

REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM

7824

INSPECTOR: Wesley Herman R 00167
INSPECTION COMPANY: HAZARD FIRE & SAFETY
EQUIPMENT CO., LLC
ADDRESS: P.O. BOX 147 / 3962 N. KENTUCKY HWY 15
CITY: BONNYMAN STATE: KY
ZIP: 41719 PHONE: (606) 436-3650

DATE OF INSPECTION 5/6/26
NAME OF FACILITY: Justin Cooper
ADDRESS: 203 Boss Hill Road
CITY: Seco KY ZIP: 41349
OCCUPIED AS: Assembly
SEND REPORT TO:

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

SYSTEM MANUFACTURER AND MODEL: Kitchen Knight PCL 300

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

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

3. AMOUNT OF AGENT: 3 LBS/GAL; NO. OF AGENT CONTAINERS 1; DATE AGENT CHANGED/CHARGED 5-6-2026 new

4. NOZZLES: TOTAL NO. INSTALLED 6; FOR SURFACE 4; DUCT 1; PLENUM 1; OTHER (specify)

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

6. DETECTION DEVICES: (X) FUSIBLE METAL ALLOY TYPE LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify); TEMPERATURE RATING 500; MANUFACTURER AND MODEL Tyco

7. EQUIPMENT PROTECTED: (X) DEEP FRYERS, NO. 1; () GRILLS, NO.; (X) RANGE TOP, NO. OF BURNERS 2; (X) GRIDDLES, NO. 1; () CHAR-BROILERS, NO.; () UPRIGHT BROILERS, NO.; OTHER (specify)

8. EXPELLANT: (X) CARBON DIOXIDE CARTRIDGE - 169 WT.; () NITROGEN CARTRIDGE - PSI NORMAL PRESSURE; (X) PRESSURIZED CYLINDER 225 PSL; () COMPRESSED AIR; (X) NITROGEN; OTHER (specify)

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

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

11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC TEST 5-6-2026 new 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 (X) 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? (X) YES () NO; THE SYSTEM WAS LEFT IN SERVICE AND WAS FULLY OPERATIONAL? (X) YES () NO

14. REMARKS: EXPLAIN ANY "NO" ANSWERS Suppression system Install new LP gas checked by Jackson propane / Passed Leak Free System Ready For Use

PRINT NAME: CUSTOMER SIGNATURE: [Signature]