

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

Order # 11902

**JOB LOCATION**Cardinal Middle School  
16175 Alameda Dr  
Middlefield Ohio 44062P2:  
F:**CLIENT**Cardinal Local School District  
High School  
16000 East High Street  
PO Box 188  
Middlefield Ohio 44062

Service Date: 2/12/2016

**CONTACT**

Jim Byler

(216)407-1657

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Ansul

Model: R-102 9 Gallon

Location: Kitchen

Install Date: 2001

Last Service: 8/7/2015

Duct Size: 4 - 12X12

Nozzle Type: 4 - 2W

Plenum Size: 2 @ 14 Ft

Nozzle Type: 4 - 1N

Serial #: S 009995

Bar Code: AQ0006595

Timestamp: 2/12/2016 9:02:18 AM

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test	2007	<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	2/2016	<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	3	Extinguishing Agent	2011	2011		20101007705	AQ0006594	2/17/2012 8:46:54 AM
2	3	Extinguishing Agent	2007	2007		AQ0006593	AQ0006593	2/18/2011 9:35:54 AM
3	3	Extinguishing Agent	2013	8/16/2013		20130304521	AQ0006592	2/18/2011 9:36:35 AM
4	Dual	Cartridge	2001	8/16/2013		1822080		

**Replacement Parts**

Qty	Description	Part No.	Replaced
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Qty	Description	Part No.	Replaced
3	Fuse Links 360°F K Link	360K-11	2/12/2016
15	Ansul Nozzle Cap	AS77695	2/12/2016
4	Fuse Links 450°F K Link	450K-11	2/12/2016

**Appliances (Left to Right)**

Num	Description	Size	Nozzle(s)
1	Fryer - Gas	36"	3N, 3N
2	Fryer - Gas		3N
3	Tilt Skillet		3 - 3N
4	Range - 4 Burner		245, F1
5	Convvection Oven		
6	Convvection Oven		

**INSPECTION**

**I. Fire Suppression Systems**

	Yes	No	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? /* Stamped weight 109 7/8 oz, Actual weight 110 oz */	<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"/>

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**INSPECTION**

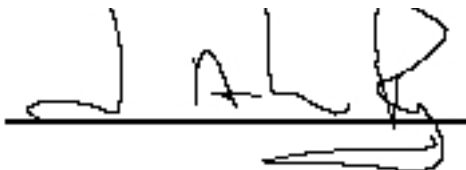
**I. Fire Suppression Systems**

	Yes	No	NA
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.

**Technician**

X 

Jon LeRoy

2/12/2016

**Customer Signature**

X \_\_\_\_\_

**Fire Inspector**

X \_\_\_\_\_

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

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