

Fire Loss Control, Inc.

590 Pearl Road
Brunswick, Ohio 44212

Fire Suppression Systems**Service History**

Order # 12129

JOB LOCATION

Kemper House
10890 Prospect Rd
Strongsville Ohio 44149
440-846-1100

Service Date: 3/14/2016

CONTACT

Mike

P1: (440)846-1100

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: Ansul

Model: R-102 3 Gallon

Location: Kitchen

Install Date: 1998

Last Service: 9/18/2015

Duct Size: 2 - 10" X 13"

Plenum Size: 18" X 12Ft

Serial #: R-459334

Bar Code: AQ0005891

Timestamp: 3/14/2016 1:06:27 PM

Nozzle Type: 2 - 2W

Nozzle Type: 2 - 1N

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2008	☐
Monthly		☐
Recharge	9/25/2013	☐
Semi-Annual	3/2016	☒
Flush Piping		☐
New		☐

Cylinders

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
1	3 Gal	Extinguishing Agent	2008		9/25/2013		AQ0005890	9/25/2013 1:07:08 PM

Replacement Parts

Qty	Description	Part No.	Replaced
2	Fuse Links 360°F K Link	360K-11	3/14/2016
1	Fuse Links 450°F K Link	450K-11	3/14/2016
7	Ansul Nozzle Cap	AS77695	9/2013

Appliances (Left to Right)

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

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Num	Description	Size	Nozzle(s)
1	Grill - 24"		1N
2	Range - 6 Burner		245, 1F

INSPECTION**I. Fire Suppression Systems**

	Yes	No	NA
1. Hood and appliances properly protected?	☒	☐	☐
2. Was nozzle/appliance alignment correct upon arrival?	☒	☐	☐
If not was the alignment corrected during inspection?			
3. System cylinder gauge in operable range?	☐	☐	☒
4. Cylinder weight or liquid level OK?	☒	☐	☐
5. Fusible links replaced?	☒	☐	☐
6. Actuation cartridge weight or gauge in operable range?	☒	☐	☐
/* Stamped weight 42 1/4 oz, Actual weight 42 1/4 oz */			
7. Complete fuel shut-down operational?	☒	☐	☐
8. Remote pull station accessible and operational?	☒	☐	☐
9. All components clean and free of grease?	☒	☐	☐
10. Nozzle caps cleaned or replaced?	☒	☐	☐
11. System meets manufacturer installation instructions?	☒	☐	☐
12. System conduit and piping securely mounted?	☒	☐	☐
13. Does system meet UL 300 standard?	☒	☐	☐
14. Employees trained in the proper operation of the system?	☒	☐	☐
15. Audible and/or visual alarms functional?	☒	☐	☐
16. System reset and placed back in service?	☒	☐	☐
17. System connected to central station?	☒	☐	☐
18. Class K extinguisher present and functional?	☒	☐	☐
19. Do hood and duct comply with NFPA #96?	☒	☐	☐
20. Company State of Ohio Certification # 53-28-1034	☒	☐	☐
21. State of Ohio Certification Jon LeRoy 54-18-1535	☒	☐	☐
22. State of Ohio Certification Marcus R Orahod 54-78-1475	☐	☐	☒
23. Complete Hydrostatic Pressure Test Current	☒	☐	☐
24. Complete 6 Year Maintenance Current	☐	☐	☒

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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CLIENT

Fire Loss Control, Inc.
590 Pearl Road
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Technician

X 

Jon LeRoy

3/14/2016

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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