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H.W. Buddy Rice
Fire Marshal

PAIN T BOOTH SUPPRESSION CHECKLIST

BUSINESS NAME: _____ DATE: _____
ADDRESS: _____ PERMIT NUMBER: _____
INSTALLER: _____ LICENSE NUMBER: _____

- Approved set of plans and permit on site.
- Dry system or special system requirements
- Provide proper coverage
- Observe activation of system through fuse link cutting
- Observe gas and all electric shut-off under hood, including lights
- Check nozzle operation by air blow-out test
- Gas shut off valve visible and accessible
- All air shuts off on activation
- System tied into fire alarm and zoned correctly, if no building fire alarm a local bell is required
- Duct and ventilation installed properly
- Manual pull in path of exit
- Approved fire extinguisher within 75 feet of system
- System operated satisfactory
- System was reset and tagged properly

SYSTEM PASSED TESTING YES NO

Comments: _____

Fire Suppression System Installer: _____ Date: _____
Fire Inspector: _____ Badge No. _____ Date: _____