Affidavit Application

Temporary Suspension of ITM Requirements for Type I Commercial Kitchen Hoods

Portland Fire & Rescue
Fire Marshal's Office
1300 SE Gideon St.
Portland, OR 97202-2419
Phone: 503-823-3712
Fax: 503-823-3925

Portland Fire & Rescue Use Only
Date: _____ Receipt #: _____ PFI #: _____ RU #: _____ Code: 17ALT **Fee: $35**
FIS (Inspection Program) Updated date: _____ Approved: **YES** ☐ **NO** ☐ Date Approved / Denied: _____
Reviewed By: _____ Signature: _____

Property/Building Name: _____ Suite Name: _____

Property Address: _____ Suite #: _____

Property Contact Name: _____ Title: _____

Property Contact Phone: _____ e-mail:_____

APPLICABILITY: This affidavit shall serve as formal notification to Portland Fire & Rescue (PF&R) that the fixed fire extinguishing system and Type I kitchen hood at the property listed below are not in use, and that all listed conditions have been met to temporarily suspend Inspection, Testing, and Maintenance (ITM) requirements in accordance with the Portland Fire Code and applicable standards.

CONDITIONS FOR APPROVAL: By signing this affidavit, the Responsible Party affirms that all of the following conditions have been met:

1. All cooking appliances have been removed from beneath the Type I kitchen hood.
2. All gas and electrical power supplying the cooking equipment below the hood have been shut off, locked out, and tagged out.
3. The complete hood and vent system has been professionally cleaned PRIOR to suspension of ITM requirements
4. A tag has been affixed to the manual pull station for the extinguishing system stating:

   "This system is NOT to be used unless and until it has been serviced and restored to full operation by a contractor holding a current Certificate of Fitness with Portland Fire & Rescue. The Responsible Party must notify PF&R via email, firemarshal@portlandoregon.gov, or phone, 503-823-3770, that the system has been restored to operation, including current service tags for both the fixed extinguishing system and the hood cleaning."
5. The occupancy where this equipment is located is vacant and will not be occupied.
6. This affidavit is signed by the building owner or Responsible Party authorized to act on their behalf.

NOTICE TO RESPONSIBLE PARTY: YOU ARE RESPONSIBLE TO ENSURE THAT THE FIXED EXTINGUISHING SYSTEM IS FULLY SERVICED PRIOR TO USE. THAT ALL EQUIPMENT UNDER THE HOOD IS PROPERLY SITUATED AND PROTECTED IN ACCORDANCE WITH THE PORTLAND FIRE CODE, NFPA 17A, NFPA 96, UL 300, AND ALL OTHER APPLICABLE CODES AND STANDARDS.

YOU ARE RESPONSIBLE TO ENSURE THAT THE HOOD IS FULLY SERVICED AND COMPLIANT WITH THE PORTLAND FIRE CODE, NFPA 96, AND ALL OTHER APPLICABLE CODES AND STANDARDS.

YOU ACKNOWLEDGE THAT YOU ARE LIABLE FOR ANY LOSSES, INJURIES, OR DEATHS RELATED TO FAILURE TO ENSURE THAT BOTH THE FIXED FIRE EXTINGUISHING SYSTEM AND HOOD ARE RESTORED TO FULL SERVICE PRIOR TO FUTURE USE.

YOU ACKNOWLEDGE THAT THIS AUTHORIZATION IS VALID FOR ONE YEAR (12 CALENDAR MONTHS) FROM THE DATE APPROVED.

A NEW AFFIDAVIT MUST BE SUBMITTED ANNUALLY UNLESS THE SYSTEM HAS BEEN REMOVED UNDER BENEFIT OF PERMIT, OR THE SYSTEM HAS BEEN FULLY RESTORED TO COMPLIANCE WITH ALL APPLICABLE CODES AND STANDARDS.

Signature of Building Owner or Authorized Responsible Party:
Name (Printed): _____
Title/Relationship to Property: _____
Signature: _____
Date: _____