

**Acquire Fire Protection, Inc.**17012 Kinsman Road  
Middlefield, Ohio 44062**Fire Suppression Systems  
Service History**

Order # 12013

**JOB LOCATION**Wood Specialists  
9485 Pinecone Drive  
440-639-9797  
Mentor OH 44060  
Service Date: 2/24/2016P1: (440)639-9797  
P2:  
F: (440)639-0133**CLIENT**Wood Specialists  
9485 Pinecone Drive  
Mentor OH 44060**CONTACT**

Ken Demarchi

(440)639-9797

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1

Type: Dry Chemical Extinguishing System

Manufacturer: Amerex

Model: Amerex IS-35

Location: Paint booth

Install Date: 9/2008

Last Service: 2/2016

Serial #:

Bar Code: AQ0003191

Timestamp:

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test	2008	<input type="checkbox"/>
6 Year	2014	<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	2/2016	<input checked="" type="checkbox"/>
New	9/26/2008	<input type="checkbox"/>

**Cylinders**

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
1	35	Extinguishing Agent	3/2008	2008	2014	TAN016220	AQ0003190	7/11/2012 9:15:54 AM
2	18	Extinguishing Agent	4/2008	2008	2014	TAK023172	AQ0003189	7/11/2012 9:15:58 AM
3	18	Extinguishing Agent	6/2008	2008	2014	TAK024036	AQ0003188	7/11/2012 9:16:03 AM

**Replacement Parts**

Qty	Description	Part No.	Replaced
35	Tubing		8/2014
2	AAA Battery	ALK 92	2/24/2016

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**CLIENT**

Wood Specialists  
9485 Pinecone Drive  
Mentor OH 44060

**INSPECTION**

**I. Fire Suppression Systems**

	Yes	No	NA
1. Hood and appliances properly protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was nozzle/appliance alignment correct upon arrival?	<input 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 type="checkbox"/>
4. Cylinder weight or liquid level OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Actuation cartridge weight or gauge in operable range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Detection tubing cleaned and checked for damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complete fuel shut-down operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Remote pull station accessible and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All components clean and free of grease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Nozzle caps cleaned or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. System meets manufacturer installation instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. System conduit and piping securely mounted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does system meet UL 300 standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Employees trained in the proper operation of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Audible and/or visual alarms functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. System reset and placed back in service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. System connected to central station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Class K extinguisher present and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do hood and duct comply with NFPA #96?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. State of Ohio Certification # 53-28-1034	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. State of Ohio Certification Jon LeRoy 54-18-1535	<input 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 type="checkbox"/>
23. Complete Hydrostatic Pressure Test Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Complete 6 Year Maintenance Current	<input type="checkbox"/>	<input type="checkbox"/>	<input 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,  
17012 Kinsman Road  
Middlefield, Ohio 44062  
1-877-443-5532

**INSPECTION**

**II. Fire Suppression Systems**

Yes No NA

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**INSPECTION**

**II. Fire Suppression Systems**

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

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**INSPECTION**

**III. Fire Suppression Systems**

	Yes	No	NA
1. System cylinder gague in operable range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**INSPECTION**

**III. Fire Suppression Systems**

	Yes	No	NA
2. Cylinder weight OK?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Actuation cartridge weight or gauge in operable range? /* Pressure gage reading 2000PSI */	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Detection tubing cleaned and checked for damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete fuel shut-down operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Remote pull station accessible and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All components clean and free of overspray?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Nozzle caps cleaned or replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. System meets manufacturer installation instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. System conduit and piping securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Employees trained in the proper operation of the system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Audible and/or visual alarms functional?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. System reset and placed back in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. System connected to central station?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. State of Ohio Certification # 53-28-1034	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. State of Ohio Certification Jon LeRoy 54-18-1535	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. State of Ohio Certification Marcus R Orahod 54-78-1475	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Complete Hydrostatic Pressure Test Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Value			
19. Complete 6 Year Maintenance Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Technician**

**X**

**Customer Signature**

**X**

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**CLIENT**

Wood Specialists  
9485 Pinecone Drive  
Mentor OH 44060

**Fire Inspector**

**X** \_\_\_\_\_

**Technician**

**X** \_\_\_\_\_


**Customer Signature**

**X** \_\_\_\_\_

**Fire Inspector**

**X** \_\_\_\_\_

**Technician**

**X**  \_\_\_\_\_

Jon LeRoy

2/24/2016

**Customer Signature**

**X** \_\_\_\_\_

**Fire Inspector**

**X** \_\_\_\_\_

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