Fire Suppression Services, Inc.

26617



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

DATE 2/25/2019

Coopers 2309 Washington Boulevard Ogden, Utah 84401					J O B — s — s	Coopers 2309 Washingto Ogden, Utah 84	on B	oulevard						
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PHONE	Billir	ıy	80	Job Site 1-528-5131	1	SALESMAN:	Х	ANNUAL SEMI-ANNUAL		DATE	-	TYPE	1 D	ATE
FAX				1-528-5134		61931		QUARTERLY	-		\dashv			
CONTACT	Tony Cro	owson		Steve		E-MAIL:		MONTHLY						
DIRECT#				Robert			Crowson	@yahoo.com						
	WET SYSTEM WATER SPRINKL	E0		DRY CHEM SYS EMER LIGHTING	X	ALARMS ANTI FREEZE		INSTALLATION		Mileage One-V		0110011	TIME	
			EMERGENCY		TIME & MATERIALS REPAIR		Drive Time One-		0 H 00 Min NON TAX		:00 (ABLE			
							onday	, February 25, 201	9	\$ -	\$		\$	-
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1	INSPECT	TION O	FANN	IUNCIATOR -	HONE.	YWELL				\$				
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3	DUCT DE									\$				
3	TAMPER	VALVE	S						1	\$				
1	WATERF	LOW S	SWITC	H -						\$				
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	RESTOR	ED SY	STEM	TO NORMAL						\$				
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1	TRANSP	ORTAT	ION							\$				
HAZARDOU	S MATERIAL	DISPOS	AL CHAI	RGE										
	34	DUE W	/HEN	LAST COMPANY	NUMB	ER ON PROPERTY		3% MISCELLANEOUS MATERIAL	S. INSI	JR/				
EXTING	UISHER						CODE		1	-				
100000000000000000000000000000000000000									-	_				
EM / EX L	IGHTING.													
HOOD C	LEANING						REFIL	Е	-	_				
BIG	SER							Feb-20						
		CKNONVCC	Ee prèss	LOE CORY HIS THE	LINDSOSS	DE ALL CETTAL ASSESSMENT	T 1105:-		Turs	_				
WHICH SETS FOR	TH COMPANYS M	AXIMUM LIAB	LITY. THE		RVICED IN A	CCORDATICE WITH NATIONA TERIA.	L FIRE FRO	CULARLY PARAGRAPHS 1,2,3,4 AND 5 ON ECTION STANDARDS AND CODES OR CU CLAMS WILL NOT BE HONORED AFTER	RRENT M	F				
Net 15	5 Days	Wor	K AIITL	HORIZATION NUM		IN GOOD ORDER AND	ACCEPTED	# 30	176					
1100 10	24,5			VORK ORDER N				# 30		-				
O Cash O Check	ζ	вух												
O Credit				BUYI	ER SHAL	L PAY SELLER F	OR THIS	PURCHASE						
INTEREST WILL B	E CHARGED ON O	VERDUE ACC	CUNTS	3% PER MONTH				MINIMUM BILLING OF \$35.00						



Fire Suppression Services, Inc.

3802 South 2300 East Salt Lake City, Utah 84109-3421 (801) 277-6464 Fax (801) 278-2199 (800) 273-6465

WORK AUTHORIZATION

JOB NO: 30176

DATE: 2/25/2019

SALESMAN: Each Hyazion

CUST. P.O.: _____

INVOICE:	JOB CONFOR'S SPORTS BAR! GRILL
	2309 WASHINGTON BUD.
	OGDEN, UT 84401
DESCRIPTION OF WORK ALMAN INSPECTION	
PERSON TO CONTACT AT JOB SITE	T & M ☑ CONTRACT ☐ AMOUNT \$
	BR & GM HAD System PLACED ON
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TOSOED NOSTE	44 T 10001
PROPLACED PANEZ	•
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MATERIALS	
(1) 12V BAL RETTORY	
SUBSISTENCE AND MILEAGE	
SUBCONTRACTS AND MISC.	
REMARKS:	
	WORK AUTHORIZED BY X
	NAME (PRINTED) Struction
	TITLE GOLD / Mancing on Subject to TEAMS AND CONDITIONS ON REVERSE SIDE

Fire Alarm Inspection Report

This form is to be completed by the system inspection and testing contractor at the time of the system test. It shall be permitted to modify this form as needed to provide a more complete and/or accurate record. Insert N/A in all unused lines. Attach additional sheets, data, or calculation as needed to provide a complete record.

1. Property Information							
Property Name:	Cooper's Sport	s Bar & Grill		Sprinkled:	Yes		
Property Address:	2309 Washingto	on Blvd. Oden, l	Jt. 84401				
Inspection Date:	Feb 25, 2019	Time:	10:00 AM	Compliant / Deficient:	COMPLI	ANT	
	Initial/ Acceptance	Annual	Semiannual	Quarterly	Monthly	Weekly	
Inspection Type:		~					
2. Inspection & Testing Contr	ractor	ar sa Santa					
Company Name:	Fire Suppression	n Services					
Company Address:	3802 S. 2300 E.	Millcreek, Ut. 84	4109				
Company Phone:	801-277-6464						
3. Central Station Monitoring	Information						
Monitoring Company:	Denco						
Company Phone:	1-801-627-2720						
Monitoring Account #:	N/A						
Transmission Format:	NA						
Entity Alarms Are Retransmitted:	Ogden City Fire	Department		Phone:	NA		
4. Notifications Made Prior To	Testing						
Monitoring Organiztion:	Contact: Denco			Time;	10:30 AM		
Building Management:	Contact:	Steve Trujillo		Time:	N/A		
Building Occupants:	Contact:	N/A	/	Tíme:	N/A		
Authority Having Jurisdiction:	Contact: N/A			Time:	N/A		
5. Description of System Or S	Service						
5.1 Control Panel(s)							
Manufacturer:	Honeywell		Model:	Ademco Vista 32-FB	Quantity:	1	
Location:	Water heater/ Re	oof Access Roo	m				
Means Of Transmission:	Pots		Primary Lin	e Connected To Panel:	N/A		
Primary (Main) Power:	120Vac		Secondary Li	ne Connected To Panel:	NA		
Over Current Protection Type:	Circuit Breaker	Disconnec	t Location:	N/A	Amps:	20	
Secondary Power:	Battery	Standby Mo	ode (Hours):	24	Alarm (Minutes):	5	
5.2 Remote Power Panel(s)							
Manufacturer:	INA		Model:	N/A	Quantity:	N/A	
Location(s):	N/A		Modell	TAY.	Gddinty.	III	
Over Current Protection Type:	N/A	Disconnec	t Location:	NA	Amps:	N/A	
Secondary Power:	N/A		ode (Hours):	N/A	Alarm (Minutes):	N/A	
occording to the control of the cont		Ottaliaby inc	ado (riodio).	TVA	Alartii (illiitates).	INA	
Manufacturer:	N/A		Model:	N/A	Quantity:	N/A	
Location(s):	N/A						
Over Current Protection Type:	N/A	2.00	t Location:	N/A	Amps:	NVA	
Secondary Power:	N/A	Standby Mo	de (Hours):	N/A	Alarm (Minutes):	N/A	
5.3 Annunciator(s)							
Manufacturer:	Honeywell			Model:	N/A		
Annunciator Location(s):	Front Entry			Quantity:	1		

6.1 Control Panel And Related Equi	pment			de la constant		
		spection		nal Test		
Description	(Pass)	(Fail)	(Pass)	(Fail)	N/A	Comments
Control Unit			~			
Lamps/LEDs/LCDs	~					
Fuses	~		'			
Trouble Signals						
Disconnect Switches	~					
Ground-fault			~			
Supervision		1 447	~			
Local annunciator	~			4.6		
Remote annunciators	~		~			
Remote power panels				1	N/A	
6.2 Secondary Power						
	Visual Inspection		Function	nal Test		
Description	(Pass)	(Fail)	(Pass)	(Fail)	N/A	Comments
Battery Condition	~		~			
Load Voltage	~		~			z
Discharge Test	~		~			
Charger Test	~		~			2000 10-
Remote Panel Batteries	/		~			
6.3 Auxiliary Functions	50.4					
	Visual Ir	spection	Function	nal Test		
Description	(Pass)	(Fail)	(Pass)	(Fail)	N/A	Comments
Door Releasing					N/A	y
Door Unlocking					N/A	
Elevator Recall					N/A	
Elevator Shunt Trip					N/A	
HVAC Shutdown					N/A	
6.4 Supervising Station Signal Rece	pipts					
Description	Yes	No	NVA	Time		Comments
Alarm Signal						
Alarm Restoration						
Trouble Signal						
Trouble Restore						
Supervisory Signal						

6.5 Public Emergency Alarm Report	ling System										
Description	No	N/A	Time	Co	Comments						
Alarm Signal											
Alarm Restoration	\ \rangle										
Trouble Signal											
Trouble Restore											
Supervisory Signal											
Supervisory Restore											
6.6 Alarm & Supervisory Alarm Initia	ating Device	(Supplem	ontary	Sheet Attache	d) Yes		No	T			
				Silect Attache	a) les		110				
6.7 Notification Appliances (Supple	mentary She	et Attache	d)		Yes	~	No				
6.8 Interface Equipment (Suppleme	Attached)		164 18578	Yes		No	1				
7. Notifications That Testing Is Com	plete			1777-1777-188		(Comments				
Monitoring Organization:			Time:	11:00 AM			-				
Building Management:	ujillo		Time:	11:10 AM							
Building Occupants:			Time:	N/A		/					
Authority Having Jurisdiction:	N/A			Time:	N/A						
Other (Specify)	N/A			Time:	N/A						
8. Device Counts											
Alarm Devices		Quantity	N/A	No	otification Devices		Quantity	NA			
Photo Smoke Detectors		0	N/A	Bells			0	N/A			
Ion Smoke Detectors		0	N/A	Horns			0	NA			
Photo Smoke/ CO Detectors		0	N/A	Horn/Strobes			4				
Photo Smoke/ Heat Detectors	S	0	N/A		Strobes		0	NA			
Pull Stations		0	N/A		Speakers		0	NA			
Heat Detectors		0	N/A		Speaker/Strobes		0	NA			
Duct Detectors		3		Low Fr	equency Horn/Strol	oes	0	NA			
Tamper Valves		3			Sounder Bases		0	N/A			
Water Flow Switches		1		Other Devices	(Specify)						
Temperature Switches		0	N/A					NA			
Pressure Switches		0	N/A					WA			
Sync Modules	0	N/A					N/A				
		0	N/A					WA			
Monitor Modules Control Relays		0	N/A					NA			

11. System Restored To No	rmal Operation				
Date:	Feb 25, 2019	Time:	9:45 AM		
12. Inspection Report Note:	s, Comments & Recommen	dations			
					A
				1	
	7,				
		1 - 12			
13. Certification			e alla a la proper de		
Signature:	Mass Em	Printed Name:	Zach Hagblom	Date:	Feb 25, 2019
Organization:	Fire Suppression Services	Title:	Alarm Technician	Phone:	801-793-8937
Qualifications:	AE-248		Н		
14. Defects Or Malfunctions	Not Corrected At Conclus	ion of System Ins	spection		
15. Acceptance by Owner o	r Owner's Representative				
Signature:	A 99	Printed Name:	Steve Trujillo	Date:	Feb 25, 2019
Organization:	Cooper's Sports Bar & Grill	Title:	General Manager	Phone:	1-801-915-8302
~ · Juimanioni	ber should man or suith			1	

Location:	FACP										
Туре:	Sealed Lead	Sealed Lead Acid									
Nominal Voltage:	12	12									
Amp/Hour Rating:	8	8									
Quantity:	1										
Co	mments		Pass	Fail	N/A	Notes					
Visual Inspection:	N	ew	~			Replaced 02/25/2019					
Voltage Reading:	New	N/A	~			N/A					
Amp/Hour Reading:	New	N/A	~			N/A					
Location:	N/A										
Туре:	N/A										
Nominal Voltage:	N/A										
Amp/Hour Rating:	N/A										
Quantity:	N/A										
Co	Comments		Pass	Fail	N/A	Notes					
Visual Inspection:	N	/A	~			N/A					
Voltage Reading:	N/A	N/A	~			N/A					
Amp/Hour Reading:	N/A	N/A	~			N/A					
Location:	N/A										
Туре:	N/A										
Nominal Voltage:	N/A										
Amp/Hour Rating:	N/A										
Quantity:	N/A					/					
Cor	mments		Pass	Fail	N/A	Notes					
Visual Inspection:	N	/A	~			N/A					
Voltage Reading:	N/A	N/A	~			N/A					
Amp/Hour Reading:	N/A	N/A	~			N/A					
Location:	N/A		and Ormanica continues and seconds								
Type:	NVA					Sina spen					
Nominal Voltage:	N/A										
Amp/Hour Rating:	N/A										
Quantity:	N/A	-									
Cor	nments		Pass	Fail	N/A	Notes					
Visual Inspection:	N	'A			N/A	N/A					
Voltage Reading:	N/A	N/A			N/A	N/A					
		1		the second state of the second second	The state of the s						

Zone/ Address	Device Type	Location	Device Quantity	Vis (Pass)	ual (Fail)	Func (Pass)	tional (Fail)	N/A	Note #
Zone 1	Duct Detector	Roof Top Units	3	V		·			
Zone 2	Water Flow	Fire Riser	1	~		~			
Zone 3	Tamper Valve	Fire Riser	3			/			
Zone 4	Kitchen Hood	Hoods	2	~		/			
								N/A	
								NA	
								N/A	
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								N/A	
								N/A	
								N/A	1.7
								N/A	
								N/A	
Device			9						

Appliance Type	Location	Device Quantity	Vis (Pass)	ual (Fail)	Funct (Pass)	ional (Fail)	N/A	Note
Horn/Strobes	Kitchen & Dining	4	~		~			
							N/A	
							N/A	
							N/A	
							N/A	
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