



National Fire Protection Association (NFPA)
Kitchen Fire Protection System Form 1 of 3

Report of Automatic Sprinkler Systems
Inspection, Testing, and Maintenance of Kitchen
Systems

Inspector: [REDACTED] **SEMI-ANNUAL Inspection** **Date:** December 28, 2022 **Service Ticket #:** 184110

Site:	System Inspected:	Area:	Site Contact:
James J Peters VA Medical Center 130 West Kingsbridge Road, Bronx, NY, 10468	System # 66-079001 Type: Kitchen Panel:	Kitchen/Hood 1 Floor: 1 Building:	[REDACTED] [REDACTED] [REDACTED]

NOT_DISPLAY

Location of Kitchen Shunt Switch

Panel C by front serving line

Date Fusible Links Replaced

12/28/22 (6) 360degree. (1)Mechanical Pull Station

Renovation

N/A

Recharge

N/A

Fuel Shutdown

yes

Electric

YES

Gas

YES

Last Hydro Test Date

2016 refilled after a system release-Tank manufactured in 2010

How many tanks

2

Size of Tank 1

3 gal

Size of Tank 2

3 gal

Size of Tank 3

NA

COOKING APPLIANCE LOCATIONS FROM LEFT TO RIGHT:

Stove

Appliance

Fryer

NA

Griddle

NA

All appliances properly covered w/ proper nozzles

(2) New Pressure Cooker are NOT properly protected, (4)Discharge Nozzles need to be reconfigured to protected appliances.

NO

Duct & plenum covered w/ correct nozzles	YES
Check positioning of all nozzles	YES
System installed in accordance w/mfg. UL listing	YES
Hood.duct penetration sealed w/weld/UL device	YES
Check if seals intact, evidence of tampering	YES
If system has been discharge, report same	N/A
Pressure gauge in proper range (if gauged)	N/A
Check cartridge weight (if applicable)	YES
Hydrostatic test date	YES
6 years maintenance date	YES
Inspect cylinders and mount	YES
Operate system from terminal link	YES
Test for proper operation from remote	YES
Check operation from micro switch	YES
Check operation of gas valve	YES
Clean nozzles	YES
Proper nozzle covers in place	YES
Check Fuse Links and clean	YES
Replace fuse links	YES
Check travel of cable nut/s hooks	YES
Piping & Conduit securely bracketed	YES
Proper separation between fryers & flame	YES
Proper clearance flame to filters	YES
Exhaust fan in operating order	YES
All filters replaced	N/A
Fuel shut-off in on position	YES
Manual & remote set seals in place	YES
Replace system covers	N/A
System operational & seals in place	YES
Slave system operational	YES
Clean cylinder and mount	YES
Fan warning sign on hood	YES
Personnel instructed in manual operation	YES
20 BC Extinguisher mounted	YES
Portable extinguishers properly serviced	YES
Service & Certification tag on system	YES
Comments	

Customer Signature

Name [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022

Technician Signature

Name [REDACTED] [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022



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Site:	System Inspected:	Area:	Site Contact:
James J Peters VA Medical Center 130 West Kingsbridge Road, Bronx, NY, 10468	System # 66-079002 Type: Kitchen Panel:	Kitchen/Hood 2 Floor: 1 Building:	[REDACTED] [REDACTED] [REDACTED]

NOT_DISPLAY

Location of Kitchen Shunt Switch

Panel C by front serving line

Date Fusible Links Replaced

12/28/2022 (2)360degree. (1)Mechanical Pull Station

Renovation

N/A

Recharge

N/A

Fuel Shutdown

gas shut down reset push buttons at system control panel

Electric

YES

Gas

YES

Last Hydro Test Date

2016 refilled after a system release-Tank manufactured in 2010

How many tanks

2

Size of Tank 1

3gal

Size of Tank 2

3gal

Size of Tank 3

NA

COOKING APPLIANCE LOCATIONS FROM LEFT TO RIGHT:

Stove

Yes

Fryer

NA

Griddle

NA

All appliances properly covered w/ proper nozzles

YES

Duct & plenum covered w/ correct nozzles

YES

Check positioning of all nozzles	YES
System installed in accordance w/mfg. UL listing	YES
Hood.duct penetration sealed w/weld/UL device	YES
Check if seals intact, evidence of tampering	YES
If system has been discharge, report same	N/A
Pressure gauge in proper range (if gauged)	N/A
Check cartridge weight (if applicable)	YES
Hydrostatic test date	YES
6 years maintenance date	YES
Inspect cylinders and mount	YES
Operate system from terminal link	YES
Test for proper operation from remote	YES
Check operation from micro switch	YES
Check operation of gas valve	YES
Clean nozzles	YES
Proper nozzle covers in place	YES
Check Fuse Links and clean	YES
Replace fuse links	YES
Check travel of cable nut/s hooks	YES
Piping & Conduit securely bracketed	YES
Proper separation between fryers & flame	YES
Proper clearance flame to filters	YES
Exhaust fan in operating order	YES
All filters replaced	N/A
Fuel shut-off in on position	YES
Manual & remote set seals in place	YES
Replace system covers	N/A
System operational & seals in place	YES
Slave system operational	YES
Clean cylinder and mount	YES
Fan warning sign on hood	YES
Personnel instructed in manual operation	YES
20 BC Extinguisher mounted	YES
Portable extinguishers properly serviced	YES
Service & Certification tag on system	YES

Comments

Customer Signature

Name [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022

Technician Signature

Name [REDACTED] [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022



National Fire Protection Association (NFPA)
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Systems

Inspector: [REDACTED] **SEMI-ANNUAL Inspection** **Date:** December 28, 2022 **Service Ticket #:** 184110

Site:	System Inspected:	Area:	Site Contact:
James J Peters VA Medical Center 130 West Kingsbridge Road, Bronx, NY, 10468	System # 66-079003 Type: Kitchen Panel:	Serving Line/Hood 3 Floor: 1 Building:	[REDACTED] [REDACTED] [REDACTED]

NOT_DISPLAY

Location of Kitchen Shunt Switch

Panel C by front serving line

Date Fusible Links Replaced

12/28/2022 (4)360degree. (1)Mechanical Pull Station

Renovation

N/A

Recharge

N/A

Fuel Shutdown

Gas shut off via pressure line piston reset location behind flat top stove

Electric

YES

Gas

YES

Last Hydro Test Date

2016 refilled after a system release-Tank manufactured in 2010

How many tanks

1

Size of Tank 1

3 GAL

Size of Tank 2

NA

Size of Tank 3

NA

COOKING APPLIANCE LOCATIONS FROM LEFT TO RIGHT:

Stove

NA

Fryer

Yes

Griddle

Yes

All appliances properly covered w/ proper nozzles

YES

Duct & plenum covered w/ correct nozzles

YES

Check positioning of all nozzles	YES
System installed in accordance w/mfg. UL listing	YES
Hood.duct penetration sealed w/weld/UL device	YES
Check if seals intact, evidence of tampering	YES
If system has been discharge, report same	N/A
Pressure gauge in proper range (if gauged)	N/A
Check cartridge weight (if applicable)	YES
Hydrostatic test date	YES
6 years maintenance date	YES
Inspect cylinders and mount	YES
Operate system from terminal link	YES
Test for proper operation from remote	YES
Check operation from micro switch	YES
Check operation of gas valve	YES
Clean nozzles	YES
Proper nozzle covers in place	YES
Check Fuse Links and clean	YES
Replace fuse links	YES
Check travel of cable nut/s hooks	YES
Piping & Conduit securely bracketed	YES
Proper separation between fryers & flame	YES
Proper clearance flame to filters	YES
Exhaust fan in operating order	YES
All filters replaced	N/A
Fuel shut-off in on position	YES
Manual & remote set seals in place	YES
Replace system covers	N/A
System operational & seals in place	YES
Slave system operational	YES
Clean cylinder and mount	YES
Fan warning sign on hood	YES
Personnel instructed in manual operation	YES
20 BC Extinguisher mounted	YES
Portable extinguishers properly serviced	YES
Service & Certification tag on system	YES

Comments

Customer Signature

Name

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Signature

[REDACTED]

Date

12/28/2022

Technician Signature

Name

[REDACTED]

[REDACTED]

Phone

[REDACTED]

[REDACTED]

[REDACTED]

Signature

[REDACTED]

Date

12/28/2022



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Systems

Inspector: [REDACTED] **SEMI-ANNUAL Inspection** **Date:** December 28, 2022 **Service Ticket #:** 184110

Site:	System Inspected:	Area:	Site Contact:
James J Peters VA Medical Center 130 West Kingsbridge Road, Bronx, NY, 10468	System # 66-079004 Type: Kitchen Panel:	Serving Line/Hood 4 Floor: 1 Building:	[REDACTED] [REDACTED] [REDACTED]

NOT_DISPLAY

Location of Kitchen Shunt Switch

Panel C by front serving line

Date Fusible Links Replaced

12/28/2022 (1)360degree. (1)Mechanical Pull Station

Renovation

N/A

Recharge

N/A

Fuel Shutdown

YES

Electric

YES

Gas

YES

Last Hydro Test Date

2016 refilled after a system release-Tank manufactured in 2010

How many tanks

1

Size of Tank 1

3 GAL

Size of Tank 2

NA

Size of Tank 3

NA

COOKING APPLIANCE LOCATIONS FROM LEFT TO RIGHT:

Stove

Oven

Fryer

NA

Griddle

NA

All appliances properly covered w/ proper nozzles

YES

Duct & plenum covered w/ correct nozzles

YES

Check positioning of all nozzles	YES
System installed in accordance w/mfg. UL listing	YES
Hood.duct penetration sealed w/weld/UL device	YES
Check if seals intact, evidence of tampering	YES
If system has been discharge, report same	N/A
Pressure gauge in proper range (if gauged)	N/A
Check cartridge weight (if applicable)	YES
Hydrostatic test date	YES
6 years maintenance date	YES
Inspect cylinders and mount	YES
Operate system from terminal link	YES
Test for proper operation from remote	YES
Check operation from micro switch	YES
Check operation of gas valve	YES
Clean nozzles	YES
Proper nozzle covers in place	YES
Check Fuse Links and clean	YES
Replace fuse links	YES
Check travel of cable nut/s hooks	YES
Piping & Conduit securely bracketed	YES
Proper separation between fryers & flame	YES
Proper clearance flame to filters	YES
Exhaust fan in operating order	YES
All filters replaced	N/A
Fuel shut-off in on position	YES
Manual & remote set seals in place	YES
Replace system covers	N/A
System operational & seals in place	YES
Slave system operational	YES
Clean cylinder and mount	YES
Fan warning sign on hood	YES
Personnel instructed in manual operation	YES
20 BC Extinguisher mounted	YES
Portable extinguishers properly serviced	YES
Service & Certification tag on system	YES

Comments

Customer Signature

Name [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022

Technician Signature

Name [REDACTED] [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022



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Systems

Inspector: [REDACTED] **SEMI-ANNUAL Inspection** **Date:** December 28, 2022 **Service Ticket #:** 184110

Site:	System Inspected:	Area:	Site Contact:
James J Peters VA Medical Center 130 West Kingsbridge Road, Bronx, NY, 10468	System # 66-079005 Type: Kitchen Panel:	Serving Line/Hood 5 Floor: 1 Building:	[REDACTED] [REDACTED] [REDACTED]

NOT_DISPLAY

Location of Kitchen Shunt Switch

Panel C by front serving line

Date Fusible Links Replaced

12/28/2022 (1)360degree. (1)Mechanical Pull Station

Renovation

N/A

Recharge

N/A

Fuel Shutdown

YES

Electric

YES

Gas

YES

Last Hydro Test Date

2016 refilled after a system release-Tank manufactured in 2010

How many tanks

1

Size of Tank 1

3 GAL

Size of Tank 2

NA

Size of Tank 3

NA

COOKING APPLIANCE LOCATIONS FROM LEFT TO RIGHT:

Stove

NA

Fryer

NA

Griddle

Yes

All appliances properly covered w/ proper nozzles

YES

Duct & plenum covered w/ correct nozzles

YES

Check positioning of all nozzles	YES
System installed in accordance w/mfg. UL listing	YES
Hood.duct penetration sealed w/weld/UL device	YES
Check if seals intact, evidence of tampering	YES
If system has been discharge, report same	N/A
Pressure gauge in proper range (if gauged)	N/A
Check cartridge weight (if applicable)	YES
Hydrostatic test date	YES
6 years maintenance date	YES
Inspect cylinders and mount	YES
Operate system from terminal link	YES
Test for proper operation from remote	YES
Check operation from micro switch	YES
Check operation of gas valve	YES
Clean nozzles	YES
Proper nozzle covers in place	YES
Check Fuse Links and clean	YES
Replace fuse links	YES
Check travel of cable nut/s hooks	YES
Piping & Conduit securely bracketed	YES
Proper separation between fryers & flame	YES
Proper clearance flame to filters	YES
Exhaust fan in operating order	YES
All filters replaced	N/A
Fuel shut-off in on position	YES
Manual & remote set seals in place	YES
Replace system covers	N/A
System operational & seals in place	YES
Slave system operational	YES
Clean cylinder and mount	YES
Fan warning sign on hood	YES
Personnel instructed in manual operation	YES
20 BC Extinguisher mounted	YES
Portable extinguishers properly serviced	YES
Service & Certification tag on system	YES

Comments

Customer Signature

Name [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022

Technician Signature

Name [REDACTED] [REDACTED]
Phone [REDACTED]
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

12/28/2022

UNITED FIRE PROTECTION CORP.

Work Ticket

Delivery Date: December 28, 2022

Ticket #: 184110.12282022

Account #: 66-07900

PO#

Scheduled by:

Site Name: James J Peters VA Medical Center

Address: 130 West Kingsbridge Road, Bronx, NY, 10468

Building

Site Contact:

Type of Call: Inspection

Work Tickets Notes:

Scope of Work: Perform Semi Annual Kitchen inspection.

TO BE PERFORMED:

Site Act #	Frequency	Ctrl Panl	System	Area	Building	Str#	Str	Fl	City	St
66-079001	Semi Annual		Kitchen	Kitchen/ Hood 1		130	West Kingsbridge Road	1	Bronx	NY
66-079002	Semi Annual		Kitchen	Kitchen/ Hood 2		130	West Kingsbridge Road	1	Bronx	NY
66-079003	Semi Annual		Kitchen	Serving Line/ Hood 3		130	West Kingsbridge Road	1	Bronx	NY
66-079004	Semi Annual		Kitchen	Serving Line/ Hood 4		130	West Kingsbridge Road	1	Bronx	NY
66-079005	Semi Annual		Kitchen	Serving Line/ Hood 5		130	West Kingsbridge Road	1	Bronx	NY

Description of Work Performed:

Performed Annual Inspection and Maintenance of (5)Kitchen Systems Protection 1Flr Kitchen Prep. Area.

System Left Normal and in Full Service.

Follow-up Required:

Kitchen Hood Serving Line 2.

(2) New Pressure Cooker are NOT properly protected, (4)Discharge Nozzles need to be reconfigured to protected appliances.

Material Used:

Qty	Make	Model	Description
NA			

Technicians Actual Time for the Job:

Date	Technician	Disp	Arr	Dep	Trvl Frm Site	Total Trvl	HRPC	TOJ	Lunch
12/28/2022		16:00	17:00	19:00	01:00	01:00	T/H	02:00	00:00
12/28/2022		16:00	17:00	19:00	01:00	01:00	T/H	02:00	00:00

System Left: In Normal Operation**Is Call or Insp Complete?** Yes**Need to Reschedule?** No**Customer Signature**

Name

Phone

Signature

Date

12/28/2022

Technician Signature

Name

Phone

Signature

Date

12/28/2022