



P.O. Box 1355
 Auburn, ME 04211-1355
 (207) 784-7525 • 800-538-3473
 E-mail: firesafe@fire-safe.com
 Web: www.fire-safe.com

WORK ORDER NUMBER
 20846

265-B-4

Account Number 44073006

Customer Name 2nd Fl. Serv

MANUFACTURER	MODEL NO.	SIZE	LAST SERVICE DATE
<u>Fire Safe</u>	<u>2510</u>	<u>18" x 12"</u>	<u>10/11/02</u>

RETURN FOR SERVICE										
QTY.	LBS.	DC	CO ₂	W	QTY.	LBS.	DC	CO ₂	W	NUMBER OF LOANERS

- | | YES | NO |
|--|-------------------------------------|--------------------------|
| 1. All appliances properly covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Check positioning of all nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Hood / duct penetrations sealed w/weld or UL device | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pressure gauge in proper range (if gauged) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Check cartridge weight (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Inspect cylinder and mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Operate system from terminal link | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Test for proper operation from remote | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Check operation of micro switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Check operation of gas valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Clean nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Proper nozzle covers in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. UL 300 Listed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Replaced fuse links | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Check travel of cable nuts / S-hooks | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Piping & conduit securely bracketed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Proper separation between fryers & flame | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Proper clearance—flame to filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Exhaust fan in operating order | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Proper filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Replace systems covers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. System operational & seals in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Slave system operational | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Clean cylinder & mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26. Fan warning sign on hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. Personnel instructed in manual operation of system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. Proper hand portable extinguishers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29. Portable extinguishers properly serviced | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30. Service & Certification tag on system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Fire Alarm: <input type="checkbox"/> Municipal <input type="checkbox"/> Local <input type="checkbox"/> N/A | | |

QTY.	PART #	DESCRIPTION	PRICE	AMOUNT
	SYS	SYSTEM INSPECTION		
1	T-SYS	TANDEM SYSTEM INSPECTION		
2	15011	TANKS IN SYSTEM		
	SYS-H/CO	CO2 / CLEAN AGENT SYSTEM INSPECTION		
	SWAPOUT			
	360LINK	360 FUSIBLE LINK		
	450LINK	450 FUSIBLE LINK		
	500LINK	500 FUSIBLE LINK		
	LINK			
	PCC02	CO2 CARTRIDGE		
	EXTBASE	EXTINGUISHER INSPECTION		
	EXT	EXTINGUISHER INSPECTION		
	MTHLY	MONTHLY EXTINGUISHER INSPECTION		
		EXTINGUISHERS INSPECTED		
	TRAVEL	TRAVEL TIME		
	LAB-OS	LABOR, ON-SITE TIME		
1		<u>1st Alarm Response Time System Test 1/2011</u>		
		<u>Approved & Complete</u>		

"Protecting Your Assets"

SUBTOTAL	
TAX	
TOTAL	

Payment Method:
 Cash Check # _____ N/30
 VISA # _____
 M/C # _____

Name (As it appears on card) _____ Exp. Date _____

Comments: _____

I, THE UNDERSIGNED, CERTIFY THAT I PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

SERVICE TECHNICIAN <u>Joe H...</u>	DATE <u>11/15/09</u>	TIME <u>AM</u>	CUSTOMER SIGNATURE <u>X</u>	DATE
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P.O. Box 1355
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WORK ORDER NUMBER
56216

Account Number 1027004
Customer Name Ken Brown

MANUFACTURER	MODEL NO.	SIZE	LAST SERVICE DATE
<u>Hogson</u>	<u>44103</u>	<u>11/11/10</u>	<u>2/26/11</u>

RETURN FOR SERVICE										NUMBER OF LOANERS	
QTY.	LBS.	DC	CO ₂	W	QTY.	LBS.	DC	CO ₂	W		

- | | YES | NO |
|--|-------------------------------------|--------------------------|
| 1. All appliances properly covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Check positioning of all nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Hood / duct penetrations sealed w/weld or UL device | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Pressure gauge in proper range (if gauged) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Check cartridge weight (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Inspect cylinder and mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Operate system from terminal link | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Test for proper operation from remote | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Check operation of micro switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Check operation of gas valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Clean nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Proper nozzle covers in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. UL 300 Listed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Replaced fuse links | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Check travel of cable nuts / S-hooks | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Piping & conduit securely bracketed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Proper separation between fryers & flame | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Proper clearance—flame to filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Exhaust fan in operating order | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Proper filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Replace systems covers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. System operational & seals in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Slave system operational | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Clean cylinder & mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26. Fan warning sign on hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. Personnel instructed in manual operation of system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. Proper hand portable extinguishers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29. Portable extinguishers properly serviced | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30. Service & Certification tag on system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Fire Alarm: <input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Local <input type="checkbox"/> N/A | | |
- NOTE DISCREPANCIES OR DEFICIENCIES BELOW

QTY.	PART #	DESCRIPTION	PRICE	AMOUNT
	SYS	SYSTEM INSPECTION		
1	T-SYS	TANDEM SYSTEM INSPECTION		
2	IF 011	TANKS IN SYSTEM		
	SYS-H/CO	CO2 / CLEAN AGENT SYSTEM INSPECTION		
	SWAPOUT			
1	360LINK	360 FUSIBLE LINK		
	450LINK	450 FUSIBLE LINK		
	500LINK	500 FUSIBLE LINK		
	LINK			
	PCC02	CO2 CARTRIDGE		
	EXTBASE	EXTINGUISHER INSPECTION		
	EXT	EXTINGUISHER INSPECTION		
	MTHLY	MONTHLY EXTINGUISHER INSPECTION		
		EXTINGUISHERS INSPECTED		
	TRAVEL	TRAVEL TIME		
	LAB-OS	LABOR, ON-SITE TIME		

"Protecting Your Assets"

SUBTOTAL	
TAX	
TOTAL	

Payment Method:
 Cash Check # _____ N/30
 VISA # _____
 M/C # _____

Name (As it appears on card) _____ Exp. Date _____

Comments: _____

I, THE UNDERSIGNED, CERTIFY THAT I PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

SERVICE TECHNICIAN <u>[Signature]</u>	DATE <u>1/11/11</u>	TIME <u>11:10</u>	CUSTOMER SIGNATURE <u>[Signature]</u>	DATE <u>1/11/11</u>
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 Web: www.fire-safe.com

WORK ORDER NUMBER
 36346

Account Number 11009036
 Customer Name Mon. H. S. Co.

MANUFACTURER	MODEL NO.	SIZE	LAST SERVICE DATE
<u>Hagan</u>	<u>H316</u>	<u>190011</u>	<u>2009</u>

RETURN FOR SERVICE										
QTY.	LBS.	DC	CO ₂	W	QTY.	LBS.	DC	CO ₂	W	NUMBER OF LOANERS

- | | YES | NO |
|---|-------------------------------------|--------------------------|
| 1. All appliances properly covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Check positioning of all nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Hood / duct penetrations sealed w/weld or UL device | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Pressure gauge in proper range (if gauged) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Check cartridge weight (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Inspect cylinder and mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Operate system from terminal link | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Test for proper operation from remote | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Check operation of micro switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Check operation of gas valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Clean nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Proper nozzle covers in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. UL 300 Listed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Replaced fuse links | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Check travel of cable nuts / S-hooks | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Piping & conduit securely bracketed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Proper separation between fryers & flame | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Proper clearance—flame to filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Exhaust fan in operating order | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Proper filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Replace systems covers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. System operational & seals in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Slave system operational | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Clean cylinder & mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26. Fan warning sign on hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. Personnel instructed in manual operation of system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. Proper hand portable extinguishers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29. Portable extinguishers properly serviced | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30. Service & Certification tag on system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Fire Alarm: <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Local <input type="checkbox"/> N/A | | |
- NOTE DISCREPANCIES OR DEFICIENCIES BELOW

QTY.	PART #	DESCRIPTION	PRICE	AMOUNT
1	SYS	SYSTEM INSPECTION		
	T-SYS	TANDEM SYSTEM INSPECTION		
		TANKS IN SYSTEM		
	SYS-H/CO	CO ₂ / CLEAN AGENT SYSTEM INSPECTION		
	SWAPOUT			
	360LINK	360 FUSIBLE LINK		
	450LINK	450 FUSIBLE LINK		
	500LINK	500 FUSIBLE LINK		
	LINK			
	PCCO2	CO ₂ CARTRIDGE		
	EXTBASE	EXTINGUISHER INSPECTION		
	EXT	EXTINGUISHER INSPECTION		
	MTHLY	MONTHLY EXTINGUISHER INSPECTION		
		EXTINGUISHERS INSPECTED		
	TRAVEL	TRAVEL TIME		
	LAB-OS	LABOR, ON-SITE TIME		
1		<u>New material in system</u>		
		<u>Fire System checked</u>		
		<u>1 completed</u>		

"Protecting Your Assets"	SUBTOTAL	
	TAX	
	TOTAL	

Payment Method:
 Cash Check # _____ N/30
 VISA # _____
 M/C # _____

 Name (As it appears on card) Exp. Date

Comments: _____

I, THE UNDERSIGNED, CERTIFY THAT I PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	DATE
<u>[Signature]</u>	<u>1/15/09</u>			

AM
PM **X**



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 Auburn, ME 04211-1355
 (207) 784-7525 • 800-538-3473
 E-mail: firesafe@fire-safe.com
 Web: www.fire-safe.com

WORK ORDER NUMBER:
36290

Account Number 1009131
 Customer Name Fun House

MANUFACTURER	MODEL NO.	SIZE	LAST SERVICE DATE
<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>

RETURN FOR SERVICE										NUMBER OF LOANERS
QTY.	LBS.	DC	CO ₂	W	QTY.	LBS.	DC	CO ₂	W	

- | | YES | NO |
|--|-------------------------------------|--------------------------|
| 1. All appliances properly covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Check positioning of all nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Hood / duct penetrations sealed w/weld or UL device | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Pressure gauge in proper range (if gauged) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Check cartridge weight (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Inspect cylinder and mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Operate system from terminal link | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Test for proper operation from remote | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Check operation of micro switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Check operation of gas valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Clean nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Proper nozzle covers in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. UL 300 Listed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Replaced fuse links | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Check travel of cable nuts / S-hooks | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Piping & conduit securely bracketed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Proper separation between fryers & flame | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Proper clearance—flame to filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Exhaust fan in operating order | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Proper filters | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Replace systems covers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. System operational & seals in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Slave system operational | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25. Clean cylinder & mount | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26. Fan warning sign on hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. Personnel instructed in manual operation of system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. Proper hand portable extinguishers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29. Portable extinguishers properly serviced | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30. Service & Certification tag on system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Fire Alarm: <input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Local <input type="checkbox"/> N/A | | |
- NOTE DISCREPANCIES OR DEFICIENCIES BELOW

QTY.	PART #	DESCRIPTION	PRICE	AMOUNT
	SYS	SYSTEM INSPECTION		
1	T-SYS	TANDEM SYSTEM INSPECTION		
2	6901	TANKS IN SYSTEM		
	SYS-H/CO	CO2 / CLEAN AGENT SYSTEM INSPECTION		
	SWAPOUT			
	360LINK	360 FUSIBLE LINK		
	450LINK	450 FUSIBLE LINK		
	500LINK	500 FUSIBLE LINK		
	LINK			
	PCC02	CO2 CARTRIDGE		
	EXTBASE	EXTINGUISHER INSPECTION		
	EXT	EXTINGUISHER INSPECTION		
	MTHLY	MONTHLY EXTINGUISHER INSPECTION		
		EXTINGUISHERS INSPECTED		
	TRAVEL	TRAVEL TIME		
	LAB-OS	LABOR, ON-SITE TIME		

"Protecting Your Assets"

SUBTOTAL	
TAX	
TOTAL	<u>9222.96</u>

Payment Method:
 Cash Check # _____ N/30
 VISA # _____
 M/C # _____

Name (As it appears on card) _____ Exp. Date 1 / _____

Comments: _____

I, THE UNDERSIGNED, CERTIFY THAT I PERSONALLY INSPECTED THE ABOVE PREMISES AND FOUND CONDITIONS AS NOTED.

SERVICE TECHNICIAN <u>[Signature]</u>	DATE <u>1/2/09</u>	TIME <u>AM</u>	CUSTOMER SIGNATURE <u>[Signature]</u>	DATE <u>1/2/09</u>
--	-----------------------	-------------------	--	-----------------------