

Fire Loss Control, Inc.

590 Pearl Road
 Brunswick, Ohio 44062

Fire Suppression Systems**Service History**

Order # 12014

JOB LOCATION

Devon Oaks
 2345 Crocker Road
 Westlake Ohio 44145
 440-250-2300
 Service Date: 3/23/2016

P1: (440)250-2300
 P2:
 F:

CLIENT

Fire Loss Control Inc
 590 Pearl Road
 Brunswick Ohio 44212

CONTACT

Claudio Ganea

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Kidde

Model: WHDR-450

Location: Kitchen

Install Date: 2001

Last Service: 9/25/2015

Duct Size: 12" x12"

Nozzle Type: ADP

Plenum Size: 20" X 8ft

Nozzle Type: ADP

Serial #: TCC027982

Bar Code: AQ0008868

Timestamp: 3/23/2016 9:06:30 AM

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2012	<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	3/2016	<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	4.0 gal	Extinguishing Agent	2001	2012		TCC027982		

Replacement Parts

Qty	Description	Part No.	Replaced
2	Fuse Links 360°F Globe ML	360ML-11	3/23/2016

Appliances (Left to Right)

Num	Description	Size	Nozzle(s)
1	Grill - 24"		R

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

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Num	Description	Size	Nozzle(s)
2	Range - 6 Burner		R, R

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/* Stamped weight 240.8 g, Actual weight 245 g */			
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"/>
/* Removed nozzles and checked for debris per FD requirements, all clear */			
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 Orahood 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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Technician

X Jon LeRoy

Jon LeRoy

3/23/2016

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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