

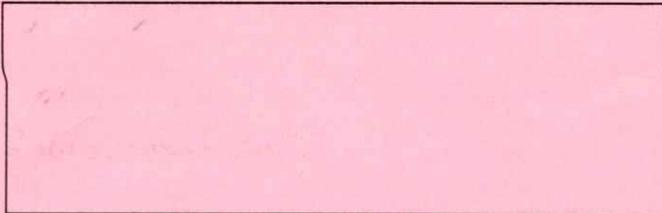
Tied to Fire Alarm? Yes No

F/A Contact _____

Phone _____

Hood Dimensions 15 ft.

Duct Dimensions 19 x 24 (1)



Size

Description

Gas or Electric

Protected?

Range	Range	Range			
Both	gas	gas			
yes	-	-			

Fryers: High Efficiency _____ Y _____ N

Comments: _____

System Mfg & Type:

Ansel K 102 3 ga.

Serial #:

Hydro Test Dates:

98

Nozzle Quantities:

Plenum 3

Duct 2

Appliance 5

Hood _____

Flow Pts _____

Gas Valve:

Size 1 inch

Mech _____ Elec

Location on wall

Comments:

System is a old Clowm nose and does not currently
me U1300 code standards. Needs to be updated

Customer has been instructed in the use of the Fire Protection System?

Yes / No

Customer has a Wet Chemical Extinguisher?

Yes / No



Customer United Evangelical Church

Address 3000 Dillon Street

City Baltimore State MD Zip 21024

Contact Rev. Patman

Phone 410-276-0393

Hood Location

Kitchen



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

50809357

United Evangelical Church
 3200 Dillon Street
 Baltimore, MD 21224

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

Date: 09/01/2007
 By: pnb
 Tech:
 P.O.#
 Sism: 1492
 Terms: NET30

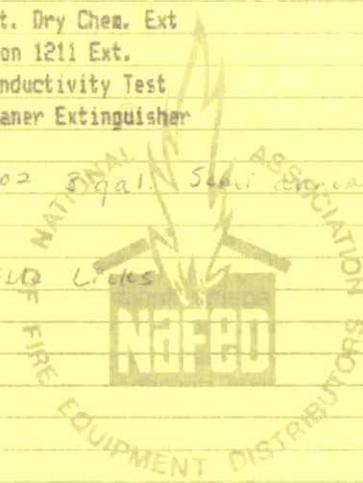
Contact: Rev. Oatman
 Phone: 410/276-0393-
 Fax: 1-410/276-0788

SEPTEMBER RESTAURANT CONTRACT SERV. Semi-Annual
 ANSUL R-102-3 GAL. 3 LINKS (98) 1:00 PM.
 SEE NOTES!!

3 - wp 11 - pdc 1 - cd

10/23/2007

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	AR102101L	Ansul R102 2.5 Gal Semi-Annual Service		
3	360° VIL	360° Fireline Links		



Shop Work:

Completed	Must Return	Serviced By	Time/Date Started	Time/Date Completed
X		1629	2:00 pm 10-10-07	10-10-07

I hereby acknowledge the satisfactory completion of the above described work and have read the terms and conditions on the reverse side of this form.

Signature: Cathy Oatman

Date: 10/10/07



Inspection Report - Restaurant Fire Suppression System

Main Office
 4506 Hollins Ferry Road
 Baltimore, MD 21227
 410-247-1422
 DC 301-621-1055

Leesburg VA. Branch
 12 Cardinal Park Drive
 Leesburg, VA 20175
 703-779-8728
 Metro 703-532-7680

Customer's Name <i>United Evangelical Church</i>		Mfg. Model, Size & Type <i>Ansul R 100 3 gal.</i>	Time _____ in _____ out
Address <i>3200 Willow St.</i>		Fuel Source <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric Gas Valve Type _____ Mechanical <input checked="" type="checkbox"/> Elec _____ N/A	Inspection Date <i>10 / 10 / 07</i>
City, State, Zip <i>Baltimore, MD 21224</i>	Site Phone	Hydrotest Date <i>1 98</i> Month Year	Number of Nozzles Duct <i>2</i> Plenum <i>3</i> Appliance <i>5</i>

	System 1	System 2		System 1	System 2
Pre-Inspection					
1. Hazard unchanged since last service?	yes no n/a	yes no n/a	21. System tripped at the terminal detector?	yes no n/a	yes no n/a
2. System has not been fired or tampered with?	yes no n/a	yes no n/a	(A) Did the release mechanism trip?	yes no n/a	yes no n/a
3. System cylinder(s) within hydrotest date?	yes no n/a	yes no n/a	(B) Did gas valve close?	yes no n/a	yes no n/a
4. System cylinder(s) within 6-year maint. date?	yes no n/a	yes no n/a	(C) Did micro switch/pressure switch trip?	yes no n/a	yes no n/a
5. Ansul regulator within regulator test date?	yes no n/a	yes no n/a	(D) Did protected appliances shut down properly?	yes no n/a	yes no n/a
6. Cylinder exterior in acceptable condition?	yes no n/a	yes no n/a	(E) Did required electrical sources shut down?	yes no n/a	yes no n/a
7. Cylinder interior & chemical in acceptable condition?	yes no n/a	yes no n/a	22. Manual pull tripped and functioning properly?	yes no n/a	yes no n/a
8. Pressure gauge within operable range?	yes no n/a	yes no n/a	23. All cable & pulleys in acceptable condition?	yes no n/a	yes no n/a
9. Distribution piping correct and secured?	yes no n/a	yes no n/a	24. Release mechanism parts operating properly?	yes no n/a	yes no n/a
10. All conduit intact and free of excessive grease?	yes no n/a	yes no n/a	25. Multiple tank systems functioning properly?	yes no n/a	yes no n/a
11. All appliances properly protected & under hood?	yes no n/a	yes no n/a	26. Kidde control head working properly?	yes no n/a	yes no n/a
12. All nozzles are proper and correctly positioned?	yes no n/a	yes no n/a	27. Alarms and auxiliary equip. working properly?	yes no n/a	yes no n/a
13. Pipe and nozzles inspected for obstructions?	yes no n/a	yes no n/a	28. Fusible links replaces?	yes no n/a	yes no n/a
14. Proper detection in place and secure?	yes no n/a	yes no n/a	1 _____ <i>3</i> quantity _____ <i>360</i> temperature		
15. Hood penetrations welded or sealed?	yes no n/a	yes no n/a	2 _____ quantity _____ temperature		
16. Manual pull properly located and unobstructed?	yes no n/a	yes no n/a	Post Operations Test		
17. Ansul activation cartridge full weight? _____ oz.	yes no n/a	yes no n/a	29. All cables checked for proper adjustments?	yes no n/a	yes no n/a
18. Pyro Chem activation cartridge replaced?	yes no n/a	yes no n/a	30. All gas appliances relit and electric on?	yes no n/a	yes no n/a
Operations Test					
19. System disarmed prior to operations test?	yes no n/a	yes no n/a	31. Tank connections/hoses properly connected?	yes no n/a	yes no n/a
20. Proper Ansul bursting disc(s) in place?	yes no n/a	yes no n/a	32. All metal nozzle caps functioning properly?	yes no n/a	yes no n/a
			33. Ansul rubber nozzle caps replaced?	yes no n/a	yes no n/a
			34. System rearmed and returned to service?	yes no n/a	yes no n/a

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

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.

Signature of Customer's Authorized Representative: *Cathy Ostman* Date: *10 / 10 / 07*
 Signature of Fireline Corporation Service Representative: *[Signature]* Date: *10 / 10 / 07*

Print Name: *Cathy Ostman* Page 1 of 2 sswrestinspt.



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

SO881517

United Evangelical Church
 3200 Dillon Street
 Baltimore, MD 21224

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

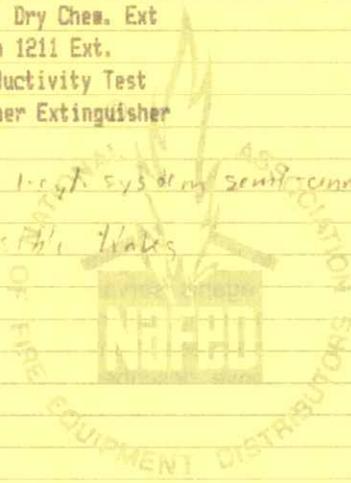
Date: 09/01/2009
 By: pnb
 Tech:
 P.O.#
 Slsm: 1492
 Terms: NET30

Contact: Rev. Datsan
 Phone: 410/276-0393-
 Fax: 1-410/276-0788

SEPTEMBER RESTAURANT CONTRACT SERV. Semi-Annual
 ANSUL R-102-3 GAL. 3 LINKS (98) 1:00 PM.

9-25-09 @ 10^{30A}

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	AR102101L	Ansul R102 1-cy. system semi-annual maint.		
3	G360ML	360° Fireline Hoses		



Shop Work:

Completed	Must Return	Serviced By	Time/Date Started	Time/Date Completed
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1534	9-25-09	9-25-09

I hereby acknowledge the satisfactory completion of the above described work and have read the terms and conditions on the reverse side of this form.

Signature: Chad Datsan

Date: 09-25-09

Main Office

4506 Hollins Ferry Road
Baltimore, MD 21227
410-247-1422
DC 301-621-1055

 Leesburg VA. Branch

12 Cardinal Park Drive
Leesburg, VA 20175
703-779-8728
Metro 703-532-7680

Customer's Name <i>United Episcopal Church</i>		Mfg. Model, Size & Type <i>Hussel River</i>	Time _____ in _____ out
Address <i>3200 D.H. St.</i>		Fuel Source <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric Gas Valve Type <input type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Elec <input type="checkbox"/> N/A	Inspection Date <i>9/15/09</i>
City, State, Zip <i>Baltimore MD 21224</i>	Site Phone <i>410 276-0393</i>	Hydrotest Date <i>198</i> Month Year	Number of Nozzles _____
		Duct	Plenum
		Appliance	

	System 1	System 2		System 1	System 2
Pre-Inspection			21. System tripped at the terminal detector?	yes no n/a	yes no n/a
1. Hazard unchanged since last service?	yes no n/a	yes no n/a	(A) Did the release mechanism trip?	yes no n/a	yes no n/a
2. System has not been fired or tampered with?	yes no n/a	yes no n/a	(B) Did gas valve close?	yes no n/a	yes no n/a
3. System cylinder(s) within hydrotest date?	yes no n/a	yes no n/a	(C) Did micro switch/pressure switch trip?	yes no n/a	yes no n/a
4. System cylinder(s) within 6-year maint. date?	yes no n/a	yes no n/a	(D) Did protected appliances shut down properly?	yes no n/a	yes no n/a
5. Ansul regulator within regulator test date?	yes no n/a	yes no n/a	(E) Did required electrical sources shut down?	yes no n/a	yes no n/a
6. Cylinder exterior in acceptable condition?	yes no n/a	yes no n/a	22. Manual pull tripped and functioning properly?	yes no n/a	yes no n/a
7. Cylinder interior & chemical in acceptable condition?	yes no n/a	yes no n/a	23. All cable & pulleys in acceptable condition?	yes no n/a	yes no n/a
8. Pressure gauge within operable range?	yes no n/a	yes no n/a	24. Release mechanism parts operating properly?	yes no n/a	yes no n/a
9. Distribution piping correct and secured?	yes no n/a	yes no n/a	25. Multiple tank systems functioning properly?	yes no n/a	yes no n/a
10. All conduit intact and free of excessive grease?	yes no n/a	yes no n/a	26. Kidde control head working properly?	yes no n/a	yes no n/a
11. All appliances properly protected & under hood?	yes no n/a	yes no n/a	27. Alarms and auxiliary equip. working properly?	yes no n/a	yes no n/a
12. All nozzles are proper and correctly positioned?	yes no n/a	yes no n/a	28. Fusible links replaces?	yes no n/a	yes no n/a
13. Pipe and nozzles inspected for obstructions?	yes no n/a	yes no n/a	1 _____ quantity <i>340</i> temperature		
14. Proper detection in place and secure?	yes no n/a	yes no n/a	2 _____ quantity _____ temperature		
15. Hood penetrations welded or sealed?	yes no n/a	yes no n/a	Post Operations Test		
16. Manual pull properly located and unobstructed?	yes no n/a	yes no n/a	29. All cables checked for proper adjustments?	yes no n/a	yes no n/a
17. Ansul activation cartridge full weight? _____ oz.	yes no n/a	yes no n/a	30. All gas appliances relit and electric on?	yes no n/a	yes no n/a
18. Pyro Chem activation cartridge replaced?	yes no n/a	yes no n/a	31. Tank connections/hoses properly connected?	yes no n/a	yes no n/a
Operations Test			32. All metal nozzle caps functioning properly?	yes no n/a	yes no n/a
19. System disarmed prior to operations test?	yes no n/a	yes no n/a	33. Ansul rubber nozzle caps replaced?	yes no n/a	yes no n/a
20. Proper Ansul bursting disc(s) in place?	yes no n/a	yes no n/a	34. System rearmed and returned to service?	yes no n/a	yes no n/a

System Compliance	Circle your correct choice			
	System complies as of installation date with manufacturer and NFPA National Fire Code Standards?	yes no n/a	yes no n/a	yes no n/a
	System meets UL300 Standards?	yes no n/a	yes no n/a	yes no n/a

Additional Safety Checks	Circle your correct choice			
	Hood & filters free of excessive grease?	yes no n/a	yes no n/a	yes no n/a
Proper fire extinguishers located in hazard area?	yes no n/a	yes no n/a	yes no n/a	yes no n/a

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.

Signature of Customer's Authorized Representative _____ Date *09/15/09*

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.

Fireline Corporation Service Representative _____ Date *9/15/09*

Print Name _____

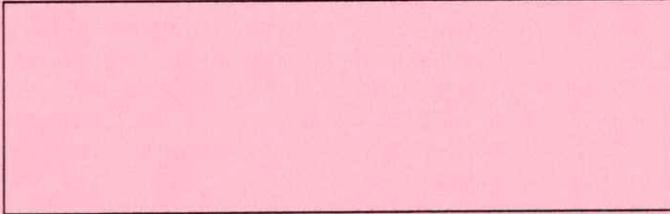
Tied to Fire Alarm? Yes No

F/A Contact _____

Phone _____

Hood Dimensions 15' _____

Duct Dimensions 24" x 19" _____



Size

Description

Gas or Electric

Protected?

<u>28x24</u>	<u>60x24</u>	<u>36x24</u>			
<u>Range</u>	<u>Range</u>	<u>Range</u>			
<u>Gas</u>	<u>Gas</u>	<u>Gas</u>			
<u>Y</u>	<u>Y</u>	<u>Y</u>			

Fryers: High Efficiency Y N

Comments: _____

System Mfg & Type:

Plumb 1102 3211

Serial #: _____

Hydro Test Dates:

1999

Nozzle Quantities:

Plenum 3

Duct 2

Appliance 5

Hood _____

Flow Pts _____

Gas Valve:

Size _____

Mech Elec

Location _____

Comments: _____

Customer has been instructed in the use of the Fire Protection System? Yes / No

Customer has a Wet Chemical Extinguisher? Yes / No

	Customer <u>United Evangelical Church</u>	Hood Location
	Address <u>3200 Dillen St.</u>	_____
	City <u>Baltimore</u> State <u>MD</u> Zip <u>21224</u>	_____
	Contact _____	_____
	Phone <u>410-776-0393</u>	_____



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

SD862214

United Evangelical Church
 3200 Dillon Street
 Baltimore, MD 21224

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

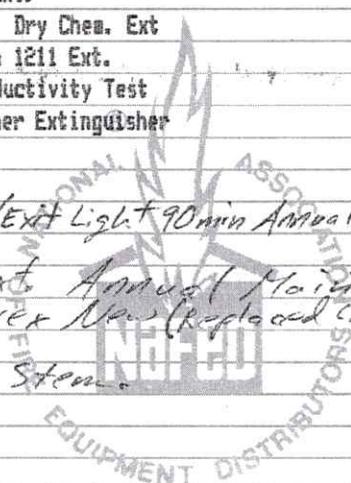
Date: 09/01/2009
 By: pnb
 Tech:
 P.O.#
 Slsm: 1492
 Terms: NET30

Contact: Rev. Datman
 Phone: 410/276-0393-
 Fax: 1-410/276-0788

SEPTEMBER FIRE EXTING SERV CONTRACT Annual
 Note: Extinguishers And Lights.
 [Handwritten initials]

9 - PDC 1 - KE ~~1~~ WWP

Qty.	Part #	Description	Price	Amount
1/9 2		2.5 Gal Water Press. Ext. Annual Maint * 1b. Press. Dry Chem. Ext. Annual Maint 5 1b. Press. Dry Chem. Ext. H.T. & Maint (1609) 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		
17	EL1	Emergency/Exit Light 90min Annual Test		
1	500	6Ltr. Kext Annual Maint.		
2	VOS	5.6lb Amerex New (replaced cond-maint. WP Ext.) @ 67.35 ea		
2	PDC stem	Collars Valve Stem		
* Circuits with Emergency AND Exit Lights Should Never be turned off!				
Replacement LED, 6 Exit Signs are \$150.00 Bulbs - About \$45 ea Battery - About \$25.00 ea Installation of Signs are \$50.00				



Shop Work: Alarm Not serviced since 06

Completed	Must Return	Serviced By	Time/Date Started	Time/Date Completed
✓		1609		

I hereby acknowledge the satisfactory completion of the above described work and have read the terms and conditions on the reverse side of this form.

Signature: [Handwritten Signature]

Date: 9/8/09



Fire Alarm Inspection Summary

For United Evangelical Church
3200 Dillon St
Baltimore Md 21224

System Type Local

Manufacturer/Model # ESL 1505

Date Installed _____

Date of Report _____

Monitoring Phone # _____

FACP Location _____

Operator # _____

	Yes	No	N/A	See Comment	Letter to Follow
1 Control Panel Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is Information Packet Located Near Panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do Drawings Match System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Indicating Appliances Tested Horns Qty. _____ Horn/StrbQty. <input checked="" type="checkbox"/> Bells Qty. _____ Bell/StrbQty. _____ Strobes Qty. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Voice Evacuation System Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Remote Signals Tested - Dialer Mfg. & Model # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Annunciator Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Manual Station(s) Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Duct Detector(s) Tested (Qty) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 AHU Shutdown/Dampers Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Ionization Type Detectors Tested (Qty) _____ Condition: _____ Good _____ Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Photo-Electric Type Detectors Tested (Qty) <u>10</u> Condition: <u>9</u> Good <u>1</u> Poor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Detectors Cleaned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Detector Sensitivity Tested	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Electro-Thermal Detectors Tested (Qty) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Elevator Recall Test Performed Primary Floor # _____ Secondary Floor # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Flow Switches Tested (Qty) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Tamper Switches Tested (Qty) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Ground Fault Detection Circuitry Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Tested for Grounded Field Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Battery Standby Tested - Voltage <u>5.2V</u> Model # <u>PRB127</u> Date Inst. <u>1/15</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Is a Surge Suppressor Installed on Panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Was System Found in Good Working Order at Time of Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Was System Deficiency Corrected During Course of Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Remote Power Supply(s) Tested (Qty) _____ Model# _____ Battery Voltage _____ Date Inst. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (1) Batteries must be replaced 1/3 capacity left
(2) Additional manual station needs to be added @ exit door by fire alarm panel. (3) Smoke detector coverage is not consistent w/ UL/NFPA standards

fainspumm

Thank you for allowing us to perform this important service for you. If there are questions regarding this report, or if we may be of further assistance, please contact us.

The customer acknowledges that they have read the terms and conditions on the reverse side of this form.

1440/1669
 Test performed by _____

J. Harvey G. Jacob
 Customer acknowledgement by - Sign & Print

Call Number: 394916 No. of Attachments: _____ Date: 1/11/10



Inspection Report - Restaurant Fire Suppression System

 Main Office

4506 Hollins Ferry Road
Baltimore, MD 21227
410-247-1422
DC 301-621-1055

 Leesburg VA. Branch

12 Cardinal Park Drive
Leesburg, VA 20175
703-779-8728
Metro 703-532-7680

Customer's Name <u>United Evangelical Church</u>		Mfg. Model, Size & Type <u>Ansul R102 3 gal</u>	Time _____ in _____ out
Address <u>3200 Pillman St.</u>		Fuel Source _____ Gas _____ Electric Gas Valve Type _____ Mechanical _____ Elec _____ N/A	Inspection Date <u>3 / 2 / 10</u>
City, State, Zip <u>Baldwin MD 21221</u>	Site Phone <u>410-276-6393</u>	Hydrotest Date _____ / ____ / ____ Month Year	Number of Nozzles _____ Duct _____ Plenum _____ Appliance _____

	System 1	System 2		System 1	System 2
Pre-Inspection					
1. Hazard unchanged since last service?	yes no n/a	yes no n/a	21. System tripped at the terminal detector?	yes no n/a	yes no n/a
2. System has not been fired or tampered with?	yes no n/a	yes no n/a	(A) Did the release mechanism trip?	yes no n/a	yes no n/a
3. System cylinder(s) within hydrotest date?	yes no n/a	yes no n/a	(B) Did gas valve close?	yes no n/a	yes no n/a
4. System cylinder(s) within 6-year maint. date?	yes no n/a	yes no n/a	(C) Did micro switch/pressure switch trip?	yes no n/a	yes no n/a
5. Ansul regulator within regulator test date?	yes no n/a	yes no n/a	(D) Did protected appliances shut down properly?	yes no n/a	yes no n/a
6. Cylinder exterior in acceptable condition?	yes no n/a	yes no n/a	(E) Did required electrical sources shut down?	yes no n/a	yes no n/a
7. Cylinder interior & chemical in acceptable condition?	yes no n/a	yes no n/a	22. Manual pull tripped and functioning properly?	yes no n/a	yes no n/a
8. Pressure gauge within operable range?	yes no n/a	yes no n/a	23. All cable & pulleys in acceptable condition?	yes no n/a	yes no n/a
9. Distribution piping correct and secured?	yes no n/a	yes no n/a	24. Release mechanism parts operating properly?	yes no n/a	yes no n/a
10. All conduit intact and free of excessive grease?	yes no n/a	yes no n/a	25. Multiple tank systems functioning properly?	yes no n/a	yes no n/a
11. All appliances properly protected & under hood?	yes no n/a	yes no n/a	26. Kidde control head working properly?	yes no n/a	yes no n/a
12. All nozzles are proper and correctly positioned?	yes no n/a	yes no n/a	27. Alarms and auxiliary equip. working properly?	yes no n/a	yes no n/a
13. Pipe and nozzles inspected for obstructions?	yes no n/a	yes no n/a	28. Fusible links replaces?	yes no n/a	yes no n/a
14. Proper detection in place and secure?	yes no n/a	yes no n/a	1 _____ quantity _____ temperature		
15. Hood penetrations welded or sealed?	yes no n/a	yes no n/a	2 _____ quantity _____ temperature		
16. Manual pull properly located and unobstructed?	yes no n/a	yes no n/a	Post Operations Test		
17. Ansul activation cartridge full weight? <u>47</u> oz.	yes no n/a	yes no n/a	29. All cables checked for proper adjustments?	yes no n/a	yes no n/a
18. Pyro Chem activation cartridge replaced?	yes no n/a	yes no n/a	30. All gas appliances relit and electric on?	yes no n/a	yes no n/a
Operations Test					
19. System disarmed prior to operations test?	yes no n/a	yes no n/a	31. Tank connections/hoses properly connected?	yes no n/a	yes no n/a
20. Proper Ansul bursting disc(s) in place?	yes no n/a	yes no n/a	32. All metal nozzle caps functioning properly?	yes no n/a	yes no n/a
			33. Ansul rubber nozzle caps replaced?	yes no n/a	yes no n/a
			34. System rearmed and returned to service?	yes no n/a	yes no n/a

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

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.

X Carol Denny 03/02/10
Signature of Customer's Authorized Representative Date

[Signature] 3/2/10
Fireline Corporation Service Representative Date

Print Name _____

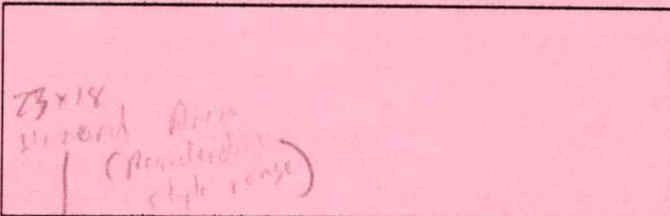
Tied to Fire Alarm? Yes No

F/A Contact _____

Phone _____

Hood Dimensions 19 _____

Duct Dimensions 24 x 14 _____



Size	30x23	60x24	36x24			
Description	Range	Range	Range			
Gas or Electric	Gas	Gas	Gas			
Protected?	Y	Y	Y			

Fryers: High Efficiency Y N

Comments: _____

System Mfg & Type:

Mess 1102 301

Serial #:

Hydro Test Dates:

1998

Nozzle Quantities:

Plenum 3 _____

Duct 1 _____

Appliance 5 _____

Hood _____

Flow Pts _____

Gas Valve:

Size _____

Mech _____ Elec

Location _____

Comments:

- * Gas was off upon arrival
- * system needs UL 300 upgrade ("clean" and clean / full to S. 117)
- * No amount of shut-off (or in that) or electrical system to be used
- * Mesh-type filter need to be replaced (24.5" x 19.5" x 1.75") 4

Customer has been instructed in the use of the Fire Protection System?

Yes / No

Customer has a Wet Chemical Extinguisher?

Yes / No

Customer United Evangelist Church
 Address 3200 Dillon Street
 City Bullinn State MN Zip 55127
 Contact _____
 Phone 410-276-0343

Hood Location



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	AR102101L	Bravo R102 1-tube system 5-yr annual maintenance		
3	G360ML	360° Fusible Links		

Shop Work:

Completed	Must Return	Serviced By	Time/Date Started	Time/Date Completed
		15377	5:00 2-2-10	3:20:10 9:50

I hereby acknowledge the satisfactory completion of the above described work and have read the terms and conditions on the reverse side of this form.

Signature: Carol Murray Date: 03-02-10

2% PER MONTH LATE CHARGE ADDED TO PAST DUE ACCOUNT

Fireline

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

50894916

United Evangelical Church
 3200 Dillon Street
 Baltimore, MD 21224

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

Date: 01/08/2010
 By: hmc
 Tech: 1440
 P.O.#
 Slsm: 1492
 Terms: NET30

Contact: Rev. Datman
 Phone: 410/276-0393-
 Fax: 1-410/276-0798

CUSTOMER HAS PROBLEM WITH FA PANEL FALSE ALARMING - PANEL WAS SHUT DOWN BY CUSTOMER IN DECEMBER
 SERVICE REQUESTED BY HARVEY JACOB 410-679-6163

Qty.	Part #	Description	Price	Amount
		FOUND BAD SMOKE DETECTOR ON TOP FLOOR IN FRONT STAIRWELL. CUSTOMER DOES NOT WANT DEVICE REPLACED. MUST RETURN MONDAY TO PERFORM INSPECTION. <i>Harvey Jacob</i> 1/11/10 - Completed inspection on system. Replaced bad smoke detector w/ customer's spare. 1/18/10 Replaced smoke detector front stair to clear system. 0900-0945 Smoke Detector TK 446 1/18/10 1230-1315		

Shop Work:

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

I hereby acknowledge the satisfactory completion of the above described work and have read the terms and conditions on the reverse side of this form.

Signature: *Harvey G. Jacob*

Date: _____

2% PER MONTH LATE CHARGE ADDED TO PAST DUE ACCOUNT