



7503919

## Inspection and Service Report

## Account

Return Visit required? Yes  No 

Account <u>Foodies On Board</u>	Date <u>07/17/2020</u>
Contact <u>Ken Ou</u>	Start Time <u>16:00h</u> End Time <u>20:00h</u> Total Hours <u>4.0</u>
Technician(s) <u>Alex Collins</u>	Canopy Manufacturer <u>N/A</u>
Address Line 1 <u>Unit A - 3290 Production Way</u>	Model No <u>N/A</u> Serial No <u>N/A</u>
Address Line 2 _____	Fuel: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other
City <u>Burnaby</u> Province <u>BC</u> Postal Code <u>V5A 4R4</u>	Cooking Volume <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low
Phone <u>(778) 682-0388</u>	Cooking Equipment: <input checked="" type="checkbox"/> Griddles <input checked="" type="checkbox"/> Deep Fat Fryers <input type="checkbox"/> Woks
Mobile Phone <u>(778) 682-0388</u>	<input checked="" type="checkbox"/> Stoves <input type="checkbox"/> Other

## Kitchen Ventilation System Report

## Filters Replaced

All service and cleaning shall be conducted in accordance with the manufacturer's maintenance manual. As a minimum, such service and cleaning shall consist of the following: Mark appropriate box: All FAIL answers shall be explained in Comments.

Exhaust fan operational before and after service	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Appliances operational before and after service	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Adequate number of filters and spacers (no gaps)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Filters UL/C Listed and undamaged	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
There are no holes in the canopy	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Exhaust fan and access panels safe to access	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Gaskets on cleanouts in good condition	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Exhaust fan has proper hinge kit	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Entire system interior accessible for cleaning	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Fire suppression system in compliance	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Fire suppression nozzles clear	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
K-Class fire extinguisher present	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Appliance gas pilots lit on service completion	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Final inspection inspection, service tag attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Before and after photos taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## PCU / Ecologizer / Ultra Violet Exhaust System

System operational prior and after service	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired
Filters checked for damage and clogging	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> NA <input type="checkbox"/> Repaired
UV (Ultra Violet) Lamps operational	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> NA <input type="checkbox"/> Repaired
UV (Ultra Violet) Lamps Cleaned or Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Qty _____
UV (Ultra Violet) Hours of Service Recorded	Hrs _____

Pleat Filters	FQ _____
Full Size	<input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Half size	<input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Depth	_____
Hepa (Bag) Filters	FQ _____
Full Size	<input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Half size	<input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Length	_____
Final Stage Filters	FQ _____
Full Size	<input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Half size	<input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Other Filters	FQ _____
Size	20
Qty	4
Size	_____
Qty	_____
Exhaust Fan Belt Replaced	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Belt size 4L240	

Comments \*\*\* Next service due on or before January 16, 2021 \*\*\*

Scheduled cycle 2 Recommended cycle 4 p/yr

I state that the information on this service report stood correct at the time and place of my inspection. All equipment was serviced and tested where possible in conformance with the National and/or Provincial Fire Code and left in operational condition upon completion of this inspection. Any equipment not operable after service will be detailed in the notes section of this report.

Owner/Authorized Agent: Ken Ou Date: Sep 02, 2020

RFPT Technician Stamp and Signature