

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

Order # 12356

JOB LOCATIONSt. Gabriel
9935 Johnnycake Road
440-352-6169
Concord Twp OH 44060
Service Date: 4/25/2016P1: (440)352-6169
P2: (440)352-8282
F: (440)354-7559**CLIENT**St. Gabriel
9925 Johnnycake Road
Concord Twp OH 44060**CONTACT**Susan Kuchenbeker
Rev. Frederick Pausche
Mark

(440)479-1949

TECHNICIAN

MRO

Fire Suppression System

Num: 1

Type: PRM Wet Chemical Extinguishing System

Manufacturer: Amerex

Model: KP 3.75

Location: KITCHEN

Install Date: 2008

Last Service: 4/2016

Duct Size: 14" X 16"

Nozzle Type: 2 - 16416

Plenum Size: 20" X 9Ft

Nozzle Type: 11982

Serial #: TBU036868

Bar Code: AQ0006039

Timestamp:

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2007	<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	4/2016	<input checked="" type="checkbox"/>
Hydro Test Hoses	11/15/2012	<input type="checkbox"/>
Flush Piping	11/15/2012	<input type="checkbox"/>
New		<input type="checkbox"/>
Tubing Replacement	2014	<input type="checkbox"/>
Clean Tubing	4/2016	<input checked="" type="checkbox"/>

Cylinders

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
1	3.75	Cartridge	8/2007			TBU036868	AQ0006146	

Replacement Parts

Qty	Description	Part No.	Replaced
6	Amerex Nozzle Cap	12334	4/2015
12	Tubing	tubing	4/2015

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Qty	Description	Part No.	Replaced
2	AAA Battery	ALK 92	4/8/2015

Appliances (Left to Right)

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

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Actuation cartridge weight or gauge in operable range?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. State of Ohio Certification Marcus R Orahood 54-78-1475	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Complete Hydrostatic Pressure Test Current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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INSPECTION

I. Fire Suppression Systems

Yes No NA

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.

Technician

X 

Marcus R Orahood

4/25/2016

Customer Signature

X 

Susan Kuchenbeker

4/25/2016

Fire Inspector

X 

Susan Kuchenbeker

4/25/2016

*** End Report: 1 ***

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