

Acquire Fire Protection, Inc.17012 Kinsman Road
Middlefield, Ohio 44062**Fire Suppression Systems****Service History**

Order # 11437

JOB LOCATIONChagrin Falls Eagles
231 S. Main Street
440-247-4093
Chagrin Falls OH 44023
Service Date: 10/26/2015P1: (440)247-4093
P2:
F:**CLIENT**Chagrin Falls Eagles
231 S. Main Street
Chagrin Falls OH 44023**CONTACT**

Eric

(216)287-5858

TECHNICIAN

Marcus R Orahood

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Rangeguard

Model: Rangeguard 6.0G

Location: Kitchen

Install Date: 2001

Last Service: 10/26/2015

Duct Size: 18 x 18

Nozzle Type: 2-ADP

Plenum Size: 12

Nozzle Type: 2-ADP

Serial #:

Bar Code: AQ0006313

Timestamp: 10/26/2015 12:49:29 PM

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2014	<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge	4/8/2014	<input type="checkbox"/>
Semi-Annual	10/2015	<input checked="" type="checkbox"/>
Flush Piping		<input type="checkbox"/>
New		<input type="checkbox"/>

Cylinders

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
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Replacement Parts

Qty	Description	Part No.	Replaced
3	Fuse Links 450°F K Link	450K-11	10/26/2015
2	Fuse Links 360°F K Link	360K-11	10/26/2015

Appliances (Left to Right)

Num	Description	Size	Nozzle(s)
1	Fryer - Gas	19	F

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

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Num	Description	Size	Nozzle(s)
2	Fryer - Gas	19	F
3	Range - 10 Burner	60	3-R
4	Char Broiler Lava Rock	24	1-GRW

INSPECTION

I. Fire Suppression Systems

	OK	FAIL	NA
1. Hood and appliances properly protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was nozzle/appliance alignment correct upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not was the alignment corrected during inspection?			
3. System cylinder gauge in operable range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cylinder weight or liquid level OK?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fusible links replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Actuation cartridge weight or gauge in operable range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complete fuel shut-down operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Remote pull station accessible and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All components clean and free of grease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Nozzle caps cleaned or replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. System meets manufacturer installation instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. System conduit and piping securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does system meet UL 300 standard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Employees trained in the proper operation of the system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Audible and/or visual alarms functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. System reset and placed back in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. System connected to central station?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Class K extinguisher present and functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do hood and duct comply with NFPA #96?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Company State of Ohio Certification # 53-28-1034	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. State of Ohio Certification Jon LeRoy 54-18-1535	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. State of Ohio Certification Randolph N Kaser 54-18-0381	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Complete Hydrostatic Pressure Test Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Complete 6 Year Maintenance Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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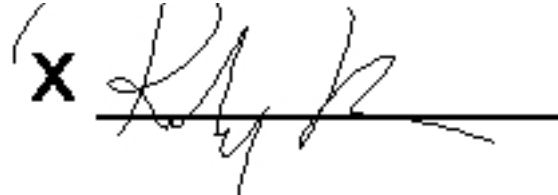
INSPECTION

I. Fire Suppression Systems

OK FAIL NA

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

Technician

X 

Randolph N Kaser

10/26/2015

Customer Signature

X _____

Fire Inspector

X 

10/26/2015

*** End Report: 1 ***

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