

Parrish Fire and Safety Inc.

PO Box 68
104 S Railroad Street
Benson NC 27504

Fire Suppression Systems - Parrish Fire

Service History

Order # 36902

JOB LOCATION

Triton Quick Mart
205 E Jackson Blvd.
Erwin NC 28339

P1: 910-980-

CLIENT

Same

Service Date: 6/19/2019

CONTACT

Elaine
Sam

TECHNICIAN

JP

Fire Suppression System

Num: 1

Type: Wet Chemical Extinguishing System

Manufacturer: ProTex

Model: Single Cylinder

Location: Kitchen

Install Date: 2019

Last Service: 6/2019

Duct Size: 18x18

Nozzle Type: 2D

Plenum Size: 10'

Nozzle Type: 1H

Tests/Inspections/Services

Description	Last	Due
Hydro Test		<input type="checkbox"/>
Monthly		<input type="checkbox"/>
Recharge		<input type="checkbox"/>
Semi-Annual	6/2019	<input checked="" type="checkbox"/>
Regulator flow test		<input type="checkbox"/>

Cylinders

Num	Size	Type	Mfg Date	Hydro	6 Year	S/N	Bar Code	Timestamp
1	L3000	Extinguishing Agent	2018					
2	16g	Cartridge	2019					

Replacement Parts

Qty	Description	Part No.	Replaced
1	CO2 Actuator Cartridge	SYPARTS.CO2CAR TPYRO	6/19/2019
3	FUSIBLE LINK	SYPARTS.LINKS	6/19/2019

Appliances (Left to Right)

ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

Printed on: 6/19/2019 10:15:02 AM

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Num	Description	Size	Nozzle(s)
1	Griddle	36"	2H
2	Fryer	15" x 14"	2H
3	Fryer	15" x 14"	2H

INSPECTION

I. Fire Suppression Systems

OK FAIL NA

- 1. Appl or Room/Booth Vol coverage per MFG specs
- 2. System Cylinder weight or liquid level OK
- Agent Cylinder Model
- 3. Actuation cartridge weight and date OK
- 4. System gauge in operable range
- 5. Fusible links replaced
- 6. Proper clearances from flame to Class B hazards
- 7. Proper fuel shut-offs OK
- Fuel Shut Off Type & Size
- 8. Remote pull operation and locations OK
- 9. Audible and visual notification devices operated
- 10. Monitoring agency notified when system activated
- 11. Nozzle caps replaced or OK
- 12. All system electrical components operate
- 13. All system components clean and free from debris
- 14. System meets or exceeds MFG requirements
- 15. System panel reset position with no trouble signal
- 16. System installed according to MFG instructions
- 17. System operation OK
- 18. Proper hand portable fire extinguishers
- 19. All piping and conduit securely mounted
- 20. System meets UL 300 requirements
- 21. System meets UL 1254 requirements
- 22. Employees trained in proper operation of system
- 23. System design and approval OK
- /* Final Inspection by HCFM 6/18/19 */
- 24. System reset and operable

I state that the information on this form is correct at the time and place of my inspection. And that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted above.

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Inspector

X  _____

Jeremy P.

Accepted By

X  _____

6/19/2019

6/19/2019

*** End Report: 1 ***

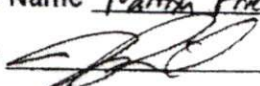
ALL WORK DONE IN ACCORDANCE WITH N.F.P.A. STANDARDS

Fire Suppression System Distributor Certificate of Installation

To be Completed by Regional Office

Job Name	<u>Triton Mart</u>	Job Number	_____
Job Address	<u>205 E Jackson Blvd</u> <u>Erwin NC 28339</u>	Type of System:	Ansul <input type="checkbox"/>
			Pyrochem <input type="checkbox"/>
			Other <u>Protex</u>

To be Completed by Fire System Distributor

Company Name	<u>Parrish Fire and Safety, Inc.</u>	System Model	<u>L3000</u>
Address	<u>104 S. Railroad Street</u> <u>P.O. Box 68</u> <u>Benson, NC 27504</u>	Serial Number	_____
Fuel/Energy Shut Off Device	Gas Valve: Mechanical <input checked="" type="checkbox"/> Electrical <input type="checkbox"/>	Size	_____
Installed. Tested on <u>6/18/19</u> <small>Date</small>	Electric Equipment Shut-down Tested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p>This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)</p>			
Installer's Name	<u>Parrish Fire Jeremy Parrish</u>		
Signature		Date	<u>6/18/19</u>

To be Completed by Owner or Owner's Representative

<p>I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.</p>	
Signature	_____
Date	_____

To be Completed by the Authority Having Jurisdiction

<p>Functional tests have been witnessed and the system performs as designed.</p>			
Print Name	<u>Banks Walker</u>	Jurisdiction	<u>Harnett County</u>
Phone Number	<u>910-984-4003</u>	Date	<u>6/18/19</u>
Signature	