

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

Order # 12360

JOB LOCATIONWingstop
5907 Andrews Road
440-257-9464
Mentor On The Lake OH 44060
Service Date: 5/4/2016P1: (440)257-9464
P2:
F:**CLIENT**Wingstop
5907 Andrews Road
Mentor On The Lake Ohio 44060**CONTACT**

Sam

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Pyro-Chem

Model: PCL-460

Location: Kitchen

Install Date: 2004

Last Service: 5/4/2016

Duct Size: 12"x16"

Nozzle Type: D2

Nozzle Type: 20" x 12ft

Serial #: ATM184918

Bar Code: AQ10237

Timestamp: 5/4/2016 10:15:16 AM

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2004	<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	5/2016	<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	4.60	Extinguishing Agent	2004	2004				

Replacement Parts

Qty	Description	Part No.	Replaced
8	Nozzle Cap Pyro Chem	PC623	9/2015
3	Fuse Links 450°F Globe ML	450ML-11	5/4/2016
1	Actuating Cartridge Pyro Chem	PCC 16	9/2015

Appliances (Left to Right)

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

Printed on: 5/5/2016 4:13:14 PM

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Num	Description	Size	Nozzle(s)
1	Fryer - Gas		
2	Fryer - Gas		
3	Fryer - Gas		
4	Fryer - Gas		
5	Fryer - Gas		
6	Range - 4 Burner		

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?	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
/* Due this year for hydrostatic pressure testing */			
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

5/4/2016

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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