

Safer. Smarter. Tyco.™

Task #	52080144	Date:	11-8-16
SR #		NA In:	
Inspector:	B. Ross	NA Out:	

SR: 36148956

30 Thomas Drive
Westbrook, ME 04092
P 207-842-6440 F 207-482 2358

SHIP TO: Aurora Catering
64 Pine St
Portland ME 04102
871-9060

BILL TO: _____

EXTINGUISHER INSPECTION / SERVICES					NEW EXTINGUISHERS - RELIEVE TRUNK INVENTORY				
QTY.	PART LB	DESCRIPTION	PRICE	AMOUNT	QTY.	PART LB	DESCRIPTION	PRICE	AMOUNT
	EX2010	EX Annual Maintenance Fire Ext		\$		EX1025	NEW EXT 2.5 LB D/C		\$
	EX2011	EX Monthly Extinguisher Inspection		\$		EX1050	NEW EXT 5 LB D/C		\$
	EX2012	EX Annual Maintenance Cart Operated		\$		EX1010	NEW EXT 10 LB D/C		\$
	EX2014	EX Fire Hose Service/rerack		\$		EX1020	NEW EXT 20 LB D/C		\$
	EX2015	EX Minimum Service Charge		\$		EX1150	NEW EXT 5 LB CO2		\$
	EX2032	EX Wheeled Unit Annual Maint		\$		EX1110	NEW EXT 10 LB CO2		\$
EXTINGUISHER 6YR / RECHARGES					NEW EXTINGUISHERS - RELIEVE TRUNK INVENTORY				
	EX2060	EX Six Year Maintenance		\$		EX1115	NEW EXT 15 LB CO2		\$
	EX8025	EX Recharge 2.5 LB Dry Chemical		\$		EX1120	NEW EXT 20 LB CO2		\$
	EX8050	EX Recharge 5 LB Dry Chemical		\$		EX1250	NEW EXT 5 LB FE36 Clean Agent		\$
	EX8010	EX Recharge 10 LB Dry Chemical		\$		EX1210	NEW EXT 9 LB FE36 Clean Agent		\$
	EX8020	EX Recharge 20 LB Dry Chemical		\$		EX1214	NEW EXT 13 LB FE36 Clean Agent		\$
	EX8150	EX Recharge 5 LB CO2		\$		EX1213	NEW EXT 13 LB FE36 Non-Metallic		\$
	EX8110	EX Recharge 10 LB CO2		\$		EX1425	NEW EXT 2.5 GAL Pressurized Water		\$
	EX8115	EX Recharge 15 LB CO2		\$		EX1560	NEW EXT K-Class		\$
	EX8120	EX Recharge 20 LB CO2		\$	SERVICED EXTINGUISHER - RELIEVE TRUNK INVENTORY				
	EX3499	EXFE36 Recharge		\$		EX3025	Serviced EXT Dry Chemical 2.5 LB		N/C
	EX8030	EX Recharge K-Class		\$		EX3050	Serviced EXT Dry Chemical 5 LB		N/C
	EX8035	EX Recharge Pressurized Water		\$		EX3010	Serviced EXT Dry Chemical 10 LB		N/C
	EXBV20	EX Recharge Beverage Cylinder		\$		EX3020	Serviced EXT Dry Chemical 20 LB		N/C
EXTINGUISHER HYDROTEST						EX3021	Serviced EXT CO2 5 LB		N/C
	EX2080	EX Hydrotest CO2 (up To 20 Lbs)		\$		EX3110	Serviced EXT CO2 10 LB		N/C
	EX2084	EX Hydrotest Stored Pressure Type		\$		EX3115	Serviced EXT CO2 15 LB		N/C
	EX2090	EX Hydrotest Fire Hose		\$		EX3120	Serviced EXT CO2 20 LB		N/C
	EX8000	EX Hydrotest CleanGuard / Halotron / Halon		\$		EX3060	Serviced EXT Recharge K-Class		N/C
	EX8070	EX Hydrotest K-Class		\$		EX3200	Serviced EXT Recharge Pressurized Water		N/C
EXTINGUISHER SERVICE PARTS						EX3650	Serviced EXT FE36 5 Lb		N/C
	EX2100	EX Conductivity Test And Label		\$		EX3609	Serviced EXT FE36 9 Lb		N/C
	EX4001	EX Locking Pin		\$		EX3613	Serviced EXT FE36 13 Lb		N/C
	EX4002	EX Verification Collar		\$	EMERGENCY LIGHTING INSPECTION / SERVICE				
	EX4005	EX Valve Stem		\$		EE6001	EE Emergency Light Inspection		\$
	EX4100	EX Valve Retainer Seal (O-Ring)		\$		EE6002	EE Exit Light Inspection		\$
	EX4200	EX Gauge		\$		EE6007	EE Exit Sign AC only Inspection		\$
	EX4412	EX CO2 Safety Relief Device		\$		EE6201	EE A/C Bulb		\$
	EX5100	EX Sign - Fire Extinguisher		\$		EE6202	EE D/C Bulb		\$
	EX5200	EX Hanger - Fire Extinguisher		\$		EE6004	EE Battery Disposal		\$
ADDITIONAL SERVICES / LABOR / MATERIAL					KITCHEN HOOD INSPECTION / SERVICE				
	① KH7009	16gram CO2 Cartridge	37 ⁰⁰	\$	② KH7000	KH Kitchen Hood Inspection	148 ⁰⁰	\$296 ⁰⁰	
	④ KH7106	Foil Nozzle Seals	14 ⁰⁰	\$56 ⁰⁰		KH7001	KH Additional Cylinder Inspection		\$
	①	2 1/2 gallon Recharge Guard	425 ⁰⁰	\$		KH7002	KH Adjust Link Line		\$
		Cylinder swap out Tank		\$		KH7004	KH Replace Nozzle		\$
				\$		KH7005	KH Nozzle Cleaning		\$
				\$		KH7012	KH Replace Detection Line And Conduit		\$
				\$		KH7023	KH Hood 12 Year Hydrotest		\$
				\$	⑥ KH7101	KH Fusible Link	20 ⁴⁰	\$122 ⁴⁰	
				\$		KH7103	KH Rubber Blow-off Cap		\$
				\$	⑥ KH7104	KH Metal Blow Off Cap	18 ⁰⁰	\$108 ⁰⁰	

COMMENTS				TOTAL CHARGES		
<p>L = 296¹⁶ M = 748⁴⁰ E = ⁰⁰ T = 1044⁵⁶</p>				TOTAL SERVICES		\$
				TOTAL MATERIAL		\$
				EX2017 - HAZ MAT CHARGE		\$
				SUBTOTAL		\$
				TAX % ON TOTAL SALES		\$
				FUEL SURCHARGE		\$
				GRAND TOTAL		\$

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 to Customer's satisfaction 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 (I)	Date	Time	Customer's Authorized Agent
Print Name: Bryan W. Ross	11-8-16	700	Print Name: David P. Jones
Employee Number: <i>BW</i>			Sign Name: <i>D Jones</i>

Safer. Smarter. Tyco.™

Address: 30 Thomas Drive
Westbrook, ME 04092
Phone: 207-842-6440
Fax: 207-482-2358

Customer: Aurora Catering
Contact: _____
Address: 64 Pine St
Portland ME 04102
Phone: _____
Fax: _____

Date of Service: 11-8-16 SR#: _____
Inspection: Installation: PO#: _____

Installation Sign Off (If Applicable)

Signature: _____ Date: _____

System Information				
Manufacturer	<u>Range Guard</u>			
Model #	<u>2.5G</u>			
Serial #	_____			
Cylinder Size	<u>2 1/2 gallon</u>	_____	_____	_____
Fusible Links	360°	<u>2</u>	450°	_____
	500°	_____	Other*	_____
Fuel Shut-off	Type:	<u>Mech. Gas</u>		
	Size:	<u>1 1/4"</u>		

System Information (Continued)				
Manufacturer Hydro	<u>2016</u>	Tank Pressure	_____	_____
Cartridge Weight	<u>OK</u>	_____	_____	_____
Water Flow Test (PSI)	_____	_____	_____	_____
Cooking / Ventilating Equipment				
Number of Duct(s) and Duct Sizes	<u>one - 1 1/2 x 12"</u>			
Hood Size	<u>4' x 5'</u>			
Plenum Size	<u>4'</u>			
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. Fryer	<u>14" x</u>	<u>G</u>	<u>F</u>	<u>1</u>
2. Table	_____	_____	_____	_____
3. Range	<u>4 Burner</u>	<u>G</u>	<u>R</u>	<u>1</u>
4. oven	_____	<u>G</u>	_____	_____
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Replace Fusible Links (Every 6 Months)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
19. Blow-Out Distribution Piping Network w/Dry Air or Nitrogen (Every 12 Months)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: <u>2013</u>

NOTE DEFICIENCIES OR DISCREPANCIES

System cylinder Replaced with fully charged Tank (2016) System NOW compliant

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Acceptance of customer or customer's representative

Service Technician Signature	Date	Time	Customer's Authorized Agent Signature	Date
<u>Bryan Wilcox</u>	<u>11-8-16</u>	<u>945</u>	<u>Robert H. [Signature]</u>	<u>11-8-16</u>
Service Technician Print		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Customer's Authorized Agent Print	<u>11/8/16</u>

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Address: **30 Thomas Drive**
Address: **Westbrook, ME 04092**
Phone: **207-842-6440**
Fax: **207-482-2358**

Customer: Aurora Catering
Contact: _____
Address: 64 Pine St
Portland ME 04102
Phone: _____
Fax: _____

Date of Service: 11-8-16 SR#: _____

Inspection: Installation: PO#: _____

System Information				
Manufacturer	<u>Range Guard</u>			
Model #	<u>2.5G</u>			
Serial #	_____			
Cylinder Size	<u>2 1/2 gallon</u>	_____	_____	_____
Fusible Links	360°	<u>2</u>	450°	_____
	500°	_____	Other *	_____
Fuel Shut-off	Type:	<u>Mech Gas</u>		
	Size:	<u>1 1/4"</u>		

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

System Information (Continued)			
Manufacturer Hydro	<u>2013</u>	Tank Pressure	_____
Cartridge Weight	<u>OK</u>	_____	_____
Water Flow Test (PSI)	_____	_____	_____

Cooking / Ventilating Equipment			
Number of Duct(s) and Duct Sizes	<u>one - 1 1/2 x 12"</u>		

Hood Size	<u>4' x 5'</u>		
Plenum Size	<u>4'</u>		
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. <u>Fryer</u>	<u>14x</u>	<u>G</u>	<u>F</u>	<u>1</u>
2. <u>Table</u>	_____			
3. <u>Range</u>	<u>4 Burner</u>	<u>G</u>	<u>R</u>	<u>1</u>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Replace Fusible Links (Every 6 Months)	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
12. Test Electric Solenoid Gas Shut-off Valve w/Reset Relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Test Electric Switch For Proper Operation	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
19. Blow-Out Distribution Piping Network w/Dry Air or Nitrogen (Every 12 Months)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: <u>2013</u>

NOTE DEFICIENCIES OR DISCREPANCIES

System Non-Compliant - System cylinder NO pressure reading on Gauge

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Acceptance of customer or customer's representative				
Service Technician Signature	Date	Time	Customer's Authorized Agent Signature	Date
<u>Bryan W. Ross</u>	<u>11-8-16</u>	<u>645</u>	<u>[Signature]</u>	<u>11-8-16</u>
Service Technician Print		AM <input checked="" type="checkbox"/>	Customer's Authorized Agent Print	
<u>Bryan W. Ross</u>		PM <input type="checkbox"/>		

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Address: 30 Thomas Drive
Westbrook, ME 04092
Phone: 207-842-6440
Fax: 207-482-2358

Customer: Aurora Catering
Contact: _____
Address: 64 Pine St
Portland ME 04102
Phone: _____
Fax: _____

Date of Service: 11-8-16 SR#: _____

Inspection: Installation: PO#: _____

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

System Information			
Manufacturer	Pyrrochem		
Model #	PCL-460		
Serial #			
Cylinder Size	4 1/2 gallon		
Fusible Links	360°	3	450°
	500°	1	Other *
Fuel Shut-off	Type:	Mech. Gas	
	Size:	(1 1/4")	

System Information (Continued)			
Manufacturer Hydro	2010		Tank Pressure
Cartridge Weight	16 gram CO2 cart.		
Water Flow Test (PSI)			
Cooking / Ventilating Equipment			
Number of Duct(s) and Duct Sizes	2-Ducts #1(2" x 12") #2(11" x 11")		
Hood Size	2-Hoods #1(6' x 4') #2(6' x 4')		
Plenum Size			
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. Charbroiler	24" x 22"	G	1H	1
2. Range	6 Burner	G	1H 2L	2
3. Range	6 Burner	G	1H 2L	2
4. G-Grill	23 1/2" x 23"	G	1H	1
5. Salamander	20" x 6"	G	1L	1
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Replace Fusible Links (Every 6 Months)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
19. Blow-Out Distribution Piping Network w/Dry Air or Nitrogen (Every 12 Months)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: <u>2010</u>

NOTE DEFICIENCIES OR DISCREPANCIES

NOTE DEFICIENCIES OR DISCREPANCIES

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Acceptance of customer or customer's representative

Service Technician Signature	Date	Time	Customer's Authorized Agent Signature	Date
<u>Bryan W. Ross</u>	<u>11-8-16</u>	<u>6:45</u>	<u>[Signature]</u>	<u>11-8-16</u>
Service Technician Print		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Customer's Authorized Agent Print	
<u>Bryan W. Ross</u>				