

SERVICE / VERIFICATION REPORT

128 E. 10th Avenue, New Westminster, BC, V3L 4R6
Office: 604-520-7759 • Cell: 778-772-8989
Fax: 604-520-7769

24 HOUR EMERGENCY 604.642.7413



Customer Name: Tapestry at Wesbrook		Store #	
Address: 3338 Wesbrook Mall UBC			
City: Vancouver		Postal Code:	
Phone:		Fax:	
Owner/Mgr/Contact Name:		Phone:	
Kidde Manufacturer	WHDR-400M x2 Model #	Recharge/ 6 Year	2009 Date of MFG
Fuse Link 360 Qty: x6	Fuse Link 450 Qty:	Fuse Link 500 Qty: x3	Other Type/ Temp Qty:
Plenum(s): Qty & Size(s) -20 + -10 x2		Ducts: Qty & Size(s) -50 x 6	

Date of Maintenance: Apr 23/2014	
Best Date & Time for Service: 6:00 am	
<input checked="" type="checkbox"/> Service Maintenance	<input checked="" type="checkbox"/> Wet Chemical
<input type="checkbox"/> Verification	<input type="checkbox"/> Dry Chemical
<input type="checkbox"/> Installation	<input checked="" type="checkbox"/> Other: <input type="checkbox"/> Semi-Annual
Location of System Cylinders and Qty: Kitchen(2)	
Fuel Shut Downs:	Size
Solonoid Gas Valve: <input type="checkbox"/>	Electrical Fueled Appliances: <input checked="" type="checkbox"/>
Mechanical Gas Valve: <input checked="" type="checkbox"/>	Electrical Controlled Appliances: <input checked="" type="checkbox"/>
Control Head	
Model # XV	Qty of Micro SW x3

☒ Yes ☐ No Technicians certified by the Manufacturer
☐ Yes ☐ No If No, have you advised the owner that your not being certified may affect his/her insurance or warranty of the system.
☒ Yes ☐ No Maintenance shall be conducted in accordance with applicable codes and the manufacturers maintenance manuals.

TITL SKILLSET	STOCKPOT	WOK	FRYER	GRIDDLE	RANGE	BROILER			
						RADIANT	ROCK	SALAMANDER	CHAIN
1	1		1	1	2	1		1	

- | | YES | NO | N/A | | YES | NO | N/A |
|--|-----|----|-----|---|---------|-----|-----|
| 1. System installation to ULC/ORD-C1254.6-1995 | YES | | | 17. Is System Connected to Building Fire Alarm | YES | | |
| System installation to NFPA - 17 | NA | | | Is Alarm Monitored? | Y | | |
| 2. All appliances properly covered w/correct nozzles | Y | | | Is System Connected to Local Bell | NO | | |
| 3. System piping installed in accordance w/mfg ULC listing | Y | | | 18. Check Alarm Connection | Y | | |
| 4. All systems penetrations into canopy or duct work are sealed | Y | | | 19. Did Exhaust fans continue to run? | Y | | |
| with an approved liquid tight device for fire system | Y | | | 20. Reset and Re-arm Fire Suppression System | Y | | |
| 5. Piping and conduit are securely bracketed | Y | | | 21. If Filtered Hood, Are all Filters Installed | Y | | |
| 6. All Protective Caps on Nozzles in Place | Y | | | 22. On Site Inspection Tag | NO | | |
| 7. Detectors installed in accordance to Manufacturer Specifications | Y | | | Non Compliance Tag | Y | | |
| 8. Permission to Shut Down Appliances | Y | | | 23. Properly Rated for Fire Extinguishers | Y | | |
| 9. System Control Head Activated from Terminal Detector? | Y | | | 24. Systems Cyl(s) TC Approved | Y | | |
| 10. Check Travel of Cable nuts / S-Hooks | Y | | | 25. Cylinder Serial # : | Y | | |
| 11. Cylinder Pressure Gauge in Proper Range (If Gauged) | Y | | | 26. Cartridge Weight: | 235gm | | |
| 12. Check System Activation | Y | | | 27. Chemical Cylinder Pressure: | PSI/KPA | 175 | |
| 13. Check Manual Pull / Remote Pull Operation & Location | Y | | | 28. Discrepancies: (See Comments) NO | | | |
| 14. Test Control Heads | Y | | | | | | |
| 15. Did the fuel Shut-down (Gas/Electric) of all Protected Appliances? | Y | | | | | | |
| 16. Did the Electrically Operated Devices (Controls/Lights/MUA) Shut-down? | Y | | | | | | |

COMMENTS:

Inspection & Service

Emergency Lights:			
Type:	QTY	Battery Year	Service Date
6 Volt			
12 Volt			
Fire Extinguishers:			
Type:	QTY	MFG / Hydro	Location
K Class			
5 lb ABC			
10lb ABC			

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 and the manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

G. Epp	# 4	FP0302	
Technician	Employee #	Astt #	Owner or Authorized Agent

The customer hereby acknowledges receipt of this report. Including notice of discrepancies, and acknowledges that he has read and understood this entire report including notice of discrepancies, if any.

Great West Fire
3807 William Street
Burnaby BC V5C 3J1
Phone: 604.570.0062

INVOICE



Fire Pro Fire Protection
#15 -3871 North Fraser Way
Burnaby BC V5J 2G6

COPY

Invoice #:	15504
Date:	April 22, 2014
Amount Due CAD:	\$283.50
PO #:	935771

Item	Description	Unit Cost (\$)	Quantity	Price (\$)
S-SemiAnn-Tandem	Tandem	100.00	1	100.00
P-FusibleLink	Fusible Link: 165-360 or 400-550 degree	12.00	9	108.00
P-FoilSeal	Foil Seal for Nozzle	4.00	3	12.00
TruckCharge:Misc	Early start	50.00	1	50.00
<p>NOTES: Tapestry Westbrook mall UBC Vancouver</p> <p>OK'd Ext'n Acct No Amt GST Paid</p>				
				Subtotal: 270.00
				GST(#86541 2803 RT0001) - 5%: 13.50
				Total: 283.50
				Amount Paid: -0.00
				Balance Due CAD: \$283.50
<p>Standard Terms: Payment requested within 30 days of receipt of invoice. An interest rate of 2% per month will be applied on overdue accounts.</p>				