



517 GREEN GROVE ROAD  
 PO BOX 607  
 NEPTUNE, NEW JERSEY 07754  
 P: 732.922.3399 | F: 732.918.8668  
 ALLIEDFIRESAFETY.COM



**Work Order**  
**#165578**

Service Location		AR Customer	
<b>Service Location:</b>	Forsgate MOB, LLC	<b>Customer:</b>	-
<b>Address:</b>	9 Centre Drive Complex	<b>Address</b>	,
<b>City, State, Zip:</b>	Monroe NJ 08831	<b>City, State, Zip</b>	
<b>Contact:</b>	Jason Brenner	<b>Main Phone:</b>	
<b>Contact Phone:</b>	(732)416-6643	<b>Payment Terms:</b>	Terms

Work Order Details	
<b>Call Type:</b>	PM's
<b>Problem Type:</b>	E-Extinguisher Inspection Needed
<b>Job Status:</b>	Completed
<b>Date Scheduled:</b>	4/18/2023
<b>WO # / FCO #:</b>	165578
<b>Alt WO#:</b>	
<b>Customer PO #:</b>	
<b>Technician:</b>	Tucker;David

Description of Service
Annual Fire Extinguisher Insp

Work Order Comments
Date: 4/18/2023, Entered By: Tucker;David, Subject: Fire Extinguisher Inspection Fire Extinguisher Inspection Completed as per NFPA 10 and the State of New Jersey Uniform Fire Code.
Date: 4/18/2023, Entered By: Tucker;David, Subject: Form Attachment

Work Order Items		
Date	Description	Qty
4/18/2023	E - Fire Extinguisher Service Call	1.00
4/18/2023	E - Fire Extinguisher Inspection	13.00

Parts Items		
Date	Description	Qty

By signing I agree to the information and description of services as explained above as well as the General Terms and Conditions that are available on our website at <https://www.alliedfiresafety.com/Site/ServiceTerms>. A hard copy will be furnished upon request.

Customer Signature			
<b>Signature</b>		<b>Signed By</b> Nts	<b>Date</b> 4/18/2023

**NJ FIRE PERMIT # P00166 - DOT REGISTRATION # A010 - NJ ELECTRICAL LICENSE # 11327 - NJ CERTIFIED SBE**



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# Fire Extinguisher Inspection

Tech:  Customer Id:   
 Service Site:   
 Address:   
 Date:  Work Order:


FIRE EXTINGUISHER LOCATION SHEET						
TYPE	MFG	MFG YEAR	LOCATION	SERVICE	ADDITIONAL / NOTES	
20# ABC	Badger	1998	By facp	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2027	
10# ABC	Amerex	2019	Suite 100 entrance	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2025	
10# ABC	Amerex	2019	Suite 100 Kitchen	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2025	
10# ABC	Amerex	2019	Suite 100 By restrooms	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2025	
10# ABC	Amerex	1993	Suite 130 Princeton Radiology	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2026	
10# ABC	Amerex	1992	Suite 130 Princeton Radiology	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2026	
10# ABC	Amerex	1993	Suite 110 pet CT	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	Hy-2025	
10# ABC	Amerex	1992	Suite 110 by storage Rm	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2026	
10# ABC	Amerex	1992	Suite 110 By lockers	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2028	
5# CO2	Amerex	2009	By MRI suite 110	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	Hy-2025	
10# ABC	Amerex	2019	Suite 115 left hallway	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2025	
10# ABC	Amerex	2019	Outside kitchen suite 115	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	6yrs-2025	
5# ABC	Kidde	1996	Suite 110 kitchen	<input checked="" type="radio"/> Inspection <input type="radio"/> Recharge <input type="radio"/> 6 Year Maint. <input type="radio"/> Hydrotest <input type="radio"/> Non-Compliant <input type="checkbox"/> New	Hy-2024	

FIRE EXTINGUISHER SERVICE SUMMARY																			
	2 1/2 Gal PW	2 1/2# ABC	5# ABC	6# ABC	10# ABC	20# ABC	6L WC	5# CO2	10# CO2	15# CO2	20# CO2	5# Halotron	11# Halotron	5# BC	6# BC	10# BC	20# BC	Other	Totals
Inspection	0	0	1	0	10	1	0	1	0	0	0	0	0	0	0	0	0	0	13
Recharge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-Year Maint.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hydrotest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CO2									0	0	0								0
Conductivity																			0

**ACKNOWLEDGEMENT**

On this date, the extinguishers at the above location were tested and inspected in accordance with procedures of the most recent adopted editions of NFPA 10 and State of New Jersey Uniform Fire Code and was operated according to these procedures with the results indicated above. Any comments or unsatisfactory marks have been explained to the customer/customer's agent below. AS PER LAW, A COPY OF THIS REPORT WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARHSAL).

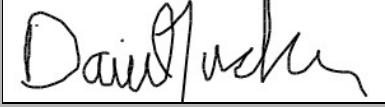
Customer Name:

Customer Signature: 

**INSPECTOR'S INFORMATION**

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted above.

Inspector Name:

Inspector Signature: 

Date: