

P.O. Box 26747, Richmond, VA 23261 804.222.1381 - 800.252.5069 - Fax 804.222.4393 - www.flsamerica.com

Date: 5-25-22

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

- Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250
- Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071
- Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381
- Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714
- Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757)485-7486
- Atlanta Division- 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770)448-4700
- Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540)378-6160
- NVA Division- 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703)502-0397
- Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410)787-0639

GENERAL INFORMATION

Property Name: DINWIDDIE COUNTY COURT HOUSE Owner: _____
 Address: 14008 BOYDTON PLANK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 11-21 By: FISA

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 06:00 AM/PM; alarms restored 11:00 AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 3 - 3" FLOOR SYSTEMS

PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied? _____
- Has the occupancy classification or hazard of contents remained the same since the last inspection? _____
- Is the "fire protection system" in service? _____
- Has the "fire protection system" remained in service without modification or activation since last inspection? _____
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected. _____
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date _____) _____
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch? _____
- Is the "fire protection system" adequately protected from freezing? _____
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection? _____

	Yes	N/A**	No*
1.	✓		
2.	✓		
3.	✓		
4.		✓	
5.			✓
6.		✓	
7.	✓		
8.		✓	
9.		✓	

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD						
Other (specify)						
Did alarm central station receive signal properly?	✓			✓		
Did alarm panel reset properly?				✓		

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- Sprinkler System Form
- Standpipe Inspection Form
- Water Storage Tanks Form
- Dry Valve Trip Test Report
- Hydrant Flow Test Form
- Private Fire Service Mains Form
- Sprinkler Piping Condition Form
- Fire Alarm Detection Form
- Backflow Test Form
- Fire Pump Inspection Form
- Deluge/Pre-Action Trip Test Report
- Addendum to Report of Inspection

EFCP....Simply the best!



Fire Protection Systems Report of Inspections Inspection Contract #: _____

Page ____ of ____

Date: 5-25-22

Property Inspected DINWIDDIE COUNTY COURT HOUSE Owner _____
 Address 1408 BOYDTON PLANK RD Address _____
 City DINWIDDIE State VA City _____ State _____
 Zip 23841 Phone _____ Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)

	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		✓
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	✓		
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date _____)			✓
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>11-22-21</u>)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>11-22-21</u>)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?			✓
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)			✓
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓		
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?			✓*
5. Are cold weather valves in the appropriate (open) <input type="checkbox"/> / (closed) <input type="checkbox"/> position?		✓	
6. Are antifreeze test results satisfactory? Test Results: Solution Type _____ Freeze Point _____			
C. Dry Systems (see trip test report dated _____)			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
2. Is the air (compressor) or nitrogen supply in service and operating properly?			
3. Are quick-opening devices in service? (Semiannual test performed on _____)			
4. Are air maintenance device(s) installed and operating properly?			
5. Is the intermediate chamber free from leakage and the velocity check free & clear?			
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)			
7. Did the heating equipment in the valve enclosure operate at the time of inspection?			
D. Special Systems (Deluge—Preaction) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?			
2. Did the release/activation devices operate properly during detection testing?			
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			
E. Alarms (Wet, Dry, Preaction & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?			
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	✓		✓*
3. Did the central station/monitoring system receive all alarms?			
4. Did the low/high air alarms for the system piping/detection operate properly?	✓		
5. Did tamper devices operate properly?			
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?			
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
3. Are standard sprinklers in service for less than 50 years / dated after 1920?			
4. Are fast response sprinklers in service for less than 20 years?			
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?			
6. Are sprinklers near heating devices of proper temperature rating?			
G. Control Valves (see item G.7)			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>11-22-21</u>)	✓		
3. Were all control valves operated through full range and returned to normal position? (Date <u>11-22-21</u>)	✓		
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?			
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)			✓



Fire Protection Systems Report of Inspection

Inspection Contract # _____

Date: 5-25-22

Page ____ of ____

7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tempers	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves	<u>2</u>	<u>OSY</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
Sectional Control Valves	<u>5</u>	<u>BFLY</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
System Control Valves	<u>3</u>	<u>BFLY</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
Other Control Valves									
Test Header Control Valve	<u>1</u>	<u>OSY</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>		
Pressure Reducing Control Valve									

H. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

2. Water supply pressures:

a. City N/A psi

c. Tank N/A psi

b. Fire pump 95 psi

d. WELLS psi

3. Water flow test at sprinkler riser (in psi):

Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. <u>RISER 1ST</u>	<u>1"</u>	<u>95</u>	<u>90</u>	<u>95</u>	d.				
b. <u>RISER 2ND</u>	<u>1"</u>	<u>95</u>	<u>80</u>	<u>85</u>	e.				
c. <u>RISER 3RD</u>	<u>1"</u>	<u>95</u>	<u>60</u>	<u>75</u>	f.				

I. Explain any no answers and comment [see addendum(s) attached if checked]

B4/E2 2ND (TOP) FLOOR FLOW IN STAIRWELL FAILED TEST

F2 - FLOOR 2 (TOP FLOOR) BY MAIN STAIRWELL NEED TO ADJUST OR ADD HANGER TO KEEP SPRINKLER FROM HANGING BELOW CEILING GRID

J. Adjustments or corrections made during this inspection:

K. This inspection was performed substantially in accordance with NFPA Standard: 25() 13() () () () . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked]

B4/E2 REPLACE (SYSTEM SENSOR WFD 30 3")

F2 - CORRECT

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name _____

Signature _____

Technician _____

Date _____

5-25-22

Date: 5-26-22

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

- | | |
|---|--|
| <input type="checkbox"/> Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250 | <input type="checkbox"/> Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071 |
| <input type="checkbox"/> Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381 | <input type="checkbox"/> Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714 |
| <input type="checkbox"/> Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757)485-7486 | |
| <input type="checkbox"/> Atlanta Division - 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770)448-4700 | |
| <input type="checkbox"/> Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540)378-6160 | |
| <input type="checkbox"/> NVA Division - 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703)502-0397 | |
| <input type="checkbox"/> Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410)787-0639 | |

GENERAL INFORMATION

Property Name: DINWIDDIE COUNTY GOVT BIDD Owner: _____
 Address: 14010 BOYDTON PIAUK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 11-21 By: FISA

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 9:00 AMPM; alarms restored 10:00 AMPM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1-3" SHOTGUN

PART B OWNER'S SECTION (to be answered by owner or occupant)

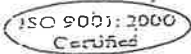
	Yes	N/A	No
1. Is the property occupied?	✓		
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		
3. Is the "fire protection system" in service?	✓		
4. Has the "fire protection system" remained in service without modification or activation since last inspection?		✓	
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.		✓	
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date _____)		✓	
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?	✓		
8. Is the "fire protection system" adequately protected from freezing?	✓		
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		✓	

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD	✓			✓		
Other (specify) _____	✓			✓		
Did alarm central station receive signal properly?	✓			✓		
Did alarm panel reset properly?	✓			✓		

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form | <input type="checkbox"/> Water Storage Tanks Form |
| <input type="checkbox"/> Dry Valve Trip Test Report | <input type="checkbox"/> Hydrant Flow Test Form | <input type="checkbox"/> Private Fire Service Mains Form |
| <input type="checkbox"/> Sprinkler Piping Condition Form | <input type="checkbox"/> Fire Alarm Detection Form | <input type="checkbox"/> Backflow Test Form |
| <input type="checkbox"/> Fire Pump Inspection Form | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |



P.O. Box 26747, Richmond, VA 23261 804.222.1361 - 800.252.5069 - Fax 804.222.4393 - www.flaszmeica.com

Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page _____ of _____

Date 5-26-22

Property Inspected DINWIDDIE COUNTY GOVT BLDG
Address 14010 BOYDTON PINK RD
City DINWIDDIE State VA
Zip 23841 Phone _____

Owner _____
Address _____
City _____ State _____
Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)

A. General

- 1. Is the hydraulic data plate in place, permanently marked and securely attached?
- 2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?
- 3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date _____)
- 4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 11-23-21)
- 5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 11-23-21)
- 6. Are system gauges (water/air) in good condition and showing normal pressures?
- 7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)

B. Wet Systems

- 1. Are areas protected by wet systems inside the property properly heated?
- 2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?
- 3. Are inspection and flow test tags in place and filled out completely?
- 4. Was a flow test performed from Inspector's test valve and did the alarms operate?
- 5. Are cold weather valves in the appropriate (open) / (closed) position?
- 6. Are antifreeze test results satisfactory?
Test Results: Solution Type _____ Freeze Point _____

C. Dry Systems (see trip test report dated _____)

- 1. Are the air pressure and priming water level in accordance with the manufacturer's instructions? _____
- 2. Is the air (compressor) or nitrogen supply in service and operating properly? _____
- 3. Are quick-opening devices in service? (Semiannual test performed on _____)
- 4. Are air maintenance device(s) installed and operating properly? _____
- 5. Is the intermediate chamber free from leakage and the velocity check free & clear? _____
- 6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III..J)
- 7. Did the heating equipment in the valve enclosure operate at the time of inspection? _____

D. Special Systems (Deluge—Preaction) (see trip test report dated _____)

- 1. Did detection devices test satisfactorily during this inspection? _____
- 2. Did the release/activation devices operate properly during detection testing? _____
- 3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions? _____

E. Alarms (Wet, Dry, Preaction & Deluge)

- 1. Are the alarm trim valves in the proper position, sealed and/or locked?
- 2. Did the water motor and gong/~~electrical~~ alarms (pressure and water flow) operate properly during testing?
- 3. Did the central station/monitoring system receive all alarms?
- 4. Did the low/high air alarms for the system piping/detection operate properly?
- 5. Did tamper devices operate properly?

F. Sprinklers

- 1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?
- 2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?
- 3. Are standard sprinklers in service for less than 50 years / dated after 1920?
- 4. Are fast response sprinklers in service for less than 20 years?
- 5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?
- 6. Are sprinklers near heating devices of proper temperature rating?

G. Control Valves (see item G.7)

- 1. Are sprinkler system control valves in the appropriate position?
- 2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)
- 3. Were all control valves operated through full range and returned to normal position? (Date 11-23-21)
- 4. Are valves free from external leaks?
- 5. Are valves properly identified with signs?
- 6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)

Yes	N/A	No
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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Fire Protection Systems Report of Inspection

Inspection Contract #: _____

Page ____ of ____

Date: _____

7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tamers	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves	1	Bfly	YES	YES	NO	YES	YES		
System Control Valves	1	Bfly	YES	YES	NO	YES	YES		
Other Control Valves									
Test Header Control Valve									
Pressure Reducing Control Valve									

H. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser?

YES	N.A.	NO
✓		
2. Water supply pressures:
- a. City N/A psi c. Tank 3 psi
- b. Fire pump 90 psi d. _____ psi
3. Water flow test at sprinkler riser (in psi):

	Test Pipe Location	Size Test Pipe	Static	Residual	Static		Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.	RISER	1 1/4	90	80	90	d.					
b.						e.					
c.						f.					

I. Explain any no answers and comment [see addendum(s) attached if checked]

J. Adjustments or corrections made during this inspection: _____

K. This inspection was performed substantially in accordance with NFPA Standard: 25() 13() ____ () ____ () ____ () ____ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked]

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name

Signature

Technician

Date

5-26-22

Date: 5-26-22

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

- | | |
|--|--|
| <input type="checkbox"/> Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250 | <input type="checkbox"/> Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071 |
| <input type="checkbox"/> Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381 | <input type="checkbox"/> Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714 |
| <input type="checkbox"/> Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757) 485-7486 | |
| <input type="checkbox"/> Atlanta Division - 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770) 448-4700 | |
| <input type="checkbox"/> Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540) 378-6160 | |
| <input type="checkbox"/> NVA Division - 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703) 502-0397 | |
| <input type="checkbox"/> Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410) 787-0639 | |

GENERAL INFORMATION

Property Name: DINWIDDIE COUNTY HISTORIC COURTHOUSE Owner: _____
 Address: 14101 BOYDSTON PLANK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 11-21 By: FLSA

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced N/A AM/PM; alarms restored N/A AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1 - 2" EGROSS SYSTEM

PART B OWNER'S SECTION (to be answered by owner or occupant)

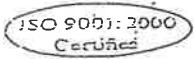
	Yes	N/A	No
1. Is the property occupied?	✓		
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		
3. Is the "fire protection system" in service?	✓		
4. Has the "fire protection system" remained in service without modification or activation since last inspection?		✓	
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.			✓
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date _____)		✓	
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?	✓		
8. Is the "fire protection system" adequately protected from freezing?		✓	
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		✓	

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD	✓					
Other (specify)						
Did alarm central station receive signal properly?	N/A					
Did alarm panel reset properly?	N/A					

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form | <input type="checkbox"/> Water Storage Tanks Form |
| <input type="checkbox"/> Dry Valve Trip Test Report | <input type="checkbox"/> Hydrant Flow Test Form | <input type="checkbox"/> Private Fire Service Mains Form |
| <input type="checkbox"/> Sprinkler Piping Condition Form | <input type="checkbox"/> Fire Alarm Detection Form | <input type="checkbox"/> Backflow Test Form |
| <input type="checkbox"/> Fire Pump Inspection Form | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |



Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: 5-26-22

Property Inspected DINWIDDIE COUNTY HISTORIC COURTHOUSE Owner _____
Address 14101 BOYDTOWN PLANK RD Address _____
City DINWIDDIE State VA City _____ State _____
Zip 23841 Phone _____ Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)

A. General

- 1. Is the hydraulic data plate in place, permanently marked and securely attached?
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date _____)
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 11-23-21)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 11-23-21)
6. Are system gauges (water/air) in good condition and showing normal pressures?
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)

Table with 3 columns: Yes, N/A, No. Contains handwritten checkmarks and 'N/A' entries for various inspection items.

B. Wet Systems

- 1. Are areas protected by wet systems inside the property properly heated?
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?
3. Are inspection and flow test tags in place and filled out completely?
4. Was a flow test performed from Inspector's test valve and did the alarms operate?
5. Are cold weather valves in the appropriate (open) [] / (closed) [] position?
6. Are antifreeze test results satisfactory?
Test Results: Solution Type _____ Freeze Point _____

C. Dry Systems (see trip test report dated _____)

- 1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?
2. Is the air (compressor) or nitrogen supply in service and operating properly?
3. Are quick-opening devices in service? (Semiannual test performed on _____)
4. Are air maintenance device(s) installed and operating properly?
5. Is the intermediate chamber free from leakage and the velocity check free & clear?
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)
7. Did the heating equipment in the valve enclosure operate at the time of inspection?

D. Special Systems (Deluge—Preacton) (see trip test report dated _____)

- 1. Did detection devices test satisfactorily during this inspection?
2. Did the release/activation devices operate properly during detection testing?
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?

E. Alarms (Wet, Dry, Preacton & Deluge)

- 1. Are the alarm trim valves in the proper position, sealed and/or locked?
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?
3. Did the central station/monitoring system receive all alarms?
4. Did the low/high air alarms for the system piping/detection operate properly?
5. Did tamper devices operate properly?

F. Sprinklers

- 1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?
3. Are standard sprinklers in service for less than 50 years / dated after 1920?
4. Are fast response sprinklers in service for less than 20 years?
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?
6. Are sprinklers near heating devices of proper temperature rating?

G. Control Valves (see item G.7)

- 1. Are sprinkler system control valves in the appropriate position?
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)
3. Were all control valves operated through full range and returned to normal position? (Date 11-23-21)
4. Are valves free from external leaks?
5. Are valves properly identified with signs?
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)



Fire Protection Systems Report of Inspection

Inspection Contract # _____

Date: 5-26-22

Page _____ of _____

7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampers	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves									
System Control Valves	2	BAIL	YES	YES	NO	NO	NO		
Other Control Valves									
Test Header Control Valve									
Pressure Reducing Control Valve									

H. Water Supply Data

- Was a water flow test of main drain made at sprinkler riser? _____
- Water supply pressures:
 - City _____ psi
 - Fire pump _____ psi
 - Tank _____ psi
 - _____ psi
- Water flow test at sprinkler riser (in psi):

YES	NA	NO
	✓	

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.				
b.	N/A			
c.				

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d.				
e.	N/A			
f.				

I. Explain any no answers and comment [see addendum(s) attached if checked]

J. Adjustments or corrections made during this inspection: _____

K. This inspection was performed substantially in accordance with NFPA Standard: 25() 13() () () () . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked]

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name _____

Signature _____

Technician _____

Date _____

5-26-22



Date: 5-26-23

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

- | | |
|---|--|
| <input type="checkbox"/> Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250 | <input type="checkbox"/> Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071 |
| <input type="checkbox"/> Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381 | <input type="checkbox"/> Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714 |
| <input type="checkbox"/> Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757)485-7486 | |
| <input type="checkbox"/> Atlanta Division- 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770)448-4700 | |
| <input type="checkbox"/> Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540)378-6160 | |
| <input type="checkbox"/> NVA Division- 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703)502-0397 | |
| <input type="checkbox"/> Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410)787-0639 | |

GENERAL INFORMATION

Property Name: NAMOZINE VOL. FIRE DEPT. Owner: DUNWIDDIE
 Address: 3913 PELHAM AVE Billing Address: _____
 City: PETERSBURG State: VA Zip: 23803 City: _____ State: _____ Zip: _____
 Last Inspection Date: 11-21 By: FISA

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced N/A AM/PM; alarms restored N/A AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1 - 1/2 DOMESTIC LIMITED AREA

PART B OWNER'S SECTION (to be answered by owner or occupant)

	Yes	N/A	No*
1. Is the property occupied?			✓
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		
3. Is the "fire protection system" in service?	✓		
4. Has the "fire protection system" remained in service without modification or activation since last inspection?		✓	
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.			✓
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date _____)		✓	
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?	✓		
8. Is the "fire protection system" adequately protected from freezing?		✓	
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		✓	

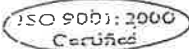
PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD	✓			✓		
Other (specify) _____						
Did alarm central station receive signal properly?	✓			✓		
Did alarm panel reset properly?	✓			✓		

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form | <input type="checkbox"/> Water Storage Tanks Form |
| <input type="checkbox"/> Dry Valve Trip Test Report | <input type="checkbox"/> Hydrant Flow Test Form | <input type="checkbox"/> Private Fire Service Mains Form |
| <input type="checkbox"/> Sprinkler Piping Condition Form | <input type="checkbox"/> Fire Alarm Detection Form | <input type="checkbox"/> Backflow Test Form |
| <input type="checkbox"/> Fire Pump Inspection Form | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |

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Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date 5-26-22

Property Inspected NAMAZINE VOL. FIRE DEPT.
Address 3913 PELHAM AVE
City PETERSBURG State VA
Zip 23803 Phone _____

Owner DINWIDDIE COUNTY
Address _____
City _____ State _____
Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)

A. General

1. Is the hydraulic data plate in place, permanently marked and securely attached? _____
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible? _____
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date _____)
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 11-29-21) Yes
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 11-29-21) Yes
6. Are system gauges (water/air) in good condition and showing normal pressures? _____
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)

Yes N/A No

B. Wet Systems

1. Are areas protected by wet systems inside the property properly heated? Yes
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain? Yes
3. Are inspection and flow test tags in place and filled out completely? Yes
4. Was a flow test performed from Inspector's test valve and did the alarms operate? Yes
5. Are cold weather valves in the appropriate (open) / (closed) position? _____
6. Are antifreeze test results satisfactory? _____
Test Results: Solution Type _____ Freeze Point _____

C. Dry Systems (see trip test report dated _____)

1. Are the air pressure and priming water level in accordance with the manufacturer's instructions? _____
2. Is the air (compressor) or nitrogen supply in service and operating properly? _____
3. Are quick-opening devices in service? (Semiannual test performed on _____)
4. Are air maintenance device(s) installed and operating properly? _____
5. Is the intermediate chamber free from leakage and the velocity check free & clear? _____
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J) _____
7. Did the heating equipment in the valve enclosure operate at the time of inspection? _____

D. Special Systems (Deluge—Preaction) (see trip test report dated _____)

1. Did detection devices test satisfactorily during this inspection? _____
2. Did the release/activation devices operate properly during detection testing? _____
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions? _____

E. Alarms (Wet, Dry, Preaction & Deluge)

1. Are the alarm trim valves in the proper position, sealed and/or locked? Yes
2. Did the water motor and gong electrical alarms (pressure and water flow) operate properly during testing? Yes
3. Did the central station/monitoring system receive all alarms? Yes
4. Did the low/high air alarms for the system piping/detection operate properly? Yes
5. Did tamper devices operate properly? Yes

F. Sprinklers

1. Is the proper clearance maintained between the top of the storage and sprinkler deflector? _____
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? _____
3. Are standard sprinklers in service for less than 50 years / dated after 1920? _____
4. Are fast response sprinklers in service for less than 20 years? _____
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser? _____
6. Are sprinklers near heating devices of proper temperature rating? _____

G. Control Valves (see item G.7)

1. Are sprinkler system control valves in the appropriate position? Yes
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date 11-29-21) Yes
3. Were all control valves operated through full range and returned to normal position? (Date _____) Yes
4. Are valves free from external leaks? Yes
5. Are valves properly identified with signs? Yes
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____) Yes



Date: 5-25-22

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

- | | |
|--|--|
| <input type="checkbox"/> Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250
<input type="checkbox"/> Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381
<input type="checkbox"/> Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757)485-7486
<input type="checkbox"/> Atlanta Division- 5685 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770)448-4700
<input type="checkbox"/> Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540)378-6160
<input type="checkbox"/> NVA Division- 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703)502-0397
<input type="checkbox"/> Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410)787-0639 | <input type="checkbox"/> Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071
<input type="checkbox"/> Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714 |
|--|--|

GENERAL INFORMATION

Property Name: DINWIDDIE COUNTY PUBLIC SAFETY BLDG Owner: _____
 Address: 13850 COURTHOUSE RD. Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: FLSA By: 11-23-21

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 11:00 AM/PM; alarms restored 1:00 AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1-4" SHOTGUN, 1-3" VICTAULIC PREACTION

PART B OWNER'S SECTION (to be answered by owner or occupant)

	Yes	N/A	No
1. Is the property occupied?	✓		
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		
3. Is the "fire protection system" in service?	✓		
4. Has the "fire protection system" remained in service without modification or activation since last inspection?		✓	
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected		✓	
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date _____)		✓	
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?	✓		
8. Is the "fire protection system" adequately protected from freezing?		✓	
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		✓	

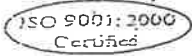
PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD	✓			✓		
Other (specify) _____	✓			✓		
Did alarm central station receive signal properly?	✓			✓		
Did alarm panel reset properly?	✓			✓		

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Sprinkler System Form
<input type="checkbox"/> Dry Valve Trip Test Report
<input type="checkbox"/> Sprinkler Piping Condition Form
<input type="checkbox"/> Fire Pump Inspection Form | <input type="checkbox"/> Standpipe Inspection Form
<input type="checkbox"/> Hydrant Flow Test Form
<input type="checkbox"/> Fire Alarm Detection Form
<input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Water Storage Tanks Form
<input type="checkbox"/> Private Fire Service Mains Form
<input type="checkbox"/> Backflow Test Form
<input type="checkbox"/> Addendum to Report of Inspection |
|--|--|---|

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Fire Protection Systems Report of Inspections

Inspection Contract #:

Date: 5-25-22

Page ___ of ___

Property Inspected: DINWIDDIE COUNTY PUBLIC SAFETY BIDS
Address: 13850 COURTHOUSE RD
City: DINWIDDIE State: VA
Zip: 23841

Owner:
Address:
City: State:
Zip: Phone:

PART I INSPECTOR'S SECTION (all responses reference current inspection)

A. General

- 1. Is the hydraulic data plate in place, permanently marked and securely attached?
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date)
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 11-23-21)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 11-23-22)
6. Are system gauges (water/air) in good condition and showing normal pressures?
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date)

B. Wet Systems

- 1. Are areas protected by wet systems inside the property properly heated?
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?
3. Are inspection and flow test tags in place and filled out completely?
4. Was a flow test performed from Inspector's test valve and did the alarms operate?
5. Are cold weather valves in the appropriate (open) / (closed) position?
6. Are antifreeze test results satisfactory?
Test Results: Solution Type Freeze Point

C. Dry Systems (see trip test report dated)

- 1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?
2. Is the air (compressor) or nitrogen supply in service and operating properly?
3. Are quick-opening devices in service? (Semiannual test performed on)
4. Are air maintenance device(s) installed and operating properly?
5. Is the intermediate chamber free from leakage and the velocity check free & clear?
6. Were low points drained during this inspection? (Quantity Drained)(see Part III.J)
7. Did the heating equipment in the valve enclosure operate at the time of inspection?

D. Special Systems (Deluge-Preaction) (see trip test report dated)

- 1. Did detection devices test satisfactorily during this inspection?
2. Did the release/activation devices operate properly during detection testing?
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?

E. Alarms (Wet, Dry, Preaction & Deluge)

- 1. Are the alarm trim valves in the proper position, sealed and/or locked?
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?
3. Did the central station/monitoring system receive all alarms?
4. Did the low/high air alarms for the system piping/detection operate properly?
5. Did tamper devices operate properly?

F. Sprinklers

- 1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?
3. Are standard sprinklers in service for less than 50 years / dated after 1920?
4. Are fast response sprinklers in service for less than 20 years?
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?
6. Are sprinklers near heating devices of proper temperature rating?

G. Control Valves (see item G.7)

- 1. Are sprinkler system control valves in the appropriate position?
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date 11-23-21)
3. Were all control valves operated through full range and returned to normal position? (Date 11-23-21)
4. Are valves free from external leaks?
5. Are valves properly identified with signs?
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested)

Table with 3 columns: Yes, N/A, No. Contains handwritten checkmarks and 'N/A' entries for various inspection items.



Fire Protection Systems Report of Inspection

Inspection Contract #: _____
Date: _____

Page ____ of ____

7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tempers	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves	1	OSY	YES	YES	NO	YES	YES		
System Control Valves	2	BEY	YES	YES	NO	YES	YES		
Other Control Valves	1	BEY	YES	YES	NO	YES	YES		
Test Header Control Valve									
Pressure Reducing Control Valve									

H. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser? _____

YES	N/A	NO
✓		

2. Water supply pressures:

a. City N/A psi

c. Tank YES psi

b. Fire pump 95 psi

d. N/A psi

3. Water flow test at sprinkler riser (in psi):

	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.	RISER	2"	95	85	95
b.	RISER	1 1/2"	95	85	95
c.					

	Test Pipe Location	Size Test Pipe	Static	Residual	Static
d.					
e.					
f.					

I. Explain any no answers and comment [see addendum(s) attached if checked]

J. Adjustments or corrections made during this inspection: _____

K. This inspection was performed substantially in accordance with NFPA Standard: 25() 13() ____ () ____ () ____ () . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked]

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name _____

Signature _____

Technician _____

5-25-22
Date

Date: 5-25-22

Inspection Contract #:

Fire Protection System Summary Inspection and Testing Form

- | | |
|--|--|
| <input type="checkbox"/> Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250 | <input type="checkbox"/> Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071 |
| <input type="checkbox"/> Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381 | <input type="checkbox"/> Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714 |
| <input type="checkbox"/> Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757) 485-7486 | |
| <input type="checkbox"/> Atlanta Division - 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770) 448-4700 | |
| <input type="checkbox"/> Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540) 378-6160 | |
| <input type="checkbox"/> NVA Division - 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703) 502-0397 | |
| <input type="checkbox"/> Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410) 787-0639 | |

GENERAL INFORMATION

Property Name: DINWIDDIE COUNTY Pump House Owner: _____
 Address: 14012 BOYDSTON PLANK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: FISA 11-21 By: FISA

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 1:20 AM/PM; alarms restored 3:00 AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1 - 2 1/2" SHOTGUN

PART B OWNER'S SECTION (to be answered by owner or occupant)

	Yes	N/A	No*
1. Is the property occupied?	✓		✓
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		
3. Is the "fire protection system" in service?	✓		
4. Has the "fire protection system" remained in service without modification or activation since last inspection?		✓	
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected		✓	
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date)		✓	
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?	✓		
8. Is the "fire protection system" adequately protected from freezing?		✓	
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		✓	

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	N/A			N/A		
Building Occupant	✓			✓		
AHJ/FD	N/A			N/A		
Other (specify)	✓			✓		
Did alarm central station receive signal properly?	✓			✓		
Did alarm panel reset properly?	✓			✓		

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form | <input type="checkbox"/> Water Storage Tanks Form |
| <input type="checkbox"/> Dry Valve Trip Test Report | <input type="checkbox"/> Hydrant Flow Test Form | <input type="checkbox"/> Private Fire Service Mains Form |
| <input type="checkbox"/> Sprinkler Piping Condition Form | <input type="checkbox"/> Fire Alarm Detection Form | <input type="checkbox"/> Backflow Test Form |
| <input type="checkbox"/> Fire Pump Inspection Form | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |

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Fire Protection Systems Report of Inspections

Inspection Contract #:

Date: 5-25-22

Page ___ of ___

Property Inspected DINWIDDIE COUNTY PUMP HOUSE
Address 14012 BOYDTON PLANK RD
City DINWIDDIE State VA
Zip 23841 Phone _____

Owner _____
Address _____
City _____ State _____
Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)

	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		✓	
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date <u>11-23-21</u>)	✓		
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>11-23-21</u>)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>11-23-21</u>)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?	✓		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		✓	
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓	✓	
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?	✓		
5. Are cold weather valves in the appropriate (open) <input type="checkbox"/> / (closed) <input type="checkbox"/> position?		✓	
6. Are antifreeze test results satisfactory? Test Results: Solution Type _____ Freeze Point _____			
C. Dry Systems (see trip test report dated _____)			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			
2. Is the air (compressor) or nitrogen supply in service and operating properly?			
3. Are quick-opening devices in service? (Semiannual test performed on _____)			
4. Are air maintenance device(s) installed and operating properly?			
5. Is the intermediate chamber free from leakage and the velocity check free & clear?			
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)			
7. Did the heating equipment in the valve enclosure operate at the time of inspection?			
D. Special Systems (Deluge—Preacton) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?			
2. Did the release/activation devices operate properly during detection testing?			
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			
E. Alarms (Wet, Dry, Preacton & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	✓	✓	
2. Did the water motor and gong electrical alarms (pressure and water flow) operate properly during testing?	✓		
3. Did the central station/monitoring system receive all alarms?	✓		
4. Did the low/high air alarms for the system piping/detection operate properly?	✓		
5. Did tamper devices operate properly?	✓		
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?		✓	
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?		✓	
3. Are standard sprinklers in service for less than 50 years / dated after 1920?		✓	
4. Are fast response sprinklers in service for less than 20 years?		✓	
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	✓		
6. Are sprinklers near heating devices of proper temperature rating?		✓	
G. Control Valves (see item G.7)			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>11-23-21</u>)		✓	
3. Were all control valves operated through full range and returned to normal position? (Date <u>11-23-21</u>)		✓	
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?	✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		✓	



7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampered	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves	2	BFIY 1057	YES	YES	NO	YES	YES		
Sectional Control Valves									
System Control Valves	1	BFIY	YES	YES	NO	YES	YES		
Other Control Valves	8	BFIY	YES	YES	YES	YES	YES		
Test Header Control Valve	1	BFIY	YES	YES	YES	YES	YES		
Pressure Reducing Control Valve									

H. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser?

YES	N/A	NO
✓		

2. Water supply pressures:

a. City 210 psi c. Tank _____ psi
 b. Fire pump 100 psi d. 210 psi

3. Water flow test at sprinkler riser (in psi):

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. <u>RISER</u>	<u>1 1/4"</u>	<u>100</u>	<u>85</u>	<u>100</u>
b.				
c.				

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d.				
e.				
f.				

I. Explain any no answers and comment [see addendum(s) attached if checked]

J. Adjustments or corrections made during this inspection:

K. This inspection was performed substantially in accordance with NFPA Standard: 25() 13() ____ () ____ () ____ () . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked .

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

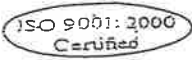
Print Name

Signature

Technician

Date

5-25-22



P.O. Box 26747, Richmond, VA 23261 804.222.1381 - 800.252.5069 - Fax 804.222.4393 - www.flamerica.com

Date: 5-26-22

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

- Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250
- Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381
- Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757)485-7486
- Atlanta Division- 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770)448-4700
- Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540)378-6160
- NVA Division- 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703)502-0397
- Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (410)787-0639
- Charlotte Division - 123 Associates Lane; Indian Trail, NC 28079 (704) 684-0071
- Greenwood Division - 16012 Highway 221 South; Waterloo, SC 29384 (864) 677-3714

GENERAL INFORMATION

Property Name: RAESDALE COMMUNITY CENTER Owner: _____
 Address: 20916 OLD SCHOOL RD Billing Address: _____
 City: MCKENNEY State: VA Zip: 23872 City: _____ State: _____ Zip: _____
 Last Inspection Date: FISA By: 11-24-21

This inspection is (check one): monthly bimonthly quarterly semiannual annual Report to: _____

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 12:00 AM/PM alarms restored 2:00 AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1-3" JETGUN

PART B OWNER'S SECTION (to be answered by owner or occupant)

	Yes	N/A	No
1. Is the property occupied?	✓		
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		✓
3. Is the "fire protection system" in service?			✓
4. Has the "fire protection system" remained in service without modification or activation since last inspection?		✓	
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.		✓	
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date _____)		✓	
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?	✓		
8. Is the "fire protection system" adequately protected from freezing?		✓	
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		✓	

SEE REPORT

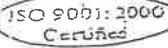
PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓			✓		
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD	✓			✓		
Other (specify)	✓			✓		
Did alarm central station receive signal properly?	✓			✓		
Did alarm panel reset properly?	✓			✓		

PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- Sprinkler System Form
- Dry Valve Trip Test Report
- Sprinkler Piping Condition Form
- Fire Pump Inspection Form
- Standpipe Inspection Form
- Hydrant Flow Test Form
- Fire Alarm Detection Form
- Deluge/Pre-Action Trip Test Report
- Water Storage Tanks Form
- Private Fire Service Mains Form
- Backflow Test Form
- Addendum to Report of Inspection

ECFP....Simply the best!



Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: 5-26-22

Property Inspected RAGSDALE COMMUNITY CENTER
 Address 20916 OLD SCHOOL RD
 City MCKENNEY State VA
 Zip 23872 Phone _____

Owner _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)		Yes	N/A	No
A. General				
1. Is the hydraulic data plate in place, permanently marked and securely attached?		↓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		↓		
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date <u>11-24-21</u>)		↓	✓	
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>11-24-21</u>)		↓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>11-24-21</u>)		↓		
6. Are system gauges (water/air) in good condition and showing normal pressures?		↓	✓	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		↓		
B. Wet Systems				
1. Are areas protected by wet systems inside the property properly heated?		↓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?		↓		
3. Are inspection and flow test tags in place and filled out completely?		↓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		↓		
5. Are cold weather valves in the appropriate (open) <input type="checkbox"/> / (closed) <input type="checkbox"/> position?		↓	✓	
6. Are antifreeze test results satisfactory? Test Results: Solution Type _____ Freeze Point _____		↓		
C. Dry Systems (see trip test report dated _____)				
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			↓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?			↓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)			↓	
4. Are air maintenance device(s) installed and operating properly?			↓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?			↓	
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)			↓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?			↓	
D. Special Systems (Deluge—Preaction) (see trip test report dated _____)				
1. Did detection devices test satisfactorily during this inspection?			↓	
2. Did the release/activation devices operate properly during detection testing?			↓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			↓	
E. Alarms (Wet, Dry, Preaction & Deluge)				
1. Are the alarm trim valves in the proper position, sealed and/or locked?		↓	✓	
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?		↓		
3. Did the central station/monitoring system receive all alarms?		↓	✓	
4. Did the low/high air alarms for the system piping/detection operate properly?		↓		
5. Did tamper devices operate properly?		↓		
F. Sprinklers				
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?		↓		✓
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?		↓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?		↓		
4. Are fast response sprinklers in service for less than 20 years?		↓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?		↓		
6. Are sprinklers near heating devices of proper temperature rating?		↓	✓	
G. Control Valves (see item G.7)				
1. Are sprinkler system control valves in the appropriate position?		✓		
2. Were operating stems of all O.S. & Y. valves lubricated, completely closed and reopened? (Date <u>11-24-21</u>)		✓		
3. Were all control valves operated through full range and returned to normal position? (Date <u>11-24-21</u>)		✓		
4. Are valves free from external leaks?		✓		
5. Are valves properly identified with signs?		✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		↓		



Fire Protection Systems Report of Inspection

Inspection Contract # _____

Date: 5-26-22

Page ____ of ____

7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampered	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves	1	BAF	YES	YES	NO	YES	YES		
Sectional Control Valves									
System Control Valves	2	BAF	YES	YES	NO	YES	YES		
Other Control Valves									
Test Header Control Valve	1	BAF	YES	YES	NO	YES	YES		
Pressure Reducing Control Valve									

H. Water Supply Data

- Was a water flow test of main drain made at sprinkler riser?

YES	NA	NO
-----	----	----
- Water supply pressures:
 - City 210 psi
 - Fire pump N/A psi
 - Tank N/A psi
 - WBU psi
- Water flow test at sprinkler riser (in psi):

Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. <u>RISER</u>	<u>1"</u>	<u>95</u>	<u>30</u>	<u>95</u>	d.				
b.					e.				
c.					f.				

I. Explain any no answers and comment [see addendum(s) attached if checked]

FIRE PUMP CONTROLLER AND FIRE PUMP OUT OF SERVICE DUE TO DAMAGE
SYSTEM IS ON JOCKEY PUMP ONLY

TEST HEADER CONTROL VALVE TAMPER IS WIRED INCORRECTLY

J. Adjustments or corrections made during this inspection: _____

K. This inspection was performed substantially in accordance with NFPA Standard: 25() 13() () () () . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked]

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name

Signature

Technician

Date

5-26-22