

**Fire Loss Control, Inc.**

590 Pearl Road  
Brunswick, Ohio 44212

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

Order # 11593

**JOB LOCATION**

Paradise Village  
4283 Paradise Road  
Seville Ohio 44273  
330-461-3177 (Roger's cell)  
Service Date: 11/20/2015

P1: (330)722-1900  
P2:  
F:

**CLIENT**

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

**CONTACT**

Roger Ware

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Rangeguard

Model: WHDR-250

Location: Kitchen

Install Date: 7/2011

Last Service: 11/20/2015

Duct Size: 14" X 14"

Nozzle Type: ADP

Plenum Size: 18" X 8Ft

Nozzle Type: ADP

Serial #: TCH067009

Bar Code: AQ0008446

Timestamp: 11/20/2015 10:06:27 AM

**Tests/Inspections/Services**

| Description  | Last    | Due                                 |
|--------------|---------|-------------------------------------|
| Hydro Test   | 2011    | <input type="checkbox"/>            |
| Monthly      |         | <input type="checkbox"/>            |
| Recharge     |         | <input type="checkbox"/>            |
| Semi-Annual  | 11/2015 | <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   | 2.5 gal | Extinguishing Agent | 2011     | 2011  |        | TCH 067009 |          |           |

**Replacement Parts**

| Qty | Description             | Part No. | Replaced   |
|-----|-------------------------|----------|------------|
| 3   | Fuse Links 360°F K Link | 360K-11  | 11/20/2015 |

**Appliances (Left to Right)**

| Num | Description      | Size | Nozzle(s) |
|-----|------------------|------|-----------|
| 1   | Range - 6 Burner |      | R, R      |

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| Num | Description | Size | Nozzle(s) |
|-----|-------------|------|-----------|
| 2   | Grill - 24" |      | ADP       |

**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"/>            |
| /* Stamped weight 238.0 g, Actual weight 245 g */            |                                     |                          |                                     |
| 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"/>            |
| 24. Complete 6 Year Maintenance Current                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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.

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

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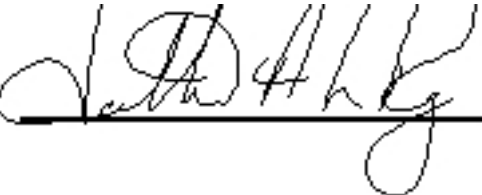
P2:

F:

**CLIENT**

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

**Technician**

X 

Jonathan LeRoy

11/20/2015

**Customer Signature**

X \_\_\_\_\_

**Fire Inspector**

X \_\_\_\_\_

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

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