

Fire Loss Control, Inc.

590 Pearl Road
Brunswick, Ohio 44212

Fire Suppression Systems**Service History**

Order # 11599

JOB LOCATION

Beachwood Pointe Care Center
23900 Chagrin Blvd
Beachwood Ohio 44122
216-464-1000

Service Date: 11/16/2015

CONTACT

Chad

CLIENT

P1: 216-464-1000 x100
P2:
F: Fire Loss Control, Inc.
590 Pearl Road
Brunswick Ohio 44212

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Pyro-Chem

Model: PCL-600

Location: Kitchen

Install Date: 2006

Last Service: 11/16/2015

Duct Size: 8" X 4Ft

Nozzle Type: 2 - NLD2

Plenum Size: 4Ft X 14Ft V Bank

Nozzle Type: 2 - NL

Serial #: ATM 294261

Bar Code: AQ0007299

Timestamp: 11/16/2015 2:02:05 PM

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2006	☐
Monthly		☐
Recharge		☐
Semi-Annual	11/2015	☒
Flush Piping		☐
New		☐

Cylinders

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
1	6 Gal	Extinguishing Agent	2006	2006				11/18/2013 2:11:11 PM

Replacement Parts

Qty	Description	Part No.	Replaced
2	Fuse Links 360°F Globe ML	360ML-11	11/16/2015
1	Fuse Links 450°F Globe ML	450ML-11	11/16/2015
12	Nozzle Cap Pyro Chem	PC623	5/2014
1	Actuating Cartridge Pyro Chem	PCC 16	11/16/2015
1	Pyro-Chem O-ring Actuator	55531	11/16/2015

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

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Qty	Description	Part No.	Replaced
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Appliances (Left to Right)

Num	Description	Size	Nozzle(s)
1	Grill - 24"		2H
2	Range - 6 Burner		2L, 1H
3	Tilt Skillet		2H, 2H
4	Range - 4 Burner	36"	2L, 2L
5	Fryer - Gas		2H

INSPECTION**I. Fire Suppression Systems**

OK FAIL NA

1.	Hood and appliances properly protected?	☒	☐	☐
2.	Was nozzle/appliance alignment correct upon arrival?	☒	☐	☐
If not was the alignment corrected during inspection?				
3.	System cylinder gauge in operable range?	☒	☐	☐
4.	Cylinder weight or liquid level OK?	☒	☐	☐
5.	Fusible links replaced?	☒	☐	☐
6.	Actuation cartridge weight or gauge in operable range?	☒	☐	☐
	/* Replaced per OEM service requirements with O ring */			
7.	Complete fuel shut-down operational?	☒	☐	☐
8.	Remote pull station accessible and operational?	☒	☐	☐
9.	All components clean and free of grease?	☒	☐	☐
10.	Nozzle caps cleaned or replaced?	☒	☐	☐
11.	System meets manufacturer installation instructions?	☒	☐	☐
12.	System conduit and piping securely mounted?	☒	☐	☐
13.	Does system meet UL 300 standard?	☒	☐	☐
14.	Employees trained in the proper operation of the system?	☒	☐	☐
15.	Audible and/or visual alarms functional?	☒	☐	☐
16.	System reset and placed back in service?	☒	☐	☐
17.	System connected to central station?	☒	☐	☐
18.	Class K extinguisher present and functional?	☒	☐	☐
19.	Do hood and duct comply with NFPA #96?	☒	☐	☐
20.	Company State of Ohio Certification # 53-28-1034	☒	☐	☐

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INSPECTION**I. Fire Suppression Systems**

	OK	FAIL	NA
21. State of Ohio Certification Jon LeRoy 54-18-1535	☒	☐	☐
22. State of Ohio Certification Randolph N Kaser 54-18-0381	☐	☐	☒
23. Complete Hydrostatic Pressure Test Current	☒	☐	☐
24. Complete 6 Year Maintenance Current	☐	☐	☒

I state that the information on this form is correct at the time and place of my inspection. And that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted above.

Acquire Fire Protection, Inc. / Fire Loss Control, Inc.

Technician

X 

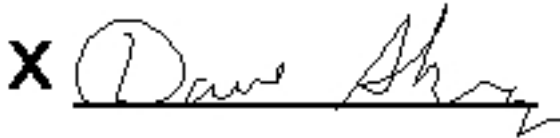
Jonathan LeRoy

11/16/2015

Customer Signature

X _____

Fire Inspector

X 

11/16/2015

*** End Report: 1 ***

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS