

REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM

DATE OF INSPECTION 03/17/2011

INSPECTOR: Anthony Justice
Professional Fire Extinguisher Sales & Service Inc.
3224 Winchester Ave.
P.O. Box 4010
Ashland, KY 41105
606-324-0807

NAME OF FACILITY: KIRBY DUPUIS
ADDRESS: FLORIDA MARINE
CITY: KY ZIP:
OCCUPIED AS: MARINE VESSEL
SEND REPORT TO:

REASON FOR REPORT: () INITIAL INSTALLATION; () SEMIANNUAL INSP.; (X) ANNUAL INSP.; OTHER (specify):

SYSTEM MANUFACTURER AND MODEL: Ansul Sapphire

1. TYPE OF SYSTEM: () DRY-CHEMICAL; () WET-CHEMICAL; () HALON; () CARBON DIOXIDE; (X) OTHER (specify)

2. EXTINGUISHING AGENT: () POTASSIUM BICARBONATE; () MONAMMONIUM PHOSPHATE; () SODIUM BICARBONATE; () POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONATE; () HALON; () CARBON DIOXIDE; () WATER AND POTASSIUM CARBONATE-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE-BASED CHEMICAL; OTHER (specify) SAPPHIRE - NOVAC 1730

3. AMOUNT OF AGENT: 955 LBS./GAL.; NO. OF AGENT CONTAINERS 2; DATE AGENT CHANGED/CHARGED 2008

4. NOZZLES: TOTAL NO. INSTALLED 7; FOR SURFACE 7, DUCT 0, PLENUM 0, OTHER (specify)

5. PIPING: CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (YES) (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (YES) (NO)

6. DETECTION DEVICES: () FUSIBLE METAL ALLOY TYPE LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify); TEMPERATURE RATING; MANUFACTURER AND MODEL

7. EQUIPMENT PROTECTED: () DEEP FRYERS, NO. ; () GRILLS, NO. ; () RANGE TOP, NO. OF BURNERS ; () GRIDDLES, NO. ; () CHAR-BROILERS, NO. ; () UPRIGHT BROILERS, NO. ; OTHER (specify) EXHAUST

8. EXPELLANT: () CARBON DIOXIDE CARTRIDGE - WT.; (X) NITROGEN CARTRIDGE - 1800 PSI NORMAL PRESSURE; PRESSURIZED CYLINDER 20 PSI; () COMPRESSED AIR, () NITROGEN; OTHER (specify)

9. AUTOMATIC SHUTDOWN: (X) YES () NO; FOR (X) ELECTRICITY () FUEL; TYPE FUEL (specify); FUEL LINE SIZE; TYPE, MAKE, AND MODEL OF SHUTDOWN DEVICE: PRESSURE SWITCH FOR SHUT DOWN; MANUAL RESET ONLY ON SHUTDOWN DEVICE (X) YES () NO; DEVICE OPERATES PROPERLY (X) YES () NO

10. MANUAL RELEASE: PROPER LOCATION (X) YES () NO; OPERATES PROPERLY (X) YES () NO

11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC TEST 2008 THE FOLLOWING DEVICES WERE TESTED: () PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALVE ASSEMBLIES; () CHECK VALVES; () HOSE AND FITTINGS; () MANIFOLDS; () DIRECTIONAL VALVES; () AUXILIARY PRESSURE CONTAINERS; OTHER (specify)

12. ALARM: THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE ALARM SYSTEM WHEN OPERATED? () YES () NO; IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE THE SYSTEM WAS TESTED () YES () NO; NAME OF PERSON CONTACTED AT; ALARM OPERATION WAS SATISFACTORY () YES () NO

13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY INSTALLED (X) YES () NO; A FULL SYSTEM TEST WAS CONDUCTED? (X) YES () NO; OWNER HAS A COPY OF INSTALLATION/MAINTENANCE DOCUMENTS? () YES () NO; THE SYSTEM WAS LEFT IN SERVICE AND WAS FULLY OPERATIONAL? () YES () NO

14. REMARKS: EXPLAIN ANY "NO" ANSWERS

461 LBS BOTTLE #1 28" DEPTH.
404 LBS BOTTLE #2 30" DEPTH.
ALL TANKS DUE FOR HYDROSTATIC TESTING & RECHARGE

X [Redacted Signature]

REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM

DATE OF INSPECTION 3/19/2001

INSPECTOR: ANTHONY JUSTICE
Professional Fire Extinguisher Sales & Service Inc.
3224 Winchester Ave.
P.O. Box 4010
Ashland, KY 41105
606-324-0807

NAME OF FACILITY: KIRBY DUPUIS
ADDRESS: FLORIDA MARINE
CITY: CATLETTSBURG, KY ZIP: _____
OCCUPIED AS: MAINE VESSEL
SEND REPORT TO: _____

REASON FOR REPORT: () INITIAL INSTALLATION; () SEMIANNUAL INSP.; () ANNUAL INSP.; OTHER (specify): _____

SYSTEM MANUFACTURER AND MODEL: KIDDE FENVAL

1. **TYPE OF SYSTEM:** () DRY-CHEMICAL; () WET-CHEMICAL; () HALON; () CARBON DIOXIDE; OTHER (specify) _____

2. **EXTINGUISHING AGENT:** () POTASSIUM BICARBONATE; () MONAMMONIUM PHOSPHATE; () SODIUM BICARBONATE; () POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONATE; () HALON _____; () CARBON DIOXIDE; () WATER AND POTASSIUM CARBONATE-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE-BASED CHEMICAL; OTHER (specify) _____

3. **AMOUNT OF AGENT:** 25 (LBS./GAL.); NO. OF AGENT CONTAINERS 1; DATE AGENT CHANGED/CHARGED 2000

4. **NOZZLES:** TOTAL NO. INSTALLED 1; FOR SURFACE 1, DUCT _____, PLENUM _____, OTHER (specify) _____

5. **PIPING:** CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (YES) (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (YES) (NO)

6. **DETECTION DEVICES:** () FUSIBLE METAL ALLOY TYPE LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify) _____; TEMPERATURE RATING _____; MANUFACTURER AND MODEL _____

7. **EQUIPMENT PROTECTED:** () DEEP FRYERS, NO. _____; () GRILL'S, NO. _____; () RANGE TOP, NO. OF BURNERS _____; () GRIDDLES, NO. _____; () CHAR-BROILERS, NO. _____; () UPRIGHT BROILERS, NO. _____; OTHER (specify) PANTRY LOCKER

8. **EXPELLANT:** () CARBON DIOXIDE CARTRIDGE - 1800 PSI; () NITROGEN CARTRIDGE - _____ PSI NORMAL PRESSURE; PRESSURIZED CYLINDER _____ PSI; () COMPRESSED AIR, () NITROGEN; OTHER (specify) _____

9. **AUTOMATIC SHUTDOWN:** () YES () NO; FOR () ELECTRICITY () FUEL; TYPE FUEL (specify) _____; FUEL LINE SIZE _____; TYPE, MAKE, AND MODEL OF SHUTDOWN DEVICE: _____; MANUAL RESET ONLY ON SHUTDOWN DEVICE () YES () NO; DEVICE OPERATES PROPERLY () YES () NO

10. **MANUAL RELEASE:** PROPER LOCATION () YES () NO; OPERATES PROPERLY () YES () NO

11. **HYDROSTATIC TEST:** DATE OF CURRENT HYDROSTATIC TEST 2000 THE FOLLOWING DEVICES WERE TESTED: () PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALVE ASSEMBLIES; () CHECK VALVES; () HOSE AND FITTINGS; () MANIFOLDS; () DIRECTIONAL VALVES; () AUXILIARY PRESSURE CONTAINERS; OTHER (specify) _____

12. **ALARM:** THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE ALARM SYSTEM WHEN OPERATED? () YES () NO; IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE THE SYSTEM WAS TESTED () YES () NO; NAME OF PERSON CONTACTED _____ AT _____; ALARM OPERATION WAS SATISFACTORY () YES () NO

13. **OTHER:** ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY INSTALLED () YES () NO; A FULL SYSTEM TEST WAS CONDUCTED? () YES () NO; OWNER HAS A COPY OF INSTALLATION/MAINTENANCE DOCUMENTS? () YES () NO; THE SYSTEM WAS LEFT IN SERVICE AND WAS FULLY OPERATIONAL? () YES () NO

14. **REMARKS:** EXPLAIN ANY "NO" ANSWERS _____

SYSTEM TANK DUE FOR HYDROSTATIC TEST & RECHARGE.

X [REDACTED]

PERIODIC FIRE ALARM INSPECTION & TESTING REPORT

DATE OF INSPECTION 03/17/2004

INSPECTOR: ANTHONY JUSTICE

FAR#:

NAME OF FACILITY: FLORIDA MARINE / KIRBY DUPUIS

ADDRESS: 2300 5th St.

CITY: MANDALAY, LA.

ZIP: 70401

OCCUPIED AS: MARINE VESSEL

SEND REPORT TO:

INSP: () ANNUAL INSP.; OTHER (specify):

CONTROL PANEL MANUFACTURER AND MODEL: EST FIRE SHIELD

1. **TYPE(S) OF SYSTEM:** () LOCAL; () AUXILIARY; () REMOTE STATION; () PROPRIETARY; () EMERGENCY VOICE/ALARM

2. INITIATING DEVICES:

	NUMBER INSTALLED	NUMBER TESTED	CONDITION	
			SAT	UNSAT
A. HEAT SENSING:				
1. FIXED TEMPERATURE				
2. RATE COMPENSATION				
3. RATE-OF-RISE				
4. COMBINED FT/ROR	<u>7</u>	<u>7</u>	<input checked="" type="checkbox"/>	
5. OTHER (specify)				
B. SMOKE SENSING:				
1. IONIZATION				
2. PHOTOELECTRIC	<u>12</u>	<u>12</u>	<input checked="" type="checkbox"/>	
3. CLOUD CHAMBER				
4. DUAL ION/PHOTO				
5. H.V.A.C.				
6. COMBINED w/HEAT				
7. OTHER (specify)				
C. FLAME SENSING:				
1. FLAME				
2. FLAME FLICKER				
3. INFRARED				
4. PHOTOELECTRIC				
5. ULTRAVIOLET				
6. OTHER (specify)				
D. GAS SENSING:				
1. SEMICONDUCTOR				
2. CATALYTIC ELEMENT				
3. OTHER (specify)				
E. MANUAL STATIONS				
	<u>15</u>	<u>15</u>	<input checked="" type="checkbox"/>	
F. WATER FLOW				

3. INDICATING DEVICES:

	NUMBER INSTALLED	NUMBER TESTED	CONDITION	
			SAT	UNSAT
A. BELLS				
B. HORNS				
	<u>5</u>	<u>5</u>	<input checked="" type="checkbox"/>	
C. CHIMES				
D. VISUAL				
1. COMBINED	<u>5</u>	<u>5</u>	<input checked="" type="checkbox"/>	
2. SEPARATE				
3. OTHER (specify)				

4. CONTROL FUNCTIONS:

	NUMBER INSTALLED	NUMBER TESTED	CONDITION	
			SAT	UNSAT
A. ELEVATOR RECALL				
B. FAN SHUTDOWN				
C. DOOR HOLDER				
D. SMOKE CONTROL SYSTEM				
E. OTHER (specify)				

5. TROUBLE DEVICES:

6. REMOTE ANNUNCIATORS:

7. SUPERVISORY SERVICE:

	NUMBER INSTALLED	NUMBER TESTED	CONDITION	
			SAT	UNSAT
A. CONTROL VALVES				
1. SPRINKLER				
2. STANDPIPE				
3. OTHER (specify)				
B. AIR PRESSURE				
1. HIGH				
2. LOW				
C. FIRE PUMP				
D. GENERATOR				
E. OTHER (specify)				

8. **EMERGENCY VOICE/ALARM:** _____ LOUDSPEAKERS ARE INSTALLED AND WORK PROPERLY (YES); (NO). _____ TELEPHONE JACKS ARE INSTALLED & WORK PROPERLY (YES); (NO). AUTOMATIC OPERATION OF SYSTEM IS SATISFACTORY (YES); (NO).

MANUAL OPERATION OF SYSTEM IS SATISFACTORY (YES); (NO). SYSTEM HAS ZONED EVACUATION FEATURE (YES); (NO).

9. **POWER SUPPLY:** A. PRIMARY (MAIN) 120 VOLTS, 20 AMPS. B. SECONDARY (STANDBY) () STORAGE BATTERIES, # 2 AMP-HR RATING 12V7AH. C. (NONE) D. OTHER (specify) _____

10. **SIGNAL TRANSMISSION:** ALARM IS TRANSMITTED OFF PREMIS (YES); (NO). ALARM TRANSMITTED TO _____ AND RECEIVED BY (INDIVIDUAL) LOCK CUY. THEY WERE NOTIFIED BEFORE AND AFTER TEST (YES); (NO).

11. **SMOKE DETECTOR SENSITIVITY TEST:** DATE OF (INITIAL) OR (LAST) SENSITIVITY TEST _____

12. **REMARKS:** EXPLAIN ANY "UNSAT", "NO" OR "OTHER (specify)" ANSWERS _____

CUSTOMER SIGNATURE _____

CUSTOMER SIGNATURE