

Fire Loss Control, Inc.

590 Pearl Road
Brunswick, Ohio 44212

Fire Suppression Systems

Service History

Order # 12361

JOB LOCATION

Aristocrat Berea Skilled Nursing
255 Front Street
Berea Ohio 44017
440-243-4000

Service Date: 4/26/2016

CONTACT

Kevin Boslaugh

CLIENT

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

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Kidde

Model: Rangeguard 8.0GM

Location: Kitchen

Install Date: 2004

Last Service: 4/2016

Duct Size: 4 @ 10" x 14"

Nozzle Type: 8 - ADP

Plenum Size: 18" x 16ft

Nozzle Type: 2 ADP

Serial #: TBA003763

Bar Code: AQ10060

Timestamp:

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2004	<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	4 gal	Extinguishing Agent	2004	2004		4589	4589	11/25/2015 9:50:16 AM
2	4 gal	Extinguishing Agent	2004	2004		3763	3763	11/25/2015 9:50:34 AM

Replacement Parts

Qty	Description	Part No.	Replaced
4	Fuse Links 360°F K Link	360K-11	4/25/2016

Appliances (Left to Right)

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

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P1: (440)243-4000
P2:
F:

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Num	Description	Size	Nozzle(s)
1	Grill - 48"		ADP, ADP
2	Range - 2 Burner		R
3	Range - 1 Burner		R
4	Tilt Skillet		F, F

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? /* Stamped Weight 235.5 g, Actual weight 245.0 g */	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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"/>

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INSPECTION

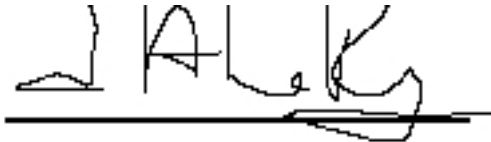
I. Fire Suppression Systems

Yes No NA

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.

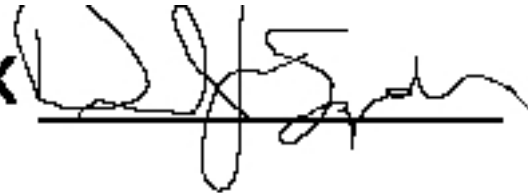
Technician

X 

Jon LeRoy

4/25/2016

Customer Signature

X 

Kevin Boslaugh

4/25/2016

Fire Inspector

X _____

*** End Report: 1 ***

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