REPORT OF INSPECTION - RANGEHOOD EXTINGUISH	ING SYSTEM DATE OF INSPECTION 03/12/2021				
INSPECTOR: ATHONY TESTICE	NAME OF FACILITY: KIRBY DUDING				
Professional Fire Extinguisher Sales & Service Inc.	ADDRESS: FLORIDA MARINE.				
3224 Winchester Ave. P.O. Box 4010	CITY: CATLOTTS PILEG KY ZIP:				
Ashland, KY 41105	OCCUPIED AS: MEINE, WESSEL				
606-324-0807	SEND REPORT TO:				
REASON FOR REPORT: () INITIAL INSTALLATION; () SEMIANN	IUAL INSP.; () ANNUAL INSP.; OTHER (specify):				
SYSTEM MANUFACTURER AND MODEL: GWENN	5- Desir				
1. TYPE OF SYSTEM: () DRY-CHEMICAL; (/) WET-CHEMICAL	L; () HALON; () CARBON DIOXIDE; OTHER (specify)				
2. EXTINGUISHING AGENT: () POTASSIUM BICARBONATE;					
() POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONA	TE; () HALON				
() CARBON DIOXIDE; () WATER AND POTASSIUM CARBONAT BASED CHEMICAL; OTHER (specify)	E-BASED CHEMICAL: (-/) WATER AND POTASSIUM ACETATE-				
3. AMOUNT OF AGENT:					
3_(LBS)GAL; NO. OF AGENT CONTAINERS; DAT	E AGENT CHANGED/CHARGED 2018				
4. NOZZLES: TOTAL NO. INSTALLED; FOR SURFACE _	2 DUCT C PLENUM C OTHER (specify)				
5. PIPING: CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (YE					
6. <u>DETECTION DEVICES:</u> (✓ FUSIBLE METAL ALLOY TYPE I					
2 ; TEMPERATURE RATING 450	MANUFACTURER AND MODEL ANGLE				
7. EQUIPMENT PROTECTED: () DEEP FRYERS, NO;	() GRILLS, NO; (√) RANGE TOP, NO. OF BURNERS \(\preceq\);				
() GRIDDLES, NO; () CHAR-BROILERS, NO	; () UPRIGHT BROILERS, NO; OTHER (specify)				
8. EXPELLANT: () CARBON DIOXIDE CARTRIDGE - W					
	() NITROGEN; OTHER (specify)				
9. AUTOMATIC SHUTDOWN: () YES () NO; FOR () ELECTION FUEL LINE SIZE; TYPE, MAKE, AND MODEL OF SHUT	TRICITY () FUEL; TYPE FUEL (specify)				
MANUAL RESET ONLY ON SHUTDOWN DEVICE () YES () NO	DEVICE OPERATES PROPERLY () YES () NO				
10. MANUAL RELEASE: PROPER LOCATION (Y) YES () NO;					
11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC	TEST 2010 THE FOLLOWING DEVICES WERE TESTED:				
() PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALV	/E ASSEMBLIES; () CHECK VALVES; () HOSE AND FITTINGS;				
() MANIFOLDS: () DIRECTIONAL VALVES; () AUXILIARY PI					
12. ALARM: THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE	E ALARM SYSTEM WHEN OPERATED? () YES () NO E THE SYSTEM WAS TESTED () YES () NO; NAME OF PERSON				
CONTACTED	ATAT				
ALARM OPERATION WAS SATISFACTORY () YES () NO					
13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY I					
(V) YES () NO; OWNER HAS A COPY OF INSTALLATION/MAIN' LEFT IN SERVICE AND WAS FULLY OPERATIONAL? (V) YES ()	FENANCE DOCUMENTS? (V) YES () NO; THE SYSTEM WAS				
14. REMARKS: EXPLAIN ANY "NO" ANSWERS					
and the second s	The property of the second sec				
*1.00 *100 *100 *100 *100 *100 *100 *100	man was made shape at 10 M M M M M on the state of the M M M M of the programme at the state of the M M M of the programme at the state of the M M M of the programme at the state of the M M M of the programme at the state of the M M M of the programme at the state of the M M M of the programme at the state of the M M M of the programme at the state of the M M M of the programme at the state of the M M M of the state of the S M of the state of the M of the state of the S M of the S M of the state of the S M				
	J				
COLUMN TO THE PARTY OF THE PART					
	A Mildowsky magazing page of the state of th				

REPORT OF INSPECTION - RANGEHOOD EXTINGUISH	ING SYSTEM DATE OF INSPECTION 03/17/201			
INSPECTOR: AUTHORY THETICS	NAME OF FACILITY: KIRTH DIGHIS			
Professional Fire Extinguisher Sales & Service Inc.	ADDRESS: FLORIDA MARINE.			
3224 Winchester Ave.	OCCUPIED AS: MAZINE VEESEL			
P.O. Box 4010 Ashland, KY 41105				
606-324-0807	SEND REPORT TO:			
REASON FOR REPORT: () INITIAL INSTALLATION; () SEMIANN	IUAL INSP.; (V) ANNUAL INSP.; OTHER (specify):			
SYSTEM MANUFACTURER AND MODEL: AUSTO SAP	PHIEC			

1. TYPE OF SYSTEM: () DRY-CHEMICAL; () WET-CHEMICAL				
 EXTINGUISHING AGENT: () POTASSIUM BICARBONATE; () POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONAT () CARBON DIOXIDE; () WATER AND POTASSIUM CARBONAT 	TE; () HALON; E-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE.			
BASED CHEMICAL; OTHER (specify) SATPLICE	E- NOVAC 1830			
3. AMOUNT OF AGENT:				
956 LBS./GAL.; NO. OF AGENT CONTAINERS 2; DAT	E AGENT CHANGED/CHARGED (2008)			
4. NOZZLES: TOTAL NO. INSTALLED 7 FOR SURFACE				
5. PIPING: CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (YE				
6. DETECTION DEVICES: () FUSIBLE METAL ALLOY TYPE I	.INKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify); MANUFACTURER AND MODEL			
7. EQUIPMENT PROTECTED: () DEEP FRYERS, NO;	() GRILLS, NO; () RANGE TOP, NO. OF BURNERS;			
8. EXPELLANT: () CARBON DIOXIDE CARTRIDGE - W	; () UPRIGHT BROILERS, NO; OTHER (specify) ENGLY			
PRESSURIZED CYLINDER 240 PSI; () COMPRESSED AIR,	() NITROGEN; OTHER (specify)			
9. AUTOMATIC SHUTDOWN: (WYES () NO; FOR (WELEC	TRICITY () FUEL; TYPE FUEL (specify)			
FUEL LINE SIZE; TYPE, MAKE, AND MODEL OF SHUT MANUAL RESET ONLY ON SHUTDOWN DEVICE (*) YES () NO;	DOWN DEVICE: PRESSURE SUITED FOR SHUT DOWN DEVICE OPERATES PROPERLY (XYES () NO			
10. MANUAL RELEASE: PROPER LOCATION (/) YES () NO;	DPERATES PROPERLY (YYES () NO			
 HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALY 	E ASSEMBLIES; () CHECK VALVES; () HOSE AND FITTINGS;			
() MANIFOLDS: () DIRECTIONAL VALVES; () AUXILIARY PI				
12. ALARM: THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE CONTACTED				
ALARM OPERATION WAS SATISFACTORY () YES () NO				
13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY II				
(YES () NO; OWNER HAS A COPY OF INSTALLATION/MAIN' LEFT IN SERVICE AND WAS FULLY OPERATIONAL? () YES ()				
14. REMARKS: EXPLAIN ANY "NO" ANSWERS				
461 USS BOTTE #1 28" DEPTH				
494 CBS BOTTE #2 30" DEPT	(.			
ALL TANKS THE FOR HYDROGIATI	C TESTING & RECURRGE			
	Annual Control of Cont			
<u> </u>	MARKET FORESTER VICENTIA			
/				

REPORT OF INSPECTION - RANGEHOOD EXTINGUISH	IING SYSTEM DATE OF INSPECTION 3 14 2001			
INSPECTOR: ANTHONY TUSTICE				
Professional Fire Extinguisher Sales & Service Inc.	ADDRESS: FURIDA MARINE			
P.O. Box 4010 CITY: COTICATS GUICE, KY ZIP:				
Ashland, KY 41105 OCCUPIED AS: MARINE, VESSEL				
606-324-0807	SEND REPORT TO:			
REASON FOR REPORT: () INITIAL INSTALLATION; () SEMIANN	VUAL INSP.; (V) ANNUAL INSP.; OTHER (specify):			
SYSTEM MANUFACTURER AND MODEL: KIDDE, FERWA				
1. TYPE OF SYSTEM: () DRY-CHEMICAL; () WET-CHEMICA	L; () HALON; (XCARBON DIOXIDE; OTHER (specify)			
2. EXTINGUISHING AGENT: () POTASSIUM BICARBONATE;				
() POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONA () CARBON DIOXIDE; () WATER AND POTASSIUM CARBONAT BASED CHEMICAL; OTHER (specify)	FE-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE-			
3. AMOUNT OF AGENT:				
US (LBS CAL.; NO. OF AGENT CONTAINERS 1; DAT	TE AGENT CHANGED/CHARGED (2008)			
4. NOZZLES: TOTAL NO. INSTALLED; FOR SURFACE _	, DUCT, PLENUM, OTHER (specify)			
5. PIPING: CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (Y	ES) (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (YES) (NO)			
6. DETECTION DEVICES: () FUSIBLE METAL ALLOY TYPE TEMPERATURE RATING	LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify); MANUFACTURER AND MODEL			
7. EQUIPMENT PROTECTED: () DEEP FRYERS, NO;				
8. EXPELLANT: (CARBON DIOXIDE CARTRIDGE - 1800) F	; () UPRIGHT BROILERS, NO. OTHER (specify) PAINT LUCKER			
PRESSURIZED CYLINDER PSI; () COMPRESSED AIR,	() NITROGEN; OTHER (specify)			
9. AUTOMATIC SHUTDOWN: () YES () NO; FOR () ELECTION FUEL LINE SIZE; TYPE, MAKE, AND MODEL OF SHUTMANUAL RESET ONLY ON SHUTDOWN DEVICE () YES () NO	TRICITY () FUEL; TYPE FUEL (specify)			
10. MANUAL RELEASE: PROPER LOCATION (V) YES () NO;				
11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC () PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VAL' () MANIFOLDS: () DIRECTIONAL VALVES; () AUXILIARY P	VE ASSEMBLIES, () CHECK VALVES; () HOSE AND FITTINGS;			
	E ALARM SYSTEM WHEN OPERATED? () YES () NO E THE SYSTEM WAS TESTED () YES () NO; NAME OF PERSON AT			
13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY				
() YES () NO; OWNER HAS A COPY OF INSTALLATION/MAIN LEFT IN SERVICE AND WAS FULLY OPERATIONAL? () YES ()				
14. REMARKS: EXPLAIN ANY "NO" ANSWERS				
SMOTER TANK DIE for MODES	TATIC TEST & PECHARGE.			
and the second s				
ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND	Additional and the second seco			
AND A LONG OF PROPERTY OF				
management of the state of the	The state of the s			

ч.

PERIODIC, FIRE A	LARM INS	PECTI	ON & TES	TING REPORT DATE O	F INSPECTO	on hali	113-04
INSPECTOR: ANTHONY	JUSTICE	FAR	#:	NAME OF FACILITY: TOPICS	L Marie	1 0000	1 TO DUE
				ADDRESS: 2340 54	- 4	I CARAS	Durkas
Professional Fire Ext	inguishers						41.01
3202 Winchester Ave,			OCCUPIED AS: HARING VERSEL				
Ashland, KY 41101				SEND REPORT TO	V 523 F		
				SEND REPORT TO:			
CONTROL PANEL MANUFA	CTURER AND	MODEL	Est	INSP.; (MANNUAL INSP.; OTH	ER (specify);		
**************************************		*******	***********	FIRE SHIELD	********	********	*********
I. TYPE(S) OF SYSTEM	E (W LOCAL;	() AUXIL	IARY; () REN	MOTE STATION; () PROPRIETAR		GENCY VO	ICE/ALARM
2. INITIATING DEVICE				3. INDICATING DEVICES	<u>):</u>		
A. HEAT SENSING:	NUMBER INSTALLED		CONDITION SAT UNSAT		NUMBER INSTALLED	NUMBER TESTED	CONDITION SAT UNSAT
1. FIXED TEMPERATURE				A. BELLS		153150	SAI ONSAI
2. RATE COMPENSATION				B. HORNS	5	5	
3. RATE-OF-RISE	Wildenman Mary and Allen			C. CHIMES			
4. COMBINED FT/ROR				D. VISUAL			V
5. OTHER (specify)				1. COMBINED	_5_	_5_	V
B. SMOKE SENSING:				2. SEPARATE			
I. IONIZATION				E. OTHER (specify)			
2. PHOTOELECTRIC	12	13	V	4. CONTROL FUNCTIONS:			
3. CLOUD CHAMBER				A. ELEVATOR RECALL			
4. DUAL ION/PHOTO				B. FAN SHUTDOWN			
5. H.V.A.C. 6. COMBINED w/HEAT	***************************************			C. DOOR HOLDER			
7. OTHER (specify)				D. SMOKE CONTROL SYSTEM			
C. FLAME SENSING:		-		E. OTHER (specify)			لـــــــا
I. FLAME				5. TROUBLE DEVICES:			
2. FLAME FLICKER			 	6 DELGOTE LANGUAGE			
3. INFRARED		···		6. REMOTE ANNUNCIAT	ORS:		
4. PHOTOELECTRIC							
5. ULTRAVIOLET				7. SUPERVISORY SERVICE	Tr.		
6. OTHER (specify)				A. CONTROL VALVES	4.4		
D. GAS SENSING:				I. SPRINKLER			
I. SEMICONDUCTOR				2. STANDPIPE		-	
2. CATALYTIC ELEMENT				3. OTHER (specify)			
3. OTHER (specify)				B. AIR PRESSURE			
E. MANUAL STATIONS				I. HIGH			
E. MANOAL STATIONS	15	15		2. LOW			
F. WATER FLOW				C. FIRE PUMP D. GENERATOR			
t. WALLE PLOW			L	E. OTHER (specify)			
8. EMERGENCY VOICE/	ALARM:	LOUDS	PEAKERS ARI	EINSTALLED AND WORK PROPER	LY (YES): (NO).	TELEPHONE
JACKS ARE INSTALLED & W	ORK PROPERL	Y (YES): (N	O). AUTOMAT	IC OPERATION OF SYSTEM IS S.	ATISEACTOR!	V /VESH /NA	2)
MAHOVE OLEKWIJOH OF 21	21EW 12 2VI IS	SPACIORY (YES); (NO). SY	ISTEM HAS ZONED EVACUATION	√ FEATURE (YES): (NO).	
9. <u>POWER SUPPLY:</u> A. P	RIMARY (MAI	N 170 V	OLTS. OC.	AMPS, B. SECONDARY (STANDRY	STORA	GE BATTER	irs # 2
AMP-HR RATING	CION AT AT	(10 TD 11 "	. C. (N	ONE) D. OTHER (specify)			*
AND RECEIVED BY (INDIVID	MIALL ALAKI	LISTRANS	MILLED OFF	PREMIS (YES); (NO). ALARM TE 	ANSMITTEL	TEP TECT	(VEC), (MO)
				TIAL) OR (LAST) SENSITIVITY T			
II. SMOKE DELECTOR	SENSITIVI	1 1 LOT	DATE OF (INI	HAL) OR (LAST) SENSITIVITY I	E51	AN INVESTMENT OF THE PARTY.	
12. REMARKS: EXPLAIN	ANY "UNSAT"	, "NO" OR	"OTHER (spec	ify)" ANSWERS			
							William T. Plina
	,				to a state of the		
\/		7			***		
				Mariana .			
/\	and the same						
	}		The state of the s				
CUSTOMER SIGNATURE							

4*

, .