



ALLSTATE FIRE EQUIPMENT

New England's Leader in Fire Protection

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

Fire Suppression System Distributor Certificate of Installation

To be Completed by Regional Office

Job Name <u>Crown Jewel</u>	Job Number <u>1</u>
Job Address <u>255 DEANONS AVE</u> <u>GREAT DEANONS BEANS</u> <u>PORTLAND ME 04109</u>	Type of System: Ansul <input checked="" type="checkbox"/> Pyrochem <input type="checkbox"/> Other _____

To be Completed by Fire System Distributor

Company Name <u>ALL STATE FIRE EQUIPMENT</u>	System Model <u>7102</u>
Address <u>20 C Del Carmine St</u> <u>Wakefield, MA 01880</u>	Serial Number <u>361104</u> <u>UL300</u>
Fuel/Energy Shut Off Device Tested on <u>06-29-18</u> Date	Gas Valve: Mechanical <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Size <u>1 1/2</u> Installed. Electric Equipment Shut-down Tested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)	
Technician's Name <u>Dylan Proulx</u>	
Signature <u>Dylan Proulx</u>	Date <u>06-29-18</u>

To be Completed by Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Signature _____ Date _____

To be Completed by the Authority Having Jurisdiction

Functional tests have been witnessed and the system performs as designed.

Print Name _____ Jurisdiction _____

Signature _____ Date _____