## 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

	801-528-5134   EE # 61931     Tony Crowson   Steve   E-MAIL :     Robert   Tony Crowson   Steve   E-MAIL :     WET SYSTEM   DRY CHEM SYS   X   ALARMS     WATER SPRINKLER   EMER LIGHTING   ANTI FREEZE     EXTINGUISHERS   BACKFLOW   EMERGENCY				Coopers 2309 Washington	Boul	evard				
				- s	Ogden, Utah 8440						
N				- ;							
G				E			TANK		CART	RIDGI	
DUONE	Billing		NAME OF THE PARTY	Х	ANNUAL		DATE		TYPE		DATE
PHONE					SEMI-ANNUAL	+-					
CONTACT	Tony Crowson			-	QUARTERLY MONTHLY	-				_	
DIRECT#	Tony Crowson	100000000000000000000000000000000000000		rowson	@yahoo.com	+-					
	WET SYSTEM	21/20/2/2020/00			INSTALLATION	Mile	age One-Way			TIME	
		EMER LIGHTING	ANTI FREEZE		TIME & MATERIALS		Time One-Way	0 F	1 00 Min	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0:00
	EXTINGUISHERS	BACKFLOW	EMERGENCY		REPAIR	l	INIT PRICE	N	ION TAX		TAXABLE
			Mo	nday	, February 25, 2019	\$	121	\$	-	\$	-
						\$		\$		\$	-
	SCOPE OF WO	ORK: ANNUAL FIRE	ALARM INSPECTION			\$	# <b>#</b> 5	\$	***	\$	
1	INSPECTION C	OF ALARM SYSTEM	- HONEYWELL ADEMO	CO VIS	STA 32-FB	\$	180.00	\$	180.00	\$	-
	0.00					\$	25.00	\$	25.00	\$	2
	MET WITH OW	NER AND GENERA	L MANAGER TO HAVE	THE	SYSTEM BE	\$	7 <u>2</u> 7	\$	(A)	\$	
	PLACE ON TE	ST WITH MONITORI	NG			\$		\$	150	\$	_ =
	TESTED THE I	FOLLOWING DEVI C	ES:			\$	=	\$	( <del>4</del> 0)	\$	
3	DUCT DETECT	FORS				\$	-	\$	(-)	\$	-
3	TAMPER VALV	/ES				\$	120	\$	2	\$	-
		name:				\$	(2)	\$		\$	
20.545	van weer early that the real party of the last					\$	1.50	\$	40.50	\$	<del>-</del>
20110						\$	4.50	\$	49.50	\$	
						\$		\$	-	\$	*
	RESTORED SY	STEM TO NORMAL				\$		\$	<u>=</u>	\$	¥
-	40.VOLT 0.484	2 DATTEDY				\$	53.50	\$	53.50	\$	-
11	12 VOLT 8 AIVII	BALLERY				\$	- 33.30	\$	-	\$	-
						\$		\$		\$	
	=======================================		<del></del>			\$	-	\$	_	\$	
_						\$	21	\$	2	\$	2
						\$	-	\$	- 1	\$	-
1	COMPLIANCE	ENGINE REPORTIN	G FEE			\$	30.00	\$	30.00	\$	-
						\$	(40)	\$	-	\$	-
						\$	(4))	\$	ω	\$	2
						\$	-	\$	2	\$	4
1	TRANSPORTA	TION				\$	35.00	\$		\$	_ = =
HAZARDOUS	MATERIAL DISPO	SAL CHARGE		1						\$	-
	DUE	WHEN LAST COMPANY	NUMBER ON PROPERTY		% MISCELLANEOUS MATERIALS, IN	ISURAN	CE, ETC.	\$	27.04	\$	-
EXTING	JISHER			CODE		S	UBTOTAL	\$	365.04	\$	5
EM / EX L	IGHTING					-	TRANSPO Non-Taxa			\$	35.00 365.04
HOOD CL	FANING			REFIL	E		Taxable	e Sales		\$	-
					Feb-20		SALE:			\$	2
RIS	ER				Feb-20		Hand			\$	-
HICH SETS FOR	TH COMPANY'S MAXIMUM LIA		RVICED IN ACCORDANCE WITH NATIONAL		CULARLY PARAGRAPHS 1,2,3,4 AND 5 ON THE ECTION STANDARDS AND CODES OR CURREN CLAIMS WILL NOT BE HONORED AFTER TEN	IT MFG.	EROM DATE OF SER	WCE			
10.00 410004	(Nesser	OE OE OF THE INDIP	RECEIVED IN GOOD ORDER AND AC	CEPTED		T	1491600	2 (1225 the 2		\$	400.04
Net 15		ORK AUTHORIZATION NUM			# 30170	5	TO	TAL		Ψ	-100.04
) c!	PURC	CHASE / WORK ORDER NU	JWREK			-					
O Cash O Check	ву х										
O Credit		A TORONTO AND	ER SHALL PAY SELLER FO	R THIS							
TEREST WILL BE	CHARGED ON OVERDUE A	CCOUNTS. 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

SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE

DATE: 2/25/2019
SALESMAN: Enc A Hyasian

	CUST. P.O.:
INVOICE:	JOB COUPER'S SPORTS BAR! GRILL
	2309 WASHINGTON BUD.
	OGDON, UT 84401
DESCRIPTION OF WORK ARM INSPECTION	
PERSON TO CONTACT AT JOB SITE	T & M ☑ CONTRACT ☐ AMOUNT \$
	2 & GM HAD System PLACED ON
2 2 Toot W/ montehn	٤
TOSTED ALL CONN	voctor ALARM Dovier
TOSTAD NOSTACE	7/02/
766000 PANEZ	BOTTGTON
& ROPLACED PANEZ	BATTERY
Rostand Sys-on	n TO NEORINA
MATERIALS	
(1) 12 V BAL RATION	
SUBSISTENCE AND MILEAGE	
SUBCONTRACTS AND MISC.	
REMARKS:	
	$\Lambda$
	WORK AUTHORIZED BY X
	NAME (PRINTED) Steve Trajello
	THE CORNERAL IN ANG COM

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	ts 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:		~				N.
2. Inspection & Testing Conti	ractor					
Company Name:	Fire Suppression	on 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:	N/A					
Entity Alarms Are Retransmitted:	Ogden City Fire	Department		Phone:	N/A	
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		Time:	N/A	
Authority Having Jurisdiction:	Contact:	N/A		Time:	N/A	
5. Description of System Or S	Service					
5.1 Control Panel(s)			±0.000.5)=3.500.000.000	Like the second property and the second		
Manufacturer:	Honeywell		Model:	Ademco Vista 32-FB	Quantity:	1
Location:	Water heater/ Re	oof Access Roo	m	•		
Means Of Transmission:	Pots		Primary Line	e Connected To Panel:	N/A	
Primary (Main) Power:	120Vac		Secondary Li	ne Connected To Panel:	N/A	
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:	N/A		Model:	N/A	Quantity:	N/A
Location(s):	N/A					
Over Current Protection Type:	N/A	Disconnec	t Location:	N/A	Amps:	N/A
Secondary Power:	N/A	Standby Mo	ode (Hours):	N/A	Alarm (Minutes):	N/A
Manufacturer:	N/A		Model:	N/A	Quantity:	N/A
Location(s):	N/A					
Over Current Protection Type:	N/A		t Location:	N/A	Amps:	WA
Secondary Power:	N/A	Standby Mo	ode (Hours):	N/A	Alarm (Minutes):	N/A
5.3 Annunciator(s)						
Manufacturer:	Honeywell			Model:	N/A	
Annunciator Location(s):	Front Entry			Quantity:	1	

1 Control Panel And Related Equi	ipment					
	Visual II	nspection	Function	onal Test		
Description	(Pass)	(Fail)	(Pass)	(Fail)	N/A	Comments
Control Unit	· / ,		~			
Lamps/LEDs/LCDs	~		~	122		
Fuses	~	5	~	4		
Trouble Signals	~	E	~			
Disconnect Switches	~	, ili	~			
Ground-fault	~		~	15		
Supervision	~	a de	· /	14.		
Local annunciator	V.	F	~			
Remote annunciators	✓ <sub>1</sub>		~			
Remote power panels					N/A	
6.2 Secondary Power						
	Visual Ir	spection	Function	nal Test		
Description	(Pass)	(Fail)	(Pass)	(Fail)	N/A	Comments
Battery Condition		132.1	~			
Load Voltage	~	0_4	~	Ш		
Discharge Test	~	1.51	1/2			
Charger Test	~		V.			
Remote Panel Batteries	~		~			
6.3 Auxiliary Functions						
	Visual Ir	spection	Function	nal Test		
Description	(Pass)	(Fail)	(Pass)	(Fail)	N/A	Comments
Door Releasing			557		N/A	
Door Unlocking					N/A	
			Aller a			
Elevator Recall					N/A	
Elevator Shunt Trip	- 1 -	1			N/A	
HVAC Shutdown			No.		N/A	
6.4 Supervising Station Signal Rece	eipts					
Description	Yes	No	N/A	Time		Comments
	~					
Alarm Signal						
Alarm Signal  Alarm Restoration	~					
	~					
Alarm Restoration						
Alarm Restoration Trouble Signal						

6.5 Public Emergency Alarm Report	ting System							
Description	Yes	No	N/A	Time	Co	mments	DO THE SECRET THE INVESTIGATION OF THE SECRET	
Alarm Signal		1137						
Alarm Restoration								
Trouble Signal								
Trouble Restore		-		-				
Supervisory Signal	-			-				
		550	-					
Supervisory Restore	¥							
6.6 Alarm & Supervisory Alarm Init	ating Device	(Supplem	entary	Sheet Attache	d) Yes	~	No	
6.7 Notification Appliances (Supple	ementary She	et Attache	d)		Yes	~	No	120
6.8 Interface Equipment (Suppleme	entary Sheet	Attached)			Yes		No	
7. Notifications That Testing Is Con				C	omments	Dis c		
Monitoring Organization:			Time:	11:00 AM				
Building Management:	Steve Tr	ujillo		Time:	11:10 AM			
Building Occupants: N/A				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.	tification Devices		Quantity	N/
Photo Smoke Detectors		0	N/A	Bells			Quantity	N/A
Ion Smoke Detectors		0	N/A		Horns		0	N/A
Photo Smoke/ CO Detector	5	0	N/A		Horn/Strobes		4	
Photo Smoke/ Heat Detector	rs	0	N/A		Strobes		0	N/
Pull Stations		0	N/A		Speakers		0	N/A
Heat Detectors		0	N/A		peaker/Strobes		0	N/A
		3		Low Fre	equency Horn/Strob	es	0	N/
Duct Detectors					Sounder Bases		0	N/A
Duct Detectors Tamper Valves		3		Other Designation	(Specify)			
		1		Other Devices	эреспу)		STREET, SQUARE, SQUARE	
Tamper Valves			N/A	Other Devices	эреспу)			N/A
Tamper Valves Water Flow Switches		1	N/A N/A	Other Devices	<b>Эреспу</b> )			-
Tamper Valves Water Flow Switches Temperature Switches		1		Other Devices	Эреспуу			N/A N/A
Tamper Valves Water Flow Switches Temperature Switches Pressure Switches		1 0 0	N/A	Other Devices	Эреспуу			N/A

13. Certification  Signature: Printed Name: Zach Hagbiom Date: Feb 25, 2019 Organization: AE-248  14. Defects Or Malfunctions Nat Corrected At Conclusion of System Inspection  15. Acceptance by Owner or Owner's Representative Signature: Printed Name: Steve Trujillo Date: Feb 25, 2019	11. System Restored To No					
13. Certification  Signature: Printed Name: Zach Hagbiom Date: Feb 25, 2019 Organization: AE-248  14. Defects Or Malfunctions Not Corrected At Conclusion of System Inspection  15. Acceptance by Owner or Owner's Bepresentative Signature: Printed Name: Steve Trujillo Date: Feb 25, 2019	Date:	Feb 25, 2019	Time:	9:45 AM		
Signature:  Organization: Fire Suppression Services Fire Suppression Services Title: Alarm Technician Phone: 801-793-8937  Qualifications:  AE-248  14. Defects Or Malfunctions Not Corrected At Conclusion of System Inspection  15. Acceptance by Owner or Owner's Representative Signature:  Printed Name: Steve Trujillo Date: Feb 25, 2019	12. Inspection Report Note	s, Comments & Recommen	dations			
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A		The state of the s	Printed Name:	Steve Truiillo	Date:	Feb 25, 2019
Organization: Cooper's Sports Bar & Grill Title: General Manager Phone: 1-801-915-8302	Organization:	Cooper's Sports Bar & Grill		General Manager		1-801-915-8302

Location:	FACP					
Type:	Sealed Lead	Acid				
Nominal Voltage:	12	ACIG				
Amp/Hour Rating:	8					
Quantity:	1					
	mments		Pass	Fail	N/A	Notes
Visual Inspection:		ew	· 405		107	Replaced 02/25/2019
Voltage Reading:	New	N/A				N/A
Amp/Hour Reading:	New	N/A	~	Ø		N/A
Location:	N/A					
Type:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	N/A					
Quantity:	N/A					
Co	mments		Pass	Fail	N/A	Notes
Visual Inspection:	N	/A	~	Y.		N/A
Voltage Reading:	N/A	N/A	~	7.0		N/A
Amp/Hour Reading:	N/A	N/A	~			N/A
Location:	N/A					
Туре:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	NA					
Quantity:	N/A					
Co	mments		Pass	Fail	N/A	Notes
Visual Inspection:	N	/A	~	Ti II		N/A
Voltage Reading:	N/A	N/A	~			N/A
Amp/Hour Reading:	N/A	N/A	~			N/A
Location:	N/A					
Type:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	N/A					
Quantity:	N/A					
Cou	mments		Pass	Fail	N/A	Notes
COI	1	//		1.1	N/A	N/A
Visual Inspection:	N	PA.				
	N/A	N/A		H	N/A	N/A

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	~	2	~	127		
Zone 2	Water Flow	Fire Riser	1	~		/			
Zone 3	Tamper Valve	Fire Riser	3			_			
Zone 4	Kitchen Hood	Hoods	2	~		~			
		110000				17.5		N/A	
				(0.7)				N/A	
-				7=1				N/A	
					E E			N/A	
-						1111		N/A	
								N/A	
-								N/A	
								N/A	
-					5.1	200	de IX	N/A	
-							407	N/A	
								N/A	
-								N/A	
								N/A	
				0.0		100		N/A	
				USE.	1000		in l		
								N/A	
								N/A N/A	
								-	
						200		N/A	
				7/ -	2.2		VI,III.	N/A	
					1	100		N/A	
								N/A	
				23		-		N/A	
						- 10	611	N/A	
								N/A	
								WA	
					715	not.		N/A	
								N/A	
						1.7		N/A	
					F			N/A	
								N/A	
								N/A	
							- 31	N/A	
								N/A	
								N/A	
Device Total:			9						

Appliance Type	Location	Device Quantity	Vis (Pass)	(Fail)	Func (Pass)	tional (Fail)	N/A	Note
Horn/ Strobes	Kitchen & Dining	4	~	腽	~			
				16		100	N/A	
							N/A	
							N/A	
				10.			N/A	
			i in	10	13		N/A	
					13.1	43	N/A	
			I.	E			N/A	
				100		2001	N/A	
			(58)		10		N/A	
			A	(A)	16		N/A	
						K-I	N/A	
			15.0	147	4		N/A	
							N/A	
							N/A	
							N/A	
				Call			N/A	
			122		120	10	N/A	
				ĥ.		2	N/A	
							N/A	
						30	N/A	
			100	21	20	12.5	N/A	
			13.		1 P		N/A	
			Ja.	3		Î.	N/A	
				E	(6)	i di	N/A	
						in	N/A	
				75		11	N/A	
			1-3			13	N/A	
			H	12	21		N/A	
				Æ	12		N/A	
			17	103	T.	16	N/A	
			H	741	11	1	N/A	
							N/A	
					Li		N/A	
							N/A	
				2.1	1	. 11	N/A	
				_ <u>#</u>	18	44	N/A	
				1//			N/A	
			13		1g	L	N/A	

Address	Appliance Type	Location	Device Quantity	Vis (Pass)	ual (Fail)	Funct		N/A	Neta
Address	Appliance Type	Location	Qualitity	(Pass)	(Fall)	(Pass)	(Fail)	N/A	Note
					2021	-		N/A	
								N/A	
								N/A	
								N/A	
					1			N/A	
			_					N/A	-
				2.5				N/A	
				41		1.5		N/A	
								N/A	
								N/A	
					1.0			N/A	
								N/A	
						17		N/A	
								N/A	
								N/A	
				17		1.5		N/A	
				IN THE	tien.		1	N/A	
							A.	N/A	
								N/A	
					19	70	11	N/A	
				E		Fig.		N/A	
						4	- 3	N/A	
				19		.579	H_	N/A	
						4		N/A	
					II,			N/A	
							- 5	N/A	
						J.		N/A	
							H.	N/A	
						Yes I		N/A	
				lij.				N/A	
				1	14	14	146	N/A	
				-		14		N/A	
								N/A	
				-		=	22	N/A	
					201	22		N/A	
								N/A	
								N/A	
						11.11	-	N/A	4 4 (17)
Device Total:			0						