

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

Order # 11746

JOB LOCATIONFlavors Around The Square
25 S St. Clair Ave
440-840-3023
Painesville OH 44077
Service Date: 12/28/2015P1: (440)350-3657
P2:
F:**CLIENT**Madison Family Restaurant
1947 Hubbard Rd
Madison OH 44057**CONTACT**

Armondo

(440)840-3023

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Rangeguard

Model: Rangeguard 4.0GS

Location: kitchen

Install Date: 2003

Last Service: 12/28/2015

Duct Size: 12" X 16"

Nozzle Type: 2 - ADP

Plenum Size: 18" X 12Ft

Nozzle Type: ADP

Serial #: TB0024416

Bar Code: AQ0007580

Timestamp: 12/28/2015 6:30:46 AM

Tests/Inspections/Services

Description	Last	Due
Hydro Test		<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	12/2015	<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	4S	Extinguishing Agent	2003	2003				

Replacement Parts

Qty	Description	Part No.	Replaced
2	Fuse Links 360°F Globe ML	360ML-11	12/28/2015
1	Actuation Cartridge RKB	KRC 12	12/28/2015
2	Fuse Links 450°F Globe ML	450ML-11	12/28/2015

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	Fryer - Gas	ADP	F
2	Grill - 36"		R, R
3	Range - 6 Burner		
4	Grill - 24"		ADP
5	Cheese Melter		

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"/>
/* Replaced per OEM service requirements */			
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"/>

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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

12/28/2015

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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