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

Fire Suppression Systems
Service History
Order # 11594

JOB LOCATION
Hastings House
210 Bank Street
Lodi Ohio 44254
330-461-3177 (Roger's Cell)
Service Date: 11/20/2015

P1: (330)948-3930
P2:
F:

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

CONTACT
Roger Ware
door code

TECHNICIAN
JAL

Fire Suppression System

Num: 1
Type: Wet Chemical Extinguishing System
Manufacturer: Ansul
Model: R-102 1.5 Gallon
Location: Kitchen
Install Date: 2006
Last Service: 11/20/2015
Duct Size: 6" round
Plenum Size: 10"
Serial #: S 151556
Bar Code: AQ0007304
Timestamp:

Nozzle Type: 1W
Nozzle Type: 1N

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	1.5 gal	Extinguishing Agent	2006	2006				

Replacement Parts

Qty	Description	Part No.	Replaced
1	Fuse Links 360°F K Link	360K-11	11/2015
3	Ansul Nozzle Cap	AS77695	11/2015

Appliances (Left to Right)

Num	Description	Size	Nozzle(s)

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

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Num	Description	Size	Nozzle(s)
1	Range - 4 Burner	Residential	290

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 alignemt 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?	☑	☐	☐
/* Stamped weight 35 1/2 ozk Actual weight 35 1/2noz */			
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	☑	☐	☐
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.

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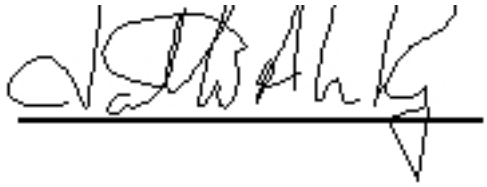
Technician

X 

Jonathan LeRoy 11/20/2015

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***