



**Fire-Pro Fire Protection Ltd.**  
**#15 - 3871 North Fraser Way**  
**Burnaby, BC V5J 5G6**

**Service Sheet**

Date: 01/01/2015

Order Number: 939575

Status:

**Bill To:**

GEORGE PEARSON CENTRE  
C/O VANCOUVER COASTAL HEALTH  
700 WEST 57TH AVENUE  
VANCOUVER, BC V6P 1S1

**Site Location:**  **PO Required?:** Yes  **PO #:** 10010-0624738

GEORGE PEARSON CENTRE  
700 WEST 57TH AVENUE  
VANCOUVER, BC

Business   
Fax

Mobile   
Other

Business   
Fax

Mobile   
Other

Bill Contact:

Site Contact:

4 NODE SIMPLEX SYSTEM, LONG TERM CARE FACILITY; 514 ACTIVATION DEVICES, 247  
COMMUNICATION DEVICES; SPRINKLER SYSTEMS DONE BY ANOTHER COMPANY.

Site Notes

**Technical:** Residential? (Y or N):  Commercial? (Y or N):   
Key #  Panel: SIMPLEX Model: 4100 Zones:   
Lock Box #:  Panel Location:   
Monitoring:   
System:  Addl Tech Notes:   
Passcode:

Work Requested: CLASS: Kitchen-82

**ANNUAL KITCHEN INSPECTION; LINKS/NOZZLES EXTRA**

Work Performed: Primary Tech: UNASSIGNED Secondary Tech: Service Date/Time:

**Service Check List Please check and update if required**

FA System & Components: <input type="checkbox"/> Y	Fire Pump Flow? Run? & No.: <input type="text"/>	Hydrant Service & No.: <input type="text"/>
Communication: <input type="checkbox"/> Y	Ingeren System & No.: <input type="text"/>	Generator Load Bank: <input type="text"/>
Sprinkler Systems & No.: <input type="checkbox"/> Another company	Generator: <input type="text"/>	Backflow Preventor & No.: <input type="text"/>
Dry Sprinkler Wtz & No.: <input type="checkbox"/> Another company	Fire Hoses & No.: <input type="text"/>	Smoke Control System: <input type="text"/>
Sprinkler Pipe Valves & No.: <input type="text"/>	Insuite Devices & No.: <input type="text"/> Y-247	FX/EML/HOSES Test Hrs: <input type="text"/>
Emergency Lighting & No.: <input type="text"/> Y-10	Monthly Testing Hrs: <input type="text"/>	Fire Safety Plan Req'd/Update?*: <input type="text"/>
Portable FX & No.: <input type="text"/> Y-185	Kitchen System: <input type="text"/>	Annual Test Hours: <input type="text"/> 38HRS X 2

Authorized Amount to Complete Repairs (during Annual Inspection):

System(s) Left Operational: ( )

System Requires Further Services: ( )

\* If FSP Req'd or Update, report as deficiency.

For Technician Use Only:

Work Performed:

Date	Initials	Reg Hrs	OT Hrs	Arrived on Site	Left Site
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Hrs over

Issue (Please check)

Access  Trbleshooting  Repairs  Other(pls explain)

If you require more space for notes, please use any space below