

Fire Loss Control, Inc.

590 Pearl Road
Brunswick, Ohio 44212

Fire Suppression Systems**Service History**

Order # 12118

JOB LOCATION

Lakewood Senior Center W
16024 Madison Avenue
Lakewood Ohio 44107
216-529-5075

Service Date: 3/9/2016

CONTACT

Tim Dunphy

P1: (216)529-5075

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: 2004

Last Service: 3/9/2016

Duct Size: 12" X 18"

Plenum Size: 2 - 18" X 8ft

Serial #: S-104050

Bar Code: AQ0005848

Timestamp: 3/9/2016 1:00:55 PM

Nozzle Type: 2 - 2W

Nozzle Type: 2 - 1N

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2004	<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	3 Gal	Extinguishing Agent	2004			N/A	AQ0005849	9/16/2013 2:47:57 PM
2	58.75 o	Cartridge	1998					

Replacement Parts

Qty	Description	Part No.	Replaced
3	Fuse Links 360°F K Link	360K-11	3/9/2016
6	Ansul Nozzle Cap	AS77695	9/2014

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	Range - 6 Burner	36"	245, 245
2	Convvection Oven		N/A
3	Convvection Oven		N/A

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 58 3/4 oz, Actual weight 59 oz */			
7. Complete fuel shut-down operational?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
/* Electrical supply for convection ovens does not shut down */			
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 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"/>
/* Cylinder due for hydrostatic pressure testing this year */			
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

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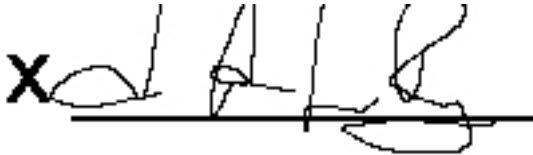
INSPECTION**I. Fire Suppression Systems**

Yes No NA

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 

Jon LeRoy

3/9/2016

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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