



7503919

Inspection and Service Report

Account	Return Visit required? Yes <input checked="" type="checkbox"/> 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
<i>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.</i>	
Exhaust fan operational before and after service <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Pleat Filters FQ _____
Appliances operational before and after service <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Full Size <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
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	Half size <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Filters UL/C Listed and undamaged <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Depth _____
There are no holes in the canopy <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Hepa (Bag) Filters FQ _____
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	Full Size <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Gaskets on cleanouts in good condition <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Half size <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Exhaust fan has proper hinge kit <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Length _____
Entire system interior accessible for cleaning <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Final Stage Filters FQ _____
Fire suppression system in compliance <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Full Size <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
Fire suppression nozzles clear <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Half size <input type="checkbox"/> Yes <input type="checkbox"/> No Qty _____
K-Class fire extinguisher present <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Other Filters FQ _____
Appliance gas pilots lit on service completion <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Size <u>20</u>
Final inspection inspection, service tag attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Qty <u>4</u>
Before and after photos taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Size _____
PCU / Ecologizer / Ultra Violet Exhaust System	Qty _____
System operational prior and after service <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/> Repaired	Exhaust Fan Belt Replaced
Filters checked for damage and clogging <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> NA <input type="checkbox"/> Repaired	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UV (Ultra Violet) Lamps operational <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> NA <input type="checkbox"/> Repaired	Belt size <u>4L240</u>
UV (Ultra Violet) Lamps Cleaned or Replaced <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Qty _____	
UV (Ultra Violet) Hours of Service Recorded <u>Hrs</u>	

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