

All State Fire Equipment

A Division of the Allstate Family of Fire Suppression Companies

P.O. Box 1025
Lynnfield, MA 01940
866-542-3473

Pre-Engineered System Inspection Report

Date of Service: 10/27/201 Time: 12:06 AM PM

Annual / Semi-Annual / Recharge / Installation / Renovation / Test

Customer / Location

Name: Maine Craft Distilling
 Address: 101 Fox Street Attn: James
 City, ST, Zip: Portland ME 04103
 Owner / Manager: Pete Collard
 Phone: (207) 761-2092 x102
 Email: _____

System Information:
Make: <u>Ansul</u>
Model: <u>R-102</u>
Size: <u>3 gallon</u>
Control Head Type / Location: <u>Automan in end cab</u>
Location of Gas Valve: <u>Right of hood.</u>

	Yes	No	N/A		Yes	No	N/A
1 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Checked operation of manual release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 All tamper seals intact. No evidence of tampering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Checked operation of micro-switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All appliances properly covered w/ correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Checked operation of gas valve (<input checked="" type="checkbox"/> MECH / ELEC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Duct(s) & plenum properly covered w/ correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Piping / conduit securely braced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Filters in place at time of inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Nozzles cleaned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Pressure gauge in acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18 Proper nozzle caps/covers in place Qty <u>7</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Checked cartridge weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 System operational & armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder within hydrotest date Due <u>2029</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Inspected cylinder & mount	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Checked operation of detection line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Allstate Fire Equipment sticker on Automan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 # of fusible links <u>360°</u> <u>3</u> <u>450°</u> <u>500°</u> other _____°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Service & certification tag on system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Replaced fusible links	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 System meets U.L. 300 Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Appliances (left to right)

6 burner w/ salamander, griddle, fryer.

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. All State Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of All State Fire Equipment.

Comments / Non-Compliance:

All State Fire Equipment Agent: Tyler Keefe *TK* Date: 10/27/2017

Customer's Authorized Agent: _____ Date: 10/27/2017

If testing for Authority Having Jurisdiction:

AHJ Print: David Petruccelli

Testing Date: _____

AHJ Signature: *DP*

Jurisdiction: _____