

**Acquire Fire Protection, Inc.**

17012 Kinsman Road  
 Middlefield, Ohio 44062

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

Order # 11856

**JOB LOCATION**

Highwater Tavern  
 935 High Street  
 440-639-2751  
 Fairport Harbor OH 44077  
 Service Date: 1/26/2016

P1: (440)639-2751  
 P2: (440)477-9211  
 F:

**CLIENT**

Highwater Tavern  
 935 High Street  
 Fairport Harbor OH 44077

**CONTACT**

Paul Spiesman  
 Tony

(440)354-9923

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Pyro-Chem

Model: PCL-240

Location: Kitchen

Install Date: 1994

Last Service: 1/2016

Duct Size: 12" X 16"

Nozzle Type: NLD2

Plenum Size: 18" X 9Ft

Nozzle Type: 2-NL1

Serial #: 317378

Bar Code: AQ0004123

Timestamp: 1/26/2016 8:27:22 AM

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test	2003	<input checked="" type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge	2003	<input type="checkbox"/>
Semi-Annual	3/2015	<input 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	2.4 gal	Extinguishing Agent	1992	2016		317378		

**Replacement Parts**

Qty	Description	Part No.	Replaced
1	Fuse Links 360°F Globe ML	360ML-11	3/2015
1	Actuating Cartridge Pyro Chem	PCC	1/26/2016
3	Fuse Links 450°F Globe ML	450ML-11	1/26/2016

**Appliances (Left to Right)**

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

Printed on: 2/8/2016 10:26:14 AM

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Num	Description	Size	Nozzle(s)
1	Fryer - Gas		
2	Fryer - Gas		
3	Range - 6 Burner		
4	Grill - 24"		
5	Cheese Melter		

**INSPECTION**

**I. Fire Suppression Systems**

	Yes	No	NA
1. Hood and appliances properly protected?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
/* System needs upgrade to UL 300 standard */			
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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**INSPECTION**

**I. Fire Suppression Systems**

- |   | Yes                                 | No                       | NA                                  |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 23. Complete Hydrostatic Pressure Test Current<br>/* Cylinder now past due for hydro testing, non compliant and should be replaced */ | <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 JALIK

Jon LeRoy

1/26/2016

**Customer Signature**

X \_\_\_\_\_

**Fire Inspector**

X \_\_\_\_\_

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