

Acquire Fire Protection, Inc.17012 Kinsman Road
Middlefield, Ohio 44212**Fire Suppression Systems****Service History**

Order # 11619

JOB LOCATIONLake Academy-West
503 Vegas Drive
(440)942-7401
Eastlake Ohio 44095
Service Date: 2/9/2016bkermavner@symbollak **CLIENT**
eesc.P1: (440)942-7401
P2: (440)251-1504
F: (440)942-1790Lake County ESC Treasurer
C/O Auburn Career Center
8221 Auburn Road
Concord Township Ohio 44077**CONTACT**Bill Kermavner
Danielle

(440)942-7401

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Ansul

Model: Guardian 300

Location: Kitchen

Install Date: 2005

Last Service: 2/24/2015

Duct Size: N/A

Nozzle Type: N/A

Plenum Size: N/A

Nozzle Type: N/A

Serial #: AA-291605

Bar Code: AQ0002582

Timestamp: 2/9/2016 3:26:24 PM

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2005	<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	2/17/2005	<input type="checkbox"/>

Cylinders

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
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Replacement Parts

Qty	Description	Part No.	Replaced
1	AAA Battery	9V	2/9/2016

Appliances (Left to Right)

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

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Actuation cartridge weight or gauge in operable range?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Technician

X 

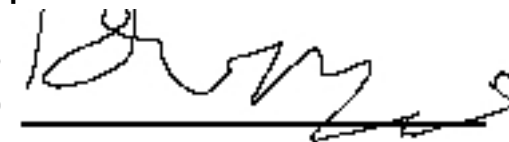
Jon LeRoy

2/9/2016

Customer Signature

X _____

Fire Inspector

X 

Doug Drake

2/9/2016

*** End Report: 1 ***

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