

Safer. Smarter. Tyco.™

Address: 30 Thomas Drive
 Address: Westbrook, ME 04092
 Phone: 207-842-6440
 Fax: 207-482-2958

Customer: R. J. Kelly
 Contact: _____
 Address: _____
 Phone: _____
 Fax: _____

Date of Service: 4/11/19 SR#: 44482522
 Inspection: Installation: PO#: _____

Installation Sign Off (If Applicable)
 Signature: _____ Date: _____

System Information			
Manufacturer	Masul		
Model #	R100		
Serial #			
Cylinder Size	15		
Fusible Links	360°	450°	
	500°	Other *	210/2
Fuel Shut-off	Type:	E	
	Size:		

System Information (Continued)			
Manufacturer Hydro		Tank Pressure	
Cartridge Weight			
Water Flow Test (PSI)			
Cooking / Ventilating Equipment			
Number of Duct(s) and Duct Sizes	5"		
Hood Size	30x25		
Plenum Size	15		
Filter Type and Size		Qty.	

List cooking appliance(s) type and size of cooking surface.

(NOTE: List appliances from left to right) (Size = Length x Width) (Fuel Source : E= Electric, G= Gas, SF= Solid Fuel) (Nozzle Type and Quantity)

Appliance	Size	Fuel Source	Nozzle Type	Qty.
1. Griddle	17x19	E	290	1
2. Fryer	10.5x12	E	290	1
3.				
4.				
5.				
6.				

Appliance	Size	Fuel Source	Nozzle Type	Qty.
7.				
8.				
9.				
10.				
11.				
12.				

	Yes	No	N/A
1. All Appliances Properly Protected w/Correct Nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Duct And Plenum Protected w/Correct Nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All Nozzles Properly Aimed At Hazard/Unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Separation Between Fryer(s) and Open Flame	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Nozzle Blow-off Caps Installed (Replace, if needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hood/Duct Penetrations Sealed w/Weld or UL Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Check Cartridge Weight (Replace if needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Test Detection System From Terminal Detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Replace Fusible Links (Every 6 Months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Test Remote Manual Pull Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Test Mechanical Gas Shut-Off Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Test Electric Solenoid Gas Shut-off Valve w/Reset Relay	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Test Electric Switch For Proper Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
14. System Installed in Accordance w/Mfg. UL Listing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. System Meets UL 300 Standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Tamper Seal(s) Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Piping And Conduit Secured To Rigid Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Actuation Line Vacuum Test Performed (Every 6 Months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Blow-Out Distribution Piping Network w/Dry Air or Nitrogen (Every 12 Months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Exhaust Fan(s) Operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Make-up/Return Air Fan(s) Shut Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Building Fire Alarm Connected / Activated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. All Filters / Spacers Reinstalled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Class K Extinguisher w/ Placard Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. System Returned to Normal Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Last Regulator and Hydrostatic Test Date (Every 12 Years)			Date: _____

NOTE DEFICIENCIES OR DISCREPANCIES

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Service Request. Customer further agrees that the services have been completed with pursuant to the agreed upon scope of work and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

Acceptance of customer or customer's representative

Service Technician Signature	Date	Time	Customer's Authorized Agent Signature	Date
<u>[Signature]</u>			<u>[Signature]</u>	
Service Technician Print		AM <input type="checkbox"/>	Customer's Authorized Agent Print	
<u>[Signature]</u>		PM <input type="checkbox"/>		

