

005313

BERGEN COUNTY TECHNICAL SCHOOL DISTRICT
GENERAL ACCOUNT

WARRANT NO.

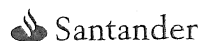
BUDGET ACCOUNT NUMBER	P.O. NUMBER	INVOICE NUMBER	AMOUNT
11-000-262-420-DO	018048	SM 23029	\$520.00
11-000-262-420-DO	018048	SM 23031	\$580.00
11-000-262-420-DO	018048	SM 23944	\$535.00
TOTAL AMOUNT			\$1,635.00

02/20/2020

THIS DOCUMENT HAS A COLORED BACKGROUND AND FLUORESCENT FIBERS • SEE ADDITIONAL SECURITY FEATURES ON REVERSE SIDE • MISSING A FEATURE INDICATES A COPY

THIS WARRANT BECOMES A SIGHT DRAFT ON BANK NAMED HEREON WHEN COUNTERSIGNED BY TREASURER

005313

60-7269
2313BERGEN COUNTY TECHNICAL
SCHOOL DISTRICT
540 Farview Avenue, Paramus, NJ 07652
GENERAL ACCOUNT

02/20/2020

PAY TO THE
ORDER OF

METRO FIRE & SAFETY EQUIPMENT CO.

\$

*****\$1,635.00

*One Thousand Six Hundred Thirty Five And .00***** DOLLARS

METRO FIRE & SAFETY EQUIPMENT CO.
509 WASHINGTON AVE
CARLSTADT NJ 07072-2802

⑈005313⑈ ⑆231372691⑆

9551020731⑈

BERGEN COUNTY TECHNICAL
SCHOOL DISTRICT
540 Farview Avenue, Paramus, NJ 07652

005313

METRO FIRE & SAFETY EQUIPMENT CO.
509 WASHINGTON AVE
CARLSTADT NJ 07072-2802

(1789)



PURCHASE ORDER
BERGEN COUNTY TECHNICAL SCHOOLS
540 FARVIEW AVENUE
PARAMUS, N.J. 07652

THIS REQUISITION
HAS BEEN ASSIGNED
THE P.O. NO. SHOWN
VT018048
DATE PURCHASE ORDER NO.

T

Tel: (201) 343-6000 Ext 4037,4050 FAX: (201) 225-9067
All invoices and correspondence must be sent to
above address regardless of shipping point.

SUGGESTED VENDOR

METRO FIRE & SAFETY EQUIPMENT CO.
509 WASHINGTON AVE
CARLSTADT, NJ 070722802
2016350400
Fax: 2016350410

TRACKING # U20-1268

1789		VENDOR CODE
February 7, 2020		REQUISITION DATE
P/F	ACCOUNT NUMBER	AMOUNT
p	11-000-262-420-DO	\$535.00

SHIPMENTS TO BE SENT PREPAID

WE ARE A TAX EXEMPT ORGANIZATION

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	SM 23944		
2.00	K - ANSUL R-102 3 GAL W/C KITCHEN SYS INSPECT	125.00	\$250.00
1.00	K - ANSUL R-102 6 GAL TANDEM W/C KITCHEN SYS	135.00	\$135.00
1.00	K - ANSUL R-102 9 GAL TANDEM W/C KITCHEN SYS	150.00	\$150.00
	ACADEMY		

QPC-H-4-19

al

TOTAL \$535.00

SHIP TO **Garrett Eastlake ext. 2237 200 Hackensack Ave, Hackensack, NJ**
OPERATIONS ATTN

THIS VENDOR IS:
☒ Lowest Responsible Bidder: Date 4/1/19
☐ Lowest of Three Quotations (attached)
☐ State Contract No. _____
EXEMPT FROM BIDDING (check below)
☐ Copyright Material
☐ Emergency, Job No. _____ (or explain)
☐ Under Minimum
☐ By Statute

PURCHASING AGENT

REQUISITIONED BY _____ DATE _____
APPROVED ADMINISTRATOR [Signature] DATE 2/12/20
APPROVED ADMINISTRATOR _____ DATE _____
ACCOUNT STATUS CHECKED _____

**THIS ORDER IS INVALID
UNLESS SIGNED BY
THE SCHOOL BUSINESS
ADMINISTRATOR**

[Signature]

SCHOOL BUSINESS ADMINISTRATOR

PURCHASE ORDER
BERGEN COUNTY TECHNICAL SCHOOLS

540 FARVIEW AVENUE

PARAMUS, N.J. 07652

Tel: (201) 343-6000 Ext 4037,4050 FAX: (201) 225-9067

All invoices and correspondence must be sent to
above address regardless of shipping point.

SUGGESTED VENDOR

METRO FIRE & SAFETY EQUIPMENT CO.

509 WASHINGTON AVE

CARLSTADT, NJ 070722802

2016350400

Fax: 2016350410

THIS REQUISITION
HAS BEEN ASSIGNED
THE P.O. NO. SHOWN

VT018048

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TRACKING # U20-1268

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February 7, 2020

REQUISITION
DATE

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ACCOUNT NUMBER

AMOUNT

11-000-262-420-DO

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	SM 23944		
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1.00	K - ANSUL R-102 9 GAL TANDEM W/C KITCHEN SYS	150.00	\$150.00
	ACADEMY		

RECEIVING COPY - RETURN TO BUSINESS OFFICE

TOTAL \$535.00

**SHIP
TO**

**Garrett Eastlake ext. 2237 200 Hackensack Ave, Hackensack, NJ
OPERATIONS**

ATTN

DATE RECEIVED

OF CARTONS

RECEIVED BY - FULL SIGNATURE

RECEIVING PROCEDURES
UPON RECEIPT OF ORDER:

1. Person accepting shipment:
please check number of cartons and date
and sign where indicated.
2. Requisitioner: Please check
contents and packing list(s)
against order and date and sign
where indicated.
3. Please forward this copy along
with packing list(s), bill(s) of
lading, and other documents to
business office.

**THIS ORDER IS INVALID
UNLESS SIGNED BY
THE SCHOOL BUSINESS
ADMINISTRATOR**

SCHOOL OFFICER'S CERTIFICATION

I, having knowledge of the facts certify that the materials and supplies
have been received or the services rendered; said certification being
based on signed delivery slips or other reasonable procedures

SIGNATURE

DATE

SCHOOL BUSINESS ADMINISTRATOR

RECEIVING COPY - RETURN TO BUSINESS OFFICE Page 1 of 1

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
 Carlstadt, NJ 07072
 Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 23944

Invoice Date: 1/31/2020

Completion Date: 1/25/2020

Bill To: Bergen County Special Services
 540 Farview Avenue
 Attn: Accounts Payable
 Paramus, NJ 07652

Service Id: BCSS-200HACKENSACK
Service At: Bergen County Academy
 200 Hackensack Avenue
 Hackensack, NJ 07601

Division: Systems - Service/Repair
Description: K-Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 2/10/2020

WO#	Item	Description	Qty	Unit Price	Amount
30232					
	Service				
		K - Ansul R-102 3 Gal Liquid Kitchen Sys Inspection	2.00	125.00	250.00
		K - Ansul R-102 6 Gal Tandem Kitchen Sys Inspection	1.00	135.00	135.00
		K - Ansul R-102 9 Gal Tandem Kitchen Sys Inspection	1.00	150.00	150.00

-(14) 360* fusible links & (4) 450* fusible links include in price-



Subtotal:	535.00
Sales Tax:	0.00
Total Due:	535.00

The Fire Safety Professionals Since 1962

Please return this part with a check or money order made payable to Metro Fire & Safety.



509 Washington Avenue
 Carlstadt, NJ 07072
 Phone: (201) 635-0400 - Fax: (201) 635-0410

Credit Card Information

Card Number: _____

Expiration: ____ / ____

mm

yy

CVV: ____



☐

☐

☐

☐

E-mail: _____

(If Receipt is Required/Requested)

Account ID	BCSPEC	Amount Due	\$ 535.00
Invoice	23944	Amount Paid	

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. 30232		DATE 1-25-2020	HAZARD AREA PROTECTED Culinary Arts	
SYSTEM MFG. Ansa	SYSTEM CAPACITY 9 Gallons	SYSTEM TYPE WIC	NUM OF CYLS 3	
CONTACT Garrett		PHONE 201-343-6000	FAX	
ADDRESS 200 Hackensack Ave		CITY Hackensack	STATE NJ	ZIP 07601
AHJ / FIRE PROTECTION DISTRICT		INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

Initial Actions / Observations

- | | Y | N | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1 Last Serviced By? <u>Metro Fire</u> | | | |
| 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 | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 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/cabing 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

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 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? | ☒ | ☐ | ☐ |

System Functional Test

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 21 System disarmed per manufacturer's 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? | ☒ | ☐ | ☐ |
| 7 at 360 Degrees _____ at _____ Degrees | | | |
| 3 at 480 Degrees _____ at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |
| 27 Is the manual reset for electric gas valves 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? | ☒ | ☐ | ☐ |

Cylinders and Agent

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 33 Cylinder Pressure _____ psi | ☐ | ☐ | ☒ |
| 34 Hydrostatic test date of cylinder checked. Due: <u>2023</u> | ☒ | ☐ | ☐ |
| 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 <u>106 1/2 oz</u> | ☒ | ☐ | ☐ |

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

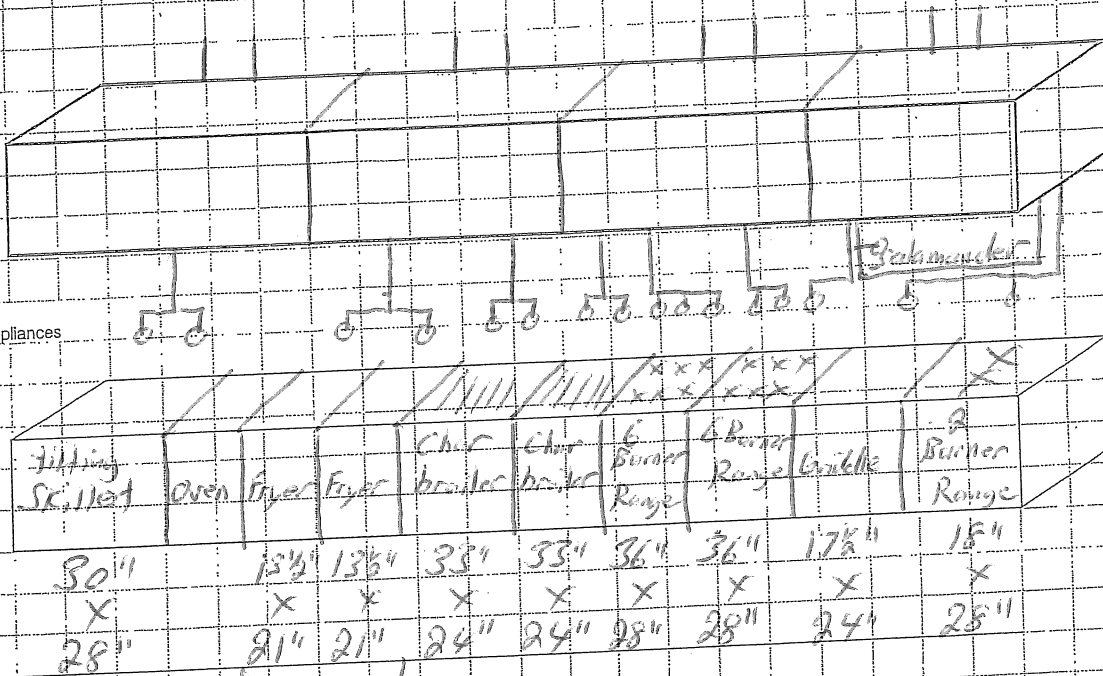
☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY 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.

KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 40'9"-6" Duct Quantity & Size: 4 @ 18" x 6"
No duct or plenum nozzles, hoods are hooked up to water wash

Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 0 Plenum 0 Appliance 17

Remote Pull: Yes ☒ No ☐ Location Kitchen Entrance

Gas Valve: Yes ☒ No ☐ Size: 2"

Gas Valve Style: Electrical ☒ Mechanical ☐

Gas Valve Location: left of hood Type: Release ☒ Pull ☐

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. 30232	DATE 1-25-2020	HAZARD AREA PROTECTED Hood #2 Island Serving	
SYSTEM MFG. Ansa	SYSTEM CAPACITY 3 Gallons	SYSTEM TYPE WIC	NUM OF CYLS 1

COMPANY Bergen County Academy	CONTACT Garrett	PHONE 201-343-6000	FAX
ADDRESS 200 Hackensack Ave	CITY Hackensack	STATE NJ	ZIP 07601
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

Initial Actions / Observations

- Last Serviced By? Metro Fire
- Were building personnel notified of the inspection? ☒ ☐ ☐
- Was the monitoring company notified? ☒ ☐ ☐
- System found charged and functioning at time of technician's arrival? ☒ ☐ ☐
- System un-tampered with since last visit? ☒ ☐ ☐
- System found to be at proper pressure upon arrival? ☐ ☐ ☒

Visually Check System

- Baffle-type filters installed in hood? ☒ ☐ ☐
- System [and appliance layout] appear unchanged since last service? ☒ ☐ ☐
- Were the nozzle caps in place at time of arrival? ☒ ☐ ☐
- Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐
- Piping/conduit/cabling free from observable obstructions? ☒ ☐ ☐
- Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐
- Correct nozzle type(s) for protected equipment, plenum and ducts? ☒ ☐ ☐
- Nozzle(s) properly positioned over appliances? ☒ ☐ ☐
- Nozzle(s) properly positioned in duct(s) and plenum(s)? ☒ ☐ ☐
- Is there a fan warning sign on hood? ☒ ☐ ☐
- Flow points/extinguishing agent within mfg's allowed maximums? ☒ ☐ ☐

Hazard Inspection

- Hazard configuration appeared to remained unchanged? ☒ ☐ ☐
- Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐
- No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐

System Functional Test

- System disarmed per manufacturer's recommendations? ☒ ☐ ☐
- Mechanical detection line tested and found to operate properly? ☒ ☐ ☐
- Proper number and placement of detectors/links? ☒ ☐ ☐
- Did the system operate properly from activation of a manual pull station? ☐ ☐ ☒
- Gas shut-off valve installed and working properly? (Note location) ☒ ☐ ☐
- Replaced links with proper temperature rating?
2 at 360 Degrees _____ at _____ Degrees
_____ at _____ Degrees _____ at _____ Degrees
_____ at _____ Degrees _____ at _____ Degrees
- Is the manual reset for electric gas valves operational? ☐ ☐ ☒
- Did all electrical appliances shut off upon system operation? ☒ ☐ ☐
- Did all gas appliances shut off upon system operation? ☐ ☐ ☒
- Did the make-up air shut down? ☐ ☐ ☒
- Did the alarm system activate when the system tripped? ☒ ☐ ☐
- Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐

Cylinders and Agent

- Cylinder Pressure _____ psi ☐ ☐ ☒
- Hydrostatic test date of cylinder checked. Due: 2019 ☒ ☐ ☐
- Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐
- Are all cylinders securely mounted? ☒ ☐ ☐
- Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 42.31706 ☒ ☐ ☐

CUSTOMER INITIALS: _____

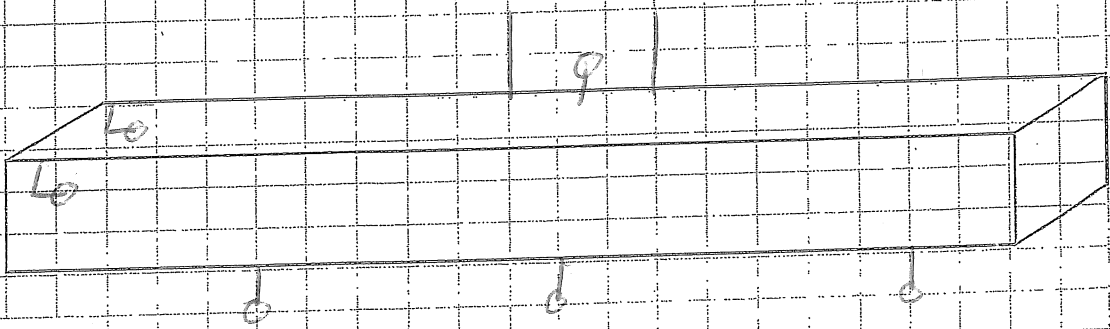
NOTIFICATION OF DEFICIENCIES

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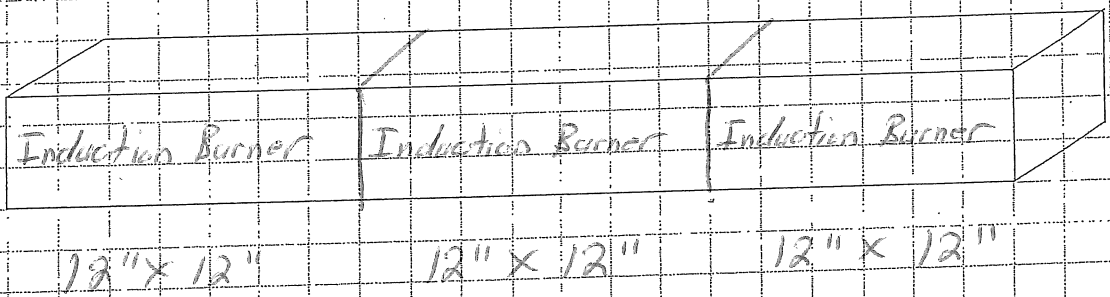
KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 5'-6" Duct Quantity & Size: 18" x 10"



Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 1 Plenum 2 Appliance 3

Remote Pull: Yes ☒ No ☐ Location in main kitchen

Gas Valve: Yes ☐ No ☒ Size: _____

Gas Valve Style: Electrical ☐ Mechanical ☐

Gas Valve Location: _____ Type: Release / Pull

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. 30232	DATE 1-25-2020	HAZARD AREA PROTECTED Hood #1 Main Kitchen	
SYSTEM MFG. Ansel	SYSTEM CAPACITY 4.5 Gallons	SYSTEM TYPE WIC	NUM of CYLS 2
PHONE 201-343-6000		FAX	
CITY Hackensack	STATE NJ	ZIP 07601	CUSTOMER NUMBER
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

COMPANY Bergen County Academy	CONTACT Garrett
ADDRESS 200 Hackensack Ave	CITY Hackensack
AHJ / FIRE PROTECTION DISTRICT	

Initial Actions / Observations

- Last Serviced By? Metro Fire
- Were building personnel notified of the inspection? ☒ ☐ ☐
- Was the monitoring company notified? ☒ ☐ ☐
- System found charged and functioning at time of technician's arrival? ☒ ☐ ☐
- System un-tampered with since last visit? ☒ ☐ ☐
- System found to be at proper pressure upon arrival? ☐ ☐ ☒

Visually Check System

- Baffle-type filters installed in hood? ☒ ☐ ☐
- System [and appliance layout] appear unchanged since last service? ☒ ☐ ☐
- Were the nozzle caps in place at time of arrival? ☒ ☐ ☐
- Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐
- Piping/conduit/cabling free from observable obstructions? ☒ ☐ ☐
- Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐
- Correct nozzle type(s) for protected equipment, plenum and ducts? ☒ ☐ ☐
- Nozzle(s) properly positioned over appliances? ☒ ☐ ☐
- Nozzle(s) properly positioned in duct(s) and plenum(s)? ☒ ☐ ☐
- Is there a fan warning sign on hood? ☒ ☐ ☐
- Flow points/extinguishing agent within mfg's allowed maximums? ☒ ☐ ☐

Hazard Inspection

- Hazard configuration appeared to remained unchanged? ☒ ☐ ☐
- Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐
- No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐

System Functional Test

- System disarmed per manufacturer's recommendations? ☒ ☐ ☐
- Mechanical detection line tested and found to operate properly? ☒ ☐ ☐
- Proper number and placement of detectors/links? ☒ ☐ ☐
- Did the system operate properly from activation of a manual pull station? ☒ ☐ ☐
- Gas shut-off valve installed and working properly? (Note location) ☒ ☐ ☐
- Replaced links with proper temperature rating?
2 at 360 Degrees _____ at _____ Degrees
1 at 450 Degrees _____ at _____ Degrees
_____ at _____ Degrees _____ at _____ Degrees
- Is the manual reset for electric gas valves operational? ☐ ☐ ☒
- Did all electrical appliances shut off upon system operation? ☐ ☐ ☒
- Did all gas appliances shut off upon system operation? ☒ ☐ ☐
- Did the make-up air shut down? ☐ ☐ ☒
- Did the alarm system activate when the system tripped? ☒ ☐ ☐
- Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐

Cylinders and Agent

- Cylinder Pressure _____ psi ☐ ☐ ☒
- Hydrostatic test date of cylinder checked. Due: 2029 ☒ ☐ ☐
- Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐
- Are all cylinders securely mounted? ☒ ☐ ☐
- Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 710g ☒ ☐ ☐

CUSTOMER INITIALS: _____

NOTIFICATION OF DEFICIENCIES

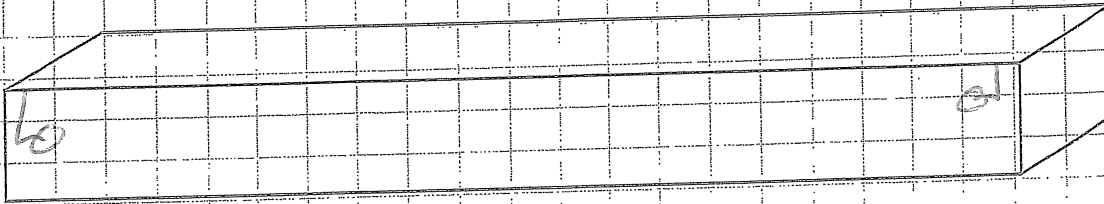
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KITCHEN SYSTEM REPORT - PAGE 3

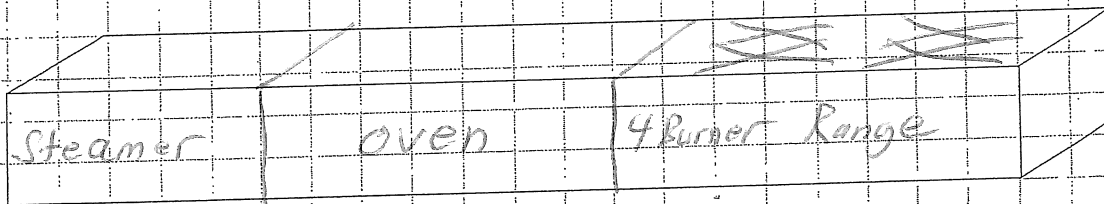
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
CUSTOMER NUMBER			

Hood Size: 14'-6"

Duct Quantity & Size: 34" X 10'



Label All Appliances



36" X 25"

Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 1 Plenum 2 Appliance 2

Remote Pull: Yes ☒ No ☐ Location entrance door

Gas Valve: Yes ☒ No ☐ Size: 1 3/4"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: Custodial Room #135 Type: Release / Pull

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

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. 30232		DATE 1-25-2020		HAZARD AREA PROTECTED Hood #3 Rest. Service	
SYSTEM MFG. Ansa		SYSTEM CAPACITY 3 Gallons		SYSTEM TYPE WIC	
NUM OF CYLES 1		PHONE 201-343-6000		FAX	
COMPANY Bergen County Academy		CONTACT Garrett		CUSTOMER NUMBER	
ADDRESS 200 Hackensack Ave		CITY Hackensack		STATE NJ	
AHJ / FIRE PROTECTION DISTRICT		ZIP 07601		INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐	

Initial Actions / Observations

- | | | | | | |
|---|---|-------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1 | Last Serviced By? | <u>Metro Fire</u> | ☒ | ☐ | ☐ |
| 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

- | | | | | | |
|----|--|--|-------------------------------------|--------------------------|--------------------------|
| 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

- | | | | | | |
|----|---|--|-------------------------------------|--------------------------|--------------------------|
| 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? | | ☒ | ☐ | ☐ |

System Functional Test

- | | | | | |
|----|---|-------------------------------------|--------------------------|-------------------------------------|
| 21 | System disarmed per manufacturer's 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? | ☒ | ☐ | ☐ |
| | <u>3</u> at <u>360</u> Degrees | | | |
| | _____ at _____ Degrees | | | |
| | _____ at _____ Degrees | | | |
| 27 | Is the manual reset for electric gas valves 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? | ☒ | ☐ | ☐ |

Cylinders and Agent

- | | | | | |
|----|--|-------------------------------------|--------------------------|-------------------------------------|
| 33 | Cylinder Pressure _____ psi | ☐ | ☐ | ☒ |
| 34 | Hydrostatic test date of cylinder checked. Due: <u>2019</u> | ☒ | ☐ | ☐ |
| 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 <u>42.3120-2</u> | ☒ | ☐ | ☐ |

NOTIFICATION OF DEFICIENCIES

☐ 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.

CUSTOMER INITIALS: _____

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reactivation		Y	N	N/A	Final	Y	N	N/A
38	Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐	48	Operator's manual on site?	☒	☐
39	Detection [link] line has proper tensioning?	☒	☐	☐	49	Class K portable extinguisher available and properly serviced?	☒	☐
40	Was the control head reset?	☒	☐	☐	50	Remote manual release free from obstructions & operable?	☒	☐
41	Were all fuel sources and power restored?	☒	☐	☐	51	Has the system been placed back in service?	☒	☐
42	Were all pilot lights supplied by the gas valve relit?	☐	☐	☒	52	Monitoring company notified that the system is back in full service?	☒	☐
43	Microswitch/relay(s) reset -- electric appliances "on"?	☒	☐	☐	53	Were building personnel notified of the system condition?	☒	☐
44	Are all nozzle caps in place?	☒	☐	☐	54	Have you received a signature from the building personnel?	☒	☐
45	Were all filters reinstalled?	☒	☐	☐	55	Inspection tag affixed to system?	☒	☐
46	Were all cartridges reinstalled? (if applicable)	☒	☐	☐				
47	Tandem/slave releasing device(s) reset properly?	☐	☐	☒				

[illegible]

Comments and Recommendations	

Customer Initials:

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ A mark made in the adjacent 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.

Service Technician regarding grease build up and for information only. Authorized Customer Representative SIGNATURE: _____ PRINT NAME: _____	Authorized Company Representative SIGNATURE: <u>John Pimentel</u> PRINT NAME: <u>John Pimentel</u> CERTIFICATION NUMBER <u>P00111</u>
--	--

FORM: NJFS-17A 201305 Page 2 of 3

KITCHEN SYSTEM REPORT - PAGE 3

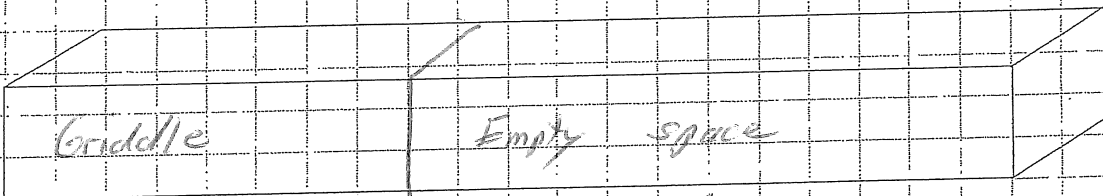
COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

Hood Size: 8'-6"

Duct Quantity & Size: 19" X 10"



Label All Appliances



34" X 24"

Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Gas Valve: Yes ☐ No ☒ Size:

Nozzle Quantity: Duct 1 Plenum 1 Appliance 1

Gas Valve Style: Electrical ☐ Mechanical ☐

Remote Pull: Yes ☒ No ☐ Location in main kitchen

Gas Valve Location: Type: Release / Pull

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

**BILL
TO**

**PURCHASE ORDER
BERGEN COUNTY TECHNICAL SCHOOLS**

540 FARVIEW AVENUE
PARAMUS, N.J. 07652

Tel: (201) 343-6000 Ext 4037,4050 FAX: (201) 225-9067

All invoices and correspondence must be sent to
above address regardless of shipping point.

SUGGESTED VENDOR

METRO FIRE & SAFETY EQUIPMENT CO.
509 WASHINGTON AVE
CARLSTADT, NJ 070722802
2016350400
Fax: 2016350410

THIS REQUISITION
HAS BEEN ASSIGNED
THE P.O. NO. SHOWN

VT018048

DATE PURCHASE ORDER NO.

TRACKING # U20-0335

1789		VENDOR CODE
January 10, 2020		REQUISITION DATE
P/F	ACCOUNT NUMBER	AMOUNT
	11-000-262-420-DO	\$580.00

SHIPMENTS TO BE SENT PREPAID

WE ARE A TAX EXEMPT ORGANIZATION

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	SM 23031		
1.00	K - KIDDE WHDR-260 W/C KITCHEN SYS INSPECT	125.00	\$125.00
1.00	K - ANSUL R-102 3 GAL W/C KITCHEN SYS INSPECT	125.00	\$125.00
1.00	K - ANSUL R-102 6 GAL TANDEM W/C KITCHEN SYS	135.00	\$135.00
1.00	K - ANSUL R-102 9 GAL TANDEM W/C KITCHEN SYS	150.00	\$150.00
5.00	K-RUBBER NOZZLE CAP/COVER	9.00	\$45.00
	TETERBORO		

QPC-H-419

ok
PO

TOTAL \$580.00

**SHIP
TO**

Rich Malajian Ext#4573 - 504 Route 46 West, Teterboro, NJ
OPERATIONS

ATTN

THIS VENDOR IS:

- ☐ Lowest Responsible Bidder: Date
☒ Lowest of Three Quotations (attached) **on file**
☐ State Contract No. _____

EXEMPT FROM BIDDING (check below)

- ☐ Copyright Material
☐ Emergency, Job No. _____ (or explain)
☐ Under Minimum
☐ By Statute

PURCHASING AGENT

REQUISITIONED BY DATE

APPROVED ADMINISTRATOR DATE

APPROVED ADMINISTRATOR DATE

ACCOUNT STATUS CHECKED

**THIS ORDER IS INVALID
UNLESS SIGNED BY
THE SCHOOL BUSINESS
ADMINISTRATOR**

SCHOOL BUSINESS ADMINISTRATOR

REQUISITION COPY Page 1 of 1

PURCHASE ORDER
BERGEN COUNTY TECHNICAL SCHOOLS

540 FARVIEW AVENUE

PARAMUS, N.J. 07652

Tel: (201) 343-6000 Ext 4037,4050 FAX: (201) 225-9067

All invoices and correspondence must be sent to
above address regardless of shipping point.

SUGGESTED VENDOR

METRO FIRE & SAFETY EQUIPMENT CO.

509 WASHINGTON AVE

CARLSTADT, NJ 070722802

2016350400

Fax: 2016350410

THIS REQUISITION
HAS BEEN ASSIGNED
THE P.O. NO. SHOWN

VT018048

DATE PURCHASE ORDER NO.

TRACKING # U20-0335

1789

VENDOR CODE

January 10, 2020

REQUISITION
DATE

P/F

ACCOUNT NUMBER

AMOUNT

11-000-262-420-DO

\$580.00

SHIPMENTS TO BE SENT PREPAID

WE ARE A TAX EXEMPT ORGANIZATION

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	SM 23031		
1.00	K - KIDDE WHDR-260 W/C KITCHEN SYS INSPECT	125.00	\$125.00
1.00	K - ANSUL R-102 3 GAL W/C KITCHEN SYS INSPECT	125.00	\$125.00
1.00	K - ANSUL R-102 6 GAL TANDEM W/C KITCHEN SYS	135.00	\$135.00
1.00	K - ANSUL R-102 9 GAL TANDEM W/C KITCHEN SYS	150.00	\$150.00
5.00	K-RUBBER NOZZLE CAP/COVER	9.00	\$45.00
	TETERBORO		

RECEIVING COPY - RETURN TO BUSINESS OFFICE

TOTAL \$580.00

**SHIP
TO**

**Rich Malajian Ext#4573 - 504 Route 46 West, Teterboro, NJ
OPERATIONS**

ATTN

DATE RECEIVED

OF CARTONS

RECEIVED BY - FULL SIGNATURE

RECEIVING PROCEDURES
UPON RECEIPT OF ORDER:

1. Person accepting shipment:
please check number of cartons and date
and sign where indicated.
2. Requisitioner: Please check
contents and packing list(s)
against order and date and sign
where indicated.
3. Please forward this copy along
with packing list(s), bill(s) of
lading, and other documents to
business office.

**THIS ORDER IS INVALID
UNLESS SIGNED BY
THE SCHOOL BUSINESS
ADMINISTRATOR**

SCHOOL OFFICER'S CERTIFICATION

I, having knowledge of the facts certify that the materials and supplies
have been received or the services rendered; said certification being
based on signed delivery slips or other reasonable procedures

SIGNATURE

DATE

SCHOOL BUSINESS ADMINISTRATOR

RECEIVING COPY - RETURN TO BUSINESS OFFICE Page 1 of 1

MF METRO FIRE & SAFETY

EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 23031

Invoice Date: 12/31/2019

Completion Date: 12/31/2019

Bill To: Bergen County Special Services
540 Farview Avenue
Attn: Accounts Payable
Paramus, NJ 07652

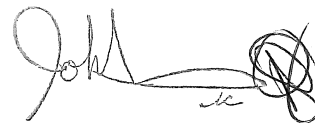
Service Id: BCSS-504ROUTE#46
Service At: Teterboro Technical School
504 Route # 46 West
Teterboro, NJ 07608

Division: Systems - Service/Repair
Description: K-Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 1/10/2020

WO#	Item	Description	Qty	Unit Price	Amount
<u>29273</u>	Service				
		K - Kidde WHDR-260 W/C Kitchen Sys Inspection	1.00	125.00	125.00
		K - Ansul R-102 3 Gal W/C Kitchen Sys Inspection	1.00	125.00	125.00
		K - Ansul R-102 6 Gal Tandem W/C Kitchen Sys Inspection	1.00	135.00	135.00
		K - Ansul R-102 9 Gal Tandem W/C Kitchen Sys Inspection	1.00	150.00	150.00
		-All links included in price-			
		K - Rubber Nozzle Cap/Cover	5.00	9.00	45.00



The Fire Safety Professionals Since 1962

Subtotal:	580.00
Sales Tax:	0.00
Total Due:	580.00

Please return this part with a check or money order made payable to Metro Fire & Safety.

MF METRO FIRE & SAFETY
EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Credit Card Information

Card Number:

Expiration:

mm / yy

CVV:



E-mail:

(If Receipt is Required/Requested)

Account ID	BCSPEC	Amount Due	\$ 580.00
Invoice	23031	Amount Paid	

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. <u>89273</u>	DATE <u>12-31-19</u>	HAZARD AREA PROTECTED <u>Main Kitchen</u>	
SYSTEM MFG. <u>Kiddle</u>	SYSTEM CAPACITY <u>8.6 Gallons</u>	SYSTEM TYPE <u>W/C</u>	NUM of CYLS <u>1</u>
CONTACT <u>Rich</u>		PHONE <u>201-343-6000</u>	FAX
ADDRESS <u>504 Route 46 west</u>		CITY <u>Teterboro</u>	CUSTOMER NUMBER
AHJ / FIRE PROTECTION DISTRICT		STATE <u>NJ</u>	ZIP <u>07608</u>
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions/Observations

System Functional Test

1 Last Serviced By? <u>Metro Fire</u>	21 System disarmed per manufacturer's recommendations? ☒ ☐ ☐
2 Were building personnel notified of the inspection? ☒ ☐ ☐	22 Mechanical detection line tested and found to operate properly? ☒ ☐ ☐
3 Was the monitoring company notified? ☒ ☐ ☐	23 Proper number and placement of detectors/links? ☒ ☐ ☐
4 System found charged and functioning at time of technician's arrival? ☒ ☐ ☐	24 Did the system operate properly from activation of a manual pull station? ☒ ☐ ☐
5 System un-lampered with since last visit? ☒ ☐ ☐	25 Gas shut-off valve installed and working properly? (Note location) ☒ ☐ ☐
6 System found to be at proper pressure upon arrival? ☒ ☐ ☐	26 Replaced links with proper temperature rating? ☒ ☐ ☐

Visual Check System

7 Baffle-type filters installed in hood? ☒ ☐ ☐	_____ at _____ Degrees _____ at _____ Degrees	
8 System [and appliance layout] appear unchanged since last service? ☒ ☐ ☐	_____ at _____ Degrees _____ at _____ Degrees	
9 Were the nozzle caps in place at time of arrival? ☒ ☐ ☐	_____ at _____ Degrees _____ at _____ Degrees	
10 Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐	27 Is the manual reset for electric gas valves operational? ☐ ☐ ☒	
11 Piping/conduit/cablings free from observable obstructions? ☒ ☐ ☐	28 Did all electrical appliances shut off upon system operation? ☐ ☐ ☒	
12 Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐	29 Did all gas appliances shut off upon system operation? ☒ ☐ ☐	
13 Correct nozzle type(s) for protected equipment, plenum and ducts? ☒ ☐ ☐	30 Did the make-up air shut down? ☒ ☐ ☐	
14 Nozzle(s) properly positioned over appliances? ☒ ☐ ☐	31 Did the alarm system activate when the system tripped? ☒ ☐ ☐	
15 Nozzle(s) properly positioned in duct(s) and plenum(s)? ☒ ☐ ☐	32 Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐	
16 Is there a fan warning sign on hood? ☒ ☐ ☐	Cylinders and Agent	
17 Flow points/extinguishing agent within mfg's allowed maximums? ☒ ☐ ☐	33 Cylinder Pressure <u>175</u> psi ☒ ☐ ☐	

Hazard Inspection

18 Hazard configuration appeared to remained unchanged? ☒ ☐ ☐	34 Hydrostatic test date of cylinder checked. Due: <u>2027</u> ☒ ☐ ☐
19 Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐	35 Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐	36 Are all cylinders securely mounted? ☒ ☐ ☐
	37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>257 grams</u> ☒ ☐ ☐

CUSTOMER INITIALS: _____

NOTIFICATION OF DEFICIENCIES

☐ 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.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reactivation		Y	N	N/A	File	Y	N	N/A
38	Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐		48	Operator's manual on site?	☒ ☐ ☐
39	Detection [link] line has proper tensioning?	☒	☐	☐		49	Class K portable extinguisher available and properly serviced?	☒ ☐ ☐
40	Was the control head reset?	☒	☐	☐		50	Remote manual release free from obstructions & operable?	☒ ☐ ☐
41	Were all fuel sources and power restored?	☒	☐	☐		51	Has the system been placed back in service?	☒ ☐ ☐
42	Were all pilot lights supplied by the gas valve relit?	☒	☐	☐		52	Monitoring company notified that the system is back in full service?	☒ ☐ ☐
43	Microswitch/relay(s) reset -- electric appliances "on"?	☐	☐	☒		53	Were building personnel notified of the system condition?	☒ ☐ ☐
44	Are all nozzle caps in place?	☒	☐	☐		54	Have you received a signature from the building personnel?	☒ ☐ ☐
45	Were all filters reinstalled?	☒	☐	☐		55	Inspection tag affixed to system?	☒ ☐ ☐
46	Were all cartridges reinstalled? (if applicable)	☒	☐	☐				
47	Tandem/slave releasing device(s) reset properly?	☐	☐	☒				

[illegible][illegible]

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ A mark made in the adjacent 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.

Authorized Customer Representative

Authorized Company Representative

SIGNATURE:

SIGNATURE:

PRINT NAME:

CERTIFICATION NUMBER.

FORM: NJFS-17A 201305 Page 2 of 3

KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
CUSTOMER NUMBER			

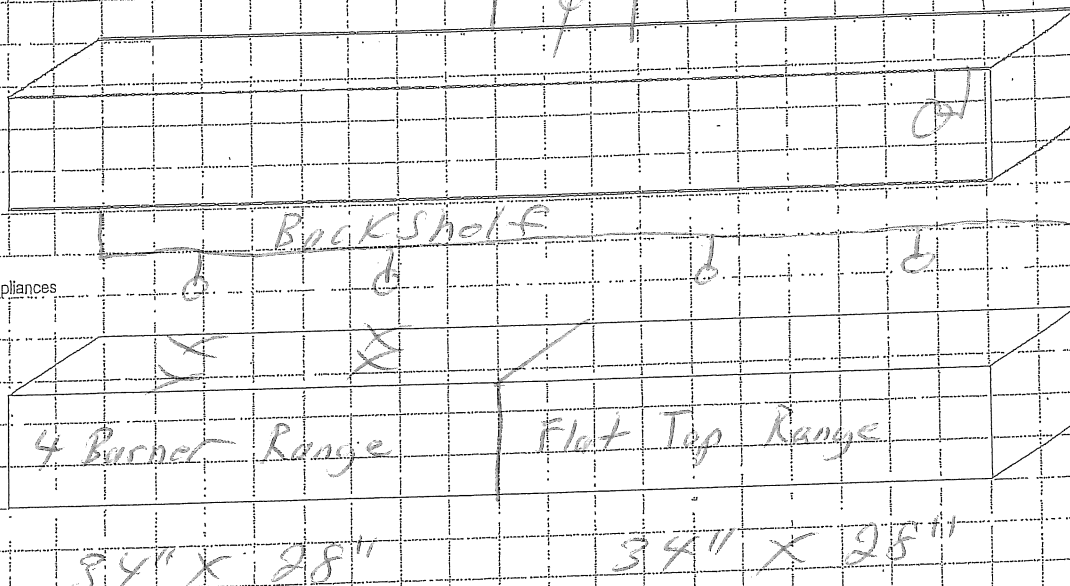
Hood Size:

7' - 0"

Duct Quantity & Size:

9" X 7"

Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 1 Plenum 1 Appliance 4

Remote Pull: Yes ☒ No ☐ Location exit door by hood 3

Gas Valve: Yes ☒ No ☐ Size: 1 1/2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: right of flat top Type: Release / Pull

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. <u>89273</u>	DATE <u>12-31-19</u>	HAZARD AREA PROTECTED <u>Culinary Arts main Kitchen</u>	
SYSTEM MFG. <u>Ansul</u>	SYSTEM CAPACITY <u>6 Gallons</u>	SYSTEM TYPE <u>WIC</u>	NUM OF CYLS <u>2</u>

COMPANY <u>B.C.S.S. Teterboro Tech</u>	CONTACT <u>Rich</u>	PHONE <u>201-343-6000</u>	FAX
ADDRESS <u>504 Route 46 West</u>	CITY <u>Teterboro</u>	STATE <u>NJ</u>	ZIP <u>07608</u>
HAZARD AREA PROTECTED	CUSTOMER NUMBER		
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

Initial Actions / Observations

1 Last Serviced By? <u>Metro Fire</u>	21 System disarmed per manufacturer's recommendations?	☒ ☐ ☐
2 Were building personnel notified of the inspection?	22 Mechanical detection line tested and found to operate properly?	☒ ☐ ☐
3 Was the monitoring company notified?	23 Proper number and placement of detectors/links?	☒ ☐ ☐
4 System found charged and functioning at time of technician's arrival?	24 Did the system operate properly from activation of a manual pull station?	☒ ☐ ☐
5 System un-tampered with since last visit?	25 Gas shut-off valve installed and working properly? (Note location)	☒ ☐ ☐
6 System found to be at proper pressure upon arrival?	26 Replaced links with proper temperature rating?	☒ ☐ ☐

Visual Check System

7 Baffle-type filters installed in hood?	1 at <u>360</u> Degrees _____ at _____ Degrees	
8 System [and appliance layout] appear unchanged since last service?	4 at <u>450</u> Degrees _____ at _____ Degrees	
9 Were the nozzle caps in place at time of arrival?	_____ at _____ Degrees _____ at _____ Degrees	
10 Visible piping and nozzles properly connected, braced, and free of damage?	27 Is the manual reset for electric gas valves operational?	☐ ☐ ☒
11 Piping/conduit/cabling free from observable obstructions?	28 Did all electrical appliances shut off upon system operation?	☐ ☐ ☒
12 Nozzle(s) inspected and found to be clear of obstructions?	29 Did all gas appliances shut off upon system operation?	☒ ☐ ☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	30 Did the make-up air shut down?	☒ ☐ ☐
14 Nozzle(s) properly positioned over appliances?	31 Did the alarm system activate when the system tripped?	☒ ☐ ☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	32 Did control head(s)/cylinder releasing device(s) operate properly?	☒ ☐ ☐
16 Is there a fan warning sign on hood?	Cylinders and Agent	
17 Flow points/extinguishing agent within mfg's allowed maximums?	33 Cylinder Pressure _____ psi	☐ ☐ ☒
	34 Hydrostatic test date of cylinder checked. Due: <u>2024</u>	☒ ☐ ☐
	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 <u>60 5802</u>	☒ ☐ ☐

Hazard Inspection

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?	☒ ☐ ☐

NOTIFICATION OF DEFICIENCIES

☐ 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.

CUSTOMER INITIALS: _____

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reactivation	Y	N	N/A	Final
38 Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐	
39 Detection (link) line has proper tensioning?	☒	☐	☐	
40 Was the control head reset?	☒	☐	☐	
41 Were all fuel sources and power restored?	☒	☐	☐	
42 Were all pilot lights supplied by the gas valve reli?	☒	☐	☐	
43 Microswitch/relay(s) reset -- electric appliances "on"?	☐	☐	☒	
44 Are all nozzle caps in place?	☒	☐	☐	
45 Were all filters reinstalled?	☒	☐	☐	
46 Were all cartridges reinstalled? (if applicable)	☒	☐	☐	
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☒	
48 Operator's manual on site?				☒ ☐ ☐
49 Class K portable extinguisher available and properly serviced?				☒ ☐ ☐
50 Remote manual release free from obstructions & operable?				☒ ☐ ☐
51 Has the system been placed back in service?				☒ ☐ ☐
52 Monitoring company notified that the system is back in full service?				☒ ☐ ☐
53 Were building personnel notified of the system condition?				☒ ☐ ☐
54 Have you received a signature from the building personnel?				☒ ☐ ☐
55 Inspection tag affixed to system?				☒ ☐ ☐

[illegible][illegible]

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ A mark made in the adjacent 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.

Authorized Customer Representative

Authorized Company Representative

SIGNATURE:

SIGNATURE:

PRINT NAME: _____

CERTIFICATION NUMBER

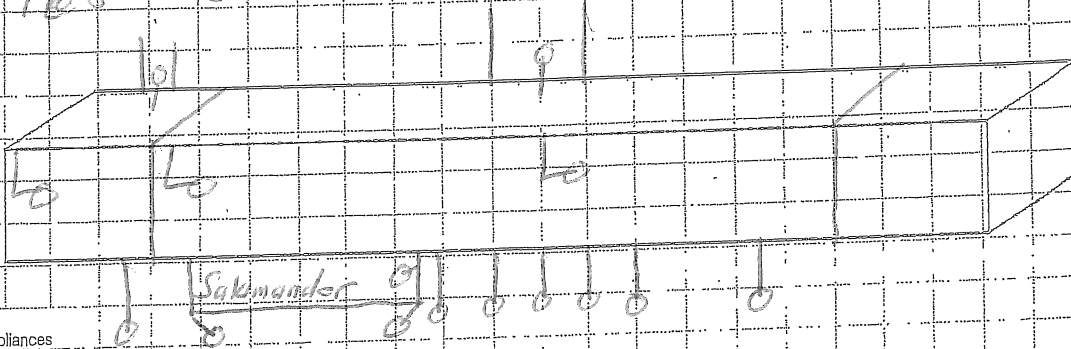
PRINT NAME:

KITCHEN SYSTEM REPORT - PAGE 3

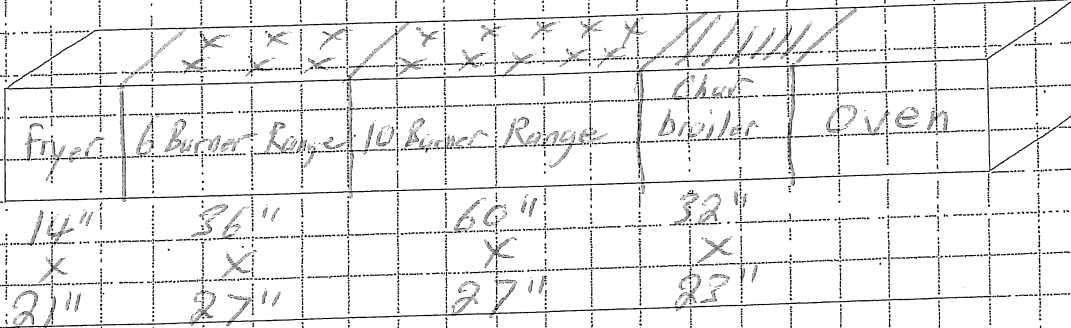
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 1 @ 2'-6"
1 @ 13'-0"
1 @ 5'-0"

Duct Quantity & Size: 1 @ 6" x 7"
1 @ 13" x 19"



Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 2 Plenum 3 Appliance 10

Remote Pull: Yes ☒ No ☐ Location near west exit

Gas Valve: Yes ☒ No ☐ Size: 2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: above ceiling Type: Release / Pull

**BILL
TO**

**PURCHASE ORDER
BERGEN COUNTY TECHNICAL SCHOOLS**

540 FARVIEW AVENUE

PARAMUS, N.J. 07652

Tel: (201) 343-6000 Ext 4037, 4050 FAX: (201) 225-9067

All invoices and correspondence must be sent to
above address regardless of shipping point.

SUGGESTED VENDOR

METRO FIRE & SAFETY EQUIPMENT CO.

509 WASHINGTON AVE

CARLSTADT, NJ 070722802

2016350400

Fax: 2016350410

THIS REQUISITION
HAS BEEN ASSIGNED
THE P.O. NO. SHOWN

VT018048

DATE PURCHASE ORDER NO.

TRACKING # U20-0337

1789

VENDOR CODE

January 10, 2020

REQUISITION
DATE

P/F

ACCOUNT NUMBER

AMOUNT

11-000-262-420-DO

\$520.00

SHIPMENTS TO BE SENT PREPAID

WE ARE A TAX EXEMPT ORGANIZATION

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	Inv.# SM 23029		
1.00	K - WHDR-400 W/C KITCHEN SYSTEM	125.00	\$125.00
1.00	K - ANSUL R-102 3 GAL W/C KITCHEN	125.00	\$125.00
1.00	K - WHDR-260 TADEM W/C KITCHEN SYSTEM	135.00	\$135.00
1.00	K - ANSUL R-102 6 GAL TADEM W/C KITCHEN	135.00	\$135.00
	PARAMUS VOC.		

TOTAL \$520.00

**SHIP
TO**

Jim Matricova Ext#8422 275 E. Pascack Road Paramus NJ
07652 PV OPERATIONS

ATTN

THIS VENDOR IS:

- ☐ Lowest Responsible Bidder: Date _____
- ☒ Lowest of Three Quotations (attached) *on File*
- ☐ State Contract No. _____

EXEMPT FROM BIDDING (check below)

- ☐ Copyright Material
- ☐ Emergency, Job No. _____ (or explain)
- ☐ Under Minimum
- ☐ By Statute

PURCHASING AGENT

REQUISITIONED BY

DATE

APPROVED ADMINISTRATOR

DATE

APPROVED ADMINISTRATOR

DATE

ACCOUNT STATUS CHECKED

**THIS ORDER IS INVALID
UNLESS SIGNED BY
THE SCHOOL BUSINESS
ADMINISTRATOR**

SCHOOL BUSINESS ADMINISTRATOR

REQUISITION COPY Page 1 of 1

PURCHASE ORDER
BERGEN COUNTY TECHNICAL SCHOOLS

540 FARVIEW AVENUE

PARAMUS, N.J. 07652

Tel: (201) 343-6000 Ext 4037,4050 FAX: (201) 225-9067

All invoices and correspondence must be sent to
above address regardless of shipping point.

SUGGESTED VENDOR

METRO FIRE & SAFETY EQUIPMENT CO.

509 WASHINGTON AVE

CARLSTADT, NJ 070722802

2016350400

Fax: 2016350410

THIS REQUISITION
HAS BEEN ASSIGNED
THE P.O. NO. SHOWN

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January 10, 2020

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DATE

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ACCOUNT NUMBER

AMOUNT

11-000-262-420-DO

\$520.00

SHIPMENTS TO BE SENT PREPAID

WE ARE A TAX EXEMPT ORGANIZATION

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	Inv.# SM 23029		
1.00	K - WHDR-400 W/C KITCHEN SYSTEM	125.00	\$125.00
1.00	K - ANSUL R-102 3 GAL W/C KITCHEN	125.00	\$125.00
1.00	K - WHDR-260 TADEM W/C KITCHEN SYSTEM	135.00	\$135.00
1.00	K - ANSUL R-102 6 GAL TADEM W/C KITCHEN	135.00	\$135.00
	PARAMUS VOC.		

RECEIVING COPY - RETURN TO BUSINESS OFFICE

TOTAL \$520.00

**SHIP
TO**

**Jim Matricova Ext#8422 275 E. Pascack Road Paramus NJ
07652 PV OPERATIONS**

ATTN

DATE RECEIVED

OF CARTONS

RECEIVED BY - FULL SIGNATURE

RECEIVING PROCEDURES

UPON RECEIPT OF ORDER:

1. Person accepting shipment:
please check number of cartons and date
and sign where indicated.
2. Requisitioner: Please check
contents and packing list(s)
against order and date and sign
where indicated.
3. Please forward this copy along
with packing list(s), bill(s) of
lading, and other documents to
business office.

**THIS ORDER IS INVALID
UNLESS SIGNED BY
THE SCHOOL BUSINESS
ADMINISTRATOR**

SCHOOL OFFICER'S CERTIFICATION

I, having knowledge of the facts certify that the materials and supplies
have been received or the services rendered; said certification being
based on signed delivery slips or other reasonable procedures



SIGNATURE



DATE



SCHOOL BUSINESS ADMINISTRATOR

RECEIVING COPY - RETURN TO BUSINESS OFFICE Page 1 of 1

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
 Carlstadt, NJ 07072
 Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 23029

Invoice Date: 12/31/2019

Completion Date: 12/31/2019

Bill To: Bergen County Special Services
 540 Farview Avenue
 Attn: Accounts Payable
 Paramus, NJ 07652

Service Id: BCSS-PARAMUSVOCATION
Service At: BCSS-Paramus Vocational Schools
 275 East Pascack Road
 Paramus, NJ 07652

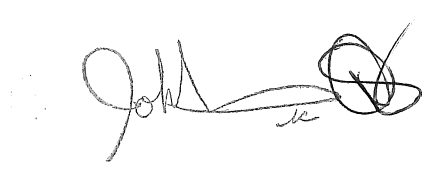
Division: Systems - Service/Repair
Description: K-Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 1/10/2020

WO#	Item	Description	Qty	Unit Price	Amount
<u>29203</u>					
	Service				
		K - Kidde WHDR-400 W/C Kitchen Sys Inspection	1.00	125.00	125.00
		K - Ansul R-102 3 Gal W/C Kitchen Sys Inspection	1.00	125.00	125.00
		K - Kidde WHDR-260 Tandem W/C Kitchen Sys Inspection	1.00	135.00	135.00
		K - Ansul R-102 6 Gal Tandem W/C Kitchen Sys Inspection	1.00	135.00	135.00

-All links included in price-



The Fire Safety Professionals Since 1962

Subtotal:	520.00
Sales Tax:	0.00
Total Due:	520.00

Please return this part with a check or money order made payable to Metro Fire & Safety.

METRO FIRE & SAFETY
 EQUIPMENT CO., INC.

509 Washington Avenue
 Carlstadt, NJ 07072
 Phone: (201) 635-0400 - Fax: (201) 635-0410

Credit Card Information

Card Number:

Expiration:

mm / yy

CVV:



E-mail:

(If Receipt is Required/Requested)

Account ID	BCSPEC	Amount Due	\$ 520.00
Invoice	23029	Amount Paid	

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. 29203	DATE 12-31-19	HAZARD AREA PROTECTED Main Kitchen
SYSTEM MFG. Ansel	SYSTEM CAPACITY 6 Gallons	SYSTEM TYPE WIC
PHONE 201-343-6000		NUM OF CYLS 2
STATE NJ		CUSTOMER NUMBER
ZIP 07652		
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

COMPANY BCSS-Paramus Vocational School	CONTACT Jim
ADDRESS 275 E. Pascucci Rd	CITY Paramus
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE

Initial Actions/Observations

1 Last Serviced By? Metro Fire	21 System disarmed per manufacturer's recommendations? ☒ ☐ ☐
2 Were building personnel notified of the inspection? ☒ ☐ ☐	22 Mechanical detection line tested and found to operate properly? ☒ ☐ ☐
3 Was the monitoring company notified? ☒ ☐ ☐	23 Proper number and placement of detectors/links? ☒ ☐ ☐
4 System found charged and functioning at time of technician's arrival? ☒ ☐ ☐	24 Did the system operate properly from activation of a manual pull station? ☒ ☐ ☐
5 System un-tampered with since last visit? ☒ ☐ ☐	25 Gas shut-off valve installed and working properly? (Note location) ☒ ☐ ☐
6 System found to be at proper pressure upon arrival? ☒ ☐ ☐	26 Replaced links with proper temperature rating? ☒ ☐ ☐

Visual Check System

7 Baffle-type filters installed in hood? ☒ ☐ ☐	27 Is the manual reset for electric gas valves operational? ☐ ☐ ☒
8 System [and appliance layout] appear unchanged since last service? ☒ ☐ ☐	28 Did all electrical appliances shut off upon system operation? ☐ ☐ ☒
9 Were the nozzle caps in place at time of arrival? ☒ ☐ ☐	29 Did all gas appliances shut off upon system operation? ☒ ☐ ☐
10 Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐	30 Did the make-up air shut down? ☐ ☐ ☒
11 Piping/conduit/cabling free from observable obstructions? ☒ ☐ ☐	31 Did the alarm system activate when the system tripped? ☒ ☐ ☐
12 Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐	32 Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐
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

18 Hazard configuration appeared to remained unchanged? ☒ ☐ ☐	33 Cylinder Pressure _____ psi ☐ ☐ ☒
19 Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐	34 Hydrostatic test date of cylinder checked. Due: 2024 ☒ ☐ ☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐	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 39.1202 ☒ ☐ ☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

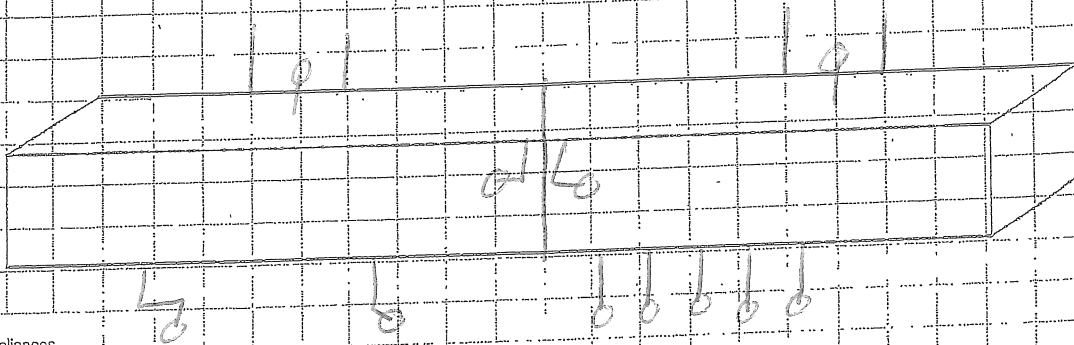
☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY 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.

KITCHEN SYSTEM REPORT - PAGE 3

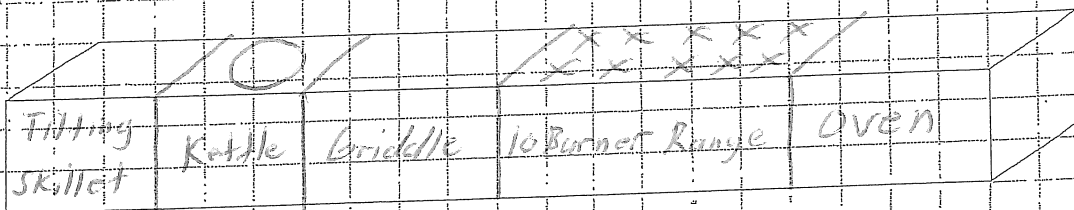
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 2 @ 9'-6"

Duct Quantity & Size: 2 @ 14" x 14"



Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES, LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 2 Plenum 2 Appliance 7

Remote Pull: Yes ☒ No ☐ Location by exit door

Gas Valve: Yes ☒ No ☐ Size: 1 1/2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: behind range Type: Release ☒ Pull ☐

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. 29203	DATE 12-31-19	HAZARD AREA PROTECTED Bake Shop	
SYSTEM MFG. Kidde	SYSTEM CAPACITY 4 Gallons	SYSTEM TYPE wic	NUM OF CYLS 1
CONTACT Jim		PHONE 201-343-6000	FAX
ADDRESS 275 E. Pascoack Rd		CITY Paramus	STATE NJ
AHJ / FIRE PROTECTION DISTRICT		ZIP 07652	CUSTOMER NUMBER
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions / Observations

System Functional Test

1 Last Serviced By? **Metro Fire**

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?

21 System disarmed per manufacturer's 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?

Visually Check System

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?

2 at **260** Degrees _____ at _____ Degrees

2 at **450** Degrees _____ at _____ Degrees

_____ at _____ Degrees _____ at _____ Degrees

27 Is the manual reset for electric gas valves 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?

Cylinders and Agent

33 Cylinder Pressure **175** psi

34 Hydrostatic test date of cylinder checked. Due: **2028**

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 _____

Hazard Inspection

18 Hazard configuration appeared to remain 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?

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.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

System Restoration	Y	N	NA	FILE	Y	N	NA
38 Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐		48 Operator's manual on site?	☒	☐
39 Detection [link] line has proper tensioning?	☒	☐	☐		49 Class K portable extinguisher available and properly serviced?	☒	☐
40 Was the control head reset?	☒	☐	☐		50 Remote manual release free from obstructions & operable?	☒	☐
41 Were all fuel sources and power restored?	☒	☐	☐		51 Has the system been placed back in service?	☒	☐
42 Were all pilot lights supplied by the gas valve relit?	☒	☐	☐		52 Monitoring company notified that the system is back in full service?	☒	☐
43 Microswitch/relay(s) reset -- electric appliances "on"?	☐	☐	☒		53 Were building personnel notified of the system condition?	☒	☐
44 Are all nozzle caps in place?	☒	☐	☐		54 Have you received a signature from the building personnel?	☒	☐
45 Were all filters reinstalled?	☒	☐	☐		55 Inspection tag affixed to system?	☒	☐
46 Were all cartridges reinstalled? (if applicable)	☐	☐	☒				
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☒				

Description of Deficiencies	

Comments and Recommendations	

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ A mark made in the adjacent 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.

Authorized Customer Representative SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>Ge Lao</u>	Authorized Company Representative SIGNATURE: <u>John Pimentel</u> PRINT NAME: <u>John Pimentel</u> CERTIFICATION NUMBER: <u>P00111</u>
--	---

KITCHEN SYSTEM REPORT - PAGE 3

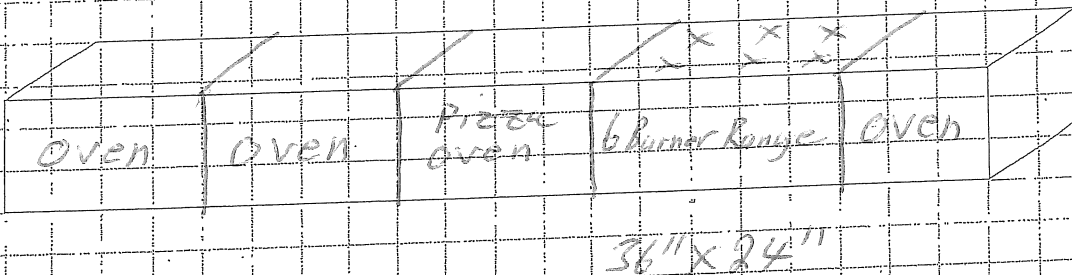
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 21'-0"

Duct Quantity & Size: 4 @ 14" x 12"



Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 4 Plenum 3 Appliance 2

Remote Pull: Yes ☒ No ☐ Location by Kitchen entrance

Gas Valve: Yes ☒ No ☐ Size: 1 1/2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: above ceiling Type: Release / Pull

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F:(201)635-0410 Permit #P00111

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
29203	12-31-19	Culinary Arts	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS
Kidde	6.6 Gallons	WIC	2

COMPANY	CONTACT	PHONE	FAX
BCSS - Paramus Vocational School	Jim	201-343-6000	
ADDRESS	CITY	STATE	ZIP
275 E. Pascack Rd	Paramus	NJ	07652
ANJ FIRE PROTECTION DISTRICT	INSPECTION TYPE		
	☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

Initial Actions/Observations

System Functional Test

- 1 Last Serviced By? Metro Fire
- 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? ☒ ☐ ☐

- 21 System disarmed per manufacturer's 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? ☒ ☐ ☐

Visual Check System

- 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? ☒ ☐ ☐

1 at 360 Degrees _____ at _____ Degrees
4 at 450 Degrees _____ at _____ Degrees
_____ at _____ Degrees _____ at _____ Degrees

- 27 Is the manual reset for electric gas valves 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? ☒ ☐ ☐

Cylinders and Agent

- 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? ☒ ☐ ☐

- 33 Cylinder Pressure 175 psi ☒ ☐ ☐
- 34 Hydrostatic test date of cylinder checked. Due: 2028 ☒ ☐ ☐
- 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 _____ ☐ ☐ ☒

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.

KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
CUSTOMER NUMBER			

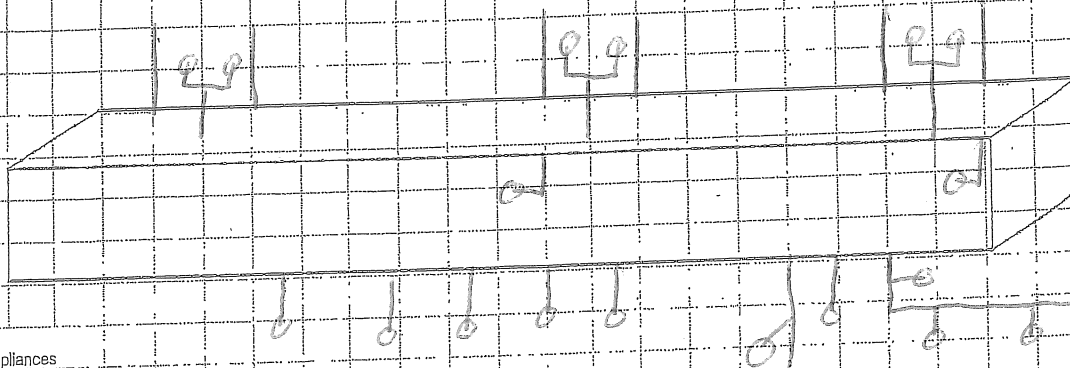
Hood Size:

19'-6"

Duct Quantity & Size:

3 @ 16" x 12"

Label All Appliances



10 Burner Range		6 Burner Range	Griddle cheese melter	Char broiler	Fryer	Fryer
36"		27"	12"	9"	9"	
60" x 27"		27"	25"	23"	11"	11"

Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 6 Plenum 2 Appliance 11

Remote Pull: Yes ☒ No ☐ Location by Exit door

Gas Valve: Yes ☒ No ☐ Size: 2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: next to cylinders Type: Release / Pull

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
29203	12-31-19	Pizza Kitchen	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM OF CYLS
Ansal	3 Gallons	W/C	1
PHONE		FAX	
201-343-6000			
STATE	ZIP	CUSTOMER NUMBER	
NJ	07652		

COMPANY	CONTACT	PHONE		FAX
BLSS-Paramus Vocational School	Jim	201-343-6000		
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
275 E. Pascack Rd	Paramus	NJ	07652	
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE			
	☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions/Observations

1 Last Serviced By?	Metro Fire	21 System disarmed per manufacturer's recommendations?	☒ ☐ ☐
2 Were building personnel notified of the inspection?	☒ ☐ ☐	22 Mechanical detection line tested and found to operate properly?	☒ ☐ ☐
3 Was the monitoring company notified?	☒ ☐ ☐	23 Proper number and placement of detectors/links?	☒ ☐ ☐
4 System found charged and functioning at time of technician's arrival?	☒ ☐ ☐	24 Did the system operate properly from activation of a manual pull station?	☒ ☐ ☐
5 System un-tampered with since last visit?	☒ ☐ ☐	25 Gas shut-off valve installed and working properly? (Note location)	☐ ☐ ☒
6 System found to be at proper pressure upon arrival?	☒ ☐ ☐	26 Replaced links with proper temperature rating?	☒ ☐ ☐

Visually Check System	2 at 500 Degrees	at Degrees
7 Baffle-type filters installed in hood?	at Degrees	at Degrees
8 System [and appliance layout] appear unchanged since last service?	at Degrees	at Degrees
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?		
	27 Is the manual reset for electric gas valves 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?	☒ ☐ ☐

	Cylinders and Agent	
	33 Cylinder Pressure _____ psi	☐ ☐ ☒
	34 Hydrostatic test date of cylinder checked. Due: 2024	☒ ☐ ☐
	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 43.7503	☒ ☐ ☐
		☐ ☐ ☐

NOTIFICATION OF DEFICIENCIES

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KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
DRESS	CITY	STATE	ZIP
CUSTOMER NUMBER			

Hood Size: 2 @ 5'-0"

Duct Quantity & Size: 2 @ 10" x 8"

Label All Appliances

Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 2 Plenum 2 Appliance 4

Remote Pull: Yes ☒ No ☐ Location dark to main kitchen

Gas Valve: Yes ☐ No ☒ Size: _____

Gas Valve Style: Electrical ☐ Mechanical ☐

Gas Valve Location: _____ Type: Release / Pull

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

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reactivation		Y	N	N/A	FILE	Y	N	N/A
38	Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐	48	Operator's manual on site?	☒	☐
39	Detection (link) line has proper tensioning?	☒	☐	☐	49	Class K portable extinguisher available and properly serviced?	☒	☐
40	Was the control head reset?	☒	☐	☐	50	Remote manual release free from obstructions & operable?	☒	☐
41	Were all fuel sources and power restored?	☒	☐	☐	51	Has the system been placed back in service?	☒	☐
42	Were all pilot lights supplied by the gas valve relit?	☐	☐	☒	52	Monitoring company notified that the system is back in full service?	☒	☐
43	Microswitch/relay(s) reset -- electric appliances "on"?	☒	☐	☐	53	Were building personnel notified of the system condition?	☒	☐
44	Are all nozzle caps in place?	☒	☐	☐	54	Have you received a signature from the building personnel?	☒	☐
45	Were all filters reinstalled?	☒	☐	☐	55	Inspection tag affixed to system?	☒	☐
46	Were all cartridges reinstalled? (if applicable)	☒	☐	☐				
47	Tandem/slave releasing device(s) reset properly?	☐	☐	☒				

[illegible]

Comments and Recommendations	

Customer Initials:

Customer Initials: _____

☐ A mark made in the adjacent 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.

☐ Service Technician regarding grease build up are for informational purposes only and are not intended for use in any other manner.	
Authorized Customer Representative SIGNATURE: <u><i>[Signature]</i></u> PRINT NAME: <u><i>[Name]</i></u>	Authorized Company Representative SIGNATURE: <u><i>[Signature]</i></u> PRINT NAME: <u><i>John Pimentel</i></u> CERTIFICATION NUMBER: <u><i>P00111</i></u>
FORM: NJFS-17A 201305 Page 2 of 3	

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM. 89273	DATE 12-31-19	HAZARD AREA PROTECTED Bake Shop Ranges	
SYSTEM MFG. Ansa	SYSTEM CAPACITY 9 Gallons	SYSTEM TYPE w/c	NUM OF CYLS 3
CONTACT Rich		PHONE 201-583-6000	
ADDRESS 504 Route 46 West		CITY Teterboro	STATE NJ
AHJ / FIRE PROTECTION DISTRICT		ZIP 07608	CUSTOMER NUMBER
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions/Observations

System Functional Test

- Last Serviced By? Metro Fire
- Were building personnel notified of the inspection? ☒ ☐ ☐
- Was the monitoring company notified? ☒ ☐ ☐
- System found charged and functioning at time of technician's arrival? ☒ ☐ ☐
- System un-tampered with since last visit? ☒ ☐ ☐
- System found to be at proper pressure upon arrival? ☒ ☐ ☐

- System disarmed per manufacturer's recommendations? ☒ ☐ ☐
- Mechanical detection line tested and found to operate properly? ☒ ☐ ☐
- Proper number and placement of detectors/links? ☒ ☐ ☐
- Did the system operate properly from activation of a manual pull station? ☒ ☐ ☐
- Gas shut-off valve installed and working properly? (Note location) ☒ ☐ ☐
- Replaced links with proper temperature rating? ☒ ☐ ☐

Visually Check System

- Baffle-type filters installed in hood? ☒ ☐ ☐
- System [and appliance layout] appear unchanged since last service? ☒ ☐ ☐
- Were the nozzle caps in place at time of arrival? ☒ ☐ ☐
- Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐
- Piping/conduit/cabling free from observable obstructions? ☒ ☐ ☐
- Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐
- Correct nozzle type(s) for protected equipment, plenum and ducts? ☒ ☐ ☐
- Nozzle(s) properly positioned over appliances? ☒ ☐ ☐
- Nozzle(s) properly positioned in duct(s) and plenum(s)? ☒ ☐ ☐
- Is there a fan warning sign on hood? ☒ ☐ ☐
- Flow points/extinguishing agent within mfg's allowed maximums? ☒ ☐ ☐

4 at 450 Degrees _____ at _____ Degrees
_____ at _____ Degrees _____ at _____ Degrees
_____ at _____ Degrees _____ at _____ Degrees

- Is the manual reset for electric gas valves operational? ☐ ☐ ☒
- Did all electrical appliances shut off upon system operation? ☐ ☐ ☒
- Did all gas appliances shut off upon system operation? ☒ ☐ ☐
- Did the make-up air shut down? ☒ ☐ ☐
- Did the alarm system activate when the system tripped? ☒ ☐ ☐
- Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐

Cylinders and Agent

- Hazard configuration appeared to remain unchanged? ☒ ☐ ☐
- Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐
- No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐

- Cylinder Pressure _____ psi ☐ ☐ ☒
- Hydrostatic test date of cylinder checked. Due: 2024 ☒ ☐ ☐
- Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐
- Are all cylinders securely mounted? ☒ ☐ ☐
- Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 113 728 03 ☒ ☐ ☐

CUSTOMER INITIALS: _____

NOTIFICATION OF DEFICIENCIES

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KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

System Reactivation	Y	N	N/A	DATE	Y	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐		48 Operator's manual on site?	☒	☐
39 Detection (link) line has proper tensioning?	☒	☐	☐		49 Class K portable extinguisher available and properly serviced?	☒	☐
40 Was the control head reset?	☒	☐	☐		50 Remote manual release free from obstructions & operable?	☒	☐
41 Were all fuel sources and power restored?	☒	☐	☐		51 Has the system been placed back in service?	☒	☐
42 Were all pilot lights supplied by the gas valve relit?	☒	☐	☐		52 Monitoring company notified that the system is back in full service?	☒	☐
43 Microswitch/relay(s) reset -- electric appliances "on"?	☐	☐	☒		53 Were building personnel notified of the system condition?	☒	☐
44 Are all nozzle caps in place?	☒	☐	☐		54 Have you received a signature from the building personnel?	☒	☐
45 Were all filters reinstalled?	☒	☐	☐		55 Inspection tag affixed to system?	☒	☐
46 Were all cartridges reinstalled? (if applicable)	☒	☐	☐				
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☒				

Description of Deficiencies	

Comments and Recommendations	

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

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Authorized Customer Representative

SIGNATURE: Edlin 207A
 PRINT NAME: EDLIN R. 207A

Authorized Company Representative

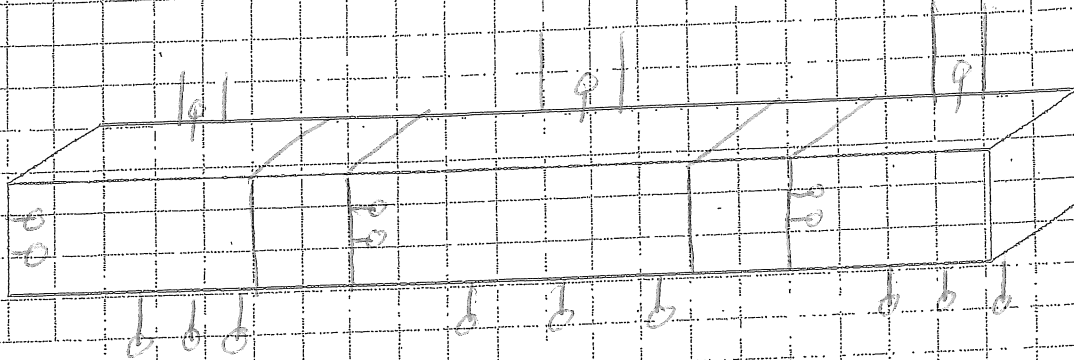
SIGNATURE: John Pimentel
 PRINT NAME: John Pimentel
 CERTIFICATION NUMBER: P00111

KITCHEN SYSTEM REPORT - PAGE 3

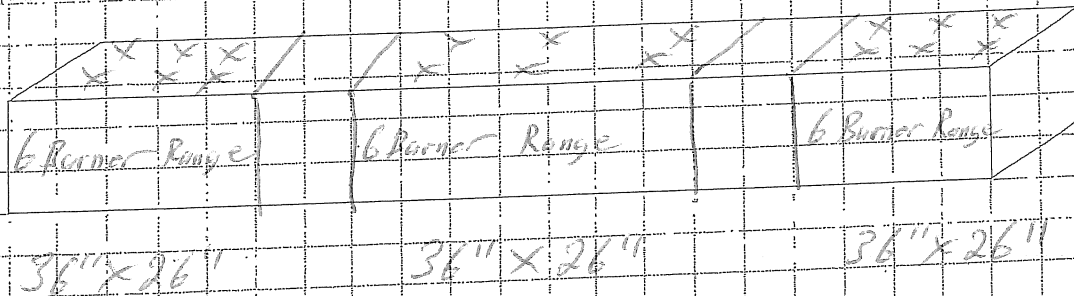
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 30'-6" - 6"

Duct Quantity & Size: 3 @ 15" x 14"



Label All Appliances



Size

Notes / Comments

Under each hood, there are ranges back to back. The ranges + nozzles drawn mirror the other side.

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 3 Plenum 6 Appliance 18

Remote Pull: Yes ☒ No ☐ Location near west exit

Gas Valve: Yes ☒ No ☐ Size: 2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: above ceiling Type: Release / Pull

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

KITCHEN SYSTEM REPORT - PAGE 1



EQUIPMENT CO., INC.
509 Washington Avenue - Carlstadt, NJ 07072
P: (201)635-0400 - F: (201)635-0410 Permit #P00111

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
29273	12-31-19	bake shop rear kitchen	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM OF CYLS
Ansol	3 balloons	w/c	1

COMPANY	CONTACT	PHONE	FAX
BLSS Teterboro Tech	Rich	201-343-6000	
ADDRESS	CITY	STATE	ZIP
504 Route 46 West	Teterboro	NJ	07608
HAZARD AREA PROTECTED	CUSTOMER NUMBER		
INSPECTION TYPE			
☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions/Observations System Functional Test

1 Last Serviced By? <u>Metro Fire</u>	21 System disarmed per manufacturer's recommendations? ☒ ☐ ☐
2 Were building personnel notified of the inspection? ☒ ☐ ☐	22 Mechanical detection line tested and found to operate properly? ☒ ☐ ☐
3 Was the monitoring company notified? ☒ ☐ ☐	23 Proper number and placement of detectors/links? ☒ ☐ ☐
4 System found charged and functioning at time of technician's arrival? ☒ ☐ ☐	24 Did the system operate properly from activation of a manual pull station? ☒ ☐ ☐
5 System un-lampered with since last visit? ☒ ☐ ☐	25 Gas shut-off valve installed and working properly? (Note location) ☒ ☐ ☐
6 System found to be at proper pressure upon arrival? ☒ ☐ ☐	26 Replaced links with proper temperature rating? ☒ ☐ ☐

7 Baffle-type filters installed in hood? ☒ ☐ ☐	_____ at _____ Degrees _____ at _____ Degrees
8 System (and appliance layout) appear unchanged since last service? ☒ ☐ ☐	_____ at _____ Degrees _____ at _____ Degrees
9 Were the nozzle caps in place at time of arrival? ☒ ☐ ☐	_____ at _____ Degrees _____ at _____ Degrees

10 Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐	27 Is the manual reset for electric gas valves operational? ☐ ☐ ☒
11 Piping/conduit/cabling free from observable obstructions? ☒ ☐ ☐	28 Did all electrical appliances shut off upon system operation? ☐ ☐ ☒
12 Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐	29 Did all gas appliances shut off upon system operation? ☒ ☐ ☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts? ☒ ☐ ☐	30 Did the make-up air shut down? ☒ ☐ ☐
14 Nozzle(s) properly positioned over appliances? ☒ ☐ ☐	31 Did the alarm system activate when the system tripped? ☒ ☐ ☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)? ☒ ☐ ☐	32 Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐

16 Is there a fan warning sign on hood? ☒ ☐ ☐	Cylinders and Agent
17 Flow points/extinguishing agent within mfg's allowed maximums? ☒ ☐ ☐	33 Cylinder Pressure _____ psi ☐ ☐ ☒
	34 Hydrostatic test date of cylinder checked. Due: <u>2024</u> ☒ ☐ ☐

18 Hazard configuration appeared to remained unchanged? ☒ ☐ ☐	35 Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐
19 Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐	36 Are all cylinders securely mounted? ☒ ☐ ☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐	37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>43.11508</u> ☒ ☐ ☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

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KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

	✓	IN	N/A	FILE	✓	IN	N/A	FILE
System Reactivation								

- | | | | | | | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|----|--|-------------------------------------|--------------------------|--------------------------|
| 38 | Test adapters/links, keeper pins, etc., removed from system? | ☒ | ☐ | ☐ | 48 | Operator's manual on site? | ☒ | ☐ | ☐ |
| 39 | Detection (link) line has proper tensioning? | ☒ | ☐ | ☐ | 49 | Class K portable extinguisher available and properly serviced? | ☒ | ☐ | ☐ |
| 40 | Was the control head reset? | ☒ | ☐ | ☐ | 50 | Remote manual release free from obstructions & operable? | ☒ | ☐ | ☐ |
| 41 | Were all fuel sources and power restored? | ☒ | ☐ | ☐ | 51 | Has the system been placed back in service? | ☒ | ☐ | ☐ |
| 42 | Were all pilot lights supplied by the gas valve relit? | ☒ | ☐ | ☐ | 52 | Monitoring company notified that the system is back in full service? | ☒ | ☐ | ☐ |
| 43 | Microswitch/relay(s) reset -- electric appliances "on"? | ☒ | ☐ | ☐ | 53 | Were building personnel notified of the system condition? | ☒ | ☐ | ☐ |
| 44 | Are all nozzle caps in place? | ☒ | ☐ | ☐ | 54 | Have you received a signature from the building personnel? | ☒ | ☐ | ☐ |
| 45 | Were all filters reinstalled? | ☒ | ☐ | ☐ | 55 | Inspection tag affixed to system? | ☒ | ☐ | ☐ |
| 46 | Were all cartridges reinstalled? (if applicable) | ☒ | ☐ | ☐ | | | | | |
| 47 | Tandem/slave releasing device(s) reset properly? | ☒ | ☐ | ☐ | | | | | |

Description of Offenses	Date	Time	Location	Victim	Offender	Arrested	Disposition	Remarks
Description of Offenses	Date	Time	Location	Victim	Offender	Arrested	Disposition	Remarks

[illegible]

Comments and Recommendations:	
-------------------------------	--

[illegible]

Customer Initials: _____

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

☐ A mark made in the adjacent 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.

Authorized Customer Representative

SIGNATURE:

Edlin 2072

PRINT NAME:

ESLIR. 20TH

Authorized Company Representative

SIGNATURE:

John Pimentel

PRINT NAME:

John Pimentel

CERTIFICATION NUMBER

NUMBER 90011

KITCHEN SYSTEM REPORT - PAGE 3

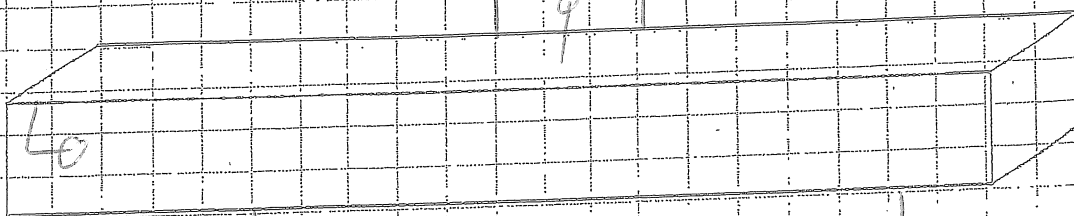
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size:

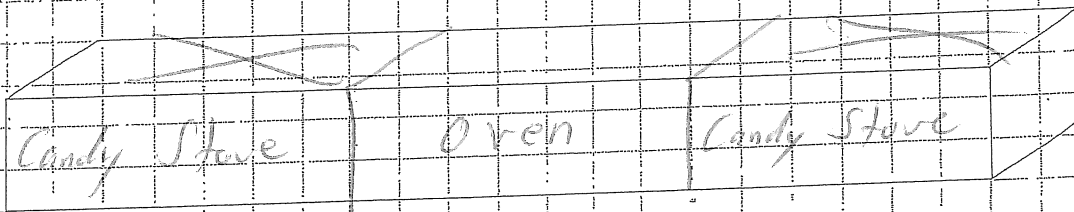
9'-0"

Duct Quantity & Size:

15" x 10"



Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Nozzle Quantity: Duct 1 Plenum 1 Appliance 2

Remote Pull: Yes ☒ No ☐ Location by east exit door

Gas Valve: Yes ☒ No ☐ Size: 1 1/2"

Gas Valve Style: Electrical ☐ Mechanical ☒

Gas Valve Location: above ceiling Type: Release / Pull