

COBB COUNTY FIRE MARSHAL'S OFFICE
 NFPA 2001 (2004 ed)
 CLEAN AGENT SYSTEM- PLAN REVIEW CHECKLIST

Job Type

Tenant **Addition** Date _____
 Remodel **Retrofit** Reviewer _____

Building Permit # _____ **Cobb County** **Acworth** **Kennesaw** **Powder Springs**

Job Name _____

Address _____ Suite # _____ Room # _____

City _____ Zip _____

Complex Name _____

If applicable, will the existing sprinkler coverage remain **Yes** **No** **Not Applicable**

Installation Co. _____ Phone # 404 678 770 _____

Supply Co. _____ Phone # 404 678 770 _____

Plans should address all of the following & complete this plan review form prior to submittal	Pass	Fail
1) Key plan or Zone Map to show the area of the building illustrated on the page		
2) Square footage of area to be protected with proposed system. Also, have the correct job name and address on the plans.		
3) Plan view of protected area including surrounding exposures		
4) Cross Section of enclosure with all penetrations/openings with explanatory text to obtain pressurization		
5) Type of system and hazard classification each system is designed for on the plans		
6) Isometric View of agent distribution systems (include pipe size and length)		
7) Show all nozzle locations		
8) Show all nozzle coverage dimensions include maximum coverage capabilities.		
9) Storage Container location with method of fixation, size, and static pressure		
10) Agent to be used (Halocarbon/ Inert Gas)		
11) Design Concentration/Fill Density (lb/ft ³)(%/ft ³) include Final Design Quantity (with Safety Factor)		
12) Flow Calculations with node reference numbers (Pre-Engineered requires accurate listed documentation)		
13) Detection Method: show locations include capabilities of 24-hr standby (Calculations)		
14) List the Maximum Exposure Time for the specific agent (max. 5 minutes)		
15) Halocarbon Agents call out: NOAEL (no observed adverse effect level) and LOAEL		
16) Provide cut sheets on nozzles and applicable equipment (i.e.: flexible pipe/hose if utilized)		
17) Ventilation system shut down (self contained/safety requirements will not require shut down)		
18) Manual Release and Abort Switch (if applicable-"Dead-Man" only) locations (Manual-Overrides/ Abort)		
19) Audible/Visual alarm locations with point to point wiring diagram (show exterior device)		
20) Flow Chart with sequence of events including time increments/delays		
21) Discharge time (Halocarbon agents <10 sec /Inert Gas <60 sec.)		
22) Provide connection to existing building alarm system if applicable		
23) Three stapled sets of plans and completion of this form with all attachments		
24) Name of the person responsible for the design of suppression system		
25) Scope of Work letter detailing the extent of work on your companies letterhead		

Notes: _____

The above is not an all-inclusive list - Plans must meet all NFPA requirements. Please refer to chapter 120-3-3 Rules and Regulations of the Safety Fire Commissioner regarding what edition of specific codes Cobb County is using. An explanation of all requirements is available upon request.

Print Name: _____ Phone number: _____ Date: _____