

Fire Loss Control, Inc.

590 Pearl Road
Brunswick, Ohio 44212

Fire Suppression Systems**Service History**

Order # 11973

JOB LOCATION

Northwestern Healthcare Center
570 N Rocky River Dr
Berea Ohio 44017
440-243-2122

Service Date: 2/15/2016

CONTACT

Junior Rosado

P1: (440)243-2122

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:

Location: Kitchen

Install Date: 2007

Last Service: 2/2016

Duct Size: 12" X 18"

Nozzle Type: 2-ADP

Plenum Size: 18" X 11Ft

Nozzle Type: 2-ADP

Serial #: TBA019359

Bar Code: 19359

Timestamp:

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	RG-4	Extinguishing Agent	2007	2007		TBA 019359		

Replacement Parts

Qty	Description	Part No.	Replaced
4	Fuse Links 360°F Globe ML	360ML-11	2/15/2016
1	Fuse Links 450°F Globe ML	450ML-11	2/15/2016

Appliances (Left to Right)

Num	Description	Size	Nozzle(s)
1	Range - 4 Burner	24"	R

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Num	Description	Size	Nozzle(s)
2	Grill - 36"	36"	ADP, ADP

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Actuation cartridge weight or gauge in operable range? /* Stamped weight 240 g, Actual weight 245 g */	<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"/>
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 Marcus R Orahod 54-78-1475	<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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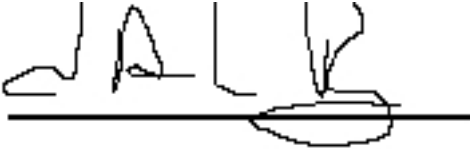
P2:

F:

CLIENT

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

Technician

X 

Jon LeRoy

2/15/2016

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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