ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING POINT

WOODBINE BOARD OF EDUCATION
BUSINESS OFFICE
1076 Almond Road
Pittsgrove, NJ 08318
856-358-3094 ext. 4023

PURCHASE ORDER NO. 200097

PO# AND ORDERED BY NAME MUST APPEAR ON ALL LABELS, CARTONS & INVOICES

Copy 4

Ship to
WOODBINE ELEMENTARY
801 Webster Street
Woodbine, NJ 08270

To
GENRON FIRE PROTECTION 1278
P.O. BOX 556
SOUTH SEAVILLE, NJ 08246

Account Code	Amount
11-000-262-420-050-0	511.80

Date: 08/24/21 Dept: acctpay

Notice: The purchaser is exempt by statute from paying all Federal, State and Municipal Excise Sales & other taxes

Qty	Unit	Description	Unit Price	Amount
1.		fire extingusher inspection and cert	511.800	511.80

Total for Lines $511.80

NOTICE TO VENDOR OR CONTRACTOR

1. Order invalid unless signed by the Secretary of the Board of Education
2. Shipping statement must accompany delivery of materials
3. Voucher provided by the Board of Education must be forwarded to the secretary to process payment
4. Please submit invoice as soon as order is completed
5. Must have NJ Reg. on file with us in order to receive payment

SCHOOL OFFICE USE ONLY

I certify that the goods or services itemized have been received

Monica Morales
Signature

Title

9/9/2021
Date

NO ORDER VALID UNLESS SIGNED BY THE SECRETARY

SECRETARY, BOARD OF EDUCATION

RECEIVING COPY

GENRON Fire
PO Box 556
South Seaville, NJ 08246
609-624-3000

PLEASE REMIT TO:
GENRON INC.
P.O. Box 556
South Seaville NJ 08246

Invoice

DATE	INVOICE
8/16/2021	43778

BILL TO:
Woodbine Board of Education 801 Webster Street Woodbine, NJ 08270

WORK LOCATION:
Woodbine Board of Education 801 Webster Street Woodbine, NJ 08270

P.O.	TERMS	DUE	TECH	PHONE	SER DATE	TYPE	SYSTEM	H/T DATE
	Due o...	8/16/2021	5	609-861-5174	7-28-2021	S/A		

ITEM	QTY	DESCRIPTION	RATE	AMOUNT
CS10ABC	7	Certification of 10lb ABC Fire Extinguishers per NFPA 10.6.1	6.25	43.75
CS20ABC	1	Check and Service 20lb ABC Fire Extinguisher per NFPA 10.6.1	6.25	6.25
CS5ABC	18	Certification of 5lb ABC fire extinguishers per NFPA 10.6.1	6.25	112.50
CS5FE36	1	Certification of 5lb. FE-36 fire extinguisher per NFPA 10.6.1	6.25	6.25
CS6LITER	1	Certification of 6 Liter Wet Chemical per NFPA 10.6.1	6.25	6.25
ABC5	2	5lb ABC Recharge and Certification	27.00	54.00
ABC10	2	10lb ABC Recharge and Certification	29.90	59.80
FIELD	1	Field Extinguisher Service	78.00	78.00
FIRESYS	1	Inspection, Certification and Service Fire Suppression System Pursuant to NFPA 17A Para 7.3.2	125.00	125.00
360FS	2	360 Degree Heat Link for Fire System	10.00	20.00
REPORT	1	System report provided with invoice. (NO CHARGE)	0.00	0.00

Total $511.80

WOULD YOU LIKE TO PAY YOUR INVOICE BY CREDIT CARD? PLEASE CALL THE OFFICE AND WE WILL PROCESS YOUR PAYMENT.

E-mail
ggburnell@genronfire.net

PLEASE NOTE OUR NEW REMITTANCE ADDRESS

Genron

GENRON FIRE PROTECTION

NJ State Permit # P00254
US D.O.T. RIN 0821

1066 Route 83 Clermont, New Jersey 08210
Phone: 609-624-3000 Fax: 609-624-2999
Mailing Address: P.O. Box 556 S. Seaville NJ 08246

Customer: WOODBINE BOE Service Date: 7-28-21

Qty Removed	Description	Type	Qty Returned
	UN1013, CARBON DIOXIDE, 2.2	EXTINGUISHER	
	UN1044, FIRE EXTINGUISHER, 2.2	CYLINDER OR EXTINGUISHER	
	UN1066, NITROGEN COMPRESSED, 2.2	CARTRIDGE	
	UN1013, CARBON DIOXIDE, 2.2	CARTRIDGE	

Qty	Type	Description	Per.	Amount
	Cartridge			
	Carbon Dioxide			
	BC Dry Chemical			
	ABC Dry Chemical	(2) 10LB (2) 20 LB (2) 5LB		
	PK Dry Chemical			
	Water / Foam			
1	Clean Agent	5LB		
	Class K	6 LITER		
	Removed	(2) 10LB (2) 5LB		
	Loaners			

SERVICE PERFORMED

Qty.	Type	Description	Amount
2	5LB ABC	CC-760279 RC	
		SV-239162 RC	
2	10LB ABC	SX-192110 RC	
		SX-192092 RC	

Customer Signature Monica Morales Date:

Customer Print: Monica Morales

✓ System is Compliant with NJAC-5:70-3	○ System is Non-Compliant

Genron Fire Protection 1066 Route 83, Clermont, NJ 08210 Phone: 609-624-3000 Fax: 609-624-2999 NJ Contractor Permit # P00254 US DOT Requalifer Facility RIN G821	WORK ORDER NO: 1782	DATE: 7-28-21	HAZARD AREA PROTECTED: DFA
	SYSTEM MFG: ANSUL	SYS CAPACITY: 3	SYS TYPE: W ✓ / # OF CYLS: 1
CUSTOMER: WOODBINE BOE	CONTACT: Office	PHONE: 609 861-5174	FAX:
ADDRESS: 801 WEBSTER ST	CITY: WOODBINE	STATE AND ZIP CODE: NJ	
AHJ/PROTECTION DISTRICT	INSPECTION TYPE: ☐ INITIAL ☐ ANNUAL ✓ SEMI-ANNUAL		

	INITIAL ACTIONS/OBSERVATIONS	Y	N	N/A
1	Last serviced by: GENRON			
2	Were building personnel notified of the inspection?	✓	○	○
3	Was the monitoring company notified?	○	○	✓
4	System found charged and functioning at the time of tech's arrival?	✓	○	○
5	System un-tampered 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] 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	Nozzles properly postioned in duct(s) and plenum(s)?	✓	○	○
16	Is there a fan warning sign on hood?	✓	○	○
17	Flow points/extinguishing agent with mfg's allowed maximums?	✓	○	○

	HAZARD INSPECTION	Y	N	N/A
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?	✓	○	○
	SYSTEM FUNCTIONAL TEST	**Y**	**N**	**N/A**
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) KITCHEN	✓	○	○
26	Replaced links with proper temperature rating? *(List the number of links and degrees below)*			

Links	Deg	Links	Deg
2	360		

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?	✓	○	○

NOTIFICATION OF DEFICIENCES **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 malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

CUSTOMER	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE AND ZIP CODE	

	CYLINDERS AND AGENTS	Y	N	N/A
33	Cylinder Pressure psi	○	○	✓
34	Hydrostatic test date of cylinder checked: Date:	✓	○	○
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? Weight _____	✓	○	○

	SYSTEM REACTIVATION	Y	N	N/A
38	Test adapters, keeper pins, etc. removed from system?	✓	○	○
39	Detection [link] line has proper tension?	✓	○	○
40	Was the control head reset?	✓	○	○
41	Were all fuel sources supplied by the gas valve relit?	✓	○	○
42	Were all pilot lights supplied by the gas valve relit?	○	○	✓
43	Microswitch/relay(s)-electric appliances "on"?	✓	○	○
44	Are all nozzle caps in place?	✓	○	○

	SYSTEM ACTIVATION	Y	N	N/A
45	Were all filters reinstalled?	✓	○	○
46	Were all cartridges reinstalled? (if applicable)	✓	○	○
47	Tandem/slave releasing device(s) reset properly?	○	○	✓

	FINAL	Y	N	N/A
48	Operator's manual on site?	✓	○	○
49	Class K portable extinguisher available and properly serviced?	✓	○	○
50	Remote manual release free from obstruction & 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?	✓	○	○

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 all applicances 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 readily observable conditions at the time of service

AUTHORIZED CUSTOMER REPRESENTATIVE

Signature _____

Print Name Monica Morales

AUTHORIZED COMPANY REPRESENTATIVE

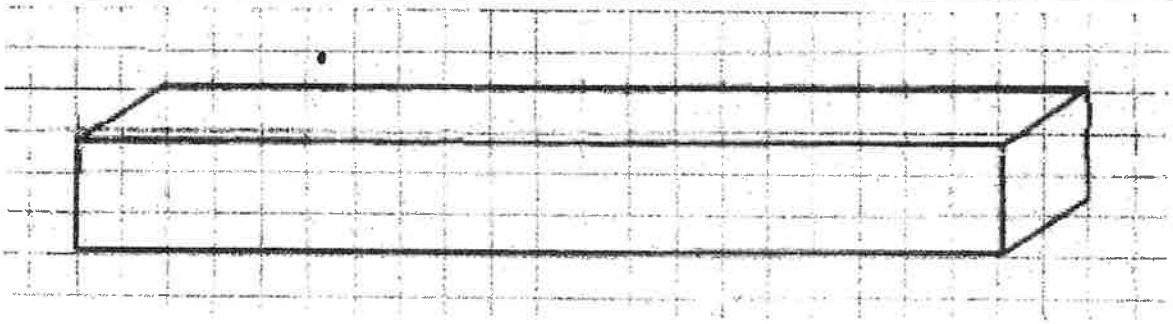
Signature Ron Burke II

Print Name & Certification Number P 00254

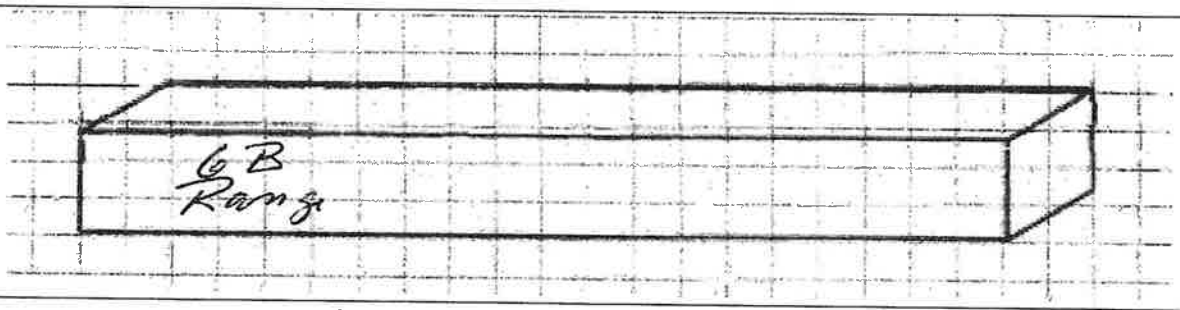
CUSTOMER	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE AND ZIP CODE	

HOOD SIZE 8'

DUCT QUANTITY & SIZE 14x14 (1)



LABEL ALL APPLICANCES



SIZE

NOTES/COMMENTS

INCLUDE ALL APPLICANCES. LABEL SIZE AND TYPE

SYSTEM CONNECTED TO ALARM? ☐ YES ☑ NO

NOZZLE QUANTITY

DUCT / **PLENUM** / **APPLIANCE** 3

REMOTE PULL LOCATION (✓) YES ( ) NO

EGRESS

GAS VALVE: ☑ YES ☐ NO **SIZE**

GAS VALVE STYLE:

☑ **ELECTRICAL** ☐ **MECHANICAL**

TYPE: ☐ **RELEASE** ☐ **PULL**

ALL CONDTIONS ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF INSPECTION

Genron Fire Protection				**CUSTOMER**	Woodbine BOE	
				DATE	**July 28-2021**	
No.	**Manufacturer**	**S/N**	**Size and Type**	**HT Date**	**6 YR. Date**	**Location**
			20lb ABC		2020	Science Rm
			5lb ABC		2019	Nurse
			5lb ABC		2019	Hall
			5lb ABC		2019	Music
			5lb ABC		2019	Hall
			5lb ABC		2019	Science Rm
			5lb ABC		2000	Hall
			5lb ABC		2018	Stage
			5lb ABC		2019	Supply Closet
			5lb ABC		2019	Hall
			5lb ABC		2019	
			5lb ABC		2019	Hall
			5lb ABC		2017	Hall
			5lb ABC		2019	Hall
			5lb ABC		2017	Boiler Rm
			5lb ABC		2018	Spare
			5lb ABC		2018	Spare
			5lb ABC		2018	Office
			ABC		2019	Spare
			10lb ABC		2017	Boiler Rm
			10lb ABC		2020	Stage
			10lb ABC		2019	Hall
Sheet ( )						

Genron Fire Protection				**CUSTOMER**	Woodbine BOE	
				DATE	**July 28-2021**	
No.	**Manufacturer**	**S/N**	**Size and Type**	**HT Date**	**6 YR. Date**	**Location**
			10lb ABC		2019	Gym
			10lb ABC		2016	Gym
			10lb ABC		2019	Gym
			Clean Guard		2021	Library
			6 Liter		2016	Kitchen
			10lb ABC		2015	
Sheet ( )						

ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING POINT

WOODBINE BOARD OF EDUCATION
BUSINESS OFFICE
1076 Almond Road
Pittsgrove, NJ 08318
856-358-3094 ext. 4023

PURCHASE ORDER NO. 200291

PO# AND ORDERED BY NAME MUST APPEAR ON ALL LABELS, CARTONS & INVOICES

Copy 3

Ship to
WOODBINE ELEMENTARY
801 Webster Street
Woodbine, NJ 08270

To
GENRON FIRE PROTECTION 1278
P.O. BOX 556
SOUTH SEAVILLE, NJ 08246

Account Code	Amount
11-000-262-420-050-0	150.00

Date: 03/02/22 Dept: acctpay

Notice: The purchaser is exempt by statute from paying all Federal, State and Municipal Excise Sales & other taxes

Qty	Unit	Description	Unit Price	Amount
1.		02/11/22 inspection	150.000	150.00

V# 12255
3/14/22

Total for Lines $150.00

NOTICE TO VENDOR OR CONTRACTOR

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4. Please submit invoice as soon as order is completed
5. Must have NJ Reg. on file with us in order to receive payment

SCHOOL OFFICE USE ONLY

I certify that the goods or services itemized have been received

Signature

Title Date

NO ORDER VALID UNLESS SIGNED BY THE SECRETARY

SECRETARY, BOARD OF EDUCATION

ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING POINT

WOODBINE BOARD OF EDUCATION
BUSINESS OFFICE
1076 Almond Road
Pittsgrove, NJ 08318
856-358-3094 ext. 4023

PURCHASE ORDER NO. **200291**

PO# AND ORDERED BY NAME MUST APPEAR ON ALL LABELS, CARTONS & INVOICES

Account Code	Amount
11-000-262-420-050-0	150.00

Ship to
WOODBINE ELEMENTARY
801 Webster Street
Woodbine, NJ 08270

To
GENRON FIRE PROTECTION 1278
P.O. BOX 556
SOUTH SEAVILLE, NJ 08246

Date: 03/02/22 Dept: acctpay

Notice: The purchaser is exempt by statute from paying all Federal, State and Municipal Excise Sales & other taxes

Qty	Unit	Description	Unit Price	Amount
1.		02/11/22 inspection	150.000	150.00

Total for Lines $150.00

NOTICE TO VENDOR OR CONTRACTOR

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4. Please submit invoice as soon as order is completed
5. Must have NJ Reg. on file with us in order to receive payment

INVOICES MUST BE RENDERED ON THE VOUCHER

Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of the claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

(X) _____
Vendor Sign Here

_____
Offical Position Date

NO ORDER VALID UNLESS SIGNED BY THE SECRETARY

_____
SECRETARY, BOARD OF EDUCATION

VOUCHER COPY - RETURN FOR PAYMENT

ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING POINT

WOODBINE BOARD OF EDUCATION
BUSINESS OFFICE
1076 Almond Road
Pittsgrove, NJ 08318
856-358-3094 ext. 4023

PURCHASE ORDER NO. 200291

PO# AND ORDERED BY NAME MUST APPEAR ON ALL LABELS, CARTONS & INVOICES

Copy 2

Ship to
WOODBINE ELEMENTARY
801 Webster Street
Woodbine, NJ 08270

To
GENRON FIRE PROTECTION 1278
P.O. BOX 556
SOUTH SEAVILLE, NJ 08246

Account Code	Amount
11-000-262-420-050-0	150.00

Date: 03/02/22 Dept: acctpay

Notice: The purchaser is exempt by statute from paying all Federal, State and Municipal Excise Sales & other taxes

Qty	Unit	Description	Unit Price	Amount
1.		02/11/22 inspection	150.000	150.00

Total for Lines $150.00

NOTICE TO VENDOR OR CONTRACTOR

1. Order invalid unless signed by the Secretary of the Board of Education
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Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of the claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

(X) _____
Vendor Sign Here

_____
Offical Position Date

NO ORDER VALID UNLESS SIGNED BY THE SECRETARY

SECRETARY, BOARD OF EDUCATION

VENDOR COPY

11-000-262-420

GENRON Fire
PO Box 556
South Seaville, NJ 08246
609-624-3000

PLEASE REMIT TO:
GENRON INC.
P.O. Box 556
South Seaville NJ 08246

RECEIVED
FEB 14 2022

Invoice

DATE	INVOICE
2/11/2022	44520

BILL TO:
Woodbine Board of Education 801 Webster Street Woodbine, NJ 08270

WORK LOCATION:
Woodbine Board of Education 801 Webster Street Woodbine, NJ 08270

P.O.	TERMS	DUE	TECH	PHONE	SER DATE	TYPE	SYSTEM	H/T DATE
	Due o...	2/11/2022	5	609-861-5174	2-9-2022	S/A		

ITEM	QTY	DESCRIPTION	RATE	AMOUNT
FIRESYS	1	Inspection, Certification and Service Fire Suppression System Pursuant to NFPA 17A Para 7.3.2	130.00	130.00
360FS	2	360 Degree Heat Link for Fire System	10.00	20.00
REPORT	1	System report provided with invoice. (NO CHARGE)	0.00	0.00

Total $150.00

WOULD YOU LIKE TO PAY YOUR INVOICE BY CREDIT CARD? PLEASE CALL THE OFFICE AND WE WILL PROCESS YOUR PAYMENT.

E-mail
ggburnell@genronfire.net

PLEASE NOTE OUR NEW REMITTANCE ADDRESS

NJ State Permit # P00254
US D.O.T. RIN G821

GENRON FIRE PROTECTION

1066 Route 83 Clermont, New Jersey 08210
Phone: 609-624-3000 Fax: 609-624-2999
Mailing Address: P.O. Box 556 S. Seaville NJ 08246

Customer: Woodbine Board of Education
801 Webster
Woodbine

Service Date: 2/9/22

Qty Removed	Description	Type	Qty Returned
	UN1013, CARBON DIOXIDE, 2.2	EXTINGUISHER	
	UN1044, FIRE EXTINGUISHER, 2.2	CYLINDER OR EXTINGUISHER	
	UN1066, NITROGEN COMPRESSED, 2.2	CARTRIDGE	
	UN1013, CARBON DIOXIDE, 2.2	CARTRIDGE	

Qty	Type	Description	Per.	Amount
	Cartridge			
	Carbon Dioxide			
	BC Dry Chemical			
	ABC Dry Chemical			
	PK Dry Chemical			
	Water / Foam			
	Clean Agent			
	Class K			
	Removed			
	Loaners			

SERVICE PERFORMED

Qty.	Type	Description	Amount
		serviced annex fill syst	

Customer Signature: Monica Morales

Date: ____________

Customer Print: MONICA MORALES

X System is Compliant with NJAC-5:70-3	○ System is Non-Compliant

Genron Fire Protection 1066 Route 83, Clermont, NJ 08210 Phone: 609-624-3000 Fax: 609-624-2999 NJ Contractor Permit # P00254 US DOT Requalifer Facility RIN G821	WORK ORDER NO 1782	DATE 2/9/22	HAZARD AREA PROTECTED DPA	
	SYSTEM MFG Ansul	SYS CAPACITY 3	SYS TYPE Wet	# OF CYLS 1
CUSTOMER Woodbine Board of Education	CONTACT Office	PHONE 609-861-5174	FAX	
ADDRESS 801 Webster Street	CITY Woodbine	STATE AND ZIP CODE NJ		
AHJ/PROTECTION DISTRICT	INSPECTION TYPE	☐ INITIAL	☐ ANNUAL	✓ SEMI-ANNUAL

#	INITIAL ACTIONS/OBSERVATIONS	Y	N	N/A	#	HAZARD INSPECTION	Y	N	N/A
1	Last serviced by: Genron Fire Protection				18	Hazard configuration appeared to remain unchanged?	✓		
2	Were building personnel notified of the inspection?	✓			19	Are all observable penetrations to the hood and duct sealed?	✓		
3	Was the monitoring company notified?			✓	20	No readily observable obstructions or interference that could impact effectiveness of the suppression system?	✓		
4	System found charged and functioning at the time of tech's arrival?	✓				**SYSTEM FUNCTIONAL TEST**	**Y**	**N**	**N/A**
5	System un-tampered since last visit?	✓			21	System disarmed per manufacturer's recommendations?	✓		
6	System found to be at proper pressure upon arrival?			✓	22	Mechanical detection line tested and found to operate properly?	✓		
	VISUALLY CHECK SYSTEM	**Y**	**N**	**N/A**	23	Proper number and placement of detectors/links?	✓		
7	Baffle-type filters installed in hood?	✓			24	Did the system operate properly from activation of a manual pull station	✓		
8	System [and appliance] appear unchanged since last service?	✓			25	Gas shut-off valve installed and working properly? (Note location) above sink Electric [illegible]	✓		
9	Were the nozzle caps in place at time of arrival?	✓							
10	Visible piping and nozzles properly connected, braced and free of damage?	✓			26	Replaced links with proper temperature rating? *(List the number of links and degrees below)* Links 2 / Deg 360 / Links / Deg			
11	Piping/conduit/cabling free from observable obstructions?	✓				Links / Deg / Links / Deg			
12	Nozzle(s) inspected and found to be clear of obstructions?	✓			27	Is the manual reset for electric gas valves operational?	✓		
13	Correct Nozzle type(s) for protected equipment, plenum and ducts?	✓			28	Did all electrical appliances shut off upon system operation?	✓		
14	Nozzle(s) properly positioned over appliances?	✓			29	Did all gas appliances shut off upon system operation?	✓		
15	Nozzles properly postioned in duct(s) and plenum(s)?	✓			30	Did the make-up air shut down?			✓
16	Is there a fan warning sign on hood?		✓		31	Did the alarm system activate when the system tripped?			✓
17	Flow points/extinguishing agent with mfg's allowed maximums?	✓			32	Did control head(s)/cylinder releasing device(s) operate properly?	✓		

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 malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

CUSTOMER	CONTACT	PHONE	FAX
Woodbine Board of Education	Office	609-861-5174	
ADDRESS	**CITY**	**STATE AND ZIP CODE**	
801 Webster Street	Woodbine	NJ	

	CYLINDERS AND AGENTS	Y	N	N/A
33	Cylinder Pressure psi	○	○	⊘
34	Hydrostatic test dates(s) of cylinder checked: Due: 2023	⊘	○	○
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? Weight _____	⊘	○	○

	SYSTEM REACTIVATION	Y	N	N/A
38	Test adapters, keeper pins, etc. removed from system?	⊘	○	○
39	Detection [link] line has proper tension?	⊘	○	○
40	Was the control head reset?	⊘	○	○
41	Were all fuel sources supplied by the gas valve relit?	⊘	○	○
42	Were all pilot lights supplied by the gas valve relit?	○	○	⊘
43	Microswitch/relay(s)-electric appliances "on"?	⊘	○	○
44	Are all nozzle caps in place?	⊘	○	○

	SYSTEM ACTIVATION	Y	N	N/A
45	Were all filters reinstalled?	⊘	○	○
46	Were all cartridges reinstalled? (if applicable)	⊘	○	○
47	Tandem/slave releasing device(s) reset properly?	○	○	⊘

	FINAL	Y	N	N/A
48	Operator's manual on site?	⊘	○	○
49	Class K portable extinguisher available and properly serviced?	⊘	○	○
50	Remote manual release free from obstruction & 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?	⊘	○	○

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 all applicances 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 readily observable conditions at the time of service

AUTHORIZED CUSTOMER REPRESENTATIVE

Signature Monica Morales

Print Name MONICA Morales

AUTHORIZED COMPANY REPRESENTATIVE

Signature _____

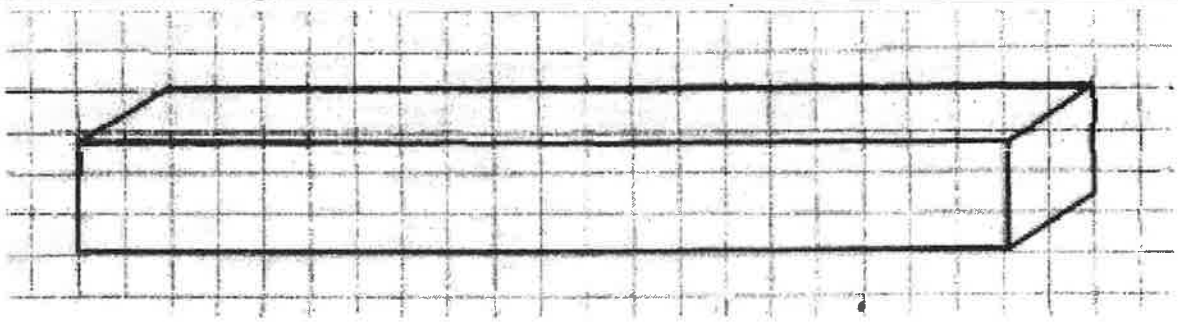
Print Name & Certification Number F CARLIN P00254

DPA

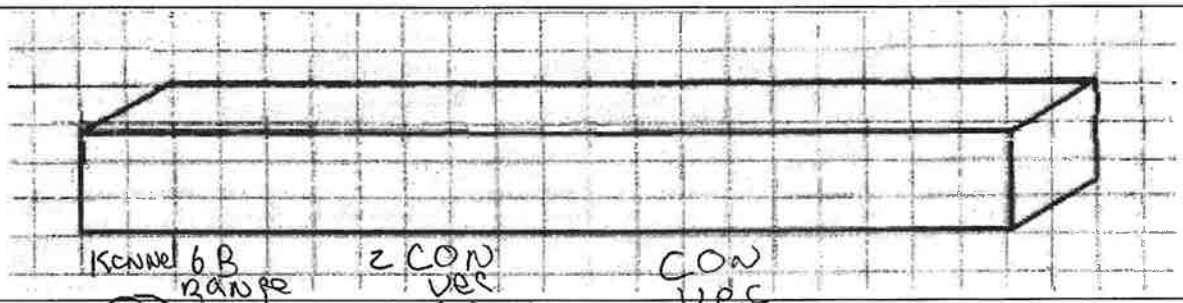
CUSTOMER	CONTACT	PHONE	FAX
Woodbine Board of Education	Office	609-861-5174	
ADDRESS	**CITY**	**STATE AND ZIP CODE**	
801 Webster Street	Woodbine	NJ	

HOOD SIZE 8'

DUCT QUANTITY & SIZE 14X14



LABEL ALL APPLIANCES



SIZE (23) 36X 34 | 40X30 | (2) 24X25

NOTES/COMMENTS

INCLUDE ALL APPLIANCES. LABEL SIZE AND TYPE

SYSTEM CONNECTED TO ALARM? ☐ YES ☑ NO

NOZZLE QUANTITY

DUCT 1 **PLENUM** 1 **APPLIANCE** 3

REMOTE PULL LOCATION ○ YES ○ NO

OTHER:

GAS VALVE: ☑ YES ☐ NO **SIZE**

GAS VALVE STYLE:

☑ ELECTRICAL ☐ MECHANICAL

TYPE: ☐ RELEASE ☐ PULL

ALL CONDTIONS ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF INSPECTION

ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING POINT

WOODBINE BOARD OF EDUCATION
BUSINESS OFFICE
1076 Almond Road
Pittsgrove, NJ 08318
856-358-3094 ext. 4023

PURCHASE ORDER NO. 200291

PO# AND ORDERED BY NAME MUST APPEAR ON ALL LABELS, CARTONS & INVOICES

Ship to
WOODBINE ELEMENTARY
801 Webster Street
Woodbine, NJ 08270

To
GENRON FIRE PROTECTION 1278
P.O. BOX 556
SOUTH SEAVILLE, NJ 08246

Account Code	Amount
11-000-262-420-050-0	150.00

Date: 03/02/22 Dept: acctpay

Notice: The purchaser is exempt by statute from paying all Federal, State and Municipal Excise Sales & other taxes

Qty	Unit	Description	Unit Price	Amount
1.		02/11/22 inspection	150.000	150.00

Total for Lines $150.00

NOTICE TO VENDOR OR CONTRACTOR

1. Order invalid unless signed by the Secretary of the Board of Education
2. Shipping statement must accompany delivery of materials
3. Voucher provided by the Board of Education must be forwarded to the secretary to process payment
4. Please submit invoice as soon as order is completed
5. Must have NJ Reg. on file with us in order to receive payment

SCHOOL OFFICE USE ONLY

I certify that the goods or services itemized have been received

Monica Morales
Signature

Title

3/11/2022
Date

NO ORDER VALID UNLESS SIGNED BY THE SECRETARY

SECRETARY, BOARD OF EDUCATION

RECEIVING COPY