

006245

BERGEN COUNTY TECHNICAL SCHOOL DISTRICT
GENERAL ACCOUNT

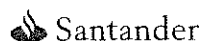
WARRANT NO.

BUDGET ACCOUNT NUMBER	P.O. NUMBER	INVOICE NUMBER	AMOUNT
11-000-262-420-DO	018048	SM 26818	\$529.00
11-000-262-420-DO	018048	SM 26816	\$520.00
06/30/2020			TOTAL AMOUNT
			\$1,049.00

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

006245

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

06/30/2020

PAY TO THE
ORDER OF

METRO FIRE & SAFETY EQUIPMENT CO.

\$

*****\$1,049.00

*One Thousand Forty Nine And .00*****

DOLLARS

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

⑈006245⑈ ⑆231372691⑆

9551020731⑈

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

006245

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

(1789)

**BILL
TO**

T

C

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 # U20-4127

1789		VENDOR CODE
June 17, 2020		REQUISITION DATE
P/F	ACCOUNT NUMBER	AMOUNT
	11-000-262-420-DO	\$529.00

SHIPMENTS TO BE SENT PREPAID

WE ARE A TAX EXEMPT ORGANIZATION

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	SM 26818		
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	135.00 ✓	\$135.00
1.00	K-RUBBER NOZZLE CAP/COVER	9.00 ✓	\$9.00
	TETERBORO		

QPC-H-4-19

TOTAL \$529.00

**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

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 # U20-4127

1789

VENDOR CODE

June 17, 2020REQUISITION
DATE

P/F

ACCOUNT NUMBER

AMOUNT

11-000-262-420-DO \$529.00

SHIPMENTS TO BE SENT PREPAID**WE ARE A TAX EXEMPT ORGANIZATION**

QUANTITY	PLEASE FURNISH THE FOLLOWING ITEMS	UNIT PRICE	AMOUNT
	SM 26818		
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	135.00	\$135.00
1.00	K-RUBBER NOZZLE CAP/COVER	9.00	\$9.00
	TETERBORO		

RECEIVING COPY - RETURN TO BUSINESS OFFICE**TOTAL \$529.00****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

METRO FIRE & SAFETY

EQUIPMENT CO., INC.

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

Invoice #: SM 26818

Invoice Date: 6/5/2020

Completion Date: 6/1/2020

Technician: Hodorovych, Peter

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

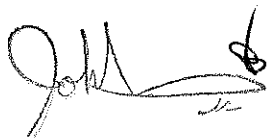
Service At: Teterboro Technical School
 504 Route # 46 West
 Teterboro, NJ 07608

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

PO Number:
 Alt #:

Terms: 10 Days
 Due Date: 6/15/2020

WO#	Item	Description	Qty	Unit Price	Amount
35179	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	135.00	135.00
		-Includes fusible links-			
		K - Rubber Nozzle Cap/Cover	1.00	9.00	9.00



The Fire Safety Professionals Since 1962

Subtotal:	529.00
Sales Tax:	0.00
Total Due:	529.00

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	\$ 529.00
Invoice	26818	Amount Paid	

* 3% Credit Card Processing Fee Will Apply

☒ 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. <u>35179</u>	DATE <u>6-1-2020</u>	HAZARD AREA PROTECTED <u>Boat Shop Ranges</u>	
SYSTEM MFG. <u>Ansol</u>	SYSTEM CAPACITY <u>9 Gallons</u>	SYSTEM TYPE <u>WIC</u>	NUM of CYLS <u>3</u>
CONTACT <u>Rich</u>		PHONE <u>901-393-6000</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-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? ☒ ☐ ☐ | <u>4</u> at <u>450</u> 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 ☐ ☐ ☒ |

Hazard Inspection

- | | |
|--|---|
| 18 Hazard configuration appeared to remained unchanged? ☒ ☐ ☐ | 34 Hydrostatic test date of cylinder checked. Due: <u>2024</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>11.5 7/8 02</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 2

COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reaction	Y	N	NA	Final
-----------------	---	---	----	-------

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 egress doors in place? ☒ ☐ ☐ 54. Have you received a signature from the building personnel? ☐ ☐ ☐

44. Are all nozzle caps in place? ☐ ☐ ☐

45. All work completed? ☐ ☐ ☐

55. Inspection tag affixed to system? ☐ ☐ ☐

45. Were all filters reinstalled?

46. Were all cartridges reinstalled? (If applicable)

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

47	Tandem/slave releasing device(s) reset properly?	1	3	5
Approved / Not Approved / Incomplete				

[illegible]

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

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP 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.

Authorized Customer Representative	Authorized Company Representative
------------------------------------	-----------------------------------

Authorized Company Representative

SIGNATURE: _____

SIGNATURE: John P. Bionardi
John P. Bionardi

PRINT NAME: William J. Bennett

PRINT NAME: _____ CERTIFICATION NUMBER 100111

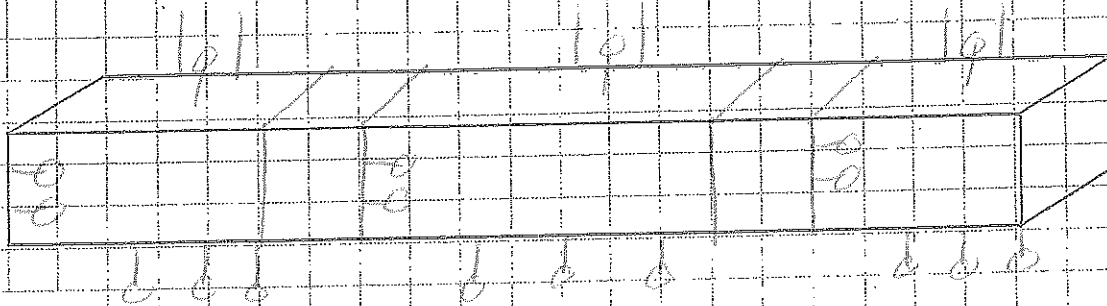
CERTIFICATION NUMBER 700111

KITCHEN SYSTEM REPORT - PAGE 3

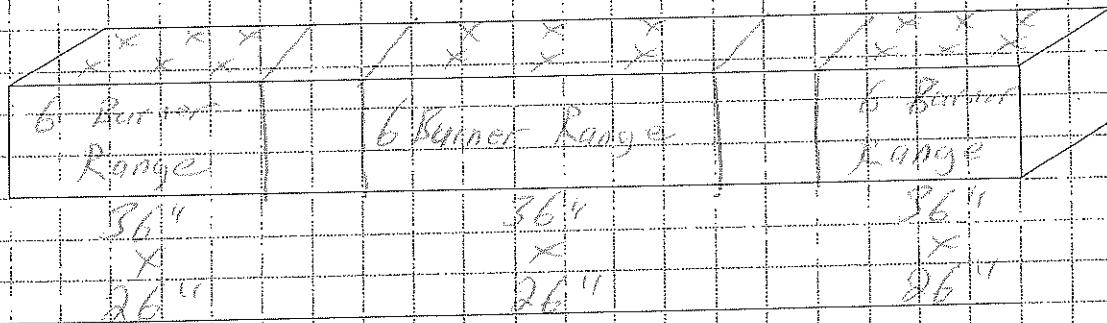
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 3 @ 6' - 6"

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



Label All Appliances



Size

Notes / Comments

Each hood has 2 ranges back to back, only drew one 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 by 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



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

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. 35179	DATE 6-1-2020	HAZARD AREA PROTECTED bake Shop Kitchen
SYSTEM MFG. Ansul	SYSTEM CAPACITY 36 Gallons	SYSTEM TYPE WIC
		NUM of CYLS 1

COMPANY BCSS Teterboro Tech	CONTACT Rich	PHONE 201-398-6000	FAX
ADDRESS 504 Route 46 West	CITY Teterboro	STATE NJ	ZIP 07608
HAJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

Initial Actions / Observations	Y	N	NA	System Functional Test	Y	N	NA
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?	☒	☐	☐
Visually Check System				7 at <u>450</u> 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?	☒	☐	☐	27 Is the manual reset for electric gas valves operational?	☐	☐	☒
10 Visible piping and nozzles properly connected, braced, and free of damage?	☒	☐	☐	28 Did all electrical appliances shut off upon system operation?	☐	☐	☒
11 Piping/conduit/cabing free from observable obstructions?	☒	☐	☐	29 Did all gas appliances shut off upon system operation?	☒	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☒	☐	☐	30 Did the make-up air shut down?	☒	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☒	☐	☐	31 Did the alarm system activate when the system tripped?	☒	☐	☐
14 Nozzle(s) properly positioned over appliances?	☒	☐	☐	32 Did control head(s)/cylinder releasing device(s) operate properly?	☒	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☒	☐	☐	Cylinders and Agent			
16 Is there a fan warning sign on hood?	☒	☐	☐	33 Cylinder Pressure _____ psi	☐	☐	☒
17 Flow points/extinguishing agent within mfg's allowed maximums?	☒	☐	☐	34 Hydrostatic test date of cylinder checked. Due: <u>2024</u>	☒	☐	☐
Hazard Inspection				35 Were all cylinders free of signs of external corrosion and/or damage?	☒	☐	☐
18 Hazard configuration appeared to remained unchanged?	☒	☐	☐	36 Are all cylinders securely mounted?	☒	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☒	☐	☐	37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>23.1802</u>	☒	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☒	☐	☐		☐	☐	☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

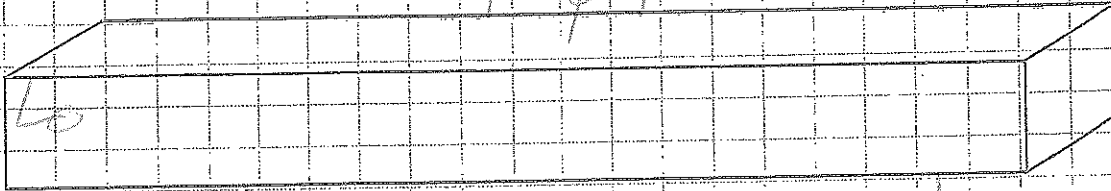
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KITCHEN SYSTEM REPORT - PAGE 3

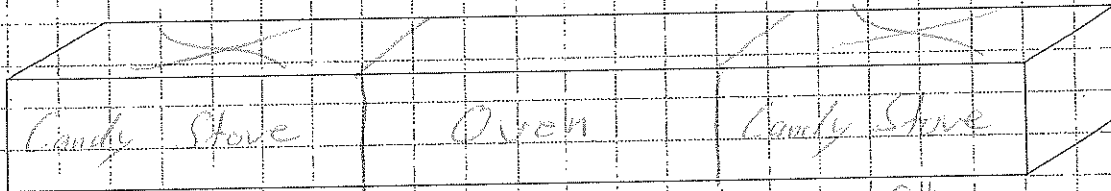
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size: 9'-0"

Duct Quantity & Size: 15" x 10"



Label All Appliances



Size

18"
X
18"

18"
X
18"

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 ☐

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	DATE	HAZARD AREA PROTECTED	
35179	6-1-2020	Main Kitchen	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM OF CYLS
Kiddle	2.6 Gallons	w/c	1
PHONE		FAX	
201-343-6000			
CITY	STATE	ZIP	CUSTOMER NUMBER
Teterboro	NJ	07608	
AHJ / FIRE PROTECTION DISTRICT			
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions / Observations		System Functional Test	
	Y N NA		Y N NA
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?	☒ ☐ ☐
Visually Check System		<u>1</u> at <u>360</u> 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?	☒ ☐ ☐	27 Is the manual reset for electric gas valves operational?	☐ ☐ ☒
10 Visible piping and nozzles properly connected, braced, and free of damage?	☒ ☐ ☐	28 Did all electrical appliances shut off upon system operation?	☐ ☐ ☒
11 Piping/conduit/cabling free from observable obstructions?	☒ ☐ ☐	29 Did all gas appliances shut off upon system operation?	☒ ☐ ☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☒ ☐ ☐	30 Did the make-up air shut down?	☒ ☐ ☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☒ ☐ ☐	31 Did the alarm system activate when the system tripped?	☒ ☐ ☐
14 Nozzle(s) properly positioned over appliances?	☒ ☐ ☐	32 Did control head(s)/cylinder releasing device(s) operate properly?	☒ ☐ ☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☒ ☐ ☐	Cylinders and Agent	
16 Is there a fan warning sign on hood?	☒ ☐ ☐	33 Cylinder Pressure <u>175</u> psi	☒ ☐ ☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☒ ☐ ☐	34 Hydrostatic test date of cylinder checked. Due: <u>2027</u>	☒ ☐ ☐
Hazard Inspection		35 Were all cylinders free of signs of external corrosion and/or damage?	☒ ☐ ☐
18 Hazard configuration appeared to remain unchanged?	☒ ☐ ☐	36 Are all cylinders securely mounted?	☒ ☐ ☐
19 Are all observable penetrations to the hood and duct sealed?	☒ ☐ ☐	37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>239 grams</u>	☒ ☐ ☐
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 3

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
CUSTOMER NUMBER			

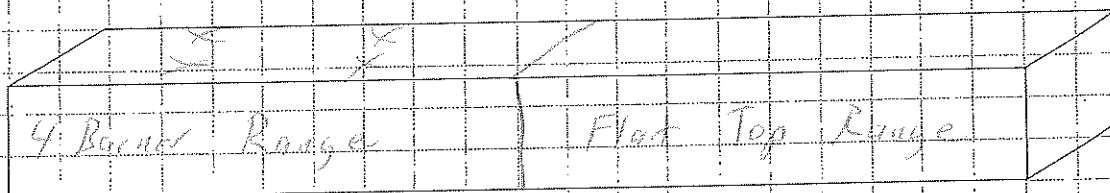
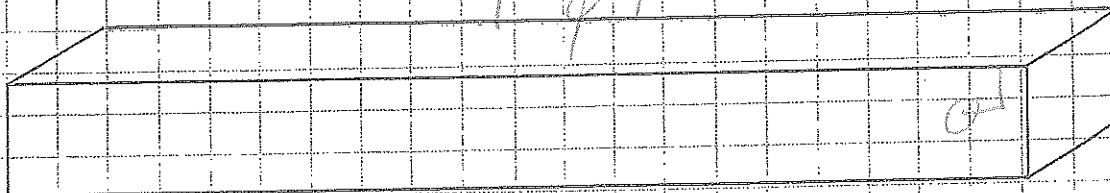
Hood Size:

7'-0"

Duct Quantity & Size:

9" x 7"

Label All Appliances



4 Burner Range

Flat Top Range

34" x 28"

34" x 28"

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

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



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

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. <u>35179</u>	DATE <u>6-1-2020</u>	HAZARD AREA PROTECTED <u>Culinary Arts Training Kitchen</u>	
SYSTEM MFG. <u>Anso</u>	SYSTEM CAPACITY <u>6 Gallons</u>	SYSTEM TYPE <u>WLC</u>	NUM of CYLS <u>2</u>

COMPANY <u>BCSS Teterboro Tech</u>	CONTACT <u>Rich</u>	PHONE <u>201-343-6000</u>	FAX
ADDRESS <u>504 Route 96 West</u>	CITY <u>Teterboro</u>	STATE <u>NJ</u>	ZIP <u>07608</u>
CUISINE TYPE	CUSTOMER NUMBER		
INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions/Observations		System Functional Test	
Y	N	Y	N
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?	☒ ☐ ☐
Visually Check System		Temperatures	
7 Baffle-type filters installed in hood?	☒ ☐ ☐	<u>1</u> at <u>360</u> Degrees _____ at _____ Degrees	
8 System [and appliance layout] appear unchanged since last service?	☒ ☐ ☐	<u>4</u> 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	☐ ☐ ☒
Hazard Inspection		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>60</u> <u>5180g</u>	☒ ☐ ☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

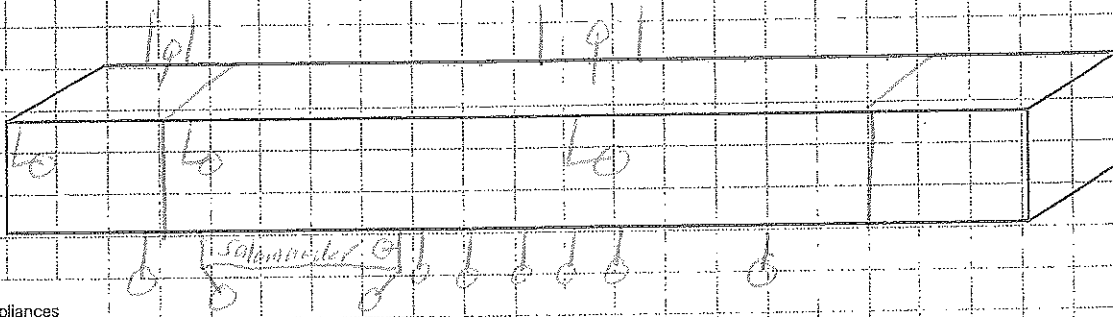
☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY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

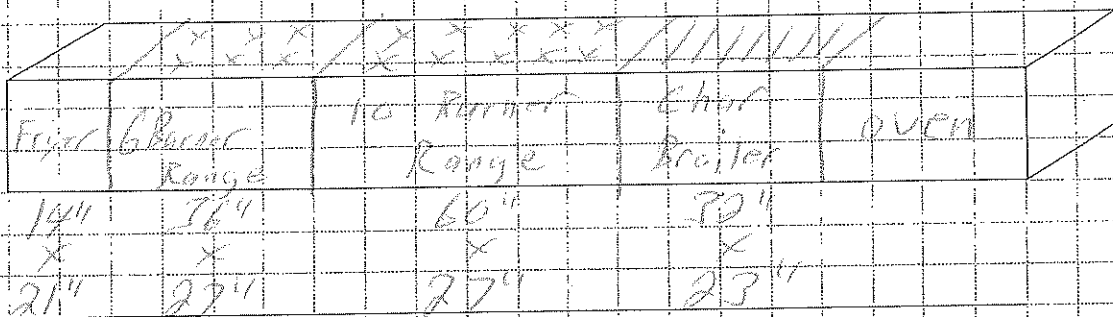
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

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

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 ☐

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 # U20-4125

1789		VENDOR CODE
June 17, 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 26816		
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.		

QPC-H-4-19

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

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 # U20-4125

1789

VENDOR CODE

June 17, 2020REQUISITION
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 26816		
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 26816

Invoice Date: 6/5/2020

Completion Date: 6/1/2020

Technician: Hodorovych, Peter

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

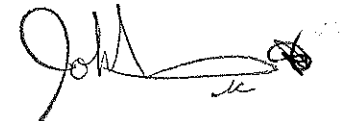
Service At: BCSS-Paramus Vocational Schools
 275 East Pascack Road
 Paramus, NJ 07652

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

PO Number:
Alt #:

Terms: 10 Days
Due Date: 6/15/2020

WO#	Item	Description	Qty	Unit Price	Amount
35147					
	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
		-Includes fusible links-			



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	26816	Amount Paid	

* 3% Credit Card Processing Fee Will Apply

☒ System is Compliant with NJAC 5:70-3

☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



EQUIPMENT CO., INC.

509 Washington Avenue - Carlstadt, NJ 07072

P: (201)635-0400 - F: (201)635-0410 Permit #P00111

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
35147	6-1-2020	Main Kitchen	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS
Ansa 1	6 Gallons	WIC	2

COMPANY	CONTACT	PHONE	FAX
BCSS Paramus Vocational School	Jim	901-343-6000	
ADDRESS	CITY	STATE	ZIP
275 E. Pasack Rd	Paramus	NJ	07652
HAZARD PROTECTION DISTRICT	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-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

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? ☐ ☐ ☐	

Cylinders and Agent

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>39 1/2 oz</u> ☒ ☐ ☐

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 3

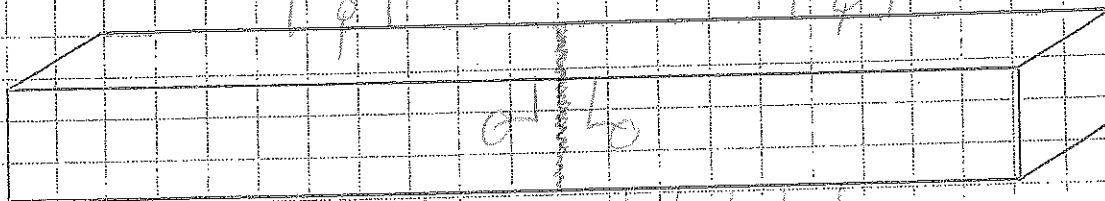
COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
		CUSTOMER NUMBER	

Hood Size:

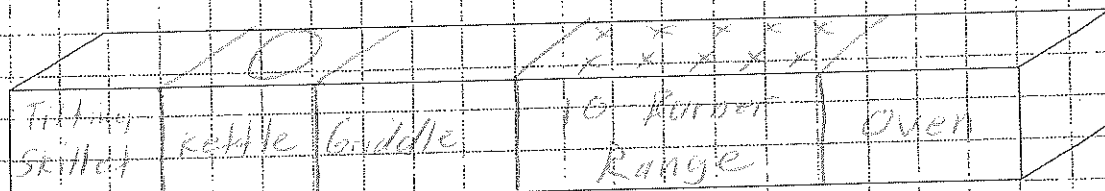
90 9'-6"

Duct Quantity & Size:

20 14" x 14"



Label All Appliances



Size

24"
x
24"

30"
x
22"

60"
x
24"

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



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

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. <u>35147</u>		DATE <u>6-1-2020</u>	HAZARD AREA PROTECTED <u>Bake Shop</u>	
SYSTEM MFG. <u>Kidde</u>	SYSTEM CAPACITY <u>9 Gallons</u>	SYSTEM TYPE <u>WIC</u>	NUM of CYLS <u>1</u>	
COMPANY <u>BCSS Paramus Vocational School</u>	CONTACT <u>Sim</u>	PHONE <u>201-348-6000</u>	FAX	
ADDRESS <u>275 E. Posrack Rd</u>	CITY <u>Paramus</u>	STATE <u>NJ</u>	ZIP <u>07652</u>	CUSTOMER NUMBER
AHJ/FIRE PROTECTION DISTRICT		INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐		

Initial Actions/Observations

System Functional Test

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

Visually Check System

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

Cylinders and Agent

Hazard Inspection

- | | |
|---|---|
| <p>18 Hazard configuration appeared to remained unchanged? ☒ ☐ ☐</p> <p>19 Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐</p> <p>20 No readily observable obstructions or interference that could impact effectiveness of the suppression system? ☒ ☐ ☐</p> | <p>33 Cylinder Pressure <u>17.5</u> psi ☒ ☐ ☐</p> <p>34 Hydrostatic test date of cylinder checked. Due: <u>2028</u> ☒ ☐ ☐</p> <p>35 Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐</p> <p>36 Are all cylinders securely mounted? ☒ ☐ ☐</p> <p>37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight ☐ ☐ ☒</p> |
|---|---|

NOTIFICATION OF DEFICIENCIES

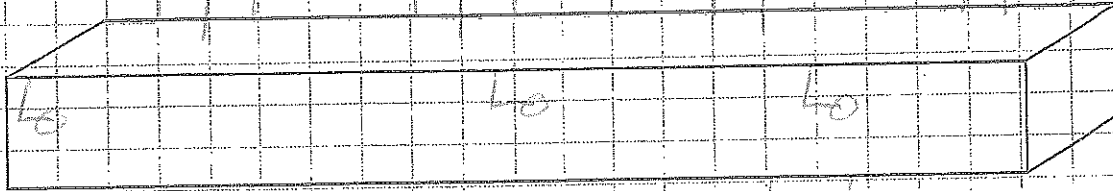
CUSTOMER INITIALS: _____

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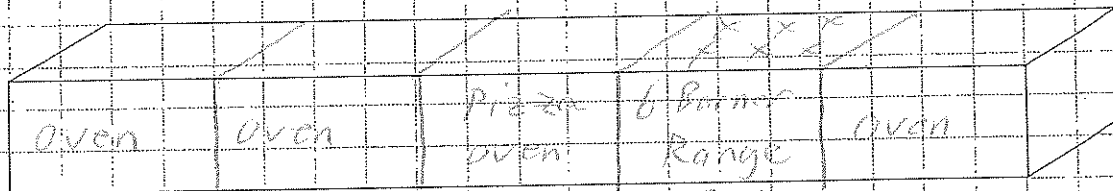
KITCHEN SYSTEM REPORT - PAGE 3

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



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

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM <u>35147</u>		DATE <u>6-1-2020</u>		HAZARD AREA PROTECTED <u>Culinary Arts</u>	
SYSTEM MFG. <u>Kidde</u>		SYSTEM CAPACITY <u>6.6 Gallons</u>		SYSTEM TYPE <u>w/c</u>	
PHONE <u>201-343-6000</u>		FAX		NUM of CYLS <u>2</u>	
CITY <u>Paramus</u>		STATE <u>NJ</u>		ZIP <u>07652</u>	
CUSTOMER NUMBER					
AHJ/FIRE PROTECTION DISTRICT		INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐			

Initial Actions/Observations		System Functional Test	
Y	N	Y	N
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? ☒ ☐ ☐
Visually Check System		1 at <u>360</u> Degrees _____ at _____ Degrees	
7	Baffle-type filters installed in hood? ☒ ☐ ☐	4 at <u>450</u> 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? ☒ ☐ ☐	27	Is the manual reset for electric gas valves operational? ☐ ☐ ☒
10	Visible piping and nozzles properly connected, braced, and free of damage? ☒ ☐ ☐	28	Did all electrical appliances shut off upon system operation? ☐ ☐ ☒
11	Piping/conduit/cabing free from observable obstructions? ☒ ☐ ☐	29	Did all gas appliances shut off upon system operation? ☒ ☐ ☐
12	Nozzle(s) inspected and found to be clear of obstructions? ☒ ☐ ☐	30	Did the make-up air shut down? ☐ ☐ ☒
13	Correct nozzle type(s) for protected equipment, plenum and ducts? ☒ ☐ ☐	31	Did the alarm system activate when the system tripped? ☒ ☐ ☐
14	Nozzle(s) properly positioned over appliances? ☒ ☐ ☐	32	Did control head(s)/cylinder releasing device(s) operate properly? ☒ ☐ ☐
15	Nozzle(s) properly positioned in duct(s) and plenum(s)? ☒ ☐ ☐	Cylinders and Agent	
16	Is there a fan warning sign on hood? ☒ ☐ ☐	33	Cylinder Pressure <u>125</u> psi ☒ ☐ ☐
17	Flow points/extinguishing agent within mfg's allowed maximums? ☒ ☐ ☐	34	Hydrostatic test date of cylinder checked. Due: <u>2028</u> ☒ ☐ ☐
Hazard Inspection		35	Were all cylinders free of signs of external corrosion and/or damage? ☒ ☐ ☐
18	Hazard configuration appeared to remained unchanged? ☒ ☐ ☐	36	Are all cylinders securely mounted? ☒ ☐ ☐
19	Are all observable penetrations to the hood and duct sealed? ☒ ☐ ☐	37	Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight _____ ☐ ☐ ☒
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 Reactivation

	Y	N	N/A	(R/E)		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: _____

☐ 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: _____

PRINT NAME: _____

Authorized Company Representative

SIGNATURE: John Pimentel

PRINT NAME: John Pimentel

CERTIFICATION NUMBER P00111

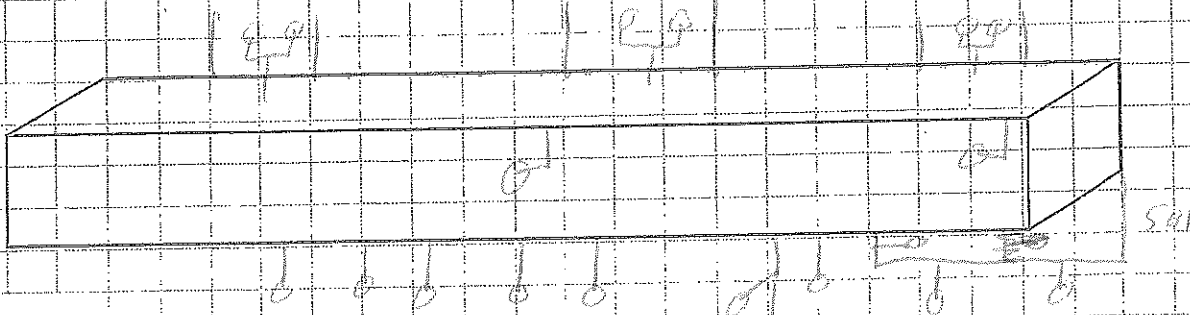
KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE	ZIP
CUSTOMER NUMBER			

Hood Size: 19'-6"

Duct Quantity & Size: 3 @ 16" x 12"

Label All Appliances



oven	12" Burner	6 Burner	Griddle	Char	Waffle	Fryer
	Range	Range	cheese			
	60"	36"	melter	12"	9"	9"
	X	X	27"	X	X	X
Size	27"	27"	25"	23"	11"	11"

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ☒ No ☐

Gas Valve: Yes ☒ No ☐ Size: 2"

Nozzle Quantity: Duct 6 Plenum 2 Appliance 11

Gas Valve Style: Electrical ☐ Mechanical ☒

Remote Pull: Yes ☒ No ☐ Location by Exit door

Gas Valve Location: next to cylinder 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



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

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM. <u>35147</u>	DATE <u>6-1-2020</u>	HAZARD AREA PROTECTED <u>Pizza Kitchen</u>	
SYSTEM MFG. <u>Amsul</u>	SYSTEM CAPACITY <u>36000 BTU</u>	SYSTEM TYPE <u>WIC</u>	NUM OF CYLS <u>1</u>
PHONE <u>101-342-6000</u>		FAX	
CITY <u>Paramus</u>	STATE <u>NJ</u>	ZIP <u>07652</u>	CUSTOMER NUMBER

COMPANY <u>ECSS Paramus Vocational Schools</u>	CONTACT <u>Jim</u>	PHONE <u>101-342-6000</u>		FAX
ADDRESS <u>275 E. Pascack Rd</u>	CITY <u>Paramus</u>	STATE <u>NJ</u>	ZIP <u>07652</u>	CUSTOMER NUMBER
HAJ / FIRE PROTECTION DISTRICT	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? ☒ ☐ ☐

2 at 500 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: 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 4.5 21802 ☒ ☐ ☐

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? ☒ ☐ ☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

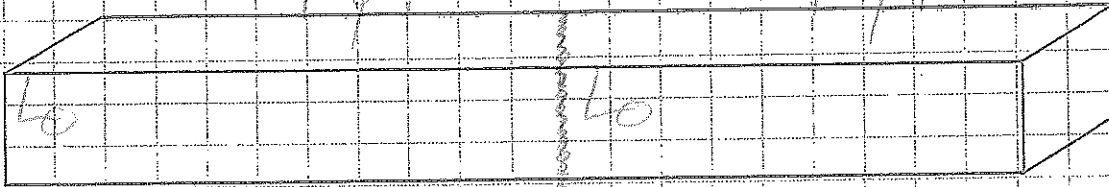
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KITCHEN SYSTEM REPORT - PAGE 3

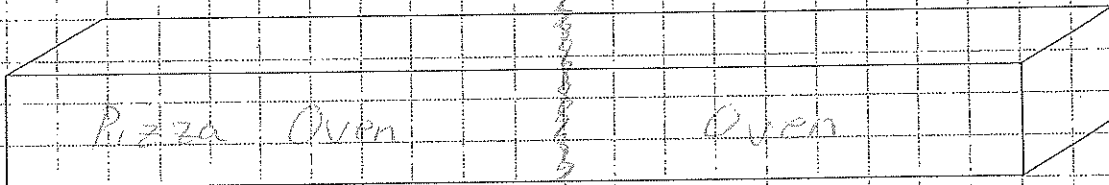
COMPANY	CONTACT	PHONE		FAX
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

Hood Size:

Duct Quantity & Size :



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 close 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