DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE FIRE MARSHAL CODE ENFORCEMENT AND BUILDING SAFETY
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CHEMICAL FIRE SUPPRESSION SYSTEM REVIEW CHECKLIST & FEE SCHEDULE

As an aid to streamline our fire suppression system review process, we ask that you complete this checklist, and attach it to your Plan Review Application. Please address each checklist item in your package, whether the item is conveyed on the shop drawings, manufacturer cut sheets, general notes, pre-engineered data/calculations, or cover letter, etc. Any items not addressed may cause unnecessary delays or project "hold" on your review. Your help, up front, will facilitate a complete submittal package, shorten our review time, and help us to get your project reviewed and returned sooner. Please verify that each numbered item below is: A. in your submittal, B. correct, and C. is coordinated within the submittal (shop drawings match pre-engineered data/calculations and cut sheets). Then provide a check mark adjacent to each numbered item, or print "N/A" for items not applicable to this submittal. Thank you for your help, in completing and coordinating the items in this checklist.

Project Name (please print):					
Project Address:	Architectural Review No				
Checklist Completed By:	Date:				
PLAN REVIEW APPLICATION					
 This office cannot complete the review of the suppression architectural review letter for the protected space: either room, paint spray room, etc.) or special area (kitchen hot provide one of the following: A. Furnish the State Fire Marshal project number, denoting protected space is part of a previously reviewed architectural review project number. (If there is no existing this office, or if the architectural review exists as a "Preling the suppression package may be found not-in-compliance. B. If a previous appeal determination is involved with this determination letter. C. If the protected space is existing, then the Professional such and include reason for this suppression submittal (revisiting suppression system, order of correction by insperanchitectural review letter of the protected space must act and include Extinguishing Systems, order alternate code edition Carbon Dioxide Extinguishing Systems, 1992 NFPA 12A 1994 NFPA 17 Standard For Dry Chemical Extinguishing Extinguishing Systems, or 1996 NFPA 2001: Standard Owritten request, stating reasons and life safety equivalence. 3. Project name, address, occupancy, and owner denoted of if applicable). 4. System type (Chemical, Wet Hood System, Dry Hood System, Preparer of shop drawings information complete on appling Fire Protection Licensing & Registration Listing Of Certification. 	a room (computer room, telecommunications equipment od, paint spray booth, computer floor, etc.). Please any preview of the protected space (room or area). If this tural package, then provide the State Fire Marshal g "appears to comply" architectural review letter from ninary, Information Request, or Not-In-Compliance" type, e.e., and returned without benefit of a review. If ire suppression package, furnish copy of all of Record (otherwise the Owner) shall denote eplacing existing suppression system, modification of ector, etc.) in writing, with the submittal. Otherwise, an ecompany the suppression system submittal. Otherwise, and company the suppression system submittal. Ons (other than 1993 NFPA 12: Standard On: Standard On Halon 1301 Fire Extinguishing Systems, 1994 NFPA 17A: Standard For Wet Chemical on Clean Agent Fire Extinguishing Systems) shall provide cies. On application, (and matches that of architectural review, estem). In contractor, etc.). Cation. All information shall match the State Fire Marshal				
SHOP DRAWINGS					
 8. Drawings are to be legible bluelines, photocopies, or con acceptable), and all drawn to scale. 9. Professional of record shop drawing review and review s sheets (and on cover of calculations if applicable). 					

10.	Denote specific type of suppression system (total flooding, local application pre-engineered, etc.), and associate NFPA standard(s) utilized in design.
11.	Manual activation type and location.
	Sequence of operations, (include actuation of building fire alarm system or hood suppression fire alarm, and/or simultaneous operations of multiple hazards, if applicable).
13.	Supervision type (electric or pneumatic).
	Clearances to electrical hazards.
	Method of actuation (automatic, normal, emergency).
	Method of automatic detection (heat, flame, smoke, combustible vapors, abnormal condition in hazard/process
10.	trouble).
17	,
17.	Method of operation (expellant gas releasing mechanisms, dry chemical discharge controls, shutdown of
40	appliances or equipment, common or multiple hood configurations).
18.	Complete detection and suppression system with all devices labeled for type, size, quantity, location, and
	arrangement (pipe and fittings, nozzles, appliances, detectors, extinguishant type and containers, alarms and
	indicators).
	Two sources of electric power for alarms and indicators.
	Hood and ductwork configuration, for verification of compliant detection and suppression.
21.	For total flooding systems, denote dimensions of protected enclosure, method of closure for closable openings,
	area of unclosable openings.
22.	For local application systems, denote the location of the hazard, physical extent of the hazard,
23.	Method for inspection, maintenance, and recharging.
PRE-E	NGINEERED DATA OR HYDRAULIC CALCULATIONS
24.	For pre-engineered systems, provide listed data (such as Underwriters Laboratories) denoting compliance and
	compatibility of the specific components and arrangement in the system.
25.	For calculated systems, provide calculations denoting suppression chemical amount, piping type, size, length,
	and arrangement, nozzle descriptions and locations of flow points, and nozzle flow rates.
26.	Location and function of detection devices, operating devices, auxiliary equipment, and electrical circuitry.
<u> </u>	Battery calculations.
	Reserve supply of extinguishant.
CUT SI	HEETS OF SUPPRESSION SYSTEM AND APPLIANCE PROTECTION
00	Head and dust and an Council or with Batadonata Council of
	Hood and ductwork configuration with listed protection criteria.
	Appliances with listed protection criteria.
	Pipe and fittings.
	Nozzles.
	Extinguishing agent containers.
	Detectors, indicators, and alarms.
35.	Operating devices.
36.	Fuel shutoff devices.
	Portable fire extinguishers.

FEE CALCULATIONS

- Devices limited to suppression nozzles only.
 Money orders, cashier's checks, certified checks, and company checks are accepted (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00).

ITEM				NUMBER OF SYSTEMS	RE	VIEW FEE	SUB TO	TAL F	FEES \$
Number of devices	1	-	10		Х	\$30	=	\$	
Number of devices	11	-	25		Х	\$60	=	\$	
Number of devices	26	-	50		Х	\$120	=	\$	
Number of devices	51	-	75		Х	\$180	=	\$	
Number of devices	76	-	100		Х	\$200	=	\$	
Number of devices	101	-	above)	Х	\$300	=	\$	
Sets of calculations					Х	\$40	=	\$	
Add for fee increase plus postage and handling						+	\$	2 5	
Calculated fee attached						=	TOTAL	\$	