Fire Suppression Services, Inc.

3802 South 2300 East
Salt Lake City, Utah 84109-3421
Contractor License No. 92-252208-5501
801.277.6464 • 800.273.6465 • 801.278.2199 - FAX

24765

DATE 1/16/2018

BILLING
Ocean Market
5651 South 1900 West
Roy, Utah 84067

JOB SITE
Ocean Market
5651 South 1900 West
Roy, Utah 84067

	Billing	Job Site
PHONE		Anna Han
FAX		801-518-4501
CONTACT		Eugene
DIRECT #		

SALESMAN : Heath
EE # 61931
E-MAIL : Eugene888@Live.com

	WET SYSTEM		DRY CHEM SYS		ALARMS		INSTALLATION
X	WATER SPRINKLER		EMER LIGHTING		CLEAN AGENT	X	TIME & MATERIALS
	EXTINGUISHERS		STEAM CLEAN		EMERGENCY	X	REPAIR

	ANNUAL
	SEMI-ANNUAL
	QUARTERLY
	MONTHLY

TANK DATE	CARTRIDGE TYPE	CARTRIDGE DATE

Mileage One-Way
Drive Time One-Way 0 H 00 Min
TIME 0:00

		UNIT PRICE	NON TAX	TAXABLE
	Tuesday, January 16, 2018	$ -	$ -	$ -
	SCOPE OF WORK: WATER SPRINKLER INSPECTION	$ -	$ -	$ -
		$ -	$ -	$ -
1	ANNUAL - WET FIRE SPRINKLER INSPECTION	$ 185.00	$ 185.00	$ -
2	ANNUAL - BACKFLOW PREVENTOR INSPECTION	$ 65.00	$ 130.00	$ -
		$ -	$ -	$ -
1	LOCAL FIRE MARSHALL REPORTING FEE	$ 25.00	$ 25.00	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
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		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
1	TRANSPORTATION	$ 45.00	$ -	$ -
	HAZARDOUS MATERIAL DISPOSAL CHARGE			$ -

	DUE WHEN	LAST COMPANY	NUMBER ON PROPERTY
EXTINGUISHER			
EM / EX LIGHTING			
HOOD CLEANING			
RISER			

CODE
REFILE **Jan-19**

8% MISCELLANEOUS MATERIALS, INSURANCE, ETC.	$ 27.20	$ -
SUBTOTAL	$ 367.20	$ -
TRANSPORTATION		$ 45.00
Non-Taxable Total		$ 367.20
Taxable Sales		$ -
SALES TAX		$ -
Freight		$ -
Handling		$ -

I, RECEIPT OF COPY: CUSTOMER ACKNOWLEDGES RECEIPT OF COPY AND THAT HE UNDERSTANDS ALL OF THIS AGREEMENT AND PARTICULARLY PARAGRAPHS 1,2,3,4 AND 5 ON THE REVERSE WHICH SETS FORTH COMPANY'S MAXIMUM LIABILITY. THE SYSTEM'S HAVE BEEN SERVICED IN ACCORDANCE WITH NATIONAL FIRE PROTECTION STANDARDS AND CODES OR CURRENT MFG. SERVICE REQUIREMENTS AND DOES NOT CERTIFY THE DESIGN AND / OR THE INSTALLATION CRITERIA.

RECEIVED IN GOOD ORDER AND ACCEPTED

Net 15 Days

○ Cash
○ Check
○ Credit

WORK AUTHORIZATION NUMBER #28117
PURCHASE / WORK ORDER NUMBER

BY X

BUYER SHALL PAY SELLER FOR THIS PURCHASE

TOTAL $ 412.20

TIMES ARE CORRECT AND JOB COMPLETED SATISFACTORILY

CLAIMS WILL NOT BE HONORED AFTER TEN (10) DAYS FROM DATE OF SERVICE.

INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS. 3% PER MONTH MINIMUM BILLING OF $35.00

"THIS INVOICE IS ALSO YOUR STATEMENT"

THANK YOU

F.S.S.

Fire Suppression Services, Inc.

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(801) 277-6464 Fax (801) 278-2199
(800) 273-6465

WORK AUTHORIZATION

JOB NO: 28117

DATE: 1/16/17

SALESMAN: [illegible]

CUST. P.O.: _____

INVOICE: _____

JOB Ocean Market
5651 S. 1900 W.
Roy, UT. 84067

DESCRIPTION OF WORK Annual Inspection

PERSON TO CONTACT AT JOB SITE

T & M ☐ CONTRACT ☐ AMOUNT $

(1) Annual. Wet Fire Sprinkler Inspection
(2) Annual. Backflow Prevention Inspection (1½" PVB)

SUBSISTENCE AND MILEAGE _____

SUBCONTRACTS AND MISC. _____

REMARKS: _____

WORK AUTHORIZED BY X Senby Lu

NAME (PRINTED) _____

TITLE _____

SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE

Fire Suppression Services, Inc.

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Mail Report To: Ocean Market
5651 South 1900 West
Roy, Utah 84067

Date: 1/16/2018
Location:
Inspector: Heath Dangerfield
Contact on Job: Eugene Han

1. **GENERAL**

	YES	N/A	NO
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a minimum of 18" clearance between the top of storage and the sprinkler defect?	X		
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind spaces, attics, and perimeter areas, where accessible?	X		
e. Do all exterior openings appear to be protected against freezing?	X		
f. Does the hand hose on the sprinkler system appear to be satisfactory?		X	
g. Could the owner provide copies of as-built drawings?			X
h. Is hydraulic data placard in place?			X

i. When was systems Last 5 year inspection? 1/11/2017

j. Type of system?

WET	X	DRY		DELUGE	

k. Type of inspection?

Annual	X	Semi-Annual		Quarterly	

2. **CONTROL VALVES** (See Item 14)

	YES	N/A	NO
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked or sealed or equipped with a tamper switch?	X		
c. Were all control valves exercised?	X		
d. Were all underground valves accessible?	X		

3. **WATER SUPPLIES** (See Item 15)

	YES	N/A	NO
a. Was a water flow test of main drain made at the sprinkler riser?	X		

4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**

	YES	N/A	NO
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire dept connections in satisfactory condition, couplings free, caps in place, and check valves tight?	X		
c. Are they accessible and visible?	X		

5. **WET SYSTEMS**

	YES	N/A	NO
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?		X	
b. Have antifreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	

d. Antifreeze Solution FREEZING POINT =

F'	F'	F'	F'

e. Location of antifreeze systems?

Remarks:

6. **DRY SYSTEMS** (See Item 10 to 13)

	YES	N/A	NO
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacture's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested?		X	
d. Is the air or nitrogen supply in service?		X	
e. Were low points drained during this inspection?		X	
f. Did quick-opening devices operate satisfactorily?		X	
g. Did the dry valve trip properly during the trip pressure test?		X	
h. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?		X	
I. Has oil been checked in air compressor?		X	
j. Has condensation been drained from air compressor tank?		X	

7. **SPECIAL SYSTEMS** - as defined in Section 1-3 (See Item 14)	YES	N/A	NO
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	

8. **ALARMS**			
a. Did the water motor gong or outside bell test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory devices operate during testing?	X		

d. Monitoring Co. TYCO Code _____

ITV location: South West Corner of Building Water-flow Response Time: 43 Seconds

9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			X
b. Are sprinklers less than 50 years old? (Sample testing required after 50 years)	X		
c. Is stock of spare sprinklers available?	X		
d. Is spare head wrench available?	X		
e. Does the exterior condition of sprinkler system appear to be satisfactory?	X		
f. Temperature. Are sprinklers of proper temperature ratings for their locations?	X		

10. Date Dry-Pipe Valve trip tested (control valve partially open)*		X	
11. Date Dry-Pipe Valve trip tested (control valve fully open)*		X	
12. Date quick-opening devices tested*		X	
13. Date Deluge or Pre-action Valve tested*		X	

*See Trip Test Table which follows.

TRIP TEST TABLE

	Dry Valve			Quick opening device					
	Make	Model	Serial #	Make	Model	Serial #			
DRY PIPE									
OPERATING TEST	Air Compressor On: / Off:	Time to trip thru test pipe: Minutes	Seconds	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time water reached test outlet: Min	Sec.	Alarm operated properly? Yes / No
	Without QOD								
N/A	With QOD								
	If no, explain:								

	Operation: Pneumatic Electric Hydraulic								
	Piping supervised? Yes No			Detecting media supervised? Yes No					
	Does valve operate from the manual trip and /or remote control station? Yes No								
DELUGE & PREACTION VALVE	Is there an accessible facility in each circuit station? Yes No				If no, explain:				
	Make	Model	Does each circuit operate supervision loss alarm?			Does each circuit operate valve release?		Maximum time to operate release?	
N/A			Yes	No		Yes	No	Min. / Sec.	

14. **SPECIAL SYSTEMS**

Control Valves	Number	Type	Open	Secured	Closed	Signs	Exercised
City connection control valves	1	GATE				X	X
Tank control valves							
Pump control valves							
Sectional control valves							
System control valves	1	BFV	X	X	X	X	X
Other control valves							

15. **EQUIPMENT**

a. Make & model number of sprinkler valve: Viking model E-1 4" inch

b. Type of heads: V2708 155° chrome pendant, Viking model M 286° 3/4" inch brass upright

c. Type of canopies: 401 white

16. **MAIN DRAIN TEST AT SPRINKLER RISER**

Water supply source City [X] Tank [ ] Pump [ ] PSI [N/A]

Last water	Date	Test pipe location	Size Test Pipe	Initial Pressure	Static Pressure	Residual Pressure
Flow test	1/11/2017	Riser	2" inch	85	85	75
This water	Date	Test pipe location	Size Test Pipe	Initial Pressure	Static Pressure	Residual Pressure
Flow test	1/16/2018	Riser	2" inch	85	85	75

a. Did water pressure return to normal with in 90 seconds?..... [X] Pass [ ] Fail

17. **Explain any "NO" answers & comments:** In Korean Bowl Restaurant, when new ceiling was installed fire sprinkler coverage was never adjusted, need to drop four (4) pendant heads into ceiling. Fire panel is not sounding horn strobes when alarm is activated, need to have alarm technician come troubleshoot problem.

18. **Adjustments or corrections made during this inspection:**

19. **Although these comments are not the result of an engineering review, the following desirable improvements are recommended:**

Signature: Heath Dangerfield Date: 1/16/2018

Utah State License Number: 61931

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Service # # 28117
Date 1/16/2018

BACKFLOW ASSEMBLY TEST FORM

Job Site: Ocean Market, 5651 South 1900 West, Roy, Utah 84067

Make	Watts
Model	LF800M4
Size	1/2" inch
Serial Number	00728

Replacement: | Existing: | New:

Location Of Assembly:
Assembly Connected To What Equipment:

Type Of Protection		Type Of Assembly	
Irrigation		SVB	
Domestic		PVB	X
Individual		DC	
Containment	X	RP	
Fire Protection		DDC	

	CHECK VALVE #1	CHECK VALVE #2	DP RELIEF VALVE	SVB & PVB AIR INLET
INITIAL TEST	PSI Across 2.4	PSI Across	Opened @ PSI	Opened @ 1.7 PSI
	Close Tight X	Close Tight	Close Tight	Close Tight X
	Leaked	Leaked	Did Not Open	Did Not Open
			Leaked	Leaked

REPAIRS	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed
	Disk		Disk		Disk Diaphragm		Air Inlet Disk	
	Spring		Spring		Spring			
	Guide		Guide		Guide		Air Inlet Spring	
	Seat		Seat		Seat			
	O-Rings		O-Rings		O-Rings			
	All Parts		All Parts		All Parts		All Parts	
	OTHER		OTHER		OTHER		OTHER	
	Describe:		Describe:		Describe:		Describe:	

FINAL TEST	PSI Across	PSI Across	Opened @ PSI	Opened @ PSI
	Close Tight	Close Tight	Close Tight	Close Tight
	Leaked	Leaked	Did Not Open	Did Not Open
			Leaked	Leaked

Assembly Passed Date : 1/16/2018 Failed Date :

Comments:

Initial Test By : Heath Dangerfield
Repaired By : Date :
Final Test By :

TEST KIT INFORMATION

Make Of The Test Kit	Mid-West Instrument
Model :	845
Serial Number :	05081169
Calibration Date :	6/7/2013

Facility Representative: Eugene Han
Back Flow
Inspectors Signature : Heath Dangerfield
Ut. Inspectors Number : #08065
Inspectors Number : #45-01369
I Certify the above has been performed and I am aware of the final performance

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Service # # 28117
Date 1/16/2018

BACKFLOW ASSEMBLY TEST FORM

Job Site: Ocean Market, 5651 South 1900 West, Roy, Utah 84067

Make	Watts
Model	LF800M4
Size	1/2" inch
Serial Number	29948

Type Of Protection		Type Of Assembly	
Irrigation		SVB	
Domestic		PVB	X
Individual		DC	
Containment	X	RP	
Fire Protection		DDC	

Replacement
Existing
New

Location Of Assembly
Assembly Connected To What Equipment

	CHECK VALVE #1	CHECK VALVE #2	DP RELIEF VALVE	SVB & PVB AIR INLET
INITIAL TEST	PSI Across 2.1	PSI Across	Opened @ PSI	Opened @ 1.4 PSI
	Close Tight X	Close Tight	Close Tight	Close Tight X
	Leaked	Leaked	Did Not Open	Did Not Open
			Leaked	Leaked

REPAIRS	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed
	Disk		Disk		Disk Diaphragm		Air Inlet Disk	
	Spring		Spring		Spring			
	Guide		Guide		Guide		Air Inlet Spring	
	Seat		Seat		Seat			
	O-Rings		O-Rings		O-Rings			
	All Parts		All Parts		All Parts		All Parts	
	OTHER		OTHER		OTHER		OTHER	
	Describe:		Describe:		Describe:		Describe:	

FINAL TEST				
	PSI Across	PSI Across	Opened @ PSI	Opened @ PSI
	Close Tight	Close Tight	Close Tight	Close Tight
	Leaked	Leaked	Did Not Open	Did Not Open
			Leaked	Leaked

Assembly Passed Date : 1/16/2018 Failed Date :

Comments:

Initial Test By : Heath Dangerfield
Repaired By : Date :

Final Test By :

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Make Of The Test Kit	Mid-West Instrument
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I Certify the above has been performed and I am aware of the final performance