Approved Fire Protection Co.

114 ST.NICHOLAS AVE. SO PLAINFIELD,NJ afpnj.com 908-755-2222

KITCHEN

System Status ■ System is Compliant with NJAC 5:70-3 ☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Company CLARK MUNICIPAL COMPLEX	Contact	Phone 7323883600	Date 2023-05-25
Address 430 WESTFIELD AVENUE,	City CLARK	State NJ	Zip 07066
System Location 430 WESTFIELD AVENUE,	City CLARK	State NJ	Zip 07066
Email	Cust. # 12650	Service Ticket # ST00092851	P00137

Initial Actions/Observations	Y	N	NA
1 Last Service By? Approved			
2 Were building personnel notified of the inspection?	■	☐	☐
3 Was the monitoring company notified?	☐	☐	■
4 System found charged and functioning at time of technician's arrival?	■	☐	☐
5 System un-tampered with since last visit?	■	☐	☐
6 System found to be at proper pressure upon arrival?	■	☐	☐
Visually Check System	**Y**	**N**	**NA**
7 Baffle-type filters installed in hood?	☐	☐	■
8 System (and appliance layout) appear unchanged since last service?	■	☐	☐
9 Were the nozzle caps in place at time of arrival?	■	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	■	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	■	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	■	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum, and ducts?	■	☐	☐
14 Nozzle(s) properly positioned over appliances?	■	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	■	☐	☐
16 Is there a fan warning sign on hood?	■	☐	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	■	☐	☐
Hazard Inspection	**Y**	**N**	**NA**
18 Hazard configuration appeared to remained unchanged?	■	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	■	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression	■	☐	☐

System Functional Test	Y	N	NA
21 System disarmed per manufacturers recommendations?	■	☐	☐
22 Mechanical detection line tested and found to operate properly?	■	☐	☐
23 Proper number and placement of detectors/links?	■	☐	☐
24 Did the system operate properly from activation of a manual pull station?	■	☐	☐
25 Gas shut-off valve installed and working properly? (Note location)	■	☐	☐
26 Replaced links with proper temperature rating?	■	☐	☐
1 at 360 Degrees at Degrees at Degrees at Degrees at Degrees at Degrees			
27 Is the manual reset for electric gas vales operational?	■	☐	☐
28 Did all electrical appliances shut off upon system operation?	■	☐	☐
29 Did all gas appliances shut off upon system operation?	■	☐	☐
30 Did the make-up air shut down?	☐	☐	■
31 Did the alarm system activate when the system tripped?	☐	☐	■
32 Did control head(s)/cylinder releasing device(s) operate properly?	■	☐	☐
Cylinder and Agent	**Y**	**N**	**NA**
33 Cylinder Pressure 175(psi)	■	☐	☐
34 Hydrostatic test date of cylinder checked. Due:2027	■	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	■	☐	☐
36 Are all cylinders securely mounted?	■	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight:240 G	■	☐	☐
38 Were the lines clear when blown out?	■	☐	☐

KITCHEN

NOTIFICATION OF DEFICIENCIES

CUSTOMER SIGNATURE Adam Lambert

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY CONCERN that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fail to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired

System Reactivation	Y	N	NA
39 Test adapters/links, keeper pins, etc, removed from system?	■	☐	☐
40 Detection (link) line has proper tensioning?	■	☐	☐
41 Was the control head reset?	■	☐	☐
42 Were all fuel sources and power restored?	■	☐	☐
43 Were all pilot lights supplied by the gas valve relit?	■	☐	☐
44 Microswitch/relay(s) reset - electric appliances on?	☐	☐	■
45 Are all nozzle caps in place?	■	☐	☐
46 Were all filters reinstalled?	■	☐	☐
47 Were all cartridges reinstalled? (if applicable)	■	☐	☐
48 Tandem/slave releasing device(s) reset properly?	☐	☐	■

Final	Y	N	NA
49 Operator's manual on site?	■	☐	☐
50 Class K portable extinguisher available and properly serviced?	■	☐	☐
51 Remote manual release free from obstructions and operable?	■	☐	☐
52 Has the system been placed back in service?	■	☐	☐
53 Monitoring company notified that the system is back in full service?	☐	☐	■
54 Were building personnel notified of the system condition?	■	☐	☐
55 Have you received a signature from the building personnel?	■	☐	☐
56 Inspection tag affixed to system?	■	☐	☐

Description of Deficiencies

None found at time of inspection.

Comments and Recommendations

N/A

NOTIFICATION OF EXHAUT SYSTEM GREASE BUILD UP

CUSTOMER SIGNATURE Adam Lambert

☐ A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation system as well as all appliances be inspected by a properly trained, qualified, and certified company or person9s) acceptable to the authority of having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

Hood Size: 7' 11"

Duct Quantity and Size: 1 and 12 X 10

List All Appliances and their Size:

4 burner stove 29 x 24

Griddle 3' x 29

See photos below

Comments:

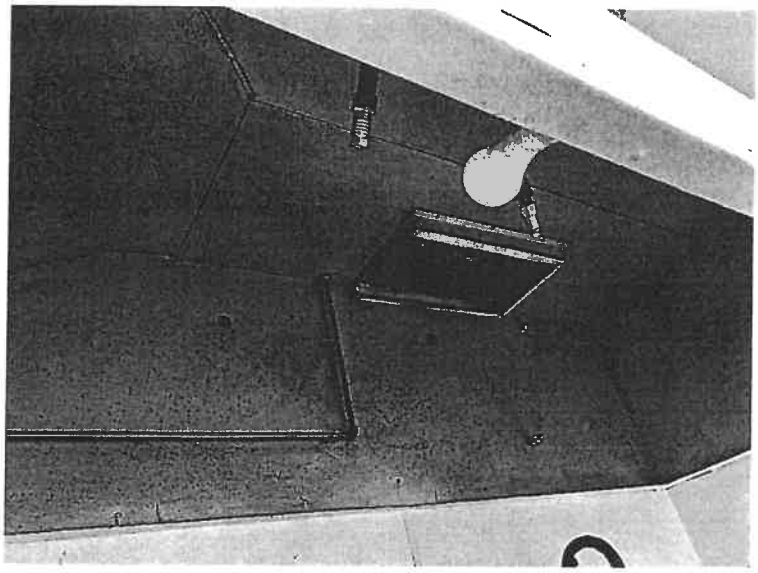
INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

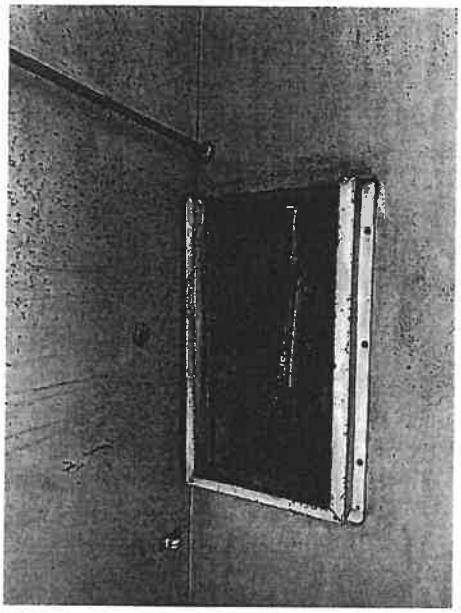
KITCHEN

System Connected to Alarm? Yes ☐ No ☐	Gas Valve: Yes ■ No ☐ Size: 3/4 inch
Nozzle Quantity: Duct 2 Plenum 0 Appliance 2	Gas Valve Style: Electrical ☐ Mechanical ■ Electric Shunt Trip ☐
Remote Pull: Yes ■ No ☐ Location Across from door	Gas Valve Location: Left of appliance

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

PICTURES





KITCHEN

AGREEMENT

Please read carefully. We are not an insurer. Our maximum liability is limited to $250.00. Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy.

This report was reviewed with:

Print Name : Adam

Signature : Adam Lambert
Adam
ST00092851 - I acknowledge the work has been completed as per this order

Date : 5/25/2023

Approved Fire Protection Systems, Inc.

Technician : Brian Neto

Signature : Brian Neto

Date : 5/25/2023

Approved Fire Protection Co.

214 ST. NICHOLAS AVE. SO PLAINFIELD, NJ afpnj.com 908-755-2222

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

System Status **System In Service and Will Operate As Intended**

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Company CLARK MUNICIPAL COMPLEX	Contact JENNIFER KOBLISKA X-003	Phone B:732-388-3600	Date 2022-06-14
Address 430 WESTFIELD AVENUE,	City CLARK	State NJ	Zip 07066
System Location 430 WESTFIELD AVENUE	City CLARK	State NJ	Zip 07066
Email JKOBLISKA@OURCLARK.COM	Cust. # 12650	Service Ticket # ST00078265	P00137

WET CHEMICAL PRIMARY QUESTIONS

System Manufacturer	KIDDE
System Model	WHDR260
Inspection Type	Semi-Annual
What Size Wet Chemical System are you Inspecting?	2.6 Gallon
System Connected to a Fire Alarm?	No
If Connected to a Fire Alarm; Local or FACP?	Na
Indicate Location of this system (ex: front serving area)	Kitchen

WET CHEMICAL TESTING QUESTIONS

Initial Actions/observations	
Quantity of Duct Nozzles	2
Quantity of Plenum Nozzles	0
Quantity of Appliance Nozzles	2
Does the System have a Gas Valve?	Yes
Gas Valve Size (inches)	3/4 in
Gas Valve Style?	Mechanical
Gas Valve Type?	Release
Location of Gas Valve? (If NO gas Valve, indicate N/A)	Left of appliance
Does the System have a Remote Pull?	Yes
Location of Remote Pull?	Across from doorway to restroom
Last Service By?	Approved Fire Protection
Were Building Personnel Notified of this Inspection?	Yes
Was the Monitoring Company Notified?	N/A
Was System Charged and Functioning at Time of Technician's arrival?	Yes
System was NOT tampered with since last inpsected?	Yes
Was System at Proper Pressure upon Arrival?	Yes

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

Visual Check Of System	
Baffled Type Filters Installed in Hood?	N/A
System and Appliance Line-up unchanged since Last Inspection?	Yes
Were Nozzle Caps in Place Upon Arrival?	Yes
Visible Piping and Nozzles are Properly Connected, Braced, and Free from Damage	Yes
Piping, Conduit, Cabling Free from Observable Obstructions?	Yes
Nozzles Inspected and Found to be Clear of Obstructions?	Yes
Correct Nozzle Type(s) are Present for the Protected Appliances/Equipment, Plenum and Ducts	Yes
ALL Nozzles are Properly Positioned over Appliances?	Yes
ALL Nozzles are Properly Positioned in Duct(s) and Plenum(s)	Yes
Is there a Fan Warning Sign on the Hood?	N/A
Flow Points per Extinguishing Agent are Within the MFG's Allowed Maximums (see manufacturers manual)	Yes
Hazard Inspected	
The Hazard Configuration appears to be Unchanged from last Inspection?	Yes
Are All Observable Penetrations to the Hood and Duct Sealed?	Yes
No Readily Observable Obstructions or Interface that could Impact Effectiveness of the Suppression System?	Yes
Please Take Picture Of Appliance Line Up As You See It Today	
Did you take a picture of the Appliance Line Up as it is today?	Yes
System Functional Testing	
The System was Disarmed as per the MFG's Recommendations?	Yes
Mechanical Detection Line Tested and Operates Properly?	Yes
Proper Number and Placement of Detectors/Links?	Yes
Did System Operate Properly from Activation of Manual Pull Station?	Yes
Is Gas Shut-Off Installed and Working Properly?	Yes
Were All Links Replaced with the Proper Temperature Rating?	Yes
Is the Manual Reset for Electric Gas Valve Operational (If Applicable)?	Na
All Electrical Appliances Shut Off Upon System Activation?	Na
Did All Gas Appliances Shut Off Upon System Activation?	Yes
Did The Make-Up Air Shut Down	Yes
Did the Fire Alarm System Activate when the System was Tripped?	Na
Did the Control Head(s)/Cylinder releasing Device(s) Operate Properly?	Yes
Cylinders And Agent	
Are All Cylinders Free of Visible External Corrosion and/or Damage?	Yes
Are All Cyinders Securely Mounted?	Yes
Cartridges Inspected and Replaced within MFG's Recommended Intervals (if Applicable)	Yes
Are All Agent Delivery Lines Clear after Blow out?	Yes

LINKS - Location: Rec Center Kitchen

Link Type	360ML
Quantity Changed	1

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

WET CHEMICAL REACTIVATION AND FINAL

System Reactivation	
Test Adapters/Links, Keeper Pins, other adapters Removed From System?	Yes
Detection (Link) Line has Proper Tension?	Yes
Has the Control Head Been Reset?	Yes
Are ALL Fuel Sources and Power Restored?	Yes
Are ALL Pilot Lights Supplied by the Gas Valve Relit?	Yes
For Electric Appliances; Is the Microswitch/Relay(s) Reset?	N/A
Are All Nozzle Caps In Place?	Yes
Have ALL Filters Been Reinstalled?	N/A
(If Applicable) Are ALL Cartridges Reinstalled?	Yes
Are ALL Tandem/Slave Releasing Device(s) Properly Reset?	N/A
Final	
Is the Operators Manual on Site?	Yes
Is there a Class K Portable Fire Extinguisher Available and Properly Service as Per NFPA 10?	Yes
IS the Manual Release Free from Obstructions and Operable?	Yes
Has the System Been Placed Back in Service? IF NO; PLEASE COMPLETE AN OUT OF SERVICE TICKET	Yes
Has the Monitoring Company Been Notified the System is Back in FULL Service?	N/A
Were Building Personnel Notified of the Systems Condition upon Completion of Inspection?	Yes
Have you Received a Signature from the Building Personnel?	Yes
Has the Inspection Tag Been Affixed to the System?	Yes

Cylinder Full (W)eight/Liquid (L)evel	Cylinder Charge Weight	Serial Number	Cylinder Hydrostatic Test Date	Cartridge Type	Cartridge Weight	Cartridge Hydrostatic Test Date	Cartridge Changed	Regular test Date and PSI
53 lbs	2.6 gallons lbs	84768	06/14/2015	KIDDE N2	240 oz	06/14/2015	no	N/A 0

List All Protected Appliances Under the Hood

Protected Appliances	Quantity
Flat Top Griddle	1
4 Burner Stove	1

DRAWING OR PICTURE

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

DRAWING OR PICTURE

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP
A mark made in the YES box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

DEFICIENCIES

None found at time of inspection.

AGREEMENT

Please read carefully. We are not an insurer. Our maximum liability is limited to $250.00. Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy.

This report was reviewed with:

Print Name : Emily

Signature : Ralph
ST00078285 - I acknowledge the work has been completed as per this order

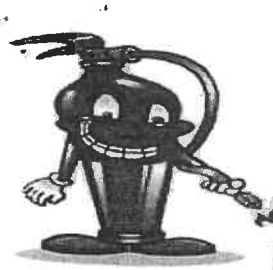
Date : 6/14/2022

Approved Fire Protection Systems, Inc.

Technician : Michael Bigelow

Signature :

Date : 6/14/2022



Approved Fire Protection Co.

314 ST.NICHOLAS AVE. SO PLAINFIELD,NJ afpnj.com 908-755-2222

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

System Status **System In Service and Will Operate As Intended**

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Company CLARK MUNICIPAL COMPLEX	Contact JENNIFER KOBLISKA X-003	Phone B:732-388-3600	Date 2022-06-14
Address 430 WESTFIELD AVENUE,	City CLARK	State NJ	Zip 07066
System Location 430 WESTFIELD AVENUE	City CLARK	State NJ	Zip 07066
Email JKOBLISKA@OURCLARK.COM	Cust. # 12650	Service Ticket # ST00078265	P00137

WET CHEMICAL PRIMARY QUESTIONS

System Manufacturer	KIDDE
System Model	WHDR260
Inspection Type	Semi-Annual
What Size Wet Chemical System are you Inspecting?	2.6 Gallon
System Connected to a Fire Alarm?	No
If Connected to a Fire Alarm; Local or FACP?	Na
Indicate Location of this system (ex: front serving area)	Kitchen

WET CHEMICAL TESTING QUESTIONS

Initial Actions/observations	
Quantity of Duct Nozzles	2
Quantity of Plenum Nozzles	0
Quantity of Appliance Nozzles	2
Does the System have a Gas Valve?	Yes
Gas Valve Size (inches)	3/4 in
Gas Valve Style?	Mechanical
Gas Valve Type?	Release
Location of Gas Valve? (If NO gas Valve, indicate N/A)	Left of appliance
Does the System have a Remote Pull?	Yes
Location of Remote Pull?	Across from doorway to restroom
Last Service By?	Approved Fire Protection
Were Building Personnel Notified of this Inspection?	Yes
Was the Monitoring Company Notified?	N/A
Was System Charged and Functioning at Time of Technician's arrival?	Yes
System was NOT tampered with since last inpsected?	Yes
Was System at Proper Pressure upon Arrival?	Yes

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

Visual Check Of System	
Baffled Type Filters Installed in Hood?	N/A
System and Appliance Line-up unchanged since Last Inspection?	Yes
Were Nozzle Caps in Place Upon Arrival?	Yes
Visible Piping and Nozzles are Properly Connected, Braced, and Free from Damage	Yes
Piping, Conduit, Cabling Free from Observable Obstructions?	Yes
Nozzles Inspected and Found to be Clear of Obstructions?	Yes
Correct Nozzle Type(s) are Present for the Protected Appliances/Equipment, Plenum and Ducts	Yes
ALL Nozzles are Properly Positioned over Appliances?	Yes
ALL Nozzles are Properly Positioned in Duct(s) and Plenum(s)	Yes
Is there a Fan Warning Sign on the Hood?	N/A
Flow Points per Extinguishing Agent are Within the MFG's Allowed Maximums (see manufacturers manual)	Yes
Hazard Inspected	
The Hazard Configuration appears to be Unchanged from last Inspection?	Yes
Are All Observable Penetrations to the Hood and Duct Sealed?	Yes
No Readily Observable Obstructions or Interface that could Impact Effectiveness of the Suppression System?	Yes
Please Take Picture Of Appliance Line Up As You See It Today	
Did you take a picture of the Appliance Line Up as it is today?	Yes
System Functional Testing	
The System was Disarmed as per the MFG's Recommendations?	Yes
Mechanical Detection Line Tested and Operates Properly?	Yes
Proper Number and Placement of Detectors/Links?	Yes
Did System Operate Properly from Activation of Manual Pull Station?	Yes
Is Gas Shut-Off Installed and Working Properly?	Yes
Were All Links Replaced with the Proper Temperature Rating?	Yes
Is the Manual Reset for Electric Gas Valve Operational (If Applicable)?	Na
All Electrical Appliances Shut Off Upon System Activation?	Na
Did All Gas Appliances Shut Off Upon System Activation?	Yes
Did The Make-Up Air Shut Down	Yes
Did the Fire Alarm System Activate when the System was Tripped?	Na
Did the Control Head(s)/Cylinder releasing Device(s) Operate Properly?	Yes
Cylinders And Agent	
Are All Cylinders Free of Visible External Corrosion and/or Damage?	Yes
Are All Cyinders Securely Mounted?	Yes
Cartridges Inspected and Replaced within MFG's Recommended Intervals (if Applicable)	Yes
Are All Agent Delivery Lines Clear after Blow out?	Yes

LINKS - Location: Rec Center Kitchen	
Link Type	360ML
Quantity Changed	1

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

WET CHEMICAL REACTIVATION AND FINAL	
System Reactivation	
Test Adapters/Links, Keeper Pins, other adapters Removed From System?	Yes
Detection (Link) Line has Proper Tension?	Yes
Has the Control Head Been Reset?	Yes
Are ALL Fuel Sources and Power Restored?	Yes
Are ALL Pilot Lights Supplied by the Gas Valve Relit?	Yes
For Electric Appliances; Is the Microswitch/Relay(s) Reset?	N/A
Are All Nozzle Caps In Place?	Yes
Have ALL Filters Been Reinstalled?	N/A
(If Applicable) Are ALL Cartridges Reinstalled?	Yes
Are ALL Tandem/Slave Releasing Device(s) Properly Reset?	N/A
Final	
Is the Operators Manual on Site?	Yes
Is there a Class K Portable Fire Extinguisher Available and Properly Service as Per NFPA 10?	Yes
IS the Manual Release Free from Obstructions and Operable?	Yes
Has the System Been Placed Back in Service? IF NO; PLEASE COMPLETE AN OUT OF SERVICE TICKET	Yes
Has the Monitoring Company Been Notified the System is Back in FULL Service?	N/A
Were Building Personnel Notified of the Systems Condition upon Completion of Inspection?	Yes
Have you Received a Signature from the Building Personnel?	Yes
Has the Inspection Tag Been Affixed to the System?	Yes

Cylinder Full (W)eight/Liquid (L)evel	Cylinder Charge Weight	Serial Number	Cylinder Hydrostatic Test Date	Cartridge Type	Cartridge Weight	Cartridge Hydrostatic Test Date	Cartridge Changed	Regular test Date and PSI
53 lbs	2.6 gallons lbs	84768	06/14/2015	KIDDE N2	240 oz	06/14/2015	no	N/A 0

List All Protected Appliances Under the Hood

Protected Appliances	Quantity
Flat Top Griddle	1
4 Burner Stove	1

DRAWING OR PICTURE

WET CHEMICAL SUPPRESSION SYSTEM INSPECTION CERTIFICATE

DRAWING OR PICTURE

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP
A mark made in the YES box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

DEFICIENCIES

None found at time of inspection.

AGREEMENT

Please read carefully. We are not an insurer. Our maximum liability is limited to $250.00. Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy.

This report was reviewed with:

Print Name : Emily

Signature : Ralph
ST00078265 - I acknowledge the work has been completed as per this order

Date : 6/14/2022

Approved Fire Protection Systems, Inc.

Technician : Michael Bigelow

Signature :

Date : 6/14/2022

Approved Fire Protection Co.
114 ST. NICHOLAS AVE. SO PLAINFIELD, NJ afpnj.com 908-756-2222

Fire System Inspection Certificate

☑ System Compliant per NJAC 5:70-3 ☐ System Non-Compliant per NJAC 5:70-3

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Company	Contact	Phone	Date
CLARK MUNICIPAL COMPLEX	KOBLISKA X-003, JENNIFER	7323883600	05/27/2021
Address	**City**	**State**	**Zip**
430 WESTFIELD AVENUE	CLARK	NJ	07066
Email	**System MFG.**	**System Type**	**P00459**
	Kidde	WHDR260	
Inspection Type ☐ Initial ☐ Annual ☑ Semi-Annual ☐ Other		**Cust. #** 1317	**Service Ticket #** ST00065112
Location of System REC CENTER KITCHEN			

System Connected to Alarm? Yes ☐ No ☑
Local ☐ FACP ☐

Nozzle Quantity: Duct 1 Plenum 1 Appliance 2

Gas Valve: Yes ☑ No ☐
Size: 3/4

Gas Valve Style: Electrical ☐ Mechanical ☑ Electric Shunt ☐

Remote Pull: Yes ☑ No ☐
Location: Exit of kitchen

Gas Valve Location: Left of appliance
Type: _____ Release ☑ Pull ☐

Initial Actions / Observations	Y	N	N/A
1 Last Serviced By? AFP			
2 Were building personnel notified of the inspection?	☑	☐	☐
3 Was the monitoring company notified?	☐	☐	☑
4 System found charged and functioning at time of technician's arrival?	☑	☐	☐
5 System un-tarmpered with since last visit?	☑	☐	☐
6 System found to be at proper pressure upon arrival?	☑	☐	☐

Visually Check System	Y	N	N/A
7 Baffle- type filters installed in hood?	☑	☐	☐
8 System [and appliance layout] appears unchanged since last service?	☑	☐	☐
9 Were the nozzle caps in place at time of arrival?	☑	☐	☐

Visually Check System Continued	Y	N	N/A
10 Visible piping and nozzles properly connected, braced, and free of damage?	☑	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☑	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☑	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☑	☐	☐
14 Nozzle(s) properly positioned over appliances?	☑	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☑	☐	☐
16 Is there a fan warning sign on hood?	☐	☑	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☑	☐	☐

Hazard Inspection	Y	N	N/A
18 Hazard configration appeared to remain unchanged?	☑	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☑	☐	☐

Fire System Inspection Certificate

System Functional Test	Y	N	N/A
20a No readily observable obstructions or interface that could impact effectiveness of the suppression system?	☑	☐	☐
20b System disarmed per manufacturer's recommendations?	☑	☐	☐
21 Mechanical detection line tested and operates properly?	☑	☐	☐
22 Proper number and placement of detectors/links?	☑	☐	☐
23 Did the system operate properly from activation of manual pull station?	☑	☐	☐
24 Gas shut-off valve installed and working properly?	☑	☐	☐
25 Replaced links with proper temperature rating?	☑	☐	☐
1 at 360 ML Degrees ____ at ____ Degrees			
____ at ____ Degrees ____ at ____ Degrees			
____ at ____ Degrees ____ at ____ Degrees			
26 Is the manual reset for electric gas valves operational?	☐	☐	☑
27 All electrical appliances shut off upon system operation?	☐	☐	☑
28 Did all gas appliances shut off upon system operation?	☑	☐	☐
29 Did the make-up air shut down?	☐	☐	☑
30 Did the alarm system activate when the system tripped?	☐	☐	☑
31 Did control head(s)/cylinder releasing device(s) operate properly?	☑	☐	☐

Cylinders and Agent	Y	N	N/A
32 Were all cylinders free of signs of external corrosion and/or damage?	☑	☐	☐
33 Are all cylinders securely mounted?	☑	☐	☐
34 Cartridge inspected or replaced within mfg's recommended interval (if applicable)?	☑	☐	☐
35 Were the lines clear when blown out?	☑	☐	☐
36 Tag affixed and system back in service?	☑	☐	☐

System Reactivation	Y	N	N/A
37 Test adapters/links, keeper pins, etc., removed from system?	☑	☐	☐
38 Detection [link] line has proper tensioning?	☑	☐	☐
39 Was the control head reset?	☑	☐	☐
40 Were all fuel sources and power restored?	☑	☐	☐
41 Were all pilot lights supplied by the gas valve relit?	☑	☐	☐
42 Microswitch/relay(s) reset -- electric appliances "on"?	☐	☐	☑
43 Are all nozzle caps in place?	☑	☐	☐
44 Were all filters reinstalled?	☑	☐	☐
45 Were all cartridges reinstalled? (if applicable)	☑	☐	☐
46 Tandem/slave releasing device(s) reset properly?	☐	☐	☑

Final	Y	N	N/A
47 Operator's manual on site?	☑	☐	☐
48 Class K portable extinguisher available and properly serviced?	☑	☐	☐
49 Remote manual release free from obstructions and operable?	☑	☐	☐
50 Has the system been placed back in service?	☑	☐	☐
51 Monitoring company notified that the system is back in full service?	☐	☐	☑
52 Were building personnel notified of the system condition?	☑	☐	☐
53 Have you received a signature from the building personnel?	☑	☐	☐
54 Inspection tag affixed to system?	☑	☐	☐

Fire System Inspection Certificate

DRAWING OR PICTURE

List All Protected Appliances Under the Hood:

Griddle	4 burner stove		

Approved Fire Protection Systems, Inc. * 114 Saint Nicholas Ave. * South Plainfield, NJ 07080
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Fire System Inspection Certificate

Cylinder Full (W)eight/ Liquid (L)evel	*Cylinder Charge Weight*	*Serial Number*	*Cylinder Hydrostatic Test Date*	*Cartridge Type*	*Cartridge Weight*	*Cartridge Hydrostatic Test Date*	*Cartridge Changed*	*Regulator Test Date and PSI*
53	2.6 gal	84768	2015	Kiddie N2	240	2015	No	

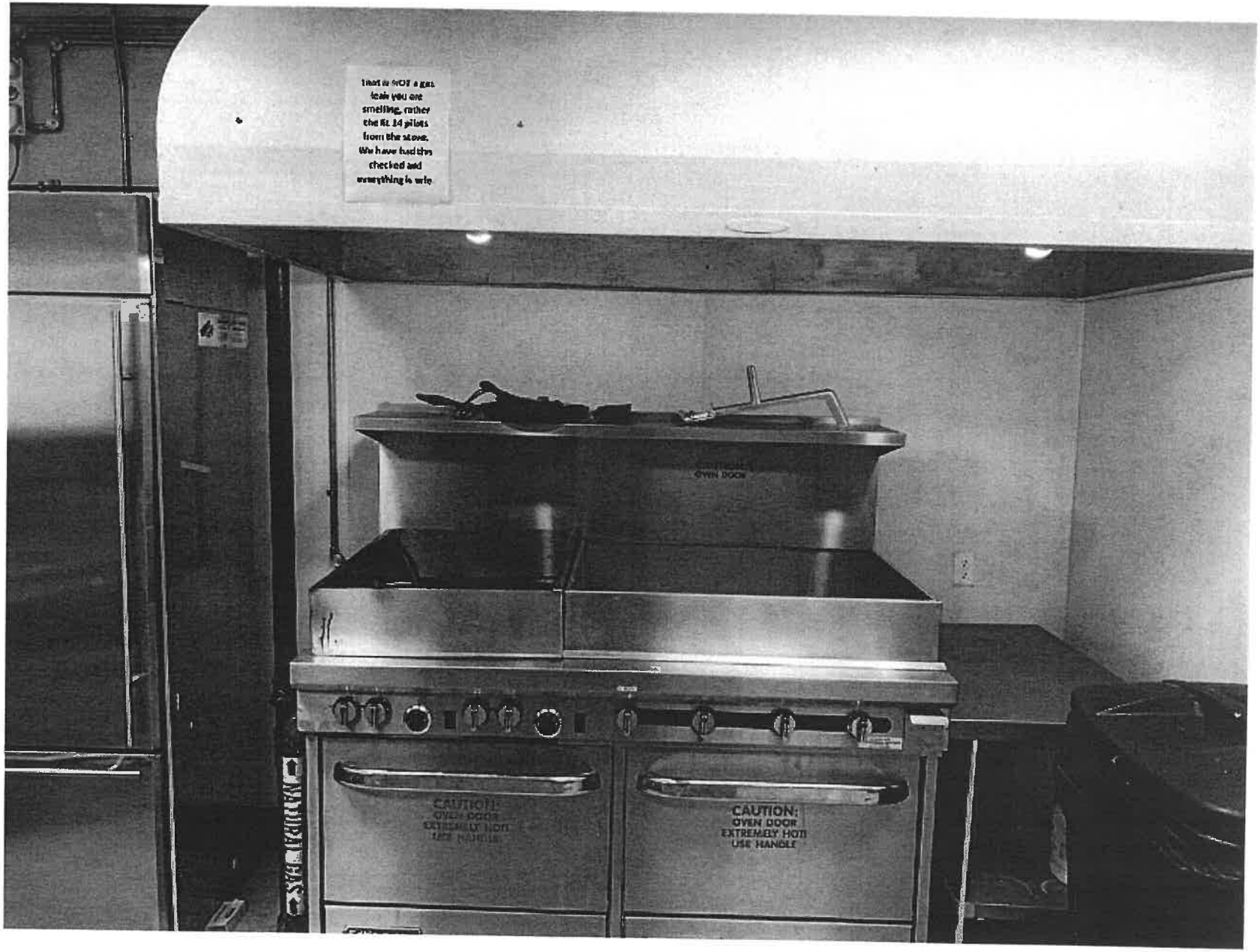
Fire System Inspection Certificate

Recommendations:	Comments:

NOTIFICATION OF DEFICIENCIES **CUSTOMER INITIALS:** _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

Authorized Customer Representative	Authorized Approved Fire Protection Representative
SIGNATURE: _____	SIGNATURE: _____
PRINT NAME: Jennifer Kobliska	PRINT NAME: Bill Andrew


That is NOT a gas leak you are smelling, rather the lit 24 pilots from the stove. We have had this checked and everything is safe
CAUTION:
OVEN DOOR
EXTREMELY HOT!
USE HANDLE