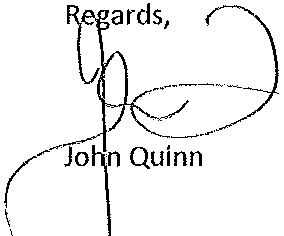


Portland Fire Department,

This letter is in regards to the Ansul R-102 system that was installed at the Egg & I in Portland located at

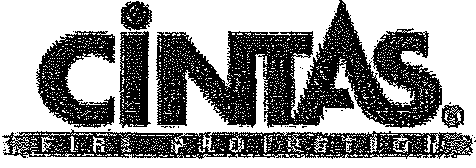
155 Riverside Street. The system is UL-300 Compliant and conforms to all NFPA 17A requirements. I have attached to the email a copy of our full system inspection report for your records as well. If you have any questions feel free to reach out to me directly.



John Quinn I Operations Manager I Cintas Fire Protection

3 Tallwood Drive I Bow NH 03304

I 0. 603.717.7300 I Cell- 603-.300-.23471 F. 603.717.7303 I



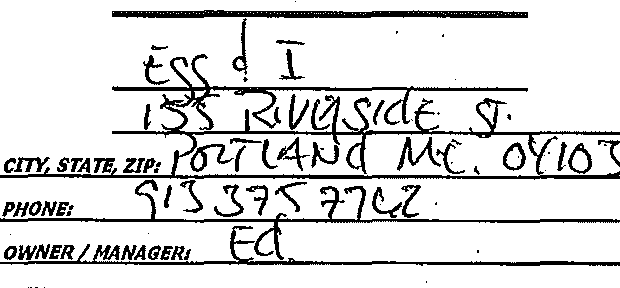
**(formerly All State Fire Equipment)**

**3 Tallwood Drtve, Unit 3, Bow, NH 03304**

**Phone(603) 717 7300 \* Fax(603) 717-7303**

**MA·CR4628**

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Pre-Engineered

Kitchen SVstem Inspection Report

A0 **lYPE: INSPECTION / RECHARG NOVATION**



*CUSTOMER: /lAKE IMODEL:* A *?'tS'VLL* rL (. *Cyt\_*



*CYLINDER LASTHTDATE: L0* t *z*

*ADDRESS:*



----

***DESCRIPTION***

*'*.*E*,*$*..

...

*C Yll ND £ R L O rn oll L· c1'*

*0 N* ***DESCRIPTION*** *YES NO*



1. SYSTEM TIED INTO ARE AlARM

2, ALL TAMPER SEALS INTACT

K,C NDER(S) PRESSURE

,;...-,- CK PlACE CARTRIDGE (circle one)

3.CORRECT NOZZLE COVERAGE ,

4.HOOD & DUCT PROPERLY SEA LED *I* CLEANED ,

17":C'HECK MANUAL PULL STATION /

18. EXHAUST FAN(S) OPERATING /

,

5.OPERATION OF omcnoN UNE

6. CYLINDER RELEASE MECHANIS

19.FAN WARNING SIGN VISIBLE /

"' 20, HOOD FILTERS COMPLIANT

8.NOZZLES CLEANED QTYZQ\_ R EPLACED

/,.

22,SYSTEM OPERATIONAL & ARMED

...

,.,

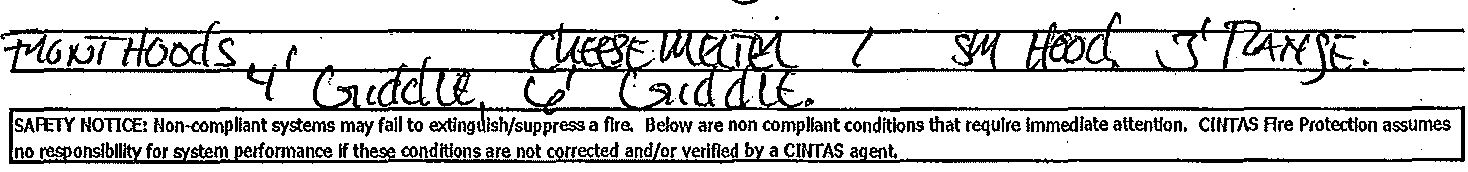
10. NOZZLE CAPS REPlACED QTY\_(M)\_(R)

12. CHECKED GAS VALVE-. (MECH.) \_(ELECT,)

, / 24. EX11NGUISHERS INSPECTED ....

26. POSI·SET ON WHEELED EQUIPMENT /

14. CYLINDER(S) MOUNTS SECURE 28. QTY. OF FUSIBLE LINKS: 360A *s*4SOA SOOA



*EQUJPMENT{Iefttorlght): '3lf*

*r&Ktlhdd* :.J £,

*COMMENTSINON·COMPUANCE (see notes below}: ( } PRE UL·300 COVERAGES APPLY*

1

2

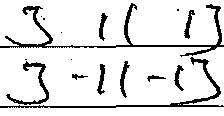
3 MATERIAL COST lTiiM 1:  **LABOR COST nEM 1; MATJ!RIAL COST ITEM 21 lABOR COST ITEM 1;** MATERIAL COST ITEM 3: **lABOR COST ITEM 1:**

**Total** on site quote:$----- **\_I accept quoted price please schedule service work to be completed.**

**Idecline quoted price and take full responslblllty for non-compliance Issues.**

*M ­*

CINTAS Fire Protection Agent: **Date:**



cu.tomer'sAuthorl•ed Agent:*'C., c ...:::J*

<

*\J* \:::' *D,\_s\*

**Printed Agent's Namei\_ ·-·.='C....D:::> =< "='"'-"" ""'·"-'"- """'--=-------**

**Date:**

This report may be required to be foiWarded to your current Insurance provider and/or authority having julisdlction.