

Pye • Barker

Fire & Safety

13359 W. Hillsborough Ave., Ste. 101 ♦ Tampa, FL 33635
 Office: 727-842-1714 ♦ Fax: 727-842-6934
 www.pyebarkerfire.com
 FED 15-000042; FED 15-000043

~~FX~~ 653834

DROP OFF DATE
3/30/17

PURCHASE ORDER NO.

DATE / PICK UP DATE

SLSM 102 SHIP VIA 01 LOCATION 1

Bill To Account No.

Ship To Account No.

S
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Phone:

S
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T
O
ISCAUD LADY
7917 BAYVIEW S
PORT RICHIEY FL



ORD'D	SHIPPED	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT	ORD'D	SHIPPED	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT
6	6		MAINTENANCE	6.25	37.50			5C02	5# CO2 RECHARGE		
		I	INSPECTION					10ABC	10# ABC RECHARGE		
		SY	6 YEAR MAINT. -INTERNAL					10C02	10# CO2 RECHARGE		
		___HRC	HALON RECYCLE/RECOVER					20ABC	20# ABC RECHARGE		
1	1	INSPSYS	SYSTEM INSP	225.00				20C02	20# CO2RECHARGE		
1	1	INSPSYS	SYSTEM INSP					50C02	50# CO2 RECHARGE		
			HYDROSTATIC TESTING					2H20	2.5 GAL. RECHARGE		
		HST230DC	2-30# DC HYDROTEST						REPLACEMENT PARTS		
		HST220C02	2-20# CO2HYDROTEST						VALVE STEM		
		HST50C02	50# CO2HYDROTEST						VALVE STEM		
		HSTDT	DIVE TANK HYDROTEST						O-RING PKG.		
		HSTSA	AIR PAK HYDROTEST						O-RING PKG.		
		HSTH20	2.5 GAL. HYDROTEST						PRESSURE GAUGE		
		HSTH	HALON HYDROTEST						LOCK PIN		
			RECHARGES					VC	VERIF/SERV COLLAR		
		2ABC	2.5# ABC RECHARGE			6	6	TGF1	TAMPER SEALS	25	150
		5ABC	5# ABC RECHARGE								

ORD'D	SHIPPED	B/O	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	1		NI A456	NEW 10# ABC FIRE EXTINGUISHER		87.50

413.25

393

MONTHLY SEMI QTLY ANNUAL EXT _____ # SYSTEM NR
 ENV _____ HAZMAT _____ FMPR _____ / BATT DIS \$2.50 CHEM DISP \$1.00 LB FUEL CAHRGE 5.00

EMERGENCY/EXIT LIGHTING SERVICE: ACCEPT DECLINE

This material sold and delivered to the Purchaser named under this order shall remain the property of PYE-BARKER FIRE & SAFETY, INC., (PYE-BARKER) Roswell, Georgia, (Vendor), until the specified Purchase Price is paid in full. In case of default in payment the Purchaser agrees to return all equipment upon demand to PYE-BARKER without legal process.

RETURNED MERCHANDISE: No returned merchandise will be accepted for Credit without prior permission of PYE- BARKER, Roswell, Georgia. A 20% handling charge will be made on all returns.

BY MAKING THIS INSPECTION, WE ASSUME NO OBLIGATION FOR ANY LOSS RESULTING FROM THE FAILURE OF THE FIRE EXTINGUISHERS TO FUNCTION PROPERLY. THERE IS NO WARRANTY OF MERCHANTABILITY, EXPRESS OR IMPLIED, RESULTING FROM THE INSPECTION MADE. THE OWNER OF THIS FIRE EQUIPMENT IS CAUTIONED THAT THE EQUIPMENT IS CAUTIONED EQUIPMENT ACCORDING TO NFPA STANDARDS.



SVC CHARGE	35.00
TAX	
SUBTOTAL	394.00 393
TOTAL	420.52

PLEASE REMIT TO:
 P.O. BOX 69
 ROSWELL, GA 30077
 1-800-927-8610

REC'D BY [Signature] DEL'D BY [Signature] SIGNATURE

Thank You For Your Business!

White - Original Yellow - File Pink - Customer

Pye ♦ Barker Fire & Safety, Inc.

6403 River Rd., New Port Richey, FL 34652
(727) 842-1714
(800) 227-6801

Order No.

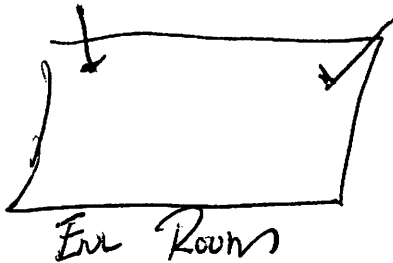
Date 5/30/17

LICENSE NUMBERS:
 FED15-000043
 FED15-000042

SUPPRESSION SYSTEM REPORT

CUSTOMER NAME <u>ISLAND LADY</u>		DATE <u>5/30/17</u>	
SERVICE ADDRESS <u>7817 Bayview St</u>		CITY <u>Port Richey</u>	STATE <u>FL</u>
BILLING ADDRESS		CITY	STATE ZIP
CONTACT NAME	CONTACT TEL NO.	<input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> SERVICE	<input type="checkbox"/> INSTALLATION <input type="checkbox"/> RENOVATION
SYSTEM LOCATION <u>ENL ROOM</u>	MANUFACTURER <u>RIDDK</u>	MODEL # <u>RIDDK CO2</u>	SERIAL # <u>687152</u>
DETECTION TYPE <u>HEAT DETECTION</u>	NUMBER <u>N/A</u>	TEMP <u>175</u>	YEAR <u>N/A</u>
EQUIPMENT SHUTDOWN <input checked="" type="checkbox"/>	ELECTRICAL	GAS	HVAC <u>N/A</u>
CYLINDER WEIGHT <input checked="" type="checkbox"/>	AGENT WEIGHT	PRESSURE <input checked="" type="checkbox"/>	TEST DONE <u>2007</u>

COVERAGE DIAGRAM



1. All appliances properly covered w/correct nozzles	<u>N/A</u>	21. Check travel of cable nuts/S-hooks	<input checked="" type="checkbox"/>
2. Duct and plenum covered w/correct nozzles	<u>N/A</u>	22. Piping & conduit securely bracketed	<input checked="" type="checkbox"/>
3. Check positioning of all nozzles.	<input checked="" type="checkbox"/>	23. Proper separation between fryers & flame	<u>N/A</u>
4. System installed in accordance w/MFG UL listing	<input checked="" type="checkbox"/>	24. Proper clearance-flame to filters	<u>N/A</u>
5. Hood/duct penetrations sealed w/weld or UL device	<input checked="" type="checkbox"/>	25. Exhaust fan in operating order	<u>N/A</u>
6. Check if seals intact, evidence of tampering	<input checked="" type="checkbox"/>	26. All filters replaced	<u>N/A</u>
7. If system has been discharged, report same	<u>N/A</u>	27. Fuel shut-off in on position	<input checked="" type="checkbox"/>
8. Pressure gauge in proper range (if gauged)	<u>N/A</u>	28. Manual & remote set/seals in place	<input checked="" type="checkbox"/>
9. Check cartridge weight (if applicable)	<u>N/A</u>	29. Replace systems covers	<input checked="" type="checkbox"/>
10. Hydrostatic test date	<u>2007</u>	30. System operational & seals in place	<input checked="" type="checkbox"/>
11. 6 year maintenance date	<u>N/A</u>	31. Slave system operational	<input checked="" type="checkbox"/>
12. Inspect cylinder weight (if applicable)	<u>N/A</u>	32. Clean cylinder & mount	<input checked="" type="checkbox"/>
13. Operate system from terminal link	<u>N/A</u>	33. Fan warning sign on hood	<u>N/A</u>
14. Test for proper operation from remote	<input checked="" type="checkbox"/>	34. Personnel instructed in manual operation system	<input checked="" type="checkbox"/>
15. Check operation of micro switch	<input checked="" type="checkbox"/>	35. Proper hand portable extinguishers class K	<u>N/A</u>
16. Clean nozzles	<input checked="" type="checkbox"/>	36. Portable extinguishers properly serviced	<input checked="" type="checkbox"/>
17. Proper nozzle covers in place	<u>N/A</u>	37. Service & Certification tag on system	<input checked="" type="checkbox"/>
18. Check fuse links and clean	<u>N/A</u>	38. Does system meet UL 300	<u>N/A</u>
19. Replaced fuse links	<u>N/A</u>	NOTE DISCREPANCIES OR DEFICIENCIES BELOW	

COMMENTS: TRUCKS DUE FOR HYDRU-TEST

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, and the manufacturer's manual and was operated according to these procedures with results indicated above.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/30/17</u>	<u>9:00</u>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	AM	PM

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

ACCOUNT HISTORY

TAMPA BRANCH (SUNCOAST FIRE)

ACCOUNT #

NAME PORT RICHEY CASINO INC

LINE#	DATE	COMMENTS	NEXT CALL
3	12/16/15	650001.JM	
2	12/16/15	PER STEPHEN AT C2C THEY ARE SENDING PMT FOR FT	
1	12/10/15	NSF CHECKS, SENT TO COLLECTIONS CLS	

Add Line Change Line Delete Line More Detail Summary Exit to Menu A

CUSTOMER INQUIRY		TAMPA BRANCH (SUNCOAST FIRE)	
CUSTOMER		FACTS	
ACCOUNT # [58413180] *	CONTACT	PHONE # [REDACTED]	
NAME [PORT RICHEY CASINO INC]	CONTACT	PHONE # 000 0000	
6520 RIDGE RD	FAX #	000 0000	
PORT RICHEY, FL	STATUS	ACTIVE	
34668 6835	TERMS	IN COLLECTIO	SER CHARGE YES
SALESMAN TAMPA (SUNCOAST HOUSE)	TERRITORY	25	
DATE ACCOUNT OPENED 10/06/2015	TAX ID#		
CREDIT LIMIT .00			
ACCOUNTS RECEIVABLE			
M-T-D .00	LAST STATEMENT	12/31/2017	.00
30 DAY .00	LAST INVOICE	7/01/2017	420.52
60 DAY .00	LAST PAYMENT	7/16/2017	442.18
90 DAY .00	LAST CREDIT	0/00/0000	.00
120 AND OVER .00	HIGHEST A/R BALANCE		1,674.02
TOTAL A/R .00	AVERAGE COLLECTION DAYS	89	
TOTAL SC .00	SALES MONTH TO DATE		.00
TOTAL A/R + SC .00	SALES YEAR TO DATE		.00

Next Previous Scan Re-enter Open Items Billing History Backorders
 Account History Gross Profit Instructions Delivery Charges Exit to Menu s

DO NOT

REMOVE

SERVICED BY:

PERMIT NO.:

6

EXPIRES IN
6 MONTHS/12 MONTHS
FROM DATE PUNCHED

12

NEW | MAINTENANCE | RECHARGED

CLEAN AGENT	FOAM	WATER	LOADED STREAM	ANTI-FREEZE	WET	
DRY CHEM	PURPLE K	ABC	SUPER K	METAL POWDER	WET AGENT	
CO ₂	K CLASS	PUMP	PRESSURE	CARTRIDGE	SYSTEM	AFFF

Pye ♦ Barker ***Fire & Safety***

13359 W. Hillsborough Ave., Unit 101 Tampa, FL 33635

(727) 842-1714

(800) 227-6801

LIC #
LIC #

2017 | 2018 | 2019 | 2020

JAN.
FEB.
MAR.
APR.
MAY
JUNE
JULY
AUG.
SEPT.
OCT.
NOV.
DEC.



(Model No.)

(Mfr.)

SERIAL NO. _____

OWNER'S I.D. NO. (if used) _____

REMARKS _____

Dry and Wet Chemical Fixed

Temperature-Sensing Element Data

Year Manufactured _____

Date Installed _____

MONTHLY INSPECTION RECORD

DATE	BY	DATE	BY

PRINTED IN U.S.A.

Pye ♦ Barker Fire & Safety, Inc.

6403 River Rd., New Port Richey, FL 34652
(727) 842-1714
(800) 227-6801

Order No.

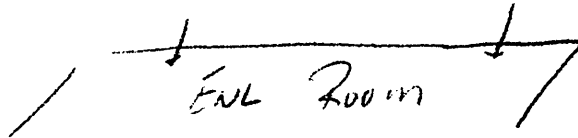
Date 11/21/16

LICENSE NUMBERS:
 FED15-000043
 FED15-000042

SUPPRESSION SYSTEM REPORT

CUSTOMER NAME <u>ZSOUND LADY (REST) SUICKRUZ</u>					DATE <u>11/21/16</u>	
SERVICE ADDRESS <u>3917 BAYVIEW ST</u>			CITY <u>FORT RICHEY</u>		STATE <u>FL</u>	ZIP
BILLING ADDRESS			CITY		STATE	ZIP
CONTACT NAME		CONTACT TEL. NO.		<input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> SERVICE	<input type="checkbox"/> INSTALLATION <input type="checkbox"/> RENOVATION	
SYSTEM LOCATION <u>BELOW DECK</u>	MANUFACTURER <u>A. SDE</u>	MODEL # <u>CO2 75</u>	SERIAL # <u>6X5261</u>	SIZE <u>75/75</u>	REFERENCE	
DETECTION TYPE <u>HEAT</u>	NUMBER <u>N/A</u>	TEMP <u>N/A</u>	YEAR <u>N/A</u>	MANUAL PULL <input checked="" type="checkbox"/>	ABORT	
EQUIPMENT SHUTDOWN <input checked="" type="checkbox"/>	ELECTRICAL <input checked="" type="checkbox"/>		GAS <u>N/A</u>	HVAC <u>N/A</u>		
CYLINDER WEIGHT <input checked="" type="checkbox"/>	AGENT WEIGHT <u>GOOD</u>	PRESSURE <input checked="" type="checkbox"/>		TEST DONE		

COVERAGE DIAGRAM



1. All appliances properly covered w/correct nozzles	<input checked="" type="checkbox"/>	21. Check travel of cable nuts/S-hooks	<input checked="" type="checkbox"/>
2. Duct and plenum covered w/correct nozzles	<u>N/A</u>	22. Piping & conduit securely bracketed	<input checked="" type="checkbox"/>
3. Check positioning of all nozzles.	<input checked="" type="checkbox"/>	23. Proper separation between fryers & flame	<u>N/A</u>
4. System installed in accordance w/MFG UL listing	<input checked="" type="checkbox"/>	24. Proper clearance-flame to filters	<u>N/A</u>
5. Hood/duct penetrations sealed w/weld or UL device	<u>N/A</u>	25. Exhaust fan in operating order	<u>N/A</u>
6. Check if seals intact, evidence of tampering	<input checked="" type="checkbox"/>	26. All filters replaced	<u>N/A</u>
7. If system has been discharged, report same	<input checked="" type="checkbox"/>	27. Fuel shut-off in on position	<input checked="" type="checkbox"/>
8. Pressure gauge in proper range (if gauged)	<u>N/A</u>	28. Manual & remote set/seals in place	<input checked="" type="checkbox"/>
9. Check cartridge weight (if applicable)	<u>N/A</u>	29. Replace systems covers	<input checked="" type="checkbox"/>
10. Hydrostatic test date	<u>2014</u>	30. System operational & seals in place	<input checked="" type="checkbox"/>
11. 6 year maintenance date	<u>N/A</u>	31. Slave system operational	<input checked="" type="checkbox"/>
12. Inspect cylinder weight (If applicable)	<input checked="" type="checkbox"/>	32. Clean cylinder & mount	<input checked="" type="checkbox"/>
13. Operate system from terminal link	<input checked="" type="checkbox"/>	33. Fan warning sign on hood	<input checked="" type="checkbox"/>
14. Test for proper operation from remote	<input checked="" type="checkbox"/>	34. Personnel instructed in manual operation system	<input checked="" type="checkbox"/>
15. Check operation of micro switch	<input checked="" type="checkbox"/>	35. Proper hand portable extinguishers class K	<u>N/A</u>
16. Clean nozzles	<input checked="" type="checkbox"/>	36. Portable extinguishers properly serviced	<input checked="" type="checkbox"/>
18. Proper nozzle covers in place	<input checked="" type="checkbox"/>	37. Service & Certification tag on system	<input checked="" type="checkbox"/>
19. Check fuse links and clean	<u>N/A</u>	38. Does system meet UL 300	<input checked="" type="checkbox"/>
20. Replaced fuse links	<u>N/A</u>	NOTE DISCREPANCIES OR DEFICIENCIES BELOW	

COMMENTS: _____

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA _____'s manual and was operated according to these procedures with results indicated above.

X	<u>1500389</u>	<u>11/21/16</u>	<u>11</u>	<u>30</u>	<u>AM</u>	<u>X</u>
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME			CUSTOMER AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.