

**Fire Loss Control, Inc.**

590 Pearl Road  
Brunswick, Ohio 44212

**Fire Suppression Systems****Service History**

Order # 11380

**JOB LOCATION**

East Park Retirement  
6360 Elmdale Rd  
Brook Park Ohio 44142  
216-267-7067  
Service Date: 10/28/2015

P1: (216)267-7067  
P2:  
F:

**CLIENT**

Fire Loss Control, Inc.  
590 Pearl Road  
Brunswick Ohio 44212

**CONTACT**

Dave

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Pyro-Chem

Model: PCL-460

Location: Kitchen

Install Date: 2004

Last Service: 10/28/2015

Duct Size: 14" X 16"

Nozzle Type: 2D

Plenum Size: 12" X 8Ft

Nozzle Type: 1H

Serial #: ATM206442

Bar Code: AQ0007162

Timestamp: 10/28/2015 9:37:17 AM

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test	2004	<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<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
1	PCL460	Extinguishing Agent	2/2004	2004		ATM206442		

**Replacement Parts**

Qty	Description	Part No.	Replaced
3	Fuse Links 450°F Globe ML	450ML-11	10/28/2015
1	Actuating Cartridge Pyro Chem	PCC 16	4/29/2015
8	Nozzle Cap Pyro Chem	PC623	4/2015
1	Pyro-Chem O-ring Actuator	55531	4/29/2015

**Appliances (Left to Right)**

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

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Num	Description	Size	Nozzle(s)
1	Range - 6 Burner		3 - 1L
2	Grill - 24"		1L
3	Cheese Melter		1L
4	Fryer - Gas		2H

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. State of Ohio Certification Randolph N Kaser 54-18-0381	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Complete Hydrostatic Pressure Test Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/* Due for hydrostatic pressure testing 2016 */			
24. Complete 6 Year Maintenance Current	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**INSPECTION**

**I. Fire Suppression Systems**

OK FAIL NA

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

10/28/2015

**Customer Signature**

X \_\_\_\_\_

**Fire Inspector**

X \_\_\_\_\_

\*\*\* End Report: 1 \*\*\*

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