

# AERO

**AIR CONDITIONING & REFRIGERATION, INC.**

2200 Old Orem's Road  
MIDDLE RIVER, MARYLAND 21220  
(410) 391-6982

13511

<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> INSTALL	<input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVER	PHONE 410-276-0393	REPAIR IN <input type="checkbox"/> HOME <input type="checkbox"/> SHOP	DATE OF ORDER Sept 12, 03
NAME UNITED EVANGELICAL CHURCH			DATE PROMISED	
ADDRESS 3200 DILLION STREET			APARTMENT	
CITY BALTIMORE, MARYLAND 21224			DATE OF ORIG. INSTAL.	
MAKE TRUE	MODEL T-49	SERIAL NO. 984063	<input type="checkbox"/> ESTIMATE <input type="checkbox"/> WARRANTY <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> C.O.D.	
NATURE OF SERVICE REQUEST ➔	TWO DOOR S/S REACH-IN COMMERCIAL REFRIGERATOR			

QUAN.	PART NO.	DESCRIPTION	PRICE	AMOUNT
		SERVICE CHARGE	\$	65. <sup>00</sup>
		defective COMPRESSOR		
		Quote : New 1/2HP		
		Condensing unit complete		
	MODEL#	AJA4461AXAXB		
		\$ 1095. <sup>00</sup>		1095. <sup>00</sup>
		Accepted JOB, ORDER		
		Equipment		

SERVICE PERFORMED  If pay due accounts must be forwarded to a collection agency and - or legal assistance is required to collect monies due, these costs will be added to the amount due.	TOTAL MATERIAL	
	TECHNICAL SERVICE TIME	
	TAX	
<b>Thank You!</b> DATE COMPLETED PERE HML	CASH ON COMPLETION OF WORK →	TOTAL 1160. <sup>00</sup>

INVOICE COPY

I hereby accept above performed service, and charges, as being satisfactory and acknowledge that equipment has been left in good condition.

Technician

DAN

Customer's Signature

William E. McQuinn

# AERO

**AIR CONDITIONING & REFRIGERATION, INC.**

2200 Old Orems Road  
MIDDLE RIVER, MARYLAND 21220  
(410) 391-6982

13359

# 11393

<input type="checkbox"/> SERVICE <input type="checkbox"/> INSTALL	<input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVER	PHONE	REPAIR IN <input type="checkbox"/> HOME <input type="checkbox"/> SHOP	DATE OF ORDER 9/23/03
NAME United Evangelical Church			DATE PROMISED	
ADDRESS 3200 Dilton St.			APARTMENT	
CITY Baltimore, MD			DATE OF ORIG. INSTAL.	
MAKE True	MODEL	SERIAL NO.		<input type="checkbox"/> ESTIMATE
NATURE OF SERVICE REQUEST 2200 Refrigerator H.P. Condensing Unit 1150TT.				<input type="checkbox"/> WARRANTY
				<input checked="" type="checkbox"/> CONTRACT
			<input type="checkbox"/> CASH	<input type="checkbox"/> CHARGE
			<input type="checkbox"/> C.O.D.	

QUAN.	PART NO.	DESCRIPTION	PRICE	AMOUNT
1		Installed new 1/2 H.P. Condensing unit 1150TT.		
1		Installed Filter Drive		
1		Chocks for cables with Nitrogen etc.		
1		Rex Vacuum 1/2 H.P.		
1		Charged with R-39 (3 lbs)		
1		Plus labor		

SERVICE PERFORMED 1 Year on Compressor 90 Days Part & Labor	TOTAL MATERIAL
	TECHNICAL SERVICE TIME
<b>If pay due accounts must be forwarded to a collection agency and - or legal assistance is required to collect monies due, these costs will be added to the amount due.</b>	TAX
Thank You!	TOTAL \$1095.00
DATE COMPLETED 9/23/03	CASH ON COMPLETION OF WORK

INVOICE COPY

I hereby accept above performed service, and charges, as being satisfactory and acknowledge that equipment has been left in good condition.

Technician [Signature] Customer's Signature William Myers





Martin O'Malley, Mayor

BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF FOOD AND INSTITUTIONAL FACILITIES

210 Guilford Avenue, 2nd Floor - (410) 396-4424

AUTHORITY: - Health - General Article SS21-313, 21-314, & 21-211, Annotated Code of MD.
FOOD SERVICE FACILITY INSPECTION REPORT



San. #, District, Est. No., Month, Day, Year, Time In, Time Out, Priority

Establishment Name: United Evangelical Church
Address: 3200 Dillon Street, Baltimore, Maryland
Operator's Name: George K. Nassner
Phone Number: [blank]

Based on an inspection this date, the items marked below identify violations of COMAR 10.15.03, regulations governing Food Service Facilities.

License No. 31470
Number of Seats [blank]

PURPOSE: Environmental, Reinspection, Monitoring, Compliant, Outbreak, Other

CRITICAL ITEMS table with 8 rows and 4 columns (V, C, Description, V, C)

SANITATION ITEMS table with 12 sections (9-12) and 4 columns (V, C, Description, V, C)

SANITATION ITEMS table with 5 sections (13-17) and 4 columns (V, C, Description, V, C)

Critical items must be corrected immediately.
Sanitation items must be corrected in 30 days or as specified in a written compliance schedule.
Temporary Facilities must correct sanitation items within 24 hours.

V = VIOLATION. Condition exists which constitutes a violation of COMAR 10.15.03.
C = CORRECTED ITEM. Unsatisfactory condition is corrected before the Sanitarian/Investigator leaves the premises.

Received by: Peggy Trasek
Sanitarian/Investigator: Norma Burke Wooten
Phone: [blank]



(410) 525-9100

(410) 525-9200

INVOICE

# PORTERS SUPPLY COMPANY, INC.

1100 Whistler Avenue • P.O. Box 4451 • Baltimore, MD 21223-4510

Sanitary Chemicals • Janitorial Supplies and Equipment • Industrial Paper Products

FAX (410) 525-9004

Fed ID #52-0850819



SOLD TO:

SHIP TO:

UNITED EVANGICAL CHURCH OF CHR  
3200 DILLON STREET  
BALTIMORE Md 21224

UNITED EVANGICAL CHURCH OF CHR  
3200 DILLON STREET  
ATTN: ART JONES  
BALTIMORE Md 21224

CUST. NO.	YOUR PURCHASE ORDER	OUR ORDER NO.	ORDER DATE	INVOICE NO.	INVOICE DATE
2201020	ART JONES	0126937	05/14/03	0373628-IN	05/21/03
SHIPPED VIA	SALESMAN	MISCELLANEOUS INFORMATION			TERMS

OUR TRUCK

0002

NET 10 DAYS

QUANTITIES		U/M	DESCRIPTION	ITEM NUMBER	PRICE	AMOUNT
ORDERED	SHIPPED					
1	1		EACH /MISC-E SAN C4160WH PULL CUP DISPENSER		8.3800	8.38
2	2		CSE. 00460521108 101313 8" KRAFT ROLL TOWEL		25.4500	50.90

*Paid Check  
# 11234  
5/27/03*

*Bill from Cal G  
5/27/03*

1/2 % SERVICE CHARGE PER MONTH  
ON ALL PAST DUE ACCOUNTS

Subtotal	59.26
Freight	.00
Sales Tax	.02
<b>TOTAL</b>	<b>59.28</b>

**Keep it clean with Porters Products**

(410) 525-9100

(410) 525-9200

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3200 DILLON STREET  
BALTIMORE Md 21224

CUST NO	YOUR PURCHASE ORDER	OUR ORDER NO.	ORDER DATE	INVOICE NO.	INVOICE DATE
2201020	ART JONES	0127073	05/20/03	0373813-IN	05/28/03
SHIPPED VIA		SALESMAN	MISCELLANEOUS INFORMATION		TERMS

OUR TRUCK

0002

NET 10 DAYS

QUANTITIES		U/M	DESCRIPTION	ITEM NUMBER	PRICE	AMOUNT
ORDERED	SHIPPED					
1	1		CSE 00250122030 15X9X31 LINERS 500/CS		18.0000	18.00

PAID CHECK  
11246  
5/31/03

1-1/2 % SERVICE CHARGE PER MONTH  
ON ALL PAST DUE ACCOUNTS

Subtotal	18.00
Freight	.00
Sales Tax	.00
<b>TOTAL</b>	<b>18.00</b>

Keep it clean with Porters Products

Tied to Fire Alarm?  Yes  No

F/A Contact \_\_\_\_\_

Phone \_\_\_\_\_

Hood Dimensions \_\_\_\_\_

Duct Dimensions \_\_\_\_\_



Size

Description

Gas or Electric

Protected?

Range	Range	Range			
Elec	Gas	Gas			
Yes	Yes	Yes			

Fryers: High Efficiency  Y  N

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System Mfg & Type:

Ansul 2-102-3901

Serial #:

Hydro Test Dates:

98

Nozzle Quantities:

Plenum \_\_\_\_\_

Duct \_\_\_\_\_

Appliance 5

Hood \_\_\_\_\_

Flow Pts \_\_\_\_\_

Gas Valve:

Size 1/4"

Mech  Elec \_\_\_\_\_

Location Above Tank

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 3200 Dillon St

City Pralty State MD Zip 21224

Contact Prady

Phone (410) 276-0353

Hood Location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Inspection Report - Restaurant Fire Suppression System

 **Main Office**

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

 **Lancaster PA. Branch**

316 Willow Road  
Lancaster, PA 17601  
717-394-4771

 **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 100-2001</i>	Time _____ in _____ out
Address <i>3200 Dutton St</i>		Fuel Source _____ Gas _____ Electric _____ Gas Valve Type _____ Mechanical _____ Elec _____ N/A	Inspection Date <i>6/30/03</i>
City, State, Zip <i>Baltimore MD 21227</i>	Site Phone	Hydrotest Date _____ / _____ / _____ Month Year	Number of Nozzles _____ Duct _____ Plenum _____ Appliance _____

	System 1	System 2		System 1	System 2
<b>Pre-Inspection</b>					
1. Hazard unchanged since last service?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	21. System tripped at the terminal detector?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
2. System has not been fired or tampered with?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	(A) Did the release mechanism trip?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
3. System cylinder(s) within hydrotest date?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	(B) Did gas valve close?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
4. System cylinder(s) within 6-year maint. date?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	(C) Did micro switch/pressure switch trip?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
5. Ansul regulator within regulator test date?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	(D) Did protected appliances shut down properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
6. Cylinder exterior in acceptable condition?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	(E) Did required electrical sources shut down?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
7. Cylinder interior & chemical in acceptable condition?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	22. Manual pull tripped and functioning properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
8. Pressure gauge within operable range?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	23. All cable & pulleys in acceptable condition?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
9. Distribution piping correct and secured?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	24. Release mechanism parts operating properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
10. All conduit intact and free of excessive grease?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	25. Multiple tank systems functioning properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
11. All appliances properly protected & under hood?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	26. Kidde control head working properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
12. All nozzles are proper and correctly positioned?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	27. Alarms and auxiliary equip. working properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
13. Pipe and nozzles inspected for obstructions?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	28. Fusible links replaces? 1 _____ quantity _____ temperature 2 _____ quantity _____ temperature	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
14. Proper detection in place and secure?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<b>Post Operations Test</b>		
15. Hood penetrations welded or sealed?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	29. All cables checked for proper adjustments?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
16. Manual pull properly located and unobstructed?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	30. All gas appliances relit and electric on?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
17. Ansul activation cartridge full weight? _____ oz.	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	31. Tank connections/hoses properly connected?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
18. Pyro Chem activation cartridge replaced?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	32. All metal nozzle caps functioning properly?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
<b>Operations Test</b>					
19. System disarmed prior to operations test?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	33. Ansul rubber nozzle caps replaced?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
20. Proper Ansul bursting disc(s) in place?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	34. System rearmed and returned to service?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> 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?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	Hood & filters free of excessive grease?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a
System meets UL300 Standards?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> n/a	Proper fire extinguishers located in hazard area?	<input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> 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: *Peggy Tlasek* Date: *6/30/03*  
 Fireline Corporation Service Representative: *[Signature]* Date: *6/30/03*

Print Name: *Peggy Tlasek*

