

**Fire Loss Control, Inc.**

590 Pearl Road  
Brunswick, Ohio 44212

**Fire Suppression Systems**

**Service History**

Order # 12362

**JOB LOCATION**

Arbor Park Village  
3750 Fleming  
Cleveland Ohio 44115  
216-881-7702  
Service Date: 4/27/2016

P2:  
F:

**CLIENT**

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

**CONTACT**

Malinda

(216)658-7667

**TECHNICIAN**

JAL

**Fire Suppression System**

Num: 1  
Type: Wet Chemical Extinguishing System  
Manufacturer: Ansul  
Model: R-102 1.5 Gallon  
Location: Kitchen  
Install Date: 2002  
Last Service: 4/2016  
Duct Size: 10" x 10"  
Plenum Size: 18" x 5ft  
Serial #: S 029960  
Bar Code: AQ10217  
Timestamp:

Nozzle Type: 2W  
Nozzle Type: 1N

**Tests/Inspections/Services**

Description	Last	Due
Hydro Test		<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	4/2016	<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	1.5	Extinguishing Agent	2002	2002				

**Replacement Parts**

Qty	Description	Part No.	Replaced
1	Fuse Links 360°F K Link		4/27/2016
4	Ansul Nozzle Cap		

**Appliances (Left to Right)**

Num	Description	Size	Nozzle(s)
1	Range - 6 Burner		245, 1F

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

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Num	Description	Size	Nozzle(s)
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**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 43 1\8 oz, Actual weight 43 1\8 oz */			
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 Orahood 54-78-1475	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Complete Hydrostatic Pressure Test Current	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
/* Due for hydro test 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 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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Fire Loss Control, Inc.  
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Brunswick Ohio 44212

**Technician**

X 

Jon LeRoy

4/27/2016

**Customer Signature**

X \_\_\_\_\_

**Fire Inspector**

X \_\_\_\_\_

\*\*\* End Report: 1 \*\*\*

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