire pump shall not be timed out for all.	no less than 1 hone test are net posed (RPM), and journs	our total time during all ump pressures, rate of ockey pump / fire pump
3)		ectric Driven Pumps Verify under electric motor starting condition not drop more than 15% below normal and drop at the motor terminal shall not exceed the alarms shall be tested for water flow, loss of line power.	d at 115% of the d 5%.	full load the voltage
4)		Verify on engine driven fire pumps the governed plus or minus between shut off and maximal Verify engine shut down device is set at near speed and the manual reset functions. Verify tachometer, oil pressure gauge, and Verify the two battery storage units have pable to maintain engine cranking speed the Verify the proper size fuel tank is installed and NFPA 704 placard is clearly visible.	num load condition of greater than 20 decided temperature gas ositive terminal rough a 6 minute	ons of pump. O% of the engine rated auge are functioning. protection and each is e cycle.

5)	Fir	e Pump Emergency Power Verify in high rise buildings the emergency generator standby power to the fire pump transfers within 60 seconds of normal power failure.
6)	Fir	nal Approval If alterations occurred from the approved plans, as built plans must be submitted
		for review and approval prior to any testing or inspection. A copy of the manufacturer's pump test curve, the acceptance test documentation, manufacturers catalog cut sheets, and stamped approved plans

Any inspections or testing not specifically addressed above must be in full compliance with the 2006 IBC, 2006 IFC, NFPA 20, NFPA 25, and City of Crystal Lake Ordinances.

by 14 inches wide by 4 ½ inches deep located in the pump room.

shall be provided and stored in a mounted cabinet a minimum of 14inches height



Fire Alarm Inspection / Testing Requirements

Crystal Lake Fire Rescue Department

 100 W Woodstock St.
 Phone: (815) 356-3640

 Crystal Lake, IL 60014
 Fax: (815) 477-2568

 E-Mail: fpb@crystallake.org

The following inspections or tests are required for final installation approval. Contact the City of Crystal Lake Building Department at (815) 356-3605 to schedule your inspection or testing. Please provide up to 48 hours notice to schedule inspections and testing. Actual test date is subject to availability.

1.		Proper wire size and type are used for the application. In plenum ceilings only plenum rated wiring and wire ties are installed. Wiring is supported to structural members with proper hangers. No splices in the wiring. Wiring in conduit where required. All junction box covers must be red in color. Wiring protected by sleeves when going through walls.
2.	Requ	irements prior to scheduling a final acceptance test. Any installations variations to the initial approved plans require as built plans to be submitted for review and approval. The fire alarm system must be pre-tested in compliance with NFPA 72.
2		·
3.		synchronization, and an audible signal of temporal three (NFPA 72 National Emergency Evacuation Signal). Fire alarm control and NAC booster panels shall be grounded per the manufacturer recommendations.
		Verify proper battery sizes have been installed and are marked with installation dated for all applicable panels. Fire alarm position number and monitoring agency information shall be indicated on the main fire alarm control panel.

Verify the fire alarm system is on a dedicated circuit, properly identified in the
electric panel, and a breaker lock is installed.
Duct detectors shall be programmed as Supervisory alarms, not Full Fire
alarms
Duct detector and test modules will be tested for function and shut down of
only the HVAC unit it services.
Duct detector test modules must be key type and mounted no higher than 5
feet from finished floor.
Duct detector test modules and HVAC units must be marked/label to match
the description of the fire alarm control panel.
Annunciator panels shall be tested for 100% function.
Full function test of all monitoring signals (supervisory, trouble, and fire
override) to be verified with monitoring agency.
Testing of fire sprinkler flow and tamper/supervisory switches. Flow switches
to be set at approximately 45 seconds retard.
Notification devices shall be tested on battery power for proper function.
Provide 2 sets of every type of key used in the system.
Provide a set of final approved shop drawings, spec sheets of installed
devices, and battery/voltage calculations which are to be kept in a
permanently mounted cabinet next to the main fire alarm control panel. City
ordinance requires the cabinet to be no less than 14 inches high, 14 inches
wide, and 4.5 inches deep.

Any items not listed above must meet the requirements of the 2006 IFC, NFPA 72, and the City of Crystal Lake Ordinances.



Kitchen Hood Inspection Requirements

I Lake, IL 60014	Fax: E-Mail:	(815) 356-3640 (815) 477-2568 fpb@crystallake.org
llowing inspections and/or tests are required the City of Crystal Lake Building Departmention/testing. Please provide up to 48 hours rest date is subject to availability.	d for final instal ent at (815) 35	llation approval. 6-3605 to schedule
ct inspection Inspection of the duct work welds. All welds throughout. All changes in direction have clean outs pro Inspection of the fire insulation wrap to verify requirements. On buildings with multiple ducts it must be vindicating the unit it services.	operly installed fy it is installed	per manufacturer's
Manual pull station activates properly. Fusible link system activates properly. All discharge nozzle caps blow off or testing obstructions. All natural gas shuts down under the hood shall electric shuts down under the hood space. All make up air that is located under the hood Discharge of the system activates the fire a	g balloons infla space. ce. od shuts down. larm into full fir	te to verify no re.
If any changes occurred from original approbeen submitted and approved. Verify that all appliances are in the proper leplans. Verify that all nozzles have been installed in Verify the nozzles are aimed for proper coving the chemical tank is easily accessible secured. Verify the proper temperature fusible links a Verify the manual pull station is in the path height, and is located at a minimum of 10 feel hood.	oved plans, all a ocations as ind in the proper loo erage. e, below the ce are installed in of egress, betweet and maximum	dicated on the approved cation and height. Filling, and is properly the proper location. Ween 42-48 inches in um of 20 feet from the
	requirements. On buildings with multiple ducts it must be vindicating the unit it services. charge test – Nitrogen (1 manual & 1 fus Manual pull station activates properly. Fusible link system activates properly. All discharge nozzle caps blow off or testing obstructions. All natural gas shuts down under the hood shall electric shuts down under the hood shall make up air that is located under the hood Discharge of the system activates the fire a Verify the fire alarm description of the activate al acceptance/approval Duct work must be water tight welded to the last acceptance of the system original appropriate approval. Verify that all appliances are in the proper leplans. Verify that all nozzles have been installed in Verify the nozzles are aimed for proper cov Verify the chemical tank is easily accessible secured. Verify the manual pull station is in the path height, and is located at a minimum of 10 fethood.	requirements. On buildings with multiple ducts it must be verified the ductindicating the unit it services. charge test – Nitrogen (1 manual & 1 fusible link disclemental Manual pull station activates properly. Fusible link system activates properly. All discharge nozzle caps blow off or testing balloons inflatobstructions. All natural gas shuts down under the hood space. All electric shuts down under the hood space. All make up air that is located under the hood shuts down Discharge of the system activates the fire alarm into full find Verify the fire alarm description of the activation is correct all acceptance/approval Duct work must be water tight welded to the hood. If any changes occurred from original approved plans, all been submitted and approved. Verify that all appliances are in the proper locations as inceptans. Verify that all nozzles have been installed in the proper location to the ceptane. Verify the chemical tank is easily accessible, below the ceptaned. Verify the proper temperature fusible links are installed in Verify the manual pull station is in the path of egress, between the path of egress the path of egre

Verify the hood has proper warning sign posted.
Verify the hood has no penetrations voiding the UL 300 listing.
Verify the kitchen area has a mounted K class fire extinguisher with the proper
instructional sign installed. Travel distance cannot exceed 30 feet from the hood.
Update the fire alarm point device map indicting the hood location.
Provide one complete set of plans and catalog cut sheets to be stored in a
mounted cabinet 14 inches high by 14 inches wide by 4 ½ inches deep. The
cabinet shall be located in the fire alarm panel room.

Any inspections or testing not specifically addressed above must be in full compliance with NFPA 17A, NFPA 96, 2006 IFC, and City of Crystal Lake Ordinances.



Clean Agent Testing Requirements

Phone

(815) 356-3640

Cr	ysta	al Lake, IL 60014	Fax: E-Mail:	(815) 477-2568 fpb@crystallake.org
Co	nta pe	ollowing inspections and/or tests are required for act the City of Crystal Lake Building Department ction/testing. Please provide up to 48 hours notice I test date is subject to availability.	at (815) 35	56-3605 to schedule
1)		ping inspection: Verify proper pipe sizes. Verify proper hangers and supports.		
2)		ozzle inspection: Verify nozzle locations. Verify nozzle type.		
3)		orage containers: Verify location and proper mounting. Verify proper tank size. The tank must be taggerand weight.	ed to ident	ify the agent, amount,
4)		neumatic test: The piping shall be pneumatically tested for 10 After 10 minutes the pressure shall not drop medically. The pneumatic test may be omitted if the total change in direction between the nozzle and co	ore than 20 piping cont	0% or not less than 32
5)		Iff test: The piping shall be flow tested with nitrogen or Verify that the piping and nozzles are free from	_	
6)		Protected rooms are required to pass a door factorized to pass and the pass and the pass and the pass are passed to pass a door factorized to pass and the pass are passed to pass a door factorized to pass and the pass are passed to pass a door factorized to pass and the pass are passed to pass a door factorized to pass and the pass and the pass and the pass are passed to pass a door factorized to pass a door	tes. Test n	nust be witnessed by the
7)	De	Verify the proper spacing of the detection. Verify the system is cross zoned/zone verificat 100% testing of the entire fire alarm system ins Verify that the system has 60 hours battery backerify that the clean agent fire alarm system realarm system and is monitored.	stalled for t ckup.	

8)	Οp	perational test:
		Auxiliary equipment.
		Abort switch.
		Manual pull stations.
		Control panels.
		Standby power.
		Solenoid pilot valve (clean agent tank disconnected).
9)	Fir	nal approval:
		System shall be installed in full compliance with NFPA 2001 requirements.
		All proper signs and placards are in place.
		Pull stations are properly tagged.
		The clean agent fire alarm system must be added to the main building fire alarm
		point device map and kept in the cabinet in the main building fire alarm room.
		A copy of the plans, device specification sheets, and flow calculations must be
		provided and stored in a cabinet, per Crystal Lake Ordinance. The cabinet shall
		be mounted in the riser room and be no less than 14 inches high by 14 inches
		wide by 4 ½ inches deep.

Any testing or inspections required not specifically addressed above must be in full compliance with NFPA 2001, 2006 IFC, and the City of Crystal Lake ordinances.



Fire Door/Damper Testing Requirements

Crystal Lake Fire Rescue Department

100 W Woodstock St. Crystal Lake, IL 60014

Fax: (815) 477-2568 E-Mail: fpb@crystallake.org

Phone (815) 356-3640

The following inspections and/or tests are required for final installation approval. Contact the City of Crystal Lake Building Department at (815) 356-3605 to schedule inspection/testing. Please provide up to 48 hours notice to schedule inspections/testing. Actual test date is subject to availability.

Rolling Steel Doors

10	/1111	g steel books
2)	Ins	Mounting and assembly bolts are not missing or loose. Fusible link is located per manufacturer's instruction. Guide assemblies have required fire expansion clearance per manufacturer's instructions. Ensure that slats are not bent, have tears or holes. Ensure that endlocks are not missing, broken, bent or loose. Ensure that the bottom bar is not bent nor has loose bolts. Ensure that the guide assembly is not bent, has loose bolts or misaligned. Ensure that the automatic closing mechanism has no broken parts and release arms are not tied, blocked or wedged.
3)	Dr	Conduct drop test per manufacturer's instructions and in compliance with NFPA 80. Door must be fully open before drop test. Door must close fully so the bottom bar rests on the sill. The closing speed must be between 6 and 24 inches per second. Each automatic closing option for the fire door shall be tested. All tests shall be documented indicating location of door, date of inspection, and name of installer. A minimum of two drop tests are required.
		Smoke and Combination Dampers spection Damper is installed per manufacturer's instructions to obtain the proper rating. The damper frame must not be penetrated by any foreign objects that would affect fire damper operations. The fusible link is of proper size, temperature and load rating. The damper assembly is free of any damage.

2)	Testing
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Door shall be tested per manufacturer's instructions and in compliance with
NFPA 80.
If the damper has a fusible link, the link needs to be removed for testing to
ensure full closure and lock-in-place, if so equipped.
The damper shall be actuated and cycled as a part of the associated smoke
detector testing in compliance with NFPA 72 (as applicable).
The damper operation is smooth and free from binding or hangs up.
All tests shall be documented indicating location of damper, date of inspection,
and name of installer.

Any inspections or testing not specifically addressed above must be in full compliance with the 2006 IBC, 2006 IFC, NFPA 80 and City of Crystal Lake Ordinances.