





**INSPECTION REPORT**

TO: UNITED EVANGELICAL CHURCH 3208 DILLON STREET BALTIMORE, MD 21224	SYSTEM LOCATION: <u>KITCHEN EXHAUST HOOD</u>
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**INSPECTION TESTS MADE**

ACTUATION				CYLINDERS & CONTROLS			
SAFETY SEALS INTACT	<u>Y</u>	N	N/A	CYLINDER BRACKET SECURE	<u>Y</u>	N	N/A
REPLACED ALL FUSIBLE LINKS	<u>Y</u>	N	N/A	WEIGHED CYLINDER	<u>Y</u>	N	N/A
LINK SETTINGS	<u>360</u>		500	CYLINDER PRESSURE	<u>N/A</u>		
LINK TYPES & NO.	<u>3 SOLDER</u>		QUARTZOID	SAFETY PINS REMOVED	<u>Y</u>	N	N/A
QUARTZOID BULB(S)	<u>EXCHANGED</u>		<u>CLEANED</u>	CHECK BURSTING DISC	<u>Y</u>	N	<u>N/A</u>
CHECK CABLE & LINK HOUSINGS	<u>Y</u>	N	N/A	CARTRIDGE WEIGHT	<u>Y</u>	N	N/A
TESTED CYLINDER RELEASE MECHANISM	<u>Y</u>	N	N/A	CHECK REMOTE MANUAL RELEASE	<u>Y</u>	N	N/A
COCKING LEVER SET	<u>Y</u>	N	N/A	CHECK LOCAL MANUAL CONTROL	<u>Y</u>	N	N/A
PIPING & NOZZLES				GOOD FIRE PROTECTION PRACTICE			
PIPE & FITTINGS SECURE	<u>Y</u>	N	N/A	FILTERS CLEAN	<u>Y</u>	N	N/A
PIPING RIGIDLY SUPPORTED	<u>Y</u>	N	N/A	EXCESSIVE GREASE HOOD & DUCT	<u>Y</u>	<u>N</u>	N/A
PIPING CLEAR & UNOBSTRUCTED	<u>Y</u>	N	N/A	PROTECTION REQUIRED BY LATEST CODES	<u>Y</u>	N	
NOZZLE COVERS INTACT	<u>Y</u>	N	N/A				
NUMBERS OF NOZZLES	<u>2 DUCT</u>	<u>3 PLENUM</u>	<u>3 COOKING</u>				
CORRECT TYPE & ORIFICE NOZZLES	<u>Y</u>	N	N/A				
NOZZLES CORRECTLY POSITIONED	<u>Y</u>	N	N/A				
IS HOOD FILTERED	<u>Y</u>	N	N/A				

REMARKS:  
WOODEN CABINET UNDER HOOD SHOULD PROBABLY BE REPLACED WITH A STAINLESS TYPE.

REPAIRS:

TIME IN:	TIME OUT:
SYSTEM MODEL <u>R-102-3 gallon</u>	SERIAL NO. <u>R-60665</u>
	TEST DATE <u>86</u>

TAG NO:

This system does not meet the requirements of the current codes. We recommend you contact our sales office for a proposal to update your system. (This statement valid only if this box is checked.)

**CERTIFICATE OF INSPECTION**  
NOT VALID UNLESS COMPLETED AND SIGNED

R-102-3 GALLON / R-60665

THIS CERTIFIES that the above equipment was inspected and left in operating condition in accordance with UNDERWRITERS LABORATORIES (UL) and original manufacturer's prescribed procedures.

BY: J. Fickel DATE: 11-3-92

INSPECTION & REPORT ACKNOWLEDGED BY OWNER'S REPRESENTATIVE:

SERVICE INSPECTOR'S SIGNATURE: [Signature] DATE: 11-3-92

## THE FIRELINE CORPORATION

4506 Hollins Ferry Road  
BALTIMORE, MARYLAND 21227  
Phone 247-1422

PROPOSAL SUBMITTED TO <b>United Evangelical Church</b>		PHONE <b>276-0393</b>	DATE <b>May 13, 1986</b>
STREET <b>3208 Dillon Street</b>		JOB NAME <b>Fire Suppression System</b>	
CITY, STATE AND ZIP CODE <b>Baltimore, Maryland 21224</b>		JOB LOCATION <b>Kitchen Hood</b>	
ARCHITECT	DATE OF PLANS	JOB PHONE	
		<b>Attn: Millie</b>	

We hereby submit specifications and estimates for:

We are pleased to enclose our quotation for the above. As per our telephone conversation on 4-4-85, replacement of the existing system would be the most logical choice in our opinion. The new system would be an Ansul R102 Wet chemical System. This system would protect the exhaust duct, hood plenum area, (2) electric fryers, (1) 10 burner gas range, and (1) 6 burner gas range. The existing fuel shutoffs for your cooking equipment can be re-used but will have to be re-hooked to the microswitch in the new system.

In addition, a remote manual pull station will be installed for manual activation of the system, along with fusible link detectors in the hood area for automatic activation. Upon completion, a final inspection will be performed in the presence of a Baltimore City fire department representative as they require.

Thank you for allow us to offer our services. If you have any questions, please don't hesitate to call us.

*Ch # 2724  
mailed 4/2/86*

**We Propose** hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

**One Thousand and Two Hundred and Twenty** \_\_\_\_\_ dollars (\$ **1,220.00** ).

Payment to be made as follows:

**75% upon acceptance, balance upon completion**

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature \_\_\_\_\_

**David Boothe/Restaurant Systems Division**

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: \_\_\_\_\_

# Fireline Corporation

4506 HOLLINS FERRY ROAD BALTIMORE, MARYLAND 21227-4671  
 PHONE (410) 247-1422 FAX (410) 247-4676 WASHINGTON (301) 621-1055

S0509776

United Evangelical  
 East Ave & Dillon St  
 Baltimore, MD 21224

Cust. # UNIEVA  
 W.A. # 1  
 Type:  
 Contact: MILLIE  
 Phone: 410/276-0393  
 Fax:

Date: 05/01/97  
 By: rep  
 Tech:  
 P.O.#  
 Sism: 1211  
 Terms: NET10

MAY 8 - FX CONTRACT SERV

3 - MP 11 - PDC

Qty.	Part #	Description	Price	Amount
3		2.5 Gal Water Press. Ext. <i>Serviced</i>		
11		<del>4</del> lb. Press. Dry Chem. Ext. <i>Serviced</i>		
		1b. Press. Dry Chem. Ext.		
		1b. Press. Dry Chem. Ext.		
1		<del>5</del> lb. CO2 Ext. <i>Serviced</i>		
		1b. CO2 Ext.		
		1b. CO2 Ext.		
		1b. Cart. Dry Chem. Ext		
		1b. Halon 1211 Ext.		
		CO2 Hose Conductivity Test		
		Fireline Ladner Extinguisher		



Shop Work: *Serviced 5/9/97*

Completed	Must Return	Serviced By	Time/Date Started	Time/Date Completed

I hereby acknowledge the satisfactory completion of the above described work.

Signature: *Carlene E. Waters*

Date: *5/9/97*

# Fireline Corporation

4506 HOLLINS FERRY ROAD BALTIMORE, MARYLAND 21227-4671  
 PHONE (410) 247-1422 FAX (410) 247-4676 WASHINGTON (301) 621-1055

S0510928

United Evangelical Church  
 3200 Dillon Street  
 Baltimore, MD 21224

Cust. # UNIEVA  
 W.A. # 2  
 Type:

Date: 06/01/97  
 By: rep  
 Tech:  
 P.O.#  
 Slsm: 6018  
 Terms: NET10

Contact: Big Jim/Millie  
 Phone: 276-0393  
 Fax:

3 - mp 11 - pdc 1 - cd

6-12-97 11<sup>20</sup>

JUNE 8 - REST CONTRACT SERV  
 SERVICE EXTINGUISHERS WITH SYSTEM - EARLY JUNE

Qty.	Part #	Description	Price	Amount
		2.5 Gal Water Press. Ext.		
		1b. Press. Dry Chem. Ext.		
		1b. Press. Dry Chem. Ext.		
		1b. Press. Dry Chem. Ext.		
		1b. CO2 Ext.		
		1b. CO2 Ext.		
		1b. CO2 Ext.		
		1b. Cart. Dry Chem. Ext		
		1b. Halon 1211 Ext.		
		CO2 Hose Conductivity Test		
		Fireline Loaner Extinguisher		
1/3		Ansul R-106-3CAL Sys serviced 3600 Fusible Links		

**Shop Work:**

Completed	Must Return	Serviced By	Time/Date Started	Time/Date Completed
/		1223	6/12/97 11 <sup>20</sup>	12 <sup>10</sup>

I hereby acknowledge the satisfactory completion of the above described work.

Signature: Sharon Waters

Date: 6/12/97

# Inspection Report - Restaurant Fire Suppression System

**FIRELINE CORPORATION - 4506 Hollins Ferry Road, Baltimore, Maryland 21227 (410) 247-1422**

Customer's Name <i>United Evangelical Church</i>	System Manufacturer / Model No. / Size <i>Ansul F-100-301</i>	Hydro Test Date <i>6/12/97</i>
Address <i>3200 Dellow St</i>	System Chemical Type(s) <input type="checkbox"/> Dry Chemical <input checked="" type="checkbox"/> Wet Chemical	Six Year Date _____
City, State, Zip Code <i>Baltimore MD 21224</i>	Fuel Source <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric	Number of System Nozzles <input checked="" type="checkbox"/> Duct <input type="checkbox"/> Plenum <input checked="" type="checkbox"/> Appliance
Jobsite Phone Number <i>(410) 276-0353</i>	Gas Valve Type <input type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electric <input type="checkbox"/> N/A	Service Performed <input type="checkbox"/> Inspection <input type="checkbox"/> New Installation <input type="checkbox"/> Recharge <input type="checkbox"/> Revision
Inspection Date <i>6.12.97</i> Time in _____ Time out _____	Hood Dimensions _____	Comments: If yes is circled below see reverse side for comments. yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

	System 1	System 2		System 1	System 2
<b>Pre-Inspection</b>	Circle your correct choice	Circle your correct choice			
1. Hazard unchanged since last service?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	21. System tripped at the terminal detector?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
2. System has not been fired or tampered with?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(A) Did the release mechanism trip?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
3. System cylinder(s) within hydrotest date?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(B) Did gas valve close?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
4. System cylinder(s) within 6-year maint. date?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(C) Did micro switch/pressure switch trip?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
5. Ansul regulator within regulator test date?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(D) Did protected appliances shut down properly?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
6. Cylinder exterior in acceptable condition?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(E) Did required electrical sources shut down?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
7. Cylinder interior & chemical in acceptable condition?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	22. Manual pull tripped and functioning properly?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
8. Pressure gauge within operable range?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	23. All cable & pulleys in acceptable condition?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
9. Distribution piping correct and secured?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	24. Release mechanism parts operating properly?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
10. All conduit intact and free of excessive grease?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	25. Multiple tank systems functioning properly?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
11. All appliances properly protected & under hood?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	26. Kidde control head working properly?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
12. All nozzles are proper and correctly positioned?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	27. Alarms & auxiliary equip. working properly?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
13. Pipe & nozzles inspected for obstructions?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	28. Fusible links replaced?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
14. Proper detection in place & secure?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(A) <u>3</u> quantity <u>300</u> temperature		
15. Hood penetrations welded or sealed?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	(b) _____ quantity _____ temperature		
16. Manual pull properly located and unobstructed?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	<b>Post Operations Test</b>		
17. Ansul activation cartridge full weight? _____ oz.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	29. All cables checked for proper adjustments?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
18. Pyro Chem activation cartridge replaced?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	30. All gas appliances relit and electric on?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
<b>Operations Test</b>			31. Tank connections/hoses properly connected?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
19. System disarmed prior to operations test?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	32. All metal nozzle caps functioning properly?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
20. Proper Ansul bursting disc(s) in place?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	33. Ansul rubber nozzle caps replaced?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
			34. System rearmed and returned to service?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>

System Compliance	Circle your correct choice	Circle your correct choice	Additional Safety Checks	Circle your correct choice	Circle your correct choice
System complies as of installation date with manufacturer and NFPA National Fire Code Standards?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	Hood & filters free of excessive grease?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
System meets UL300 Standards?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	Proper fire extinguishers located in hazard area?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>

- This system(s) does not meet the requirements of the current codes or Manufacturer's Specifications. We recommend you contact our sales office for a proposal to upgrade your present system.
- This system(s) does not meet the requirements of the current UL-300 Specifications, We recommend you contact our sales office for a UL-300 update proposal.

Certificate of Inspection  
**NOT VALID UNLESS COMPLETED AND SIGNED**  
 This certifies that the above equipment was inspected and left in operating condition with N.F.P.A. and original Manufacturer's prescribed procedures. However, any comments or deficiencies noted must be embraced as soon as possible for total fire protection.

*William Winters*      6.12.97  
 Signature of Customer's Authorized Representative      Date

*[Signature]*      6.12.97  
 Fireline Corporation Service Representative      Date

Comments:

① SCREEN MESH FILTERS DO NOT MEET CURRENT CODE SHOULD BE REPLACED WITH DRAFFLE STYLE

### Customer Acknowledgment

The customer understands that, unless indicated otherwise on the reverse, the service performed on the customer's equipment by a representative of Fireline Corporation will indicate that the fire suppression system was mechanically functioning during the period of time in which Fireline's representative was performing said services. The customer acknowledges that Fireline does not guarantee, imply, or suggest that the customer's fire suppression system will extinguish all fires regardless of origin. The customer further acknowledges that Fireline shall have no responsibility whatsoever to the customer or to any other person for personal injury or death or damage to or loss of property or value, resulting from any causes beyond Fireline's reasonable control, including, without limitation, if the fire suppression system is outdated, has been tampered with, altered or has been improperly used, repaired or maintained, or if the hazard area protected by the fire suppression system has been altered or changed. Fireline liability on any claim for loss arising out of or connected with the service of the fire suppression system listed on the face hereof shall be limited to the cost of the inspection for the year in which the claim arose. In no event will Fireline be liable for special, incidental or consequential damages.

### UL 300 Safety Alert

Over the years, the methods used in commercial operations have changed drastically to accommodate the preferences of consumers and the needs of the commercial cooking operators. As a result of changes in cooking methods, the fire suppression equipment protecting your cooking operation may not supply adequate protection from fire, even though that equipment, when initially installed, may have complied with the then applicable fire code standards.

Underwriters Laboratories (UL) implemented a new fire testing standard UL 300 - Fire testing of fire extinguishing systems for protection of restaurant cooking areas, to assure that fire suppression systems manufactured after November 21, 1994 are designed to adequately protect "modern" commercial cooking operations. **If the fire suppression system listed on the reverse hereof has not been installed per the current UL 300 standard (as indicated by inspection question on reverse under system compliance), Fireline Corporation strongly recommends that you conduct a review of your existing fire protection equipment with Fireline to determine what changes you should make to improve your fire protection.**

Special consideration should be given to replacing an existing fire suppression system when any of the following situations apply:

- A deficiency exists with current fire suppression system rendering the system "Non - Compliant" with current equipment manufacturer or fire code standards.
- The cooking line has changed since the fire suppression system was initially installed.
- Dry chemical extinguishing agent is used to protect applications where vegetable oil is used in depths greater than 1/4" (or for the protection of any deep fat fryer).
- Older cooking appliances have been replaced with new "high efficiency" cooking appliances.
- Rendered animal fat cooking grease has been changed to vegetable cooking oils.
- Protected appliances include a deep fat fryer without dual limit switches (thermostats).

Please contact our Restaurant Service Department at (410) 247-1422 between the weekday hours of 7:30 a.m. - 4:30 p.m. to obtain more information or to schedule a review of your fire protection equipment.