

Direct Supply®

SIMPLE SLEEP FOAM MATTRESS

Owner's Manual

Thank you for purchasing a Simple Sleep Foam Mattress. Please read this entire manual carefully and keep it for future reference. This manual will provide you with instructions, warnings, warranty information and other important information about your mattress. Share this information with individuals who will be assembling, using, servicing and/or cleaning the product to help ensure it is cared for properly.

Product Specifications

Cover:

Two-way stretch top cover with backing

Heavy-duty, nonskid bottom cover

Antimicrobial, breathable, fluid-resistant, low-shear, tear-resistant, ¾ concealed zipper

Fire Ratings:

16 CFR 1633, 16 CFR 1632

Weight Capacity

Product/Part	Weight Capacity (lbs.)	Weight Capacity (kg)
Direct Supply® Simple Sleep Foam Mattress	300 lbs.	136 kg

⚠ WARNING: The user's body cannot exceed the width of the mattress at any weight capacity.

Directions for Use

1. To ensure full mattress expansion, the mattress must be unpackaged within 48 hours of receipt. **Do not use razor blades to cut packaging away from mattress.**
2. Unpack the mattress in an area with sufficient room to work. Do not allow children, animals or individuals with impaired cognitive or physical abilities near the product until it has been completely set up and the work area has been cleared of all debris.

NOTE: Do not remove product tag, cleaning instruction tag or law tag from the mattress. Removal of tags will void the warranty.

3. Inspect the mattress for shipping damage. If the mattress is damaged, **DO NOT USE MATTRESS** and immediately contact the distributor for further instruction.
4. Verify the proper mattress model and size was shipped. If you feel there was a mistake, **DO NOT USE MATTRESS** and immediately contact the distributor.
5. After verifying you've received the correct product without damage, properly discard all shipping materials.
6. Place the mattress on the bed frame and secure as necessary.
7. Compressed mattresses need time to properly recover. Allow the mattress to recover for 24 hours before using.
8. After 24 hours, the mattress is ready to use. If after 24 hours the mattress does not appear to have properly recovered, **DO NOT USE MATTRESS** and immediately contact the distributor.

NOTE: Always make sure the "Foot End" label of the mattress is positioned at the foot end of the bed.

Generator and Transfer Switch Records

A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available.

ANY TOWN NURSING HOME

Emergency Generator – Weekly Inspection Checklist

											Comments/Corrective Actions
Date of inspection	9/18/08	9/25/08	10/2/08								
Inspection performed by	JJS	JJS	JJS								
General condition of prime mover/generator	OK	OK	OK								
Condition of belts & hoses	OK	OK	OK								
Engine oil level	OK	OK	OK								Checked with engine stopped
Lube oil heater	OK	OK	OK								
Coolant level	OK	OK	OK								
Water pump	OK	OK	OK								
Jacket water heater	OK	OK	OK								
Radiator	OK	OK	OK ¹								¹ (10/2/08) Cores need cleaning - Done
Electrical/Generator breaker closed	OK	OK	OK								
Battery system:	OK ¹	OK	OK								¹ (9/18/08) Topped off electrolyte Normal = 1250 Reads less than 1 amp
Electrolyte level	OK	OK	OK								
Charger	OK	OK	OK								
Exhaust system	OK	OK	OK								¹ (9/25/08) – ½ full, fuel added
Fuel system:	OK	OK	OK								
Fuel supply level	OK	OK ¹	OK								
Tank vent(s)	OK	OK	OK								

Emergency Generator – Monthly Test Log

Date installed: July 21, 2003

Standby kW nameplate rating: 600 kW 30% of standby rating = 180 kW Fuel type: Diesel Normal operating temp: 180° to 200° F

[illegible]

PASS	N/A	NEEDS ATTN.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. GENSET CONTROLS AND ACCESSORIES

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. MAIN ALTERNATOR
-------------------------------------	--------------------------	--------------------------	---------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. FUEL SYSTEM
Main tank fuel level: <input type="text" value="3/4"/> Second Main tank fuel level: <input type="text" value="Na"/>			
Day tank fuel level: <input type="text" value="Na"/>			
Fuel pressure: <input type="text" value="Na"/> Running: <input type="text" value="Na"/> Loaded: <input type="text" value="Na"/>			

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. INTAKE AND EXHAUST SYSTEMS
-------------------------------------	--------------------------	--------------------------	--------------------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. ENGINE AND LUBRICATION SYSTEM
-------------------------------------	--------------------------	--------------------------	---

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. GENERATOR OPERATIONS
-------------------------------------	--------------------------	--------------------------	--------------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. LUBRICATION OIL AND FILTRATION SERVICE
-------------------------------------	--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. TRANSFER SWITCH / SWITCHGEAR
Measure and record utility / source one voltage: <input type="text" value="212 Vac"/>			

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. SYSTEM OPERATIONAL TEST
Genset test without load, load test not permitted by: <input type="text" value="4hr load bank"/>			
Record engine and load data:			
Oil pressure:	<input type="text" value="35"/>	Oil Temperature:	<input type="text" value="253"/>
Battery Voltage:	<input type="text" value="14.3"/>	Engine speed:	<input type="text" value="1803"/>
Coolant press:	<input type="text" value="Na"/>	Blowby flow:	<input type="text" value="Na"/>
Genset Voltage:	<input type="text" value="209"/>	Genset freq/Hz	<input type="text" value="60.1"/>
Current:			
A:	<input type="text" value="641"/>	B:	<input type="text" value="638"/>
Load kW:	<input type="text" value="232"/>	Load kVA:	<input type="text" value="Na"/>
C:	<input type="text" value="643"/>	Load kVAR:	<input type="text" value="Na"/>
Coolant temp: <input type="text" value="200"/>			
Exhaust temp: <input type="text" value="863"/>			
LTA temp: <input type="text" value="Na"/>			
Load PF: <input type="text" value="Na"/>			
Duration system test: <input type="text" value="4 hr load bank"/> Minutes			

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. SITE PRE-DEPARTURE VERIFICATION
Comments: 66659 RLA 6-12-19 Loaded and drove to site. Completed full service as per above documentation. Waited for load bank to show up. Completed for our load bank. Please see attached quote to drain and replace engine coolant and to replace engine air filter. No other problems found. Completed all paperwork and continue to next site.			

Cummins OneBMS US Charlotte NC 28241	TECHNICIAN NAME:	TECHNICIAN SIGNATURE:	DATE:
	CUSTOMER NAME:	CUSTOMER SIGNATURE:	DATE:

Diesel Generator Load Calculation (NFPA 110)

Amps: L1 _____ + L2 _____ + L3 _____ = Amps \div 3 = _____ Avg Amps

Avg Amps: _____ x Volts: _____ x 1.732 (for 3ph) \div 1000 = _____ Load KW

Load KW: _____ \div Name Plate KW: _____ = _____ % of Name Plate KW

If final KW calculation is greater than 30% of name plate value = "Pass"

If final KW calculation is less than 30% of name plate value = "Fail"

Example:

Amps: L1 50 + L2 49 + L3 51 = Amps \div 3 = 50 Avg Amps

Avg Amps: 50 x Volts: 480 x 1.732 (for 3ph) \div 1000 = 41 Load KW

Load KW: 41 \div Name Plate KW: 250 = 16 % of Name Plate KW

If final KW calculation is greater than 30% of name plate value = "Pass"

If final KW calculation is less than 30% of name plate value = "Fail"

Note: 1 Kiloampere = 1000 Amps



Sales and
Service

LOAD BANK TEST DATA FORM

CUSTOMER DETAILS	
CUSTOMER:	DATE: 6-14-19
ADDRESS:	SERVICE ORDER #:
SITE NAME:	FA JOB ID:
CONTACT NAME:	TECHNICIAN:
ASSET NAME: CUMMINS 250	CONTACT EMAIL:
	CONTACT TEL:
SECONDARY PRODUCT DETAILS:	
PRODUCT MANUFACTURER: ONAN : GEN SET	MANUFACTURER:
PRODUCT MODEL: DFAC	MODEL:
PRODUCT SERIAL: K920490618	SERIAL:
PROD HOURS / MILES / KM: 251	HOURS / MILES / KM:

KW: 250	FUEL LEVEL START:
PHASE:	FUEL LEVEL END:
HERTZ:	HOURS BEFORE:
VOLTAGE:	HOURS AFTER:
TEST PURPOSE:	

MIN	TEST TIME	HOURMETER	KW LOAD	% LOAD	VOLTAGE PHASE 1	VOLTAGE PHASE 2	VOLTAGE PHASE 3	AMPERAGE PHASE 1	AMPERAGE PHASE 2	AMPERAGE PHASE 3	GEN FREQ	AMBIENT TEMP	OIL PRESS	OIL TEMP	WATER TEMP	EXHAUST TEMP	FUEL PRESSURE
START	12:00	251	76.1	30	209.4	209.9	210.3	209.3	209.7	210.2	60.1	76	35	178	170	525	Na
	12:15		142	57	211.0	211.2	212.1	387.2	388.7	388.9	60.1	78	35	218	175	641	Na
	12:30		141	57	210.5	210.8	211.5	387.2	387.5	388.0	60.1	78	35	208	180	681	Na
	12:45		141	57	210.0	210.9	212.5	387	387	388	60.1	78	35	208	180	675	Na
	1:00		141	57	212.6	210.5	211.2	385	386	387	60.1	78	35	209	180	684	Na
	1:15		171	68	209.3	210.4	211.5	467	468	470	60.1	80	35	225	180	7749	Na
	1:30		171	68	209.9	210.5	211.5	467	469	471	60.1	80	35	227	180	755	Na
	1:45		198	79	209.0	210.0	211.0	543	547	550	60.2	82	35	234	180	805	Na
	2:00		198	79	209.1	209.9	210.8	543	547	550	60.2	82	35	238	180	809	Na
	2:15		210	84	209.3	210.4	211.5	549	545	548	60.1	82	35	238	180	812	Na
	2:30		210	84	209	210	211	549	545	549	60.1	82	35	237	190	821	Na
	3:00		210	84	209	210	211	551	547	549	60.2	84	35	237	190	809	Na
	3:15		210	84	208.8	209.9	210.9	580	577	580	60.2	84	35	242	190	826	Na
	3:30		221	88	208.8	209.8	210.9	608	607	611	60.2	84	35	249	190	843	Na
	3:45		232	93	208.5	209.6	210.8	641	638	643	60.2	84	35	253	200	859	Na
	4:00	255	232	93	208.6	209.6	210.9	640	639	643	60.2	84	35	254	200	863	Na
END																	

COMMENTS:

Cummins OneBMS US Charlotte NC 28241	TECHNICIAN NAME:	TECHNICIAN SIGNATURE:	DATE: 6-14-19
	CUSTOMER NAME:	CUSTOMER SIGNATURE:	DATE:

Interior Finish Documentation:

- Inspection:
 - Hoods shall be inspected monthly with date noted on log sheet.
 - Semiannually – maintenance and inspection for cleaning shall be conducted.
- Records:
 - Documentation shall be retained for the duration of the product in the facility.
- Product Information Sheet:
 - Floors
 - Description
 - Product Specifications
 - Physical Properties
 - Fire Hazard Classification:
 - Fire Rating: ASTM E-84 or ANSI/UL 723
 - Flame Spread: 25
 - Smoke Developed: 20
 - Walls
 - Description
 - Product Specifications
 - Physical Properties
 - Fire Hazard Classification:
 - Fire Rating: See Chapter 10, Table 10.2 of NFPA 101 for the appropriate test method which will define the Flame Spread and Smoke Developed standards.

Interior Finish Documentation

Documentation shall be retained for the duration of the product in the facility.

GET IN TOUCH - 800-405-2971



Type II Wallcoverings

Basketweave
(/category/basketweave-ii-18.aspx)

Contemporary
(/category/contemporary-ii-42.aspx)

Damask
(/category/damask-ii-36.aspx)

Floral (/category/floral-commercial-wallcovering-63.aspx)

Geometric
(/category/geometric-ii-14.aspx)

Grasscloth
(/category/grasscloth-ii-17.aspx)

Leather (/category/leather-22.aspx)

Linen (/category/linen-ii-16.aspx)

Marble & Stone
(/category/marble-stone-ii-20.aspx)

Metallic
(/category/metallic-44.aspx)

Patty Madden
(/category/patty-madden-49.aspx)

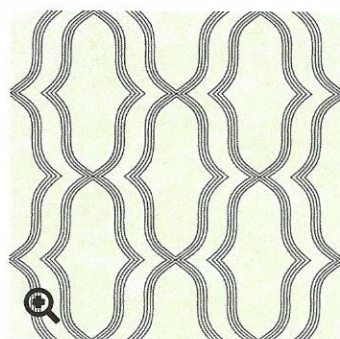
Rugged Texture
(/category/rugged-texture-ii-40.aspx)

Silk Texture
(/category/silk-texture-ii-43.aspx)

Solids (/category/solids-ii-21.aspx)

Stripe & Stria
(/category/stripes-tria-ii-19.aspx)

Wood (/category/wood-wallcoverings-58.aspx)



(/IMAGES/PRODUCT/BLACK-OFF-WHITECOMMERCIAL-GEOMETRIC-WALLCOVERING-BTFO-L.JPG)

LOGIN (/REGISTER.ASPX?REGID=LOGIN&RETURNURL=%2FPRODUCT%2FBLACK-OFF-WHITE-COMMERCIAL-GEOMETRIC-WALLCOVERING-9480.ASPX)

REGISTER (/REGISTER.ASPX?REGID=REGISTER&RETURNURL=%2FPRODUCT%2FBLACK-OFF-WHITE-COMMERCIAL-GEOMETRIC-WALLCOVERING-9480.ASPX)

TRACK ORDER STATUS (/ORDER-STATUS.ASPX) | WISHLIST (/WISH-LIST.ASPX)

Search



(https://www.yoi...)

Black & Off White Commercial Geometric Wallcovering

Type II Wallcoverings

Bold Finishes Commercial Vinyl (Page no: 1) (/wallpaper-collection/bold-finishes-commercial-vinyl-1086.aspx)

For pricing, please Login or Register

REGISTER (/REGISTER.ASPX?REGID=REGISTER&RETURNURL=%2FPR

Login (/Register.aspx?RegId=Login&ReturnUrl=%2Fproduct%2Fblack-off-v



(/product/basketweave-ii-18.aspx) (/product/blue-off-white-commercial-geometric-wallcovering-9480.aspx) (/product/blue-off-white-commercial-geometric-wallcovering-9481.aspx) (/product/blue-off-white-commercial-geometric-wallcovering-9482.aspx)

ORDER SAMPLE FOR \$5.



CALCULATE ROLLAGE (./WALLPAPE

Description:

Black & Off White Commercial Geometric Wallcovering. This is a black & off white colored commercial wallcovering. Packaged and sold in 30-yard bolts only. (Please note that is wallcovering is made to order. Samples take one week to be made and cut. Production time for actual orders: 2-3 weeks)

Product Specifications:

- Pattern #: CW-82000-TP-02
- Pattern Name: Black & Off White Commercial Geometric Wallcovering

Physical Properties:

- Finish: Non Woven
- Match: Straight Match
- Paper Attributes: Strippable, Washable, Un-pasted
- Repeat Length: 10.4 in
- Roll Length: 1 Linear Yard (Packaged and sold in 30-yd bolts)
- Roll Width: 54 in
- Weight and Type: Type II 20 Oz
- Fabric Backing: No

Fire Hazard Classification:

- Fire Rating: ASTM E-84
- Flame Spread: 25
- Smoke Developed: 20

Portable Fire Extinguishers Records

Where monthly manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist.

Fire extinguishers inspected via electronic monitoring, whereby the extinguisher causes a signal at a control unit when a deficiency occurs, shall provide record keeping in the form of an electronic event log at the control panel. Where electronically monitored systems are employed for inspections, records shall be kept for fire extinguishers found to require corrective action.

Records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed.

Fire Extinguisher Locations

1. Classroom (top left)

2. Classroom (top left)

3. Classroom (top left)

4. Classroom (top left)

5. Classroom (top left)

6. Classroom (top left)

7. Classroom (top left)

8. Classroom (top left)

9. Classroom (top left)

10. Classroom (top left)

11. Classroom (top left)

12. Classroom (top left)

13. Classroom (top left)

14. Classroom (top left)

15. Classroom (top left)

Monthly Fire Extinguisher Inspections

January 2019

EXTINGUISHER	Date	By	Pass	Fail	Comments
EXTINGUISHER 1	01/15/19	JD	X		
EXTINGUISHER 2	01/15/19	JD	X		
EXTINGUISHER 3	01/15/19	JD	X		
EXTINGUISHER 4	01/15/19	JD	X		
EXTINGUISHER 5	01/15/19	JD	X		
EXTINGUISHER 6	01/15/19	JD	X		
EXTINGUISHER 7	01/15/19	JD	X		
EXTINGUISHER 8	01/15/19	JD	X		
EXTINGUISHER 9	01/15/19	JD	X		
EXTINGUISHER 10	01/15/19	JD	X		
EXTINGUISHER 11	01/15/19	JD	X		
EXTINGUISHER 12	01/15/19	JD	X		
EXTINGUISHER 13	01/15/19	JD	X		
EXTINGUISHER 14	01/15/19	JD	X		
EXTINGUISHER 15	01/15/19	JD	X		

Range Hood System Records

At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. Records shall be retained for the period between the semiannual maintenance inspections.

At least semiannually, maintenance and inspection for cleaning shall be conducted. Records shall be retained for a period of 1 year after the next required maintenance and inspection for cleaning.

Monthly Range Hood Extinguishing System Inspections

Month	Date	By	Pass	Fail	Comments
January	01/15/19	JD	X		
February	01/15/19	JD	X		
March	01/15/19	JD	X		
April	01/15/19	JD	X		
May	01/15/19	JD	X		
June	01/15/19	JD	X		
July	01/15/19	JD	X		
August	01/15/19	JD	X		
September	01/15/19	JD	X		
October	01/15/19	JD	X		
November	01/15/19	JD	X		
December	01/15/19	JD	X		



Bismarck, ND

Work Site #: [REDACTED]		Service Ticket #: ST00145192	
Name of Facility: [REDACTED]		Installation/Service Report Date: 01/23/2020	
Street Address: [REDACTED]		Time In: 08:40pm	Time Out: 09:40am
		Last Maintenance Date: 2019-07-23	
City: [REDACTED]	State: ND	Zip: 58366	Last Maintained By: [REDACTED]
Auth. Contact: [REDACTED]	Phone: [REDACTED]	System 1 of 1	System location: Kitchen
Suppression System Type		Panel Type (electrical only)	
Manufacturer: Ansul	Model: R102	Manufacturer:	Serial #: Rev #:
Type of Agent: Wet Agent	Serial #: S248192	Model:	

Water flow connection:		Waterline union above system tank:		Lockable valve accessible?				
Water flow pressure	PSI	Tamper Switch Functions:	Gas shutdown	Electrical appliance shutdown	Alarm	Forced exhaust	Makeup air	Other

[illegible][illegible][illegible]

Plenum 2 Duct 2 Range 2 Griddle 2 Fryer 2 Broiler _____ Up. Broiler _____ Chain Broiler _____
Salamander _____ Wok _____ Tilt _____ Skillet _____ Kettle _____ Pizza Oven _____ Other _____

DETECTION DATA							
Mechanical/ Electric/Pneumatic	# of Detectors	Temp of Detector	Type of Detector	Links/Tubing # Replaced	Operates Release	Detector Housing Model	Damage/ Corrosion
Mechanical	7	360	Link	7	Pass	Series	No



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REMOTE RELEASE DATA							
Mechanical/ Electric/Pneumatic	Manufacturer	Operable?	Height from Floor (Inches)	At Pt. of Egress	Distance from Hood (Feet)	Damage/ Corrosion	
Mechanical	Ansul	Pass	46	Pass	15	No	
GAS VALVE DATA							
Mechanical/ Electric/Pneumatic	Manufacturer	Size (Inches)	Location	Manual Reset Relay	Operable	If no, why?	Damage/ Corrosion
ELECTRICAL FUNCTIONS							
Function	Micro/ Pressure	Switch Operates	Breaker/ Relay	Breaker/Relay Location		Damage/ Corrosion	
Alarm	Micro	Yes	Relay			No	
Appliances	Micro	Yes	Breaker	RM 510		No	
M.U.Air	Micro	Yes	Breaker	RM 510		No	
Exhaust	Micro	Yes	Breaker	RM510		No	
NOTIFICATION/ANNUNCIATION							
Alarmed	Dials Out or Local	Signals Received	Building Fire Panel Location	Monitoring Company	Monitor Co. Phone #	Account # and password	System Normal
Yes	Dials	Yes	Electrical	1-888-746-7539			Yes
System/Hazard Inspection			Yes/No/NA	Comments			
1.	Blow off caps replaced / Nozzle seals?		No				
2.	Filters installed and in good condition?		Yes				
3.	System installed utilizing good construction practices?		Yes				
4.	Hood penetrations sealed with UL listed device?		Yes				
5.	Hazard changes?		No				
6.	System installed per manufacturer specifications?		Yes				
7.	System complies with all local codes and standards?		Yes				
8.	System meets UL300 listing?		Yes				
9.	System red tagged?		No				
10.	Proper hand portable extinguisher near hood & serviced?		Yes				

Comments:

System tested ok

Lead			
2nd			

Nardini Fire Technician

Customer / Authorized Agent - Printed Name

Customer / Authorized Agent - Signature

Inspection and Cleaning of Kitchen Exhaust Systems

Service Company ABC Hood Cleaning		Date of Service 1-7-2020	Time 9:00 PM
		Name of Technician Print: [Redacted]	Last Service Date 7-15-19
Name: [Redacted]		Fuel Type <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other	
		Cooking Volume <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low	
Address: [Redacted] City: [Redacted]		Hood Manufacturer: Halifax	Model # PSP HP 848
Phone: [Redacted] Fax: [Redacted] Store # [Redacted]		Cooking Equipment <input checked="" type="checkbox"/> Griddles <input type="checkbox"/> Deep fat fryers <input type="checkbox"/> Woks	
Owner/Mgr: [Redacted]		<input checked="" type="checkbox"/> Stoves <input type="checkbox"/> Other <input type="checkbox"/> Other	

Cleaning shall be conducted in accordance with the manufacturers maintenance manual. As a minimum, such cleaning shall consist of the following:

Mark appropriate box: All "NO" answers shall be explained in Comments.

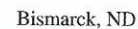
Semiannual inspection or as needed	Yes	No	NA
Filters are in place?	✓		
Filters listed?	✓		
Wash cycle working?			✓
Wash nozzles clear?			✓
Fire suppression nozzles clear?	✓		
Fan tips and is accessible?	✓		
Safe access to fan?	✓		
Exhaust fan is operable?	✓		
Adequate number of access panels?	✓		
Entire system interior accessible for cleaning?	✓		
Ecology Unit cleaned?	✓		
Ecology Unit deficiencies?	✓		
Entire system cleaned in accordance with applicable codes?	✓		
Photos taken?	✓		

Comments:

Recommended Cleaning Frequency 2 per year.

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes or the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

[Redacted Signature]	1-7-2020	11:00 PM	[Redacted Signature]
Technician Stamp	Date	Time	Owner or Authorized Agent





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REMOTE RELEASE DATA						
Mechanical/ Electric/Pneumatic	Manufacturer	Operable?	Height from Floor (Inches)	At Pt. of Egress	Distance from Hood (Feet)	Damage/ Corrosion
Mechanical	Ansul	Pass	46	Pass	15	No

GAS VALVE DATA						
Mechanical/ Electric/Pneumatic	Manufacturer	Size (Inches)	Location	Manual Reset Relay	Operable	Damage/ Corrosion

ELECTRICAL FUNCTIONS					
Function	Micro/ Pressure	Switch Operates	Breaker/ Relay	Breaker/Relay Location	Damage/ Corrosion
Alarm	Micro	Yes	Relay		No
Appliances	Micro	Yes	Breaker	RM 510	No
M.U.Air	Micro	Yes	Breaker	RM 510	No
Exhaust	Micro	Yes	Breaker	RM510	No

NOTIFICATION/ANNUNCIATION						
Alarmed	Dials Out or Local	Signals Received	Building Fire Panel Location	Monitoring Company	Monitor Co. Phone #	System Normal
Yes	Dials	Yes	Electrical	1-888-746-7539		Yes

System/Hazard Inspection		Yes/No/NA	Comments
1.	Blow off caps replaced / Nozzle seals?	Yes	
2.	Filters installed and in good condition?	Yes	
3.	System installed utilizing good construction practices?	Yes	
4.	Hood penetrations sealed with UL listed device?	Yes	
5.	Hazard changes?	No	
6.	System installed per manufacturer specifications?	Yes	
7.	System complies with all local codes and standards?	Yes	
8.	System meets UL300 listing?	Yes	
9.	System red tagged?	No	
10.	Proper hand portable extinguisher near hood & serviced?	Yes	

Comments:

System pass

Lead			
2nd			

Nardini Fire Technician Customer / Authorized Agent – Printed Name Customer / Authorized Agent - Signature

Inspection and Cleaning of Kitchen Exhaust Systems

Service Company ABC Hood Cleaning		Date of Service 7-15-19	Time 8:30 PM
		Name of Technician Print: [REDACTED]	
Name: [REDACTED] Address: [REDACTED] City: [REDACTED] Phone: [REDACTED] Fax: [REDACTED] Store #: [REDACTED] Owner/Mgr: [REDACTED]		Last Service Date 1-12-19	
		Fuel Type <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other	
Hood Manufacturer: Halifax		Cooking Volume <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low	
		Model #: PSP HP 848 Serial #: [REDACTED]	
Cooking Equipment <input checked="" type="checkbox"/> Griddles <input type="checkbox"/> Deep fat fryers <input type="checkbox"/> Woks		<input checked="" type="checkbox"/> Stoves <input type="checkbox"/> Other <input type="checkbox"/> Other	

Cleaning shall be conducted in accordance with the manufacturers maintenance manual. As a minimum, such cleaning shall consist of the following:

Mark appropriate box: All "NO" answers shall be explained in Comments.

Semiannual inspection or as needed	Yes	No	NA
Filters are in place?	✓		
Filters listed?	✓		
Wash cycle working?			✓
Wash nozzles clear?			✓
Fire suppression nozzles clear?	✓		
Fan tips and is accessible?	✓		
Safe access to fan?	✓		
Exhaust fan is operable?	✓		
Adequate number of access panels?	✓		
Entire system interior accessible for cleaning?	✓		
Ecology Unit cleaned?	✓		
Ecology Unit deficiencies?	✓		
Entire system cleaned in accordance with applicable codes?	✓		
Photos taken?	✓		

Comments:

Recommended Cleaning Frequency 2 per year.

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes or the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
<div style="background-color: black; width: 100%; height: 20px;"></div>	7-15-19	10:30 PM	<div style="background-color: black; width: 100%; height: 20px;"></div>
Technician Stamp	Date	Time	Owner or Authorized Agent

Range Hood Systems:

- Inspection of UL300 Kitchen Range Hood:
 - Monthly - Hoods shall be inspected per manufacturer's listed installation and maintenance manual or the owner's manual.
 - Semiannually – The range hoods automatic extinguishing system must be serviced and inspected for cleaning.
- Records:
 - The date of the inspection and the initials of the inspector shall be kept on record.
 - Monthly Records shall be retained for the period between the semiannual maintenance inspections.
 - Semiannual Records shall be retained for a period of 1 year after the next required maintenance and inspection for cleaning.
- Inspection Sheets: These are usually provided by the company doing the inspection.
 - Wet Agent Fire Suppression System Inspection and Testing Report.
 - Work Site #
 - Name of facility
 - Street Address
 - City – State and zip code
 - Authority Contact and phone number
 - Date – Time in and time out
 - Last maintenance date and performed the maintenance
 - Manufacturer
 - Type of Wet Agent
 - Control/Release Data
 - Expellant Gas Line
 - Tank/Cylinder Data
 - Nozzles
 - Detection Data
 - Remote Release Data
 - Gas Valve Data
 - Electrical Functions
 - Notification/Annunciation
- Inspection and Cleaning of Kitchen Exhaust Systems
 - The extinguishing system is in its proper location.
 - The manual actuators are unobstructed.
 - The tamper indicators and seals are intact.
 - The maintenance tag or certificate is in place.
 - No obvious physical damage or condition exists that might prevent operation.
 - The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.
 - The nozzle blow-off caps, where provided, are intact and undamaged.
 - Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.
 - If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.
 - A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.