

Acquire Fire Protection, Inc.

17012 Kinsman Road
Middlefield, Ohio 44062

Fire Suppression Systems**Service History**

Order # 12354

JOB LOCATION

Zappitelli Catering To You, Inc.
9570 Mentor Avenue
(440)352-1185
Mentor OH 44060
Service Date: 5/3/2016

P1: (440)352-1185
P2: (440)639-9562
F: (440)352-1447

CLIENT

Zappitelli Catering To You, Inc.
9570 Mentor Avenue
Mentor OH 44060

CONTACT

Anthony Zappitelli
440-832-1142 A Cell

TECHNICIAN

JAL

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: Amerex

Model: Dual KP 3.75

Location: Kitchen

Install Date: 10/2003

Last Service: 5/3/2016

Duct Size: 16" X 18"

Nozzle Type: 16416

Plenum Size: 20" X 9Ft

Nozzle Type: 11982

Bar Code: AQ0001074

Timestamp:

Tests/Inspections/Services

Description	Last	Due
Hydro Test	2015	<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	3.75	Extinguishing Agent	7/2003	2015		TBU010550	AQ0001075	
2	3.75	Extinguishing Agent	7/2003	2015		TBU010569	AQ0001076	

Replacement Parts

Qty	Description	Part No.	Replaced
4	Fuse Links 360°F K Link	360K-11	5/3/2016
7	Amerex Nozzle Cap	12334	9/2015
1	Fuse Links 450°F K Link	450K-11	5/3/2016

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

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Appliances (Left to Right)

Num	Description	Size	Nozzle(s)
1	Range - 10 Burner	18"	1-11982, 2-14178
2	Range - 2 Burner		14178

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? If not was the alignment corrected during inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? /* Pressure gage reading 2000psi */	<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"/>
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

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INSPECTION

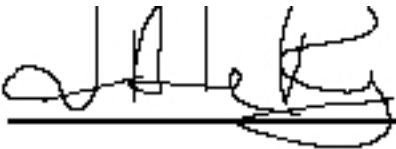
I. Fire Suppression Systems

Yes No NA

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

5/3/2016

Customer Signature

X _____

Fire Inspector

X _____

*** End Report: 1 ***

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