02/22/24 Property CANTERBURY STREET SCHOOL 129 CANTERBURY ST WORCESTER , MA, 01603 Inspection Ref #: 32665009

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Kitchen Hood Information	١		
Manufacturer	BUCKEYE	Model	BFR-15
Cyl 1 Manuf. Dat	e	Cyl 1 Last Hydro	Cyl 1 Next Hydro
2015		N/A	2027
Location of Shut Off	Shunt trip	Location of Pull Station	Kitchen back door
Fuel Shutoff	Electric	Cartridge Info	Sm. Cartridge (02/2024)
Number of Links	4	Туре	Wet Chem
Location of System Kitch	nen - above 3-bay sink		
Protected Applicances from	om Left to Right		
Appliance 1			

QUESTIONS			
Check if seals intact, evidence of tampering	Yes	Pressure gauge in proper range (If gauged)?	Yes
Inspect cylinder and mount	Yes	Test for proper operation from remote	Yes
Operate system from terminal link	Yes	Check travel of cable nuts/S-hooks	Yes
Replaced fuse links with new links?	Yes	Check operation of fuel shut off	N/A
Check cartridge weight (If applicable)	Yes	Hood/duct penetrations sealed w/weld or UL device?	Yes
Piping & conduit securely bracketed?	Yes	All appliances properly covered w/correct nozzle?	Yes
Duct and plenum covered w/correct nozzles?	Yes	Are the proper nozzle covers in place?	Yes
Exhaust fan in operating order?	Yes	Does the makeup air shut down?	N/A
System interlocked with building fire alarm?	Yes	Fan warning sign on hood?	Yes
Proper separation between fryers and flame?	N/A	K class fire extinguisher in cooking area?	Yes
Personnel instructed in manual operation of system?	Yes	System operational, seals in place, & tag on system?	Yes
Slave system operational (if applicable)?	N/A	System installed in accordance w/MFG and UL 300 listing?	Yes
Suppression system is compliant?	PASS		

nspector Signature		
state that the information on thi ondition upon completion of thi	s form is correct at the time and place of my inspection, and all ed is inspection except as noted.	quipment tested at this time was left in operational
Inspector Name	Signature	Date Completed
Anthony Tiberii	Authynt	02/22/24
ustomer Signature		
Customer Name	Signature	Date Completed
Tom Barrett		02/22/24

02/21/24 Property CLAREMONT ACADEMY - (FORMALLY ALL SCHOOL) 15 CLAREMONT ST WORCESTER , MA, 01610 Inspection Ref #: 32665002

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Kitchen Hood Informat	tion		
Manufacturer	RANGE GUARD	RG-4GT	
Cyl 1 Manuf.	Date (Cyl 1 Last Hydro	Cyl 1 Next Hydro
2002		2014	2026
Location of Shut Off	Above ceiling (marked tile)	Location of Pull Station	Left of dish room
Fuel Shutoff	Electric, Gas	Cartridge Info	12g Co2 (02/2024)
Number of Links	4	Туре	Wet Chem
Location of System	CAFETERIA - left of dish room / above ho	od (marked tile)	
Protected Applicances	from Left to Right		
Appliance 1			

QUESTIONS			
Check if seals intact, evidence of tampering	Yes	Pressure gauge in proper range (If gauged)?	Yes
Inspect cylinder and mount	Yes	Test for proper operation from remote	Yes
Operate system from terminal link	Yes	Check travel of cable nuts/S-hooks	Yes
Replaced fuse links with new links?	Yes	Check operation of fuel shut off	N/A
Check cartridge weight (If applicable)	Yes	Hood/duct penetrations sealed w/weld or UL device?	Yes
Piping & conduit securely bracketed?	Yes	All appliances properly covered w/correct nozzle?	Yes
Duct and plenum covered w/correct nozzles?	Yes	Are the proper nozzle covers in place?	Yes
Exhaust fan in operating order?	Yes	Does the makeup air shut down?	N/A
System interlocked with building fire alarm?	Yes	Fan warning sign on hood?	Yes
Proper separation between fryers and flame?	N/A	K class fire extinguisher in cooking area?	Yes
Personnel instructed in manual operation of system?	Yes	System operational, seals in place, & tag on system?	Yes
Slave system operational (if applicable)?	N/A	System installed in accordance w/MFG and UL 300 listing?	Yes
Suppression system is compliant?	PASS		

	s form is correct at the time and place of my inspection , and all ec	quipment tested at this time was left in operational
condition upon completion of thi Inspector Name	Signature	Date Completed
Anthony Tiberii	Author	02/21/24
Customer Signature		
Customer Name	Signature	Date Completed
Tom Barrett		02/21/24

Report of Inspection/Test

Semiannual NFPA 96 17/17A

02/20/24 Property FOREST GROVE MIDDLE SCHOOL 495 GROVE STREET WORCESTER, MA, 01605 Inspection Ref #: 32665001

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Report of Inspection/Test

Kitchen Hood Information	1		
Manufacturer	KIDDE	Model	WHDR400M
Cyl 1 Manuf. Date	е	Cyl 1 Last Hydro	Cyl 1 Next Hydro
2004		2016	2028
Location of Shut Off	Shunt trip	Location of Pull Station	Left of hood
Fuel Shutoff	Electric	Cartridge Info	N/A
Number of Links	2	Туре	Wet Chem
Location of System KITC	CHEN - left of hood		
Protected Applicances fro	om Left to Right		
Appliance 1			
Appliance 2			

Check if seals intact, evidence of tampering

Yes

Pressure gauge in proper range (If gauged)?

Inspect cylinder and mount

Yes

Test for proper operation from remote

Operate system from terminal link

Yes

Check travel of cable nuts/S-hooks

Replaced fuse links with new links?

Yes

Check operation of fuel shut off

Yes

N/A N/A Yes Check cartridge weight (If applicable) Hood/duct penetrations sealed w/weld or UL device? Yes Yes Piping & conduit securely bracketed? All appliances properly covered w/correct nozzle? Yes Yes Duct and plenum covered w/correct nozzles? Are the proper nozzle covers in place? Yes N/A Exhaust fan in operating order? Does the makeup air shut down? Yes Yes System interlocked with building fire alarm? Fan warning sign on hood? N/A Yes Proper separation between fryers and flame? K class fire extinguisher in cooking area?

System operational, seals in place, & tag on system?

System installed in accordance w/MFG and UL 300 listing?

Slave system operational (if applicable)?

N/A

Suppression system is compliant?

PASS

Personnel instructed in manual operation of system?

Yes

Yes

Yes

Yes

Yes

Inspector Signature		
I state that the information on thi condition upon completion of thi	s form is correct at the time and place of my inspection , and all equ s inspection except as noted.	ipment tested at this time was left in operational
Inspector Name	Signature	Date Completed
Anthony Tiberii	Author	02/20/24
Customer Signature		
Customer Name	Signature	Date Completed
Tom Barrett		02/20/24

02/22/24 Property NELSON PLACE SCHOOL 35 NELSON PLACE WORCESTER, MA, 01605 Inspection Ref #: 32665014

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Kitchen Hood Infor	mation				
Manufacturer	ANSUL		Model	R102 - 6 GAL	
Cyl 1 Ma	Cyl 1 Manuf. Date		t Hydro	Cyl 1 Next	: Hydro
2017		N/A	A	2029	9
Cyl 2 Manuf. Date	Cyl 2 Last Hydro	Cyl 2 Next Hydro	Cyl 3 Manuf. Date	Cyl 3 Last Hydro	Cyl 3 Next Hydro
2017	N/A	2029			
Location of Shut Off	Elec. G.V.		Location of Pull Station	Back door	
Fuel Shutoff	Electric, Gas		Cartridge Info	DT (2017)	
Number of Links	7		Туре	Wet (Chem
Location of System	CAFETERIA - left of rang	ge hood, on wall			
Protected Applican	ces from Left to Righ	t			
Appliance 1					
Appliance 2					

QUESTIONS			
Check if seals intact, evidence of tampering	Yes	Pressure gauge in proper range (If gauged)?	N/A
Inspect cylinder and mount	Yes	Test for proper operation from remote	Yes
Operate system from terminal link	Yes	Check travel of cable nuts/S-hooks	Yes
Replaced fuse links with new links?	Yes	Check operation of fuel shut off	N/A
Check cartridge weight (If applicable)	Yes	Hood/duct penetrations sealed w/weld or UL device?	Yes
Piping & conduit securely bracketed?	Yes	All appliances properly covered w/correct nozzle?	Yes
Duct and plenum covered w/correct nozzles?	Yes	Are the proper nozzle covers in place?	Yes
Exhaust fan in operating order ?	Yes	Does the makeup air shut down?	N/A
System interlocked with building fire alarm?	Yes	Fan warning sign on hood?	Yes
Proper separation between fryers and flame?	N/A	K class fire extinguisher in cooking area?	Yes
Personnel instructed in manual operation of system?	Yes	System operational, seals in place, & tag on system?	Yes
Slave system operational (if applicable)?	N/A	System installed in accordance w/MFG and UL 300 listing?	Yes
Suppression system is compliant?	PASS		

Inspector Signature state that the information on thi condition upon completion of th	is form is correct at the time and place of my inspection , and all e is inspection except as noted.	quipment tested at this time was left in operational
Inspector Name	Signature	Date Completed
Anthony Tiberii	Author	02/22/24
Customer Signature		
Customer Name	Signature	Date Completed
Tom Barrett		02/22/24

Report of Inspection/Test

Semiannual NFPA 96 17/17A

02/21/24 Property NORTH HIGH SCHOOL 140 HARRINGTON WAY WORCESTER , MA, 01604 Inspection Ref #: 32665019

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Report of Inspection/Test

Manufacturer	TILT SKILLET HOOD - ANSUL		Model	R102 - 4.5 Gal	
Cyl 1 Mar	nuf. Date	Cyl 1 Las	st Hydro	Cyl 1 Next Hydro	
2011		202	23	2035	-)
Cyl 2 Manuf. Date	Cyl 2 Last Hydro	Cyl 2 Next Hydro	Cyl 3 Manuf. Date	Cyl 3 Last Hydro	Cyl 3 Next Hydro
2011	2023	2035			
Location of Shut Off	Elec. G.V.		Location of Pull Station	Left of hood	
Fuel Shutoff	Electri	ic,Gas	Cartridge Info	101-30	(2023)
Number of Links	3	3	Туре	Wet (Chem
Location of System	Rear Hood (tilt skillet)				
Protected Applicance	ces from Left to Right	t			

QUESTIONS Yes N/A Check if seals intact, evidence of tampering Pressure gauge in proper range (If gauged)? Yes Yes Inspect cylinder and mount Test for proper operation from remote Yes Operate system from terminal link Check travel of cable nuts/S-hooks N/A Yes Replaced fuse links with new links? Check operation of fuel shut off Yes Yes Check cartridge weight (If applicable) Hood/duct penetrations sealed w/weld or UL device? Yes Yes Piping & conduit securely bracketed? All appliances properly covered w/correct nozzle? Yes Yes Duct and plenum covered w/correct nozzles? Are the proper nozzle covers in place? Yes N/A Exhaust fan in operating order? Does the makeup air shut down? Yes Yes Fan warning sign on hood? System interlocked with building fire alarm? N/A Yes Proper separation between fryers and flame? K class fire extinguisher in cooking area? Yes Personnel instructed in manual operation of system? System operational, seals in place, & tag on system? N/A Yes System installed in accordance w/MFG and UL 300 listing? Slave system operational (if applicable)? Suppression system is compliant? **PASS**

Report of Inspection/Test

Semiannual NFPA 96 17/17A

02/21/24 Property NORTH HIGH SCHOOL 140 HARRINGTON WAY WORCESTER , MA, 01604 Inspection Ref #: 32665019

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Report of Inspection/Test

Manufacturer	PIZZA & OVEN H	OODS - ANSUL	Model	R102 - 9 Gal	
Cyl 1 Manuf. Date		Cyl 1 Last Hydro		Cyl 1 Next Hydro	
2011		2023		2035	
Cyl 2 Manuf. Date	Cyl 2 Last Hydro	Cyl 2 Next Hydro	Cyl 3 Manuf. Date	Cyl 3 Last Hydro	Cyl 3 Next Hydro
2011	2023	2035	2011	2023	2035
Location of Shut Off	Elec. G.V.		Location of Pull Station	Right of pizza hood	
Fuel Shutoff	Electric, Gas		Cartridge Info	DT (2022)	
Number of Links	8		Туре	Wet Chem	
Location of System	PIZZA/OVEN HOODS - right side end cabinet of pizza hood				
Protected Applican	ces from Left to Right	t			

QUESTIONS Yes N/A Check if seals intact, evidence of tampering Pressure gauge in proper range (If gauged)? Yes Yes Inspect cylinder and mount Test for proper operation from remote Yes Operate system from terminal link Check travel of cable nuts/S-hooks N/A Yes Replaced fuse links with new links? Check operation of fuel shut off Yes Yes Check cartridge weight (If applicable) Hood/duct penetrations sealed w/weld or UL device? Yes Yes Piping & conduit securely bracketed? All appliances properly covered w/correct nozzle? Yes Yes Duct and plenum covered w/correct nozzles? Are the proper nozzle covers in place? Yes N/A Exhaust fan in operating order? Does the makeup air shut down? Yes Yes Fan warning sign on hood? System interlocked with building fire alarm? N/A Yes Proper separation between fryers and flame? K class fire extinguisher in cooking area? Yes Personnel instructed in manual operation of system? System operational, seals in place, & tag on system? N/A Yes Slave system operational (if applicable)? System installed in accordance w/MFG and UL 300 listing? Suppression system is compliant? **PASS**

Inspector Signature state that the information on thi condition upon completion of thi	s form is correct at the time and place of my inspection , and all s inspection except as noted.	equipment tested at this time was left in operational
Inspector Name	Signature	Date Completed
Anthony Tiberii	Author	02/21/24
Customer Signature		
Customer Name	Signature	Date Completed
Tom Barrett		02/21/24

02/21/24 Property QUINSIGAMOND SCHOOL 14 BLACKSTONE RIVER ROAD WORCESTER, MA, 01607 Inspection Ref #: 32665015

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Kitchen Hood Inform	mation				
Manufacturer	ANSUL		Model	R102 - 6 Gal	
Cyl 1 Manuf. Date		Cyl 1 Last Hydro		Cyl 1 Next Hydro	
2010	20		22	2034	
Cyl 2 Manuf. Date	Cyl 2 Last Hydro	Cyl 2 Next Hydro	Cyl 3 Manuf. Date	Cyl 3 Last Hydro	Cyl 3 Next Hydro
2010	2022	2034			
Location of Shut Off	Basement		Location of Pull Station	Left of office door	
Fuel Shutoff	Electric, Gas, Mechanical		Cartridge Info	DT (2017)	
Number of Links	3		Type	Wet Chem	
Location of System CAFETERIA - on wall outside office					
Protected Applicand	ces from Left to Right	t			
Appliance 1					
Appliance 2					

QUESTIONS			
Check if seals intact, evidence of tampering	Yes	Pressure gauge in proper range (If gauged)?	N/A
Inspect cylinder and mount	Yes	Test for proper operation from remote	Yes
Operate system from terminal link	Yes	Check travel of cable nuts/S-hooks	Yes
Replaced fuse links with new links?	Yes	Check operation of fuel shut off	Yes
Check cartridge weight (If applicable)	Yes	Hood/duct penetrations sealed w/weld or UL device?	Yes
Piping & conduit securely bracketed?	Yes	All appliances properly covered w/correct nozzle?	Yes
Duct and plenum covered w/correct nozzles?	Yes	Are the proper nozzle covers in place?	Yes
Exhaust fan in operating order?	Yes	Does the makeup air shut down?	N/A
System interlocked with building fire alarm?	Yes	Fan warning sign on hood?	Yes
Proper separation between fryers and flame?	N/A	K class fire extinguisher in cooking area?	Yes
Personnel instructed in manual operation of system?	Yes	System operational, seals in place, & tag on system?	Yes
Slave system operational (if applicable)?	N/A	System installed in accordance w/MFG and UL 300 listing?	Yes
Suppression system is compliant?	PASS		

nspector Name	Signature	Date Completed
Anthony Tiberii	Antho	02/21/24
ustomer Signature		
	Signature	Date Completed
Customer Name	Signature	·

02/22/24 Property

DR ARTHUR F SULLIVAN MIDDLE SCHOOL

140 APRICOT STREET WORCESTER , MA, 01603 Inspection Ref #: 32665000

Technician: Anthony Tiberii



44 Garden St, Unit 1, Danvers, MA 01923 (978) 304-1506

Kitchen Hood Infor	mation				
Manufacturer	ANSUL		Model	R102 - 6 Gal	
Cyl 1 Manuf. Date		Cyl 1 Last Hydro		Cyl 1 Next Hydro	
2016		N/A	A	2028	
Cyl 2 Manuf. Date	Cyl 2 Last Hydro	Cyl 2 Next Hydro	Cyl 3 Manuf. Date	Cyl 3 Last Hydro	Cyl 3 Next Hydro
2016	N/A	2028			
Location of Shut Off	Behind convection ovens		Location of Pull Station	Left of kitchen office	
Fuel Shutoff	Gas, Mechanical		Cartridge Info	DT (2016)	
Number of Links	5		Туре	Wet Chem	
Location of System	Kitchen - across from ovens on wall				
Protected Applican	ces from Left to Right	t			
Appliance 1					
Appliance 2					

QUESTIONS			
Check if seals intact, evidence of tampering	Yes	Pressure gauge in proper range (If gauged)?	N/A
Inspect cylinder and mount	Yes	Test for proper operation from remote	Yes
Operate system from terminal link	Yes	Check travel of cable nuts/S-hooks	Yes
Replaced fuse links with new links?	Yes	Check operation of fuel shut off	Yes
Check cartridge weight (If applicable)	Yes	Hood/duct penetrations sealed w/weld or UL device?	Yes
Piping & conduit securely bracketed?	Yes	All appliances properly covered w/correct nozzle?	Yes
Duct and plenum covered w/correct nozzles?	Yes	Are the proper nozzle covers in place?	Yes
Exhaust fan in operating order?	Yes	Does the makeup air shut down?	N/A
System interlocked with building fire alarm?	Yes	Fan warning sign on hood?	Yes
Proper separation between fryers and flame?	N/A	K class fire extinguisher in cooking area?	Yes
Personnel instructed in manual operation of system?	Yes	System operational, seals in place, & tag on system?	Yes
Slave system operational (if applicable)?	N/A	System installed in accordance w/MFG and UL 300 listing?	Yes
Suppression system is compliant?	PASS		

Inspector Signature		
I state that the information on thi condition upon completion of thi	is form is correct at the time and place of my inspection , and all equis inspection except as noted.	uipment tested at this time was left in operational
Inspector Name	Signature	Date Completed
Anthony Tiberii	Anthy un	02/22/24
Customer Signature		
Customer Name	Signature	Date Completed
Tom Barrett		02/22/24