

**Fire Loss Control, Inc.**

590 Pearl Road  
Brunswick, Ohio 44212

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

Order # 11591

**JOB LOCATION**

Wanko Memorial Home  
140 High Street  
Seville Ohio 44273  
330-769-4311

Service Date: 11/20/2015

**CONTACT**

Roger Ware

P1: (330)769-4311

P2:

F:

**CLIENT**

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

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Rangeguard

Model: Rangeguard 1.25G

Location: Kitchen

Install Date: 2013

Last Service: 11/20/2015

Duct Size: 4" x 36"

Nozzle Type: ADP

Plenum Size: 6" x 48"

Nozzle Type: ADP

Serial #: 011598BF

Bar Code: AQ0008924

Timestamp: 11/20/2015 9:12:17 AM

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test	2013	<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	1.25 G	Extinguishing Agent	8/2013	2013		011598BF		

**Replacement Parts**

Qty	Description	Part No.	Replaced
1	Fuse Links 360°F Globe ML	360ML-11	11/20/2015

**Appliances (Left to Right)**

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

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

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Num	Description	Size	Nozzle(s)
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**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 239.0 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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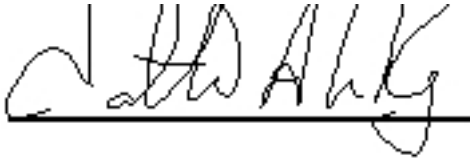
P2:

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