



(formerly All State Fire Equipment)  
 3 Tallwood Drive, Unit 3, Bow, NH 03304  
 Phone (603) 717-7300 \* Fax (603) 717-7303  
 MA-CR 4628

**Pre-Engineered  
 Kitchen System Inspection Report**

DATE: 3/1/13 TIME: 2:00 PM

TYPE: INSPECTION / RECHARGE / NEW INSTALL / RENOVATION

CUSTOMER: ESS d I  
 ADDRESS: 155 RIVERSIDE ST.  
 CITY, STATE, ZIP: PORTLAND ME. 04103  
 PHONE: 913 375 7762  
 OWNER / MANAGER: Ed

MAKE / MODEL: AMCAL 2162  
 SIZE: 9 GAL.  
 CYLINDER LAST HT DATE: 2012  
 NEXT CYLINDER SERVICE DUE DATE: 2024  
 CYLINDER LOCATION: INSIDE HOOD CABINET

DESCRIPTION	YES	NO	N/A
1. SYSTEM TIED INTO FIRE ALARM	/		
2. ALL TAMPER SEALS INTACT	/		
3. CORRECT NOZZLE COVERAGE	/		
4. HOOD & DUCT PROPERLY SEALED / CLEANED	/		
5. OPERATION OF DETECTION LINE	/		
6. CYLINDER RELEASE MECHANISM	/		
7. PIPING & CONDUIT SECURE	/		
8. NOZZLES CLEANED QTY <u>20</u> REPLACED QTY _____	/		
9. NOZZLE CAPS IN PLACE QTY _____ (M) <u>20</u> (R)	/		
10. NOZZLE CAPS REPLACED QTY _____ (M) _____ (R)	/		
11. COPPER TUBING & FITTINGS	/		
12. CHECKED GAS VALVE _____ (MECH.) _____ (ELECT.)	/		
13. GREASE SHIELD PROTECTING FRYER	/		
14. CYLINDER(S) MOUNTS SECURE	/		

DESCRIPTION	YES	NO	N/A
15. CHECK CYLINDER(S) PRESSURE	/		
16. CHECK / REPLACE CARTRIDGE (circle one)	/		
17. CHECK MANUAL PULL STATION	/		
18. EXHAUST FAN(S) OPERATING	/		
19. FAN WARNING SIGN VISIBLE	/		
20. HOOD FILTERS COMPLIANT	/		
21. SYSTEM IS UL-300 COMPLIANT	/		
22. SYSTEM OPERATIONAL & ARMED	/		
23. K-CLASS EXTINGUISHER	/		
24. EXTINGUISHERS INSPECTED	/		
25. EMERGENCY & EXIT LIGHTS LIT	/		
26. POST-SET ON WHEELED EQUIPMENT			/
27. FUSIBLE LINKS REPLACED			/
28. QTY. OF FUSIBLE LINKS: 360^ <u>5</u> 450^ _____ 500^ _____			

EQUIPMENT (left to right): SM BACK HOOD 3' RANGE.

FRONT HOODS 4' GRIDDLE CHEESE MELTER / SM HOOD 3' RANGE.  
4' GRIDDLE 6' GRIDDLE.

SAFETY NOTICE: Non-compliant systems may fail to extinguish/suppress a fire. Below are non compliant conditions that require immediate attention. CINTAS Fire Protection assumes no responsibility for system performance if these conditions are not corrected and/or verified by a CINTAS agent.

COMMENTS / NON-COMPLIANCE (see notes below): ( ) PRE UL-300 COVERAGES APPLY

- 1)
- 2)
- 3)

MATERIAL COST ITEM 1: \_\_\_\_\_ LABOR COST ITEM 1: \_\_\_\_\_  
 MATERIAL COST ITEM 2: \_\_\_\_\_ LABOR COST ITEM 1: \_\_\_\_\_  
 MATERIAL COST ITEM 3: \_\_\_\_\_ LABOR COST ITEM 1: \_\_\_\_\_

Total on site quote: \$ \_\_\_\_\_ I accept quoted price please schedule service work to be completed.  
 \_\_\_\_\_ I decline quoted price and take full responsibility for non-compliance issues.

CINTAS Fire Protection Agent: Scott Mac Date: 3/1/13  
 Customer's Authorized Agent: Ed Gabriel Date: 3-1-13  
 Printed Agent's Name: Ed Gabriel