

Annual Pump Test

Inspection Contract #:		Inspection #:	
Location:	DINWIDDIE COURT HOUSE	Date:	11-22-21
Address:	14008 BOYDTON PLANK RD	Technician(s):	B. W. BILS - R. HARVEY
City:	DINWIDDIE	State:	VA
Contact Person:		Phone:	
		Fax Number:	
		Zip:	23841

Actual Test Results

Hose Streams	No Flow	Rated Load	Peak Load
Number	N/A	1	1
Size of Hoses	N/A	2 1/2"	2 1/2"
Playpipe Tip Size	N/A	1 3/4"	1 3/4"
Pilot Pressure	N/A	12	24
Gallons Per Minute	N/A	323	452
Pump Discharge Pressure	70	65	55
Pump Suction Pressure	1	0	-9
Net Head (psi)	69	65	46
% of Rated Capacity	Churn	100%	150%
Speed (RPM),	3572	3560	3557
Volts	481, 489, 483	479, 482, 483	479, 484, 482
Amps	9, 10, 10	16, 18, 15	19, 20, 21

Manufacture Data Plate Pump Information

Manufacture	ITT AC Pump	Rated Churn	70	Rated Rpm	3510
Shaft		Rated Gpm	300	Rated psi	65
Serial No.	97-226283-01-01	150% psi	48	Rated 150% gpm	450
Model/Type	1580	Supply	Gpm at PSI		
Water Supply From	Well	Tank Size		Tank Height	

Vertical Pump

Vertical distance of discharge gauge to water level measured in feet.	Static	Pumping
-----------------------------------------------------------------------	--------	---------

Driver

Manufacture	Rated RPM	Rated H.P.
Serial No.	Type of Driver	(diesel, Gasoline, Steam)

Electric Motor

Manufacture	Model No.	Rated FLA
Rated Voltage	Cycles	Amps at 150%
Operating Voltage	Phase	Service Factor

Controller

Manufacture	Start PSI	Stop PSI
Serial No.	Model Number	Stop Method

Jockey Pump

Manufacture	Start PSI	Stop PSI
Serial No.	Model Number	
Controller Make	Model Number	

Comments:

Date: 11-22-21

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 COURT HOUSE Owner: _____
 Address: 14008 BOYDTON PINE RD. Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 7-2021 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 14:00 AM/PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 3-3" FLOOR SYS, FA

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

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

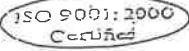
PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Building Occupant	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
AHJ/FD	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Other (specify)				<input checked="" type="checkbox"/>		
Did alarm central station receive signal properly?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Did alarm panel reset properly?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

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 checked="" type="checkbox"/> Backflow Test Form |
| <input checked="" type="checkbox"/> Fire Pump Inspection Form | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input checked="" type="checkbox"/> Addendum to Report of Inspection |

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Fire Protection Systems Report of Inspections

Inspection Contract #:

Date: 11-22-21

Page ___ of ___

Property Inspected: DUNWIDDIE COURT HOUSE
Address: 14008 BOYDTON PLANK RD
City: DUNWIDDIE 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 11-22-21)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 11-22-21)
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—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 11-22-21)
3. Were all control valves operated through full range and returned to normal position? (Date 11-22-21)
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 _____)



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	<u>2</u>	<u>OSV</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
Sectional Control Valves	<u>5</u>	<u>BFIY</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
System Control Valves	<u>3</u>	<u>BFIY</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>OSV</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>		
Pressure Reducing Control Valve									

H. Water Supply Data

YES	N.A.	NO
<input checked="" type="checkbox"/>		

- Was a water flow test of main drain made at sprinkler riser? _____
- Water supply pressures:
 - City N/A psi
 - Fire pump 95 psi
 - Tank N/A psi
 - WELL 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 1A</u>	<u>1"</u>	<u>75</u>	<u>90</u>	<u>45</u>	d.					
b.	<u>RISER 2A</u>	<u>1"</u>	<u>85</u>	<u>80</u>	<u>85</u>	e.					
c.	<u>RISER 3A</u>	<u>1"</u>	<u>75</u>	<u>60</u>	<u>70</u>	f.					

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

E2 - 2" FLOOR FLOW FAILED TEST
F2 - SEE ~~ADDENDUM SHEET~~ SUMMATION SHEET

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]

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 11-22-21

ISO 9001:2008
Certified



DINWIDDIE

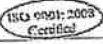
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SUMMATION ITEMS

Form #	Corrections*, Comments & Suggestions - <i>All items marked with an asterisk (*) are required corrections.</i>
	DINWIDDIE COURTHOUSE
	Storage closet on floor 2 by stairwell 3 - both heads need esch. discussion rings replaced due to corrosion
	Floor 2 by main stairwell - need to adjust or add hanger to keep head from hanging
	Storage closet on floor 1 by stairwell 3 - both heads need esch. discussion rings replaced due to corrosion
	1st floor electrical room B-16: one head has overspray and needs to be replaced. Another head needs a esch. discussion ring 1/2 inch 155° chrome pendant quick response
	Ground floor room A-27: head in room has paint on it, needs to be replaced 1/2 inch 155° chrome pendant quick response
	Ground floor back hallway by room A-32: paint on head and bulb, needs to be replaced 1/2 inch 155° chrome pendant quick response

System restored to normal operation, alarm panel is clear, all parties on Summary Inspection Form notified, and any required corrections, comments and suggestions fully explained except as noted above.

Name of Inspector/Technician Dustin Harvey Date 11/22/2021
 Signature [Signature] Time _____
 Name of Owner Representative _____ Date _____
 Signature _____ Time _____



Fire & Life Safety America, Inc

3017 Vernon Road; Richmond, VA 23228

(804) 222-1381

Work Order#: _____

Permit#: _____

Date: 11-22-21

BACKFLOW PREVENTION DEVICE INSPECTION & TEST REPORT

Location Name: DINWIDDIE COURT HOUSE New Installation
 Service Address: 14008 BOXTON PLANK RD Existing
 City: DINWIDDIE County: _____ State: VA Zip: 23841 Replacement
 Contact Person: _____ Phone: _____ Commercial Residential
 Email Address: _____

DEVICE INFORMATION:

Use and Location: FIRE LINE Type of Device:
 Name/Make: FEBCO Model#: 805 Size: 4" Reduced Pressure Zone
 Serial #: 9706 B M12 Dual Check
Pressure Vacuum Breaker

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER	
	Double Check Devices			Differential Pressure Relief Valve	Air Inlet Valve	Check Valve
	Check Valve No. 1	Gate Valve No. 2	Check Valve No. 2		Opened at _____ PSID	Leaked <input type="checkbox"/>
INITIAL TEST	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input checked="" type="checkbox"/>	Opened at* _____ PSID	Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
PASSED <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input type="checkbox"/>			
FAILED <input checked="" type="checkbox"/>	<u>1.9</u>					
REPAIRS AND MATERIALS USED						
TEST AFTER REPAIR	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at* _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>

* Required Only On Reduced Pressure Principle Devices.

REMARKS: REBUILD / REPLACE

CERTIFICATION:

I hereby certify that the foregoing data to be correct and the following statement to be true:
 The device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of the device were satisfactorily corrected without delay.

Tester's Signature: [Signature] Date: 11-22-21
 Printed Name: GREG WELLS Phone: (804) 222-1381
 Tester's Certification #: 2717057816 City of Certification: STATE Expiration Date: 5-31-21
 State Recognition: _____ Calibration Date: 3-30-21
 Test Meter Make and Model: MIDWEST 845

If checked, required corrections, suggestions and comments are included on Form "Addendum to inspection"

Initials of Inspector (if different from Tester) _____ Initials of Owner (Owner Rep.) _____

INSPECTION AND TESTING FORM

DATE: 11/22/2021

TIME: 5:30am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Security Alliance
Telephone: 1-800-759-5151
Monitoring Account Ref. No. Building Address

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify)

Control Unit Manufacturer: Notifier
Circuit Styles: Y,B
Number of Circuits: 2 NAC, 1 SLC
Software Rev: 2.0
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Dinwiddie Courthouse
Address: 14008 Boydton Plank Rd, Dinwiddie VA 23841
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: AFP-400

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
15	B	Manual Fire Alarm
45	B	Boxes Ion Detectors
		Photo Detectors
13	B	Duct Detectors
8	B	Heat Detectors
10	B	Water-flow Switches
13	B	Supervisory Switches
7	B	Other (Specify)
		Monitor Modules

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
49	Y	Strobes
		Speakers
25	Y	Other (Specify)

No. of Alarm Notification Appliance Circuits: 2

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
1	B	Site Water Level
1	B	Fire Pump Power
1	B	Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 3

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Electrical

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 26

Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Security Alliance</u>	<u>5:55am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>5:30am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) <u>Elevators</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Procedures: _____			
Comments: _____			

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6:15am</u>	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12:05pm</u>	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6:00am</u>	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10:51am</u>	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12:05pm</u>	_____

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Security Alliance</u>	<u>12:10pm</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>12:10pm</u>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The Following did not operate Correctly: _____
System restored to normal Operations: **Date:** 11/22/2021 **Time:** 12:10pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/22/2021 Time: 12:10pm
Signature *Martin Fry*
Name of Owner or Representative: _____
Date: _____ Time: _____
Signature: _____

- Deficiencies:
- (2) 12v 7ah batteries in the 2nd floor closet C-21 Power Supply failed and need to be replaced.
 - (1) Smoke Detector D188 needs the description updated in the panel program to say "Closet C-33"
 - (9) Devices were not able to be located due to improper panel descriptions, further investigation is required.

BUILDING

Dinwiddie Courthouse

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
D101	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D102	DUCT DETECTOR	RETURN	TESTED/CLEANED	PASSED	
D103	DUCT DETECTOR	RETURN	TESTED/CLEANED	PASSED	
D104	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D105	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D106	DUCT DETECTOR	RETURN	N/A	N/A	UNABLE TO LOCATE
D107	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D108	DUCT DETECTOR	RETURN	TESTED/CLEANED	PASSED	
D109	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D110	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D111	DUCT DETECTOR	RETURN	TESTED/CLEANED	PASSED	
D112	DUCT DETECTOR	SUPPLY	TESTED/CLEANED	PASSED	
D113	DUCT DETECTOR	RETURN	TESTED/CLEANED	PASSED	
D114	SMOKE DETECTOR	OVER AHU 2 RETURN	TESTED/CLEANED	PASSED	
D115	SMOKE DETECTOR	AHU AREA	TESTED/CLEANED	PASSED	
D116	SMOKE DETECTOR	BOILER ROOM	TESTED/CLEANED	PASSED	
D117	SMOKE DETECTOR	OVER RAF 2	TESTED/CLEANED	PASSED	
D118	SMOKE DETECTOR	OVER AHU 4	TESTED/CLEANED	PASSED	
D119	SMOKE DETECTOR	AHU AREA	TESTED/CLEANED	PASSED	
D120	SMOKE DETECTOR	OVER RAF 1	TESTED/CLEANED	PASSED	
D121	SMOKE DETECTOR	AHU AREA	TESTED/CLEANED	PASSED	
D122	SMOKE DETECTOR	EVIDENCE ROOM	TESTED/CLEANED	PASSED	
D123	SMOKE DETECTOR	RECORDS	TESTED/CLEANED	PASSED	
D124	SMOKE DETECTOR	RECORDS	TESTED/CLEANED	PASSED	
D125	SMOKE DETECTOR	RECORDS	TESTED/CLEANED	PASSED	
D126	SMOKE DETECTOR	RECORDS	TESTED/CLEANED	PASSED	
D127	SMOKE DETECTOR	RECORDS	TESTED/CLEANED	PASSED	
D128	SMOKE DETECTOR	HISTORIC RECORDS	TESTED/CLEANED	PASSED	
D129	SMOKE DETECTOR	ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D130	SMOKE DETECTOR	ELEVATOR LOBBY	TESTED/CLEANED	PASSED	
D131	SMOKE DETECTOR	TELECLOSET	TESTED/CLEANED	PASSED	
D132	HEAT DETECTOR	ELEVATOR 1 SHAFT	TESTED	PASSED	
D133	SMOKE DETECTOR	ELEVATOR 1 SHAFT	TESTED/CLEANED	PASSED	
D135	SMOKE DETECTOR	ELE. CLOSET	TESTED/CLEANED	PASSED	
D136	SMOKE DETECTOR	VENDING	TESTED/CLEANED	PASSED	
D137	SMOKE DETECTOR	SUPPLIES	TESTED/CLEANED	PASSED	
D141	HEAT DETECTOR	ELEVATOR 2 SHAFT	TESTED	PASSED	
D142	SMOKE DETECTOR	ELEVATOR 2 SHAFT	TESTED/CLEANED	PASSED	
D143	SMOKE DETECTOR	ELEVATOR 2 LOBBY	TESTED/CLEANED	PASSED	
D144	SMOKE DETECTOR	CLOSET	TESTED/CLEANED	PASSED	
D145	SMOKE DETECTOR	ELE. ROOM	TESTED/CLEANED	PASSED	
D146	SMOKE DETECTOR	TELECLOSET	TESTED/CLEANED	PASSED	
D147	SMOKE DETECTOR	COMMONS CLOSET	TESTED/CLEANED	PASSED	
D151	SMOKE DETECTOR	ELEVATOR 2 LOBBY	TESTED/CLEANED	PASSED	
D152	SMOKE DETECTOR	CLOSET	TESTED/CLEANED	PASSED	
D153	SMOKE DETECTOR	ELE. CLOSET	TESTED/CLEANED	PASSED	
D155	SMOKE DETECTOR	ELEVATOR 1 LOBBY	TESTED/CLEANED	PASSED	
D156	SMOKE DETECTOR	TELECLOSET	TESTED/CLEANED	PASSED	
D158	SMOKE DETECTOR	FIRE PUMP ROOM	TESTED/CLEANED	PASSED	
D159	HEAT DETECTOR	VEHICLE SALLYPORT	TESTED	PASSED	
D160	HEAT DETECTOR	VEHICLE SALLYPORT	TESTED	PASSED	
D161	SMOKE DETECTOR	ELE. CLOSET	TESTED/CLEANED	PASSED	
D162	SMOKE DETECTOR	TELECLOSET	TESTED/CLEANED	PASSED	
D163	SMOKE DETECTOR	ELEVATOR 1 EQUIPMENT ROOM	TESTED/CLEANED	PASSED	
D164	SMOKE DETECTOR	ELEVATOR 1 LOBBY	TESTED/CLEANED	PASSED	
D165	HEAT DETECTOR	ELEVATOR 1 PIT	TESTED	PASSED	
D166	SMOKE DETECTOR	JANITOR CLOSET	TESTED/CLEANED	PASSED	
D167	SMOKE DETECTOR	ELEVATOR 2 LOBBY	TESTED/CLEANED	PASSED	
D168	HEAT DETECTOR	ELEVATOR 2 PIT	TESTED	PASSED	
D169	SMOKE DETECTOR	ELEVATOR 2 EQUIPMENT ROOM	TESTED/CLEANED	PASSED	
D170	SMOKE DETECTOR	ELEVATOR 2 PIT	TESTED/CLEANED	PASSED	
D171	SMOKE DETECTOR	ELEVATOR 1 PIT	TESTED/CLEANED	PASSED	
D172	HEAT DETECTOR	ELEVATOR 1 EQUIPMENT ROOM	TESTED	PASSED	
D173	HEAT DETECTOR	ELEVATOR 2 EQUIPMENT ROOM	TESTED	PASSED	
D175	SMOKE DETECTOR	ELE. CLOSET	TESTED/CLEANED	PASSED	
D188	SMOKE DETECTOR	D+- ETECTOR ADDR 188	TESTED/CLEANED	PASSED	DESCRIPTION SHOULD BE CLOSET C-33
M101	RELAY MODULE	SMOKE DAMPER	TESTED	PASSED	
M102	RELAY MODULE	SECUREPLEX DR CONT.	TESTED	PASSED	
M103	RELAY MODULE	AHU 3 SHUTDOWN	TESTED	PASSED	
M104	RELAY MODULE	AHU 4 SHUTDOWN	TESTED	PASSED	
M105	RELAY MODULE	AHU 5 SHUTDOWN	TESTED	PASSED	
M106	RELAY MODULE	AHU 6 SHUTDOWN	TESTED	PASSED	
M107	RELAY MODULE	AHU 7 SHUTDOWN	TESTED	PASSED	
M108	RELAY MODULE	CARD READER RELEASE	TESTED	PASSED	
M109	RELAY MODULE	DOORS	TESTED	PASSED	
M110	RELAY MODULE	AHU 1 SHUTDOWN	TESTED	PASSED	
M111	RELAY MODULE	MODULE ADDRESS 111	N/A	N/A	UNABLE TO LOCATE. DEVICE NEEDS DESCRIPTION
M112	RELAY MODULE	AHU 2 SHUTDOWN	TESTED	PASSED	
M113	RELAY MODULE	MODULE ADDRESS 113	N/A	N/A	UNABLE TO LOCATE. DEVICE NEEDS DESCRIPTION
M114	WATER FLOW	MEZZANINE	TESTED	PASSED	
M115	TAMPER SWITCH	MEZZANINE	TESTED	PASSED	
M116	WATER FLOW	STAIR 4	TESTED	PASSED	
M117	TAMPER SWITCH	STAIR 4	TESTED	PASSED	

M118	PULL STATION	STAIR 4	TESTED	PASSED	
M119	WATER FLOW	ELEVATOR 2 SHAFT	N/A	N/A	UNABLE TO LOCATE
M120	TAMPER SWITCH	ELEVATOR 2 SHAFT	N/A	N/A	UNABLE TO LOCATE
M121	PULL STATION	STAIR 3	TESTED	PASSED	
M122	PULL STATION	STAIR 1	TESTED	PASSED	
M123	TAMPER SWITCH	ELEVATOR 1 SHAFT	TESTED	PASSED	
M124	WATER FLOW	ELEVATOR 1 SHAFT	TESTED	PASSED	
M125	PULL STATION	STAIR 2	TESTED	PASSED	
M126	TAMPER SWITCH	STAIR 2	TESTED	PASSED	
M127	WATER FLOW	STAIR 2	TESTED	PASSED	
M128	MONITOR MODULE	FCPS 1 TROUBLE	TESTED	PASSED	
M129	PULL STATION	G/D KITCHEN EXIT	TESTED	PASSED	
M130	PULL STATION	STAIR 4	TESTED	PASSED	
M131	PULL STATION	SIDE EXIT	TESTED	PASSED	
M132	PULL STATION	STAIR 3	TESTED	PASSED	
M133	PULL STATION	STAIR 2	TESTED	PASSED	
M134	WATER FLOW	FUTURE ELEVATOR	N/A	N/A	UNABLE TO LOCATE
M135	TAMPER SWITCH	FUTURE ELEVATOR	N/A	N/A	UNABLE TO LOCATE
M141	MONITOR MODULE	FCPS 2 TROUBLE	TESTED	PASSED	
M142	PULL STATION	SECURED CORRIDOR	TESTED	PASSED	
M143	PULL STATION	STAIR 2	TESTED	PASSED	
M144	PULL STATION	LOBBY	TESTED	PASSED	
M145	PULL STATION	LOBBY	TESTED	PASSED	
M146	PULL STATION	STAIR 3	TESTED	PASSED	
M147	PULL STATION	SIDE EXIT	TESTED	PASSED	
M148	TAMPER SWITCH	FIRE PUMP ROOM	TESTED	PASSED	
M149	TAMPER SWITCH	STAIR 2	TESTED	PASSED	
M150	WATER FLOW	STAIR 2	TESTED	PASSED	
M151	WATER FLOW	ELEVATOR 1 PIT	TESTED	PASSED	
M152	TAMPER SWITCH	ELEVATOR 1 PIT	TESTED	PASSED	
M153	TAMPER SWITCH	ELEVATOR 2 PIT	N/A	N/A	UNABLE TO LOCATE
M154	WATER FLOW	ELEVATOR 2 PIT	N/A	N/A	UNABLE TO LOCATE
M157	MONITOR MODULE	FCPS 3 TROUBLE	TESTED	PASSED	
M158	RELAY MODULE	ELEVATOR 1 PRIMARY RECALL	TESTED	PASSED	
M159	RELAY MODULE	ELEVATOR 1 ALTERNATE RECALL	TESTED	PASSED	
M160	RELAY MODULE	ELEVATOR 1 SHUNT TRIP	TESTED	PASSED	
M161	RELAY MODULE	ELEVATOR 2 PRIMARY RECALL	TESTED	PASSED	
M162	RELAY MODULE	ELEVATOR 2 ALTERNATE RECALL	TESTED	PASSED	
M163	RELAY MODULE	ELEVATOR 2 SHUNT TRIP	TESTED	PASSED	
M164	RELAY MODULE	SMOKE DAMPER	TESTED	PASSED	
M165	TAMPER SWITCH	STAIR 3	TESTED	PASSED	
M166	RELAY MODULE	SMOKE DAMPER	TESTED	PASSED	
M167	TAMPER SWITCH	STAIR 4	TESTED	PASSED	
M168	TAMPER SWITCH	STAIR 2	TESTED	PASSED	
M169	WATER FLOW	STAIR 2	TESTED	PASSED	
M170	MONITOR MODULE	WATER LEVEL SUPERVISORY	TESTED	PASSED	
M171	MONITOR MODULE	POWER LOSS	TESTED	PASSED	
M172	MONITOR MODULE	PUMP RUN	TESTED	PASSED	
M173	MONITOR MODULE	PUMP PHASE REVERSAL	TESTED	PASSED	SIMULATED
M174	RELAY MODULE	SMOKE DAMPER	TESTED	PASSED	
M175	RELAY MODULE	SMOKE DAMPER	TESTED	PASSED	
M177	RELAY MODULE	FINE PAYMENT	TESTED	PASSED	
M178	RELAY MODULE	FINE PAYMENT	TESTED	PASSED	

INSPECTION AND TESTING FORM

DATE: 11/29/2021

TIME: 1:20pm

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: N/A
Telephone:
Monitoring Account Ref. No.

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify) Not Monitored/Local Only

Control Unit Manufacturer: Simplex
Circuit Styles: Y, B
Number of Circuits: 1 NAC, 4 IDC
Software Rev: N/A
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Dinwiddie Library
Address: 14103 Boydton Plank Rd, Dinwiddie VA 23841
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: 4001

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
1	B	Manual Fire Alarm
		Boxes Ion Detectors
10	B	Photo Detectors
		Duct Detectors
		Heat Detectors
		Water-flow Switches
		Supervisory Switches
		Other (Specify)

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
		Strobes
		Speakers
1	Y	Other (Specify)
		Horn/Strobe

No. of Alarm Notification Appliance Circuits: 1

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel LC Circuit 22

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 7

Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Nick Sheffield</u>	<u>N/A</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nick Sheffield	N/A
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The Following did not operate Correctly: _____
System restored to normal Operations: Date: 11/29/2021 Time: 2:00pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS
Name of Inspector: Martin Fry Date: 11/29/2021 Time: 2:00pm
Signature: *Martin Fry*
Name of Owner or Representative: _____
Date: _____ Time: _____
Signature: _____

BUILDING
Dinwiddie Library

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
1	SMOKE DETECTOR	YOUTH SECTION	TESTED/CLEANED	PASSED	
1	SMOKE DETECTOR	YOUTH SECTION ABOVE CEILING	N/A	UNTESTED	UNABLE TO SEE OR REACH DEVICE. FOLLOWED WIRE UP FROM CEILING LED INDICATOR, DEVICE LOCATED BETWEEN RAFTERS.
1	SMOKE DETECTOR	MEN'S RESTROOM	TESTED/CLEANED	PASSED	
2	PULL STATION	ENTRANCE	TESTED	PASSED	
2	SMOKE DETECTOR	FRONT DESK	TESTED/CLEANED	PASSED	
2	SMOKE DETECTOR	FRONT DESK ABOVE CEILING	TESTED/CLEANED	PASSED	
2	SMOKE DETECTOR	LEFT OF FRONT DESK ABOVE CEILING	TESTED/CLEANED	PASSED	
3	SMOKE DETECTOR	REFERENCE ROOM	TESTED/CLEANED	PASSED	
3	SMOKE DETECTOR	REFERENCE ROOM ABOVE CEILING	TESTED/CLEANED	PASSED	
4	SMOKE DETECTOR	READING ROOM	TESTED/CLEANED	PASSED	
4	SMOKE DETECTOR	READING ROOM ABOVE CEILING	TESTED/CLEANED	PASSED	

INSPECTION AND TESTING FORM

DATE: 11/29/2021

TIME: 12:30pm

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Richmond Alarm
Telephone: 804-745-1800
Monitoring Account Ref. No. 473757

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify)

Control Unit Manufacturer: Fire-Lite
Circuit Styles: Y, B
Number of Circuits: 2 NAC, 1 SLC
Software Rev: 01.02.008
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Information Technology Building
Address: 13910 Courthouse Rd, Dinwiddie VA 23841
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: ES-50X

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
2	B	Manual Fire Alarm Boxes
		Ion Detectors
		Photo Detectors
1	B	Duct Detectors
1	B	Heat Detectors
		Water-flow Switches
		Supervisory Switches
12	B	Other (Specify) Multicriteria Detectors- Smoke/Heat

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
3	Y	Strobes
		Speakers
5	Y	Other (Specify) Horn/Strobes

No. of Alarm Notification Appliance Circuits: 2

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel P1 Circuit 30

(b) Secondary Standby:
12v Storage Battery Amp-Hr. Rating: 7ah

Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Richmond Alarm</u>	<u>12:41pm</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>12:30pm</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured		
		Check	Test	Sitting	Sitting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List / Duct Detector in Chief's Office Closet from previous system no longer monitored by FACP

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
 Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:55pm	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:14pm	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:43pm	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:53pm	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:14pm	_____

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Richmond Alarm	1:20pm
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite Staff	1:20pm
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The Following did not operate Correctly: _____
 System restored to normal Operations: Date: 11/29/2021 Time: 1:20pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/29/2021 Time: 1:20pm
 Signature: *Martin Fry*
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

BUILDING
Information Technology

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
D001	MULTICRITERIA DETECTOR	ABOVE FACP	TESTED/CLEANED	PASSED	
D002	MULTICRITERIA DETECTOR	ENTRY FOYER	TESTED/CLEANED	PASSED	
D004	HEAT DETECTOR	KITCHEN/BREAK ROOM	TESTED	PASSED	
D005	MULTICRITERIA DETECTOR	IT SERVER ROOM	TESTED/CLEANED	PASSED	
D006	MULTICRITERIA DETECTOR	STORAGE ROOM	TESTED/CLEANED	PASSED	
D007	MULTICRITERIA DETECTOR	CONFERENCE ROOM	TESTED/CLEANED	PASSED	
D008	MULTICRITERIA DETECTOR	OFFICE	TESTED/CLEANED	PASSED	
D009	MULTICRITERIA DETECTOR	OFFICE	TESTED/CLEANED	PASSED	
D011	MULTICRITERIA DETECTOR	OFFICE	TESTED/CLEANED	PASSED	
D012	MULTICRITERIA DETECTOR	OFFICE	TESTED/CLEANED	PASSED	
D013	MULTICRITERIA DETECTOR	OFFICE	TESTED/CLEANED	PASSED	
D014	MULTICRITERIA DETECTOR	OFFICE	TESTED/CLEANED	PASSED	
D015	MULTICRITERIA DETECTOR	RECEPTION AREA	TESTED/CLEANED	PASSED	
M003	PULL STATION	MAIN ENTRY	TESTED	PASSED	
M010	PULL STATION	REAR DOOR	TESTED	PASSED	
M020	MONITOR MODULE	FACP ROOM DUCT DETECTOR	TESTED	PASSED	
M020	DUCT DETECTOR	FACP ROOM	TESTED/CLEANED	PASSED	

Range Hood Systems Report

SERVICE COMPANY

DATE OF SERVICE 6-7-21		TIME 1:40	A.M.	PM. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	
LOCATION OF SYSTEM CYLINDERS Wall next to hood				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER Anshu	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>		DRY CHEMICAL
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A		
FUSE LINKS 360° F. 3 (K)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>	GAS	SIZE	
SERIAL NUMBER 20121231874	LAST HYDRO TEST DATE 2013	LAST RECHARGE DATE 2013		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:	DRAWING NUMBER:	DATE		

CUSTOMER

Name **Dinwiddie (Eastside Community Center)**

Address **7301 Boydton Plank Rd.**

City **N. Dinwiddie** State **VA** ZIP **23803**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Stove	Flat top	Warmer	
--------------	-----------------	---------------	--

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) N/A 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 43oz 10. Hydrostatic test date 2013 11. 6 year maintenance date N/A 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles No 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters N/A 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place NO 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational N/A 32. Clean cylinder & mount NO 33. Fan warning sign on hood Yes 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: Wire Connections made inside of Hood box need to be moved to a junction box outside of the hood box. Filters have about 8"-9" gap in them.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley		6-7-21	1:40	<input checked="" type="checkbox"/>	
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY

FLSA

DATE OF SERVICE 11-29-21		TIME 1:00		A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Wall next to hood				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER	MODEL NUMBER	WET <input checked="" type="checkbox"/>		DRY CHEMICAL	
CYLINDER SIZE MASTER 3 gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 3 (K)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>	GAS	SIZE		
SERIAL NUMBER 20121231874	LAST HYDRO TEST DATE 2013	LAST RECHARGE DATE 2013			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name Dinwiddie (East Side Community Center)

Address 7301 Boydton Plank Rd.

City N. Dinwiddie State VA ZIP 23803

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Stove	Flat top	Warmer
-------	----------	--------

- | | | | |
|------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|-------------------------------------|
| 1. All appliances properly covered w/correct nozzles | <input checked="" type="checkbox"/> | 20. Replaced fuse links | <input checked="" type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles | <input checked="" type="checkbox"/> | 21. Check travel of cable nuts/S-hooks | <input checked="" type="checkbox"/> |
| 3. Check positioning of all nozzles. | <input checked="" type="checkbox"/> | 22. Piping & conduit securely bracketed | <input checked="" type="checkbox"/> |
| 4. System installed in accordance w/MFG UL listing | <input checked="" type="checkbox"/> | 23. Proper separation between fryers & flame | <input checked="" type="checkbox"/> |
| 5. Hood/duct penetrations sealed w/weid or UL device | <input checked="" type="checkbox"/> | 24. Proper clearance-flame to filters | <input checked="" type="checkbox"/> |
| 6. Check if seals intact, evidence of tampering | <input checked="" type="checkbox"/> | 25. Exhaust fan in operating order | <input checked="" type="checkbox"/> |
| 7. If system has been discharged, report same | N/A | 26. All filters in place | <input checked="" type="checkbox"/> |
| 8. Pressure gauge in proper range (If gauged) | N/A | 27. Fuel shut-off in on position | <input checked="" type="checkbox"/> |
| 9. Check cartridge weight (If applicable) | <input checked="" type="checkbox"/> 43 oz | 28. Manual & remote set/seals in place | <input checked="" type="checkbox"/> |
| 10. Hydrostatic test date | 2013 | 29. Replace systems covers | <input checked="" type="checkbox"/> |
| 11. 6 year maintenance date | N/A | 30. System operational & seals in place | <input checked="" type="checkbox"/> |
| 12. Inspect cylinder and mount | <input checked="" type="checkbox"/> | 31. Slave system operational | <input checked="" type="checkbox"/> |
| 13. Operate system from terminal link | <input checked="" type="checkbox"/> | 32. Clean cylinder & mount | <input checked="" type="checkbox"/> |
| 14. Test for proper operation from remote | <input checked="" type="checkbox"/> | 33. Fan warning sign on hood | <input checked="" type="checkbox"/> |
| 15. Check operation of micro switch | <input checked="" type="checkbox"/> | 34. Personnel instructed in manual operation of system | <input checked="" type="checkbox"/> |
| 16. Check operation of gas valve | <input checked="" type="checkbox"/> | 35. Proper hand portable extinguishers | <input checked="" type="checkbox"/> |
| 17. Clean nozzles | <input checked="" type="checkbox"/> | 36. Portable extinguishers properly serviced | <input checked="" type="checkbox"/> |
| 18. Proper nozzle covers in place | <input checked="" type="checkbox"/> | 37. Service & Certification tag on system | <input checked="" type="checkbox"/> |
| 19. Check fuse links and clean | NO | NOTE DISCREPANCIES OR DEFICIENCIES BELOW | |

COMMENTS: Filters have a big gap in them.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley 11-29-21 2:00 AM PM

SERVICE TECHNICIAN PERMIT NO. DATE: TIME: AM PM CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

INSPECTION AND TESTING FORM

DATE: 11/24/2021

TIME: 10:05am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Petersburg Alarm
Telephone: 804-732-1571
Monitoring Account Ref. No. 851-3597

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify)

Control Unit Manufacturer: Fire-Lite
Circuit Styles: Y, B
Number of Circuits: 4 NAC, 1 SLC
Software Rev: 01.03.066
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Eastside Enhancement Community Center
Address: 7301 Boydton Plank Rd, Dinwiddie VA 23803
Owner Contact: Ray Vines
Telephone: 804-732-1100

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: ES-200X

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
9	B	Manual Fire Alarm Boxes
		Ion Detectors
13	B	Photo Detectors
1	B	Duct Detectors
		Heat Detectors
		Water-flow Switches
		Supervisory Switches
1	B	Other (Specify) Monitor Module

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
6	Y	Strobes
		Speakers
17	Y	Other (Specify) Horn/Strobes

No. of Alarm Notification Appliance Circuits: 4

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel MDP Circuit unlabeled left side 3rd from bottom

(b) Secondary Standby:

12v Storage Battery Amp-Hr. Rating: 12ah
 Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Petersburg Alarm</u>	<u>10:10am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Reception Desk</u>	<u>10:05am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		Left battery damaged
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify) Kitchen Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:33am	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:50am	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:32am	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:54am	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:56am	

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Petersburg Alarm	11:00am
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reception Desk	11:00am
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The Following did not operate Correctly: _____
System restored to normal Operations: **Date:** 11/24/2021 **Time:** 11:00am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/24/2021 Time: 11:00am
Signature: *Martin Fry*
Name of Owner or Representative: _____
Date: _____ Time: _____
Signature: _____

Deficiencies:
(2) 12v 12ah batteries in the FACP need to be replaced. (Left battery is damaged and failed test, replace batteries as a pair.)

BUILDING

Eastside Enhancement Community Center

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
D001	SMOKE DETECTOR	FACP	TESTED/CLEANED	PASSED	
D003	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
D005	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
D006	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
D008	SMOKE DETECTOR	HALLWAY A	TESTED/CLEANED	PASSED	
D009	SMOKE DETECTOR	HALLWAY A	TESTED/CLEANED	PASSED	
D010	SMOKE DETECTOR	HALLWAY A	TESTED/CLEANED	PASSED	
D012	SMOKE DETECTOR	FRONT HALLWAY	TESTED/CLEANED	PASSED	
D014	SMOKE DETECTOR	FRONT HALLWAY	TESTED/CLEANED	PASSED	
D017	DUCT DETECTOR	HVAC CLOSET	TESTED/CLEANED	PASSED	
D020	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
D021	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
D022	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
D023	SMOKE DETECTOR	HALLWAY B	TESTED/CLEANED	PASSED	
M002	PULL STATION	MAINTENANCE ROOM	TESTED	PASSED	
M004	PULL STATION	STAFF OFFICE	TESTED	PASSED	
M007	PULL STATION	FRONT HALL BY LIBRARY	TESTED	PASSED	
M011	PULL STATION	HALLWAY A	TESTED	PASSED	
M013	PULL STATION	FRONT ENTRANCE	TESTED	PASSED	
M015	PULL STATION	CONFERENCE ROOM	TESTED	PASSED	
M016	PULL STATION	BALLROOM	TESTED	PASSED	
M018	PULL STATION	KITCHEN	TESTED	PASSED	
M019	MONITOR MODULE	KITCHEN HOOD	TESTED	PASSED	
M024	PULL STATION	HALLWAY B	TESTED	PASSED	

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 6-7-21		TIME 12:30	A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER Ansul	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>		DRY CHEMICAL
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A		
FUSE LINKS 360° F. 2 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>	GAS	SIZE	
SERIAL NUMBER N/A	LAST HYDRO TEST DATE 2010	LAST RECHARGE DATE		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:	DRAWING NUMBER:	DATE		

CUSTOMER

Name Dinwiddie (Ford Vol. F.D.)

Address 13402 Cox Rd

City Church Road State VA ZIP 23833

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat Top	Stove		
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- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) N/A 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 10. Hydrostatic test date 2010 11. 6 year maintenance date N/A 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles NO 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place NO 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational NI 32. Clean cylinder & mount NO 33. Fan warning sign on hood NO 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: Electrical Connections made inside of hood box need to be moved to a junction box outside of hood box. Gas was off upon arrival. I reset the gas valve long enough to test it & left it off like it was before I arrived.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X Mark Conley	6-7-21	1:45	<input checked="" type="checkbox"/>	
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM PM
CUSTOMER'S AUTHORIZED AGENT				

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 11-29-21		TIME 10:30		A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	RECHARGE <input type="checkbox"/>	INSTALLATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Ansul	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>		DRY CHEMICAL <input type="checkbox"/>	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 2 (MC)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	SIZE		
SERIAL NUMBER N/A	LAST HYDRO TEST DATE 2010	LAST RECHARGE DATE			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name **Dinwiddie (Ford Vol. F.D.)**

Address **13402 Cox Rd.**

City **Church rd.** State **VA** ZIP **23833**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat top	Stove		
-----------------	--------------	--	--

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) N/A 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 4202 10. Hydrostatic test date 2010 11. 6 year maintenance date N/A 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles <input checked="" type="checkbox"/> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame <input checked="" type="checkbox"/> 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place <input checked="" type="checkbox"/> 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational <input checked="" type="checkbox"/> 32. Clean cylinder & mount <input checked="" type="checkbox"/> 33. Fan warning sign on hood <input checked="" type="checkbox"/> 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMMENTS: Electrical Connections made inside of hood box need to be moved to a junction box outside of hood box. Agent tank & high pressure Cartridge Need to be hydro tested or replaced. (Ansul 101-20)

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley	11-29-21	11:30	<input checked="" type="checkbox"/>		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

INSPECTION AND TESTING FORM

DATE: 11/29/2021

TIME: 10:00am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: N/A
Telephone:
Monitoring Account Ref. No.

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify) Not Monitored/Local Only

Control Unit Manufacturer: Simplex
Circuit Styles: Y, B
Number of Circuits: 2 NAC, 1 SLC
Software Rev: 4.02
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Ford Volunteer Fire Department
Address: 13402 Cox Rd, Dinwiddie VA 23803
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
4	B	Manual Fire Alarm
		Boxes Ion Detectors
9	B	Photo Detectors
		Duct Detectors
		Heat Detectors
		Water-flow Switches
		Supervisory Switches
1	B	Other (Specify) Monitor Module

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
4	Y	Strobes
		Speakers
14	Y	Other (Specify) Horn/Strobes

No. of Alarm Notification Appliance Circuits: 4

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel LB Circuit 27

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 12

Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>10:00am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify) Kitchen Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
 Comments: _____
Kitchen Hood tested by Mark Conley

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite Staff	11:20am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The Following did not operate Correctly: _____
 System restored to normal Operations: **Date:** 11/29/2021 **Time:** 11:20am

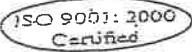
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS
 Name of Inspector: Martin Fry Date: 11/29/2021 Time: 11:20am
 Signature Martin Fry
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

Deficiencies:
 (1) Horn/Strobe in the dining/day room did not flash or sound. Requires investigation.

BUILDING

Ford Volunteer Fire Department

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
3	SMOKE DETECTOR	BUNK 1 ROOM 112	TESTED/CLEANED	PASSED	
6	SMOKE DETECTOR	DINING/DAY ROOM 107	TESTED/CLEANED	PASSED	
9	SMOKE DETECTOR	METTING/TRAINING ROOM 104	TESTED/CLEANED	PASSED	
12	SMOKE DETECTOR	CORRIDOR 101 AT OFFICE 119	TESTED/CLEANED	PASSED	
2	PULL STATION	DINING/DAY ROOM 107	TESTED	PASSED	
5	SMOKE DETECTOR	CORRIDOR 106 AT BUNK ROOMS	TESTED/CLEANED	PASSED	
8	PULL STATION	METTING/TRAINING ROOM 104	TESTED	PASSED	
11	SMOKE DETECTOR	CORRIDOR 101 AT ROOM 104	TESTED/CLEANED	PASSED	
14	SMOKE DETECTOR	MEZZANINE LEVEL	TESTED/CLEANED	PASSED	
1	SMOKE DETECTOR	ELECTRICAL ROOM ABOVE FACP	TESTED/CLEANED	PASSED	
4	SMOKE DETECTOR	BUNK 2 ROOM 113	TESTED/CLEANED	PASSED	
7	MONITOR MODULE	KITCHEN HOOD	TESTED	PASSED	
10	PULL STATION	CORRIDOR 101 EXIT	TESTED	PASSED	
13	PULL STATION	APPARATUS BAY 121	TESTED	PASSED	



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

Date: 11-23-21

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: DINWIDDIE COURT GOVERNMENT BLDG Owner: _____
 Address: 14010 BOYSTON PLANK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 7-2021 By: FISA

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

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 08:00 AM/PM; alarms restored 11:00 AM/PM
- 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?		✓	

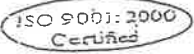
PART C - TEST NOTIFICATIONS

	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)

- 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!



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Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Date: 11-23-21

Page _____ of _____

Property Inspected DINWIDDIE COUNTY GOVERNMENT BIDG. Owner _____
 Address 14010 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>11-23-21</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 checked="" 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?	✓	<u>SRW</u>	
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 <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 _____)			✓



Inspection Contract #: _____
 Date: 11-23-21

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									
Sectional Control Valves	1	BFTV	YES	YES	NO	YES	YES		
System Control Valves	1	BFTV	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	NA	NO
<input checked="" type="checkbox"/>		
2. Water supply pressures:
 - a. City N/A psi
 - b. Fire pump 90 psi
 - c. Tank N/A 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.

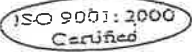
This report was reviewed with: _____

By: East Coast Fire Protection, Inc.

Signature: [Handwritten Signature] Technician

Date: 11-23-21

Print Name: _____



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Date: 11-23-21

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 PUBLIC SAFETY Owner: _____
 Address: 13850 COURTHOUSE RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 7-2021 By: FLISA

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

PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced 12:30 AM/PM alarms restored 3:30 AM/PM
 2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 1-4" SHOTGUN WBT, 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?		✓	

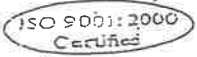
PART C - TEST NOTIFICATIONS

	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)

- 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

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Fire Protection Systems Report of Inspections

Inspection Contract #: _____ Date: 11-23-21

Page ___ of ___

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

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...
3. Has the system check valve(s) been internally inspected within in the last 5 years?
4. Is the visible exterior of the system piping in good condition...
5. Are visible hangers in place, securely attached...
6. Are system gauges (water/air) in good condition...
7. Were system gauges (water/air) checked against a calibrated gauge...

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...
3. Are inspection and flow test tags in place and filled out completely?
4. Was a flow test performed from Inspector's test valve...
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 marks for each inspection item.



Fire Protection Systems Report of Inspection

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	1	OSV	YES	YES	NO	YES	YES		
System Control Valves	2	RFV	YES	YES	NO	YES	YES		
Other Control Valves	1	RFV	YES	YES	NO	YES	YES		
Test Header Control Valve									
Pressure Reducing Control Valve									

H. Water Supply Data

YES	N.A.	NO

- Was a water flow test of main drain made at sprinkler riser? _____
- Water supply pressures:
 - City N/A psi
 - Fire pump 95 psi
 - Tank N/A psi
 - N/A 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.	RISER	2"	95	85	95	d.					
b.	RISER	1 1/2"	95	85	95	e.					
c.						f.					

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

FA - SEE SUMMATION SHEET

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.

[Handwritten Signature]

11-23-21



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SUMMATION ITEMS

Form # Corrections*, Comments & Suggestions - All items marked with an asterisk (*) are required corrections.

DINWIDDIE PUBLIC SAFETY

Storage room 229 - head has corrosion and needs to be replaced
195° brass upright quick response 1/2 inch

Data room - 6 heads have tape around them and need to be replaced

System restored to normal operation, alarm panel is clear, all parties on Summary Inspection Form notified, and any required corrections, comments and suggestions fully explained except as noted above.

Name of Inspector/Technician Dustin Harvey

Date 11/23/2021

Signature Dustin R. Harvey

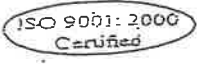
Time _____

Name of Owner Representative _____

Date _____

Signature _____

Time _____



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Date: 11-23-21

Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

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- Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540)378-6160
- N.VA 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: DINWIDDIE COUNTY PUMP HOUSE Owner: _____
 Address: 14012 BOYDTON PARK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: 7-2021 By: FISA

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

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 10:00 AM PM; alarms restored 12:00 AM PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 2 1/2" SHOTGUN

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

Monitoring Entity/Central Station _____
 Building Management _____
 Building Occupant _____
 AHJ/FD _____
 Other (specify) _____
 Did alarm central station receive signal properly? _____
 Did alarm panel reset properly? _____

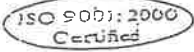
	PRIOR TO START		
	Yes	No	Time
Monitoring Entity/Central Station	✓		
Building Management	✓		
Building Occupant		✓	
AHJ/FD	✓		
Other (specify)	✓		
Did alarm central station receive signal properly?	✓		
Did alarm panel reset properly?	✓		

	UPON COMPLETION		
	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

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Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: 11-23-21

Property Inspected DINWIDDIE COUNTY PUMP HOUSE
 Address 14012 BOYDTON PARK 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 _____)		✓	
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—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>11-23-21</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	<u>2</u>	<u>BFV</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
Sectional Control Valves									
System Control Valves	<u>1</u>	<u>BFV</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>		
Other Control Valves	<u>2</u>	<u>BFV</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>		
Test Header Control Valve	<u>1</u>	<u>BFV</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>		
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
<input checked="" type="checkbox"/>		

2. Water supply pressures:

a. City N/A psi

c. Tank _____ psi

b. Fire pump 100 psi

d. N/A 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</u>	<u>1 1/4"</u>	<u>100</u>	<u>85</u>	<u>100</u>	d.					
b.						e.					
c.						f.					

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

Jockey Controller has bad pressure sensor. Jockey continuously runs only showing 22-23 PSI. Sys. Sensing line gauges show 100 PSI.

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

11-23-21



Annual Pump Test

Inspection Contract #:	Location: <u>DINWIDDIE PUMP HOUSE</u>		Inspection #:	Date: <u>11-23-21</u>
	Address: <u>14012 BOYSTON PLANK RD</u>			Technician(s): <u>G. WELLS - R. HARVEY</u>
	City: <u>DINWIDDIE</u>	State: <u>VA</u>	Zip: <u>23841</u>	
Contact Person:	Phone:		Fax Number:	

Actual Test Results

Hose Streams	No Flow	Rated Load	Peak Load
<u>FLOW METER</u>	<u>FLOW METER</u>	<u>FLOW METER</u>	<u>DID NOT MAKE</u>
Number	<u>N/A</u>	<u>N/A</u>	
Size of Hoses	<u>N/A</u>	<u>N/A</u>	
Playpipe Tip Size	<u>N/A</u>	<u>N/A</u>	
Pilot Pressure	<u>N/A</u>	<u>N/A</u>	
Gallons Per Minute	<u>0</u>	<u>2000</u>	
Pump Discharge Pressure	<u>85</u>	<u>65</u>	
Pump Suction Pressure	<u>5</u>	<u>3</u>	
Net Head (psi)	<u>80</u>	<u>62</u>	
% of Rated Capacity	<u>Churn</u>	<u>100%</u>	<u>150%</u>
Speed (RPM)	<u>1735</u>	<u>1795</u>	
Volts			
Amps			

Manufacture Data Plate Pump Information

Manufacture	<u>PATERSON</u>	Rated Churn	<u>83</u>	Rated Rpm	<u>1750</u>
Shaft		Rated Gpm	<u>2000</u>	Rated psi	<u>65</u>
Serial No.	<u>FP-C164950-01</u>	150% psi	<u>47</u>	Rated 150% gpm	<u>3000</u>
Model/Type	<u>10X8 M</u>	Supply	Gpm at PSI	<u>2000</u>	
Water Supply From	<u>TANK</u>	Tank Size		Tank Height	

Vertical Pump

Vertical distance of discharge gauge to water level measured in feet.	Static	Pumping
-----------------------------------------------------------------------	--------	---------

Driver

Manufacture	<u>CLARKE</u>	Rated RPM	<u>1750</u>	Rated H.P.	
Serial No.	<u>5012981P</u>	Type of Driver		(diesel, Gasoline, Steam)	

Electric Motor

Manufacture		Model No.		Rated FLA	
Rated Voltage		Cycles		Amps at 150%	
Operating Voltage		Phase		Service Factor	

Controller

Manufacture	<u>FIRETROL</u>	Start PSI	<u>35.5</u>	Stop PSI	<u>95</u>
Serial No.	<u>1656247</u>	Model Number		Stop Method	<u>AUTO MANUAL</u>

Jockey Pump

Manufacture	<u>PATERSON</u>	Start PSI	<u>7.5</u>	Stop PSI	<u>95</u>
Serial No.		Model Number	<u>PM5-7 MSV5-7-30P</u>		
Controller Make	<u>FIRETROL</u>	Model Number	<u>FTA550F-AC002B</u>		

Comments: PRESSURE REGULATION W/ JOCKEY CONTROLLER NOT WORK PUMP CONTINUOUSLY RUNS CONTROLLER SHOWING 20-23 PSI, SENSING LOWER GUAGES READING 100 PSI

INSPECTION AND TESTING FORM

DATE: 11/23/2021

TIME: 8:00am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Security Alliance
Telephone: 1-804-745-1800
Monitoring Account Ref. No. 470925

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify)

Control Unit Manufacturer: Notifier
Circuit Styles: Y,B
Number of Circuits: 4 NAC, 1 SLC
Software Rev: 25.0
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Dinwiddie Government Center
Address: 14010 Boydton Plank Rd, Dinwiddie VA 23841
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: NFS2-640

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
10	B	Manual Fire Alarm
		Boxes Ion Detectors
32	B	Photo Detectors
4	B	Duct Detectors
1	B	Heat Detectors
2	B	Water-flow Switches
2	B	Supervisory Switches
4	B	Other (Specify)
		Monitor Modules

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
62	Y	Strobes
		Speakers
50	Y	Other (Specify)

No. of Alarm Notification Appliance Circuits: 4

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel L1B Circuit 27

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 18

Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Security Alliance</u>	<u>8:00am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>8:00am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) Elevator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
 Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:50am	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:32am	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:45am	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:48am	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:32am	

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Alliance	9:32am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite Staff	9:32am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The Following did not operate Correctly: _____
 System restored to normal Operations: Date: 11/23/2021 Time: 9:32am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS
 Name of Inspector: Martin Fry Date: 11/23/2021 Time: 9:32am
 Signature Martin Fry
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

Deficiencies:
 (1) Horn/Strobe in the Human Resources Department by room 2059 did not make sound or flash during the test. Requires investigation.

BUILDING

Government Center

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
M001	PULL STATION	EXIT BY SPRINKLER RISER	TESTED	PASSED	
M002	WATER FLOW	SPRINKLER RISER	TESTED	PASSED	
M003	TAMPER SWITCH	SPRINKLER RISER MAIN TAMPER	TESTED	PASSED	
M005	TAMPER SWITCH	ELEVATOR PIT	TESTED	PASSED	
M006	PULL STATION	N.E. BOARDROOM HALLWAY DOOR	TESTED	PASSED	
M007	PULL STATION	1113 BOARDROOM EXIT	TESTED	PASSED	
M008	PULL STATION	S.W. BOARDROOM HALLWAY DOOR	TESTED	PASSED	
M009	PULL STATION	1068 HEALTH DEPARTMENT EXIT	TESTED	PASSED	
M010	RELAY MODULE	ELEVATOR PRIMARY RECALL	TESTED	PASSED	SIMULATED- NO ELEVATOR TECHNICIAN ONSITE
M011	RELAY MODULE	ELEVATOR ALTERNATE RECALL	TESTED	PASSED	SIMULATED- NO ELEVATOR TECHNICIAN ONSITE
M012	RELAY MODULE	ELEVATOR FIRE HAT	TESTED	PASSED	SIMULATED- NO ELEVATOR TECHNICIAN ONSITE
M014	PULL STATION	1ST FLOOR VESTIBULE ENTRANCE	TESTED	PASSED	
M015	WATER FLOW	ELEVATOR PIT	TESTED	PASSED	
M016	PULL STATION	1ST FLOOR SOCIAL SERVICES EXIT	TESTED	PASSED	
M018	MONITOR MODULE	FCPS A TROUBLE	TESTED	PASSED	
M019	MONITOR MODULE	FCPS B TROUBLE	TESTED	PASSED	
M026	RELAY MODULE	2ND FLOOR RTU 1 SHUTDOWN	TESTED	PASSED	
M027	PULL STATION	2ND FLOOR VESTIBULE ENTRANCE	TESTED	PASSED	
M028	RELAY MODULE	2ND FLOOR RTU 2 SHUTDOWN	TESTED	PASSED	
M029	MONITOR MODULE	FCPS C TROUBLE	TESTED	PASSED	
M030	PULL STATION	2ND FLOOR EXTERIOR STAIRWELL	TESTED	PASSED	
M031	PULL STATION	2ND FLOOR ADMIN	TESTED	PASSED	
M032	MONITOR MODULE	ELEVATOR SHUNT TRIP POWER LOSS	TESTED	PASSED	SIMULATED- NO ELEVATOR TECHNICIAN ONSITE
M033	RELAY MODULE	ELEVATOR SHUNT TRIP	TESTED	PASSED	SIMULATED- NO ELEVATOR TECHNICIAN ONSITE
M034	RELAY MODULE	DOOR RELEASE 1ST FLOOR TELCO	TESTED	PASSED	
D001	SMOKE DETECTOR	1092 JANITOR CLOSET	TESTED/CLEANED	PASSED	
D002	SMOKE DETECTOR	1100 DATA ROOM	TESTED/CLEANED	PASSED	
D003	SMOKE DETECTOR	1101 STORAGE	TESTED/CLEANED	PASSED	
D004	SMOKE DETECTOR	1101 STORAGE	TESTED/CLEANED	PASSED	
D005	SMOKE DETECTOR	1102 MECH/ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D006	SMOKE DETECTOR	1080 DATA SERVER	TESTED/CLEANED	PASSED	
D007	SMOKE DETECTOR	1079 EH PLAN FILE STORAGE	TESTED/CLEANED	PASSED	
D008	SMOKE DETECTOR	1074 WIC SUPPLIES	TESTED/CLEANED	PASSED	
D009	SMOKE DETECTOR	1073 WIC	TESTED/CLEANED	PASSED	
D010	SMOKE DETECTOR	1071 WIC CLINIC FILE ROOM	TESTED/CLEANED	PASSED	
D011	SMOKE DETECTOR	1007 CLOSED FILES & STORAGE	TESTED/CLEANED	PASSED	
D012	HEAT DETECTOR	ELEVATOR PIT	TESTED	PASSED	
D013	DUCT DETECTOR	1ST FLOOR RTU 2 ROOM 1055	TESTED/CLEANED	PASSED	
D014	SMOKE DETECTOR	1ST FLOOR ELEVATOR LOBBY	TESTED/CLEANED	PASSED	
D015	SMOKE DETECTOR	1037 DATA ROOM	TESTED/CLEANED	PASSED	
D016	SMOKE DETECTOR	ELEVATOR MACHINE ROOM	TESTED/CLEANED	PASSED	
D017	DUCT DETECTOR	1ST FLOOR RTU 1 RESTROOM BY 1033	TESTED/CLEANED	PASSED	
D018	SMOKE DETECTOR	1036 ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D019	SMOKE DETECTOR	2024 ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D020	SMOKE DETECTOR	2025 DATA ROOM	TESTED/CLEANED	PASSED	
D021	SMOKE DETECTOR	2022 FILE ROOM GENERAL	TESTED/CLEANED	PASSED	
D022	SMOKE DETECTOR	2017 ASSESS. FILES	TESTED/CLEANED	PASSED	
D023	SMOKE DETECTOR	2016 ASSESS. FILES	TESTED/CLEANED	PASSED	
D024	SMOKE DETECTOR	2009 OFFICE ROOM	TESTED/CLEANED	PASSED	
D025	SMOKE DETECTOR	2007 COPY/WORK ROOM	TESTED/CLEANED	PASSED	
D026	DUCT DETECTOR	2ND FLOOR RTU1 BY CONFERENCE RM 2002	TESTED/CLEANED	PASSED	
D027	SMOKE DETECTOR	ELEVATOR PIT	TESTED/CLEANED	PASSED	
D028	DUCT DETECTOR	2ND FLOOR RTU 2 BY 2092 COMMUNITY RM	TESTED/CLEANED	PASSED	
D029	SMOKE DETECTOR	2ND FLOOR ELEVATOR LOBBY	TESTED/CLEANED	PASSED	
D030	SMOKE DETECTOR	ELEVATOR TOP OF SHAFT	TESTED/CLEANED	PASSED	
D031	SMOKE DETECTOR	2041 FILES	TESTED/CLEANED	PASSED	
D032	SMOKE DETECTOR	2048 FILES	TESTED/CLEANED	PASSED	
D033	SMOKE DETECTOR	2055 ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D034	SMOKE DETECTOR	2063 H.R. FILES	TESTED/CLEANED	PASSED	
D035	SMOKE DETECTOR	2087 FILES	TESTED/CLEANED	PASSED	
D036	SMOKE DETECTOR	2080 DATA ROOM	TESTED/CLEANED	PASSED	
D037	SMOKE DETECTOR	2073 FILES	TESTED/CLEANED	PASSED	

INSPECTION AND TESTING FORM

DATE: 11/23/2021

TIME: 11:30am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Security Alliance
Telephone: 1-800-745-1800
Monitoring Account Ref. No. 740023

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify)

Control Unit Manufacturer: Notifier
Circuit Styles: Y,B
Number of Circuits: 3 NAC, 1 SLC
Software Rev: 2.0
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Dinwiddie County Public Safety Building
Address: 13850 Courthouse Rd, Dinwiddie VA 23841
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: NFS-320

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
8	B	Manual Fire Alarm
		Boxes Ion Detectors
26	B	Photo Detectors
2	B	Duct Detectors
		Heat Detectors
2	B	Water-flow Switches
3	B	Supervisory Switches
4	B	Other (Specify)
		Monitor Modules

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
22	Y	Strobes
		Speakers
20	Y	Other (Specify)

No. of Alarm Notification Appliance Circuits: 3

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel NEA Circuit 50

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 18
 Calculated Capacity to operate system in hours: X 24 _____ 60
 Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Security Alliance</u>	<u>11:39am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>11:39am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) <u>Smoke Exhaust</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify) <u>Preaction System</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>11:55am</u>	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1:50pm</u>	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>11:45am</u>	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>11:49am</u>	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1:50pm</u>	_____

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Security Alliance</u>	<u>2:00pm</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>2:00pm</u>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The Following did not operate Correctly: _____
System restored to normal Operations: **Date:** 11/23/2021 **Time:** 2:00pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/23/2021 Time: 2:00pm
Signature *Martin Fry*
Name of Owner or Representative: _____
Date: _____ Time: _____
Signature: _____

Deficiencies:
(1) Smoke Detector needs to have the description updated in the panel program

BUILDING

Public Safety Building

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
M001	PULL STATION	CENTRAL ELECTRICAL ROOM	TESTED	PASSED	
M002	PULL STATION	STAFF VESTIBULE	TESTED	PASSED	
M003	RELAY MODULE	CORRIDOR 110 SHUTDOWN	TESTED	PASSED	
M004	WATER FLOW	MAIN RISER	TESTED	PASSED	
M005	TAMPER SWITCH	MAIN RISER	TESTED	PASSED	
M006	PULL STATION	SPRINKLER ROOM	TESTED	PASSED	
M007	PULL STATION	MAIN ENTRANCE	TESTED	PASSED	
M008	PULL STATION	MAIN ENTRANCE	TESTED	PASSED	
M009	RELAY MODULE	EOC/TRAINING SHUTDOWN	TESTED	PASSED	
M010	PULL STATION	SALLYPORT	TESTED	PASSED	
M011	PULL STATION	STAFF VESTIBULE ADJ KENNELS	TESTED	PASSED	
M012	RELAY MODULE	SMOKE CONTROL INTERFACE	TESTED	PASSED	SIMULATED
M013	RELAY MODULE	DOOR LOCK RELAY 1	TESTED	PASSED	SIMULATED
M015	PULL STATION	FIRE DEPARTMENT EXIT	TESTED	PASSED	
M020	TAMPER SWITCH	MAIN CONTROL VALVE	TESTED	PASSED	
M021	MONITOR MODULE	MODULE ADDRESS 021	N/A	UNTESTED	UNUSED ADDRESS ON DUAL INPUT MONITOR MODULE
M080	MONITOR MODULE	BOOKING AREA EXHAUST SWITCH	TESTED	PASSED	SIMULATED
M081	MONITOR MODULE	SPARE ADDRESS 1M081	N/A	UNTESTED	UNUSED ADDRESS ON DUAL INPUT MONITOR MODULE
M100	RELAY MODULE	RELEASE CIRCUIT PREACTION SYSTEM	TESTED	PASSED	
M101	MONITOR MODULE	PREACTION HI/LO AIR	TESTED	PASSED	
M102	WATER FLOW	PREACTION SYSTEM	TESTED	PASSED	
M103	TAMPER SWITCH	PREACTION SYSTEM	TESTED	PASSED	
M104	TAMPER SWITCH	PREACTION SYSTEM	TESTED	PASSED	
M105	RELAY MODULE	SPRINKLER BELL	TESTED	PASSED	
D001	SMOKE DETECTOR	CENTRAL ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D002	SMOKE DETECTOR	DATA ROOM 102	TESTED/CLEANED	PASSED	
D003	DUCT DETECTOR	CORRIDOR 110	TESTED/CLEANED	PASSED	
D004	SMOKE DETECTOR	EMERGENCY COMM ROOM FLOOR	TESTED/CLEANED	PASSED	
D005	SMOKE DETECTOR	EMERGENCY COMM ROOM FLOOR	TESTED/CLEANED	PASSED	
D006	SMOKE DETECTOR	EMERGENCY COMM ROOM FLOOR	TESTED/CLEANED	PASSED	
D007	SMOKE DETECTOR	EMERGENCY COMM ROOM FLOOR	TESTED/CLEANED	PASSED	
D008	SMOKE DETECTOR	OFFICE AREA STORAGE	TESTED/CLEANED	PASSED	
D009	SMOKE DETECTOR	EVIDENCE STORAGE	TESTED/CLEANED	PASSED	
D010	DUCT DETECTOR	EOC/TRAINING ROOM	TESTED/CLEANED	PASSED	
D011	SMOKE DETECTOR	JANITOR CLOSET	TESTED/CLEANED	PASSED	
D012	SMOKE DETECTOR	EOC STORAGE	TESTED/CLEANED	PASSED	
D013	SMOKE DETECTOR	IT ROOM 254	TESTED/CLEANED	PASSED	
D014	SMOKE DETECTOR	ARMORY	TESTED/CLEANED	PASSED	
D015	SMOKE DETECTOR	MAGISTRATE OFFICE	TESTED/CLEANED	PASSED	
D016	SMOKE DETECTOR	MAGISTRATE CORRIDOR	TESTED/CLEANED	PASSED	
D017	SMOKE DETECTOR	POLYGRAPH CORRIDOR	TESTED/CLEANED	PASSED	
D018	SMOKE DETECTOR	BOOKING AREA	TESTED/CLEANED	PASSED	
D019	SMOKE DETECTOR	SALLYPORT	TESTED/CLEANED	PASSED	
D020	SMOKE DETECTOR	SALLYPORT	TESTED/CLEANED	PASSED	
D021	SMOKE DETECTOR	MAIL/WORK ROOM	TESTED/CLEANED	PASSED	
D022	SMOKE DETECTOR	ELECTRICAL CLOSET ADJ BRIEFING ROOM	TESTED/CLEANED	PASSED	
D023	SMOKE DETECTOR	DRUG EVIDENCE STORAGE	TESTED/CLEANED	PASSED	
D024	SMOKE DETECTOR	DATA ROOM 102	TESTED/CLEANED	PASSED	
D051	SMOKE DETECTOR	EMERGENCY COMM ROOM CEILING	TESTED/CLEANED	PASSED	
D052	SMOKE DETECTOR	EMERGENCY COMM ROOM CEILING	TESTED/CLEANED	PASSED	
D053	SMOKE DETECTOR	EMERGENCY COMM ROOM CEILING	TESTED/CLEANED	PASSED	
D054	SMOKE DETECTOR	EMERGENCY COMM ROOM CEILING	TESTED/CLEANED	PASSED	

INSPECTION AND TESTING FORM

DATE: 11/23/2021

TIME: 9:30am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Richmond Alarm
Telephone: 804-745-1117
Monitoring Account Ref. No. 470926

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify) Cellular

Control Unit Manufacturer: Notifier
Circuit Styles: Y, B
Number of Circuits: 1 NAC, 1 SLC
Software Rev: 2.0
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Dinwiddie County Pump House
Address: 14012 Boydton Plank Rd, Dinwiddie VA 23841
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: NFS-320

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
1	B	Manual Fire Alarm
		Boxes Ion Detectors
		Photo Detectors
		Duct Detectors
1	B	Heat Detectors
1	B	Water-flow Switches
8	B	Supervisory Switches
11	B	Other (Specify) Monitor Modules

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
		Strobes
		Speakers
1	Y	Other (Specify) Horn/Strobe

No. of Alarm Notification Appliance Circuits: 1

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
1	B	Fire Pump Power
1	B	Fire Pump Running
1	B	Fire Pump Auto Position
1	B	Fire Pump or Pump Controller
		Trouble Generator in Auto Position
1	B	Generator or Controller Trouble
		Switch Transfer
1	B	Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel B Circuit 3

(b) Secondary Standby:

12 Storage Battery Amp-Hr. Rating: 18
 Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Richmond Alarm</u>	<u>8:00am</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
 Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:45am	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:02am	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:23am	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:25am	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:02am	_____

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Richmond Alarm	2:00pm
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The Following did not operate Correctly: _____
 System restored to normal Operations: **Date:** 11/23/2021 **Time:** 2:00pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/23/2021 Time: 2:00pm
 Signature: *Martin Fry*
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

BUILDING

Pump House

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
D001	HEAT DETECTOR	ABOVE FACP	TESTED	PASSED	
M001	PULL STATION	PUMP HOUSE EXIT	TESTED	PASSED	
M002	CO2 DETECTOR	BY PUMP CONTROLLER	TESTED	PASSED	
M003	WATER FLOW	PUMP HOUSE	TESTED	PASSED	
M004	TAMPER	PUMP HOUSE	TESTED	PASSED	
M005	TAMPER	PUMP HOUSE	TESTED	PASSED	
M006	TAMPER	PUMP HOUSE	TESTED	PASSED	
M007	TAMPER	PUMP HOUSE	TESTED	PASSED	
M008	TAMPER	PUMP HOUSE	TESTED	PASSED	
M009	TAMPER	PUMP HOUSE	TESTED	PASSED	
M010	TAMPER	PUMP HOUSE	TESTED	PASSED	
M011	TAMPER	PUMP HOUSE	TESTED	PASSED	
M012	MONITOR MODULE	PUMP RUNNING	TESTED	PASSED	
M013	MONITOR MODULE	PUMP ENGINE TROUBLE	TESTED	PASSED	
M014	MONITOR MODULE	PUMP SWITCH MIS-SET	TESTED	PASSED	
M015	MONITOR MODULE	PUMP LOW FUEL	TESTED	PASSED	
M016	MONITOR MODULE	PUMP TROUBLE	TESTED	PASSED	
M017	MONITOR MODULE	GENERATOR TROUBLE	TESTED	PASSED	SIMULATED
M018	MONITOR MODULE	GENERATOR RUNNING	TESTED	PASSED	SIMULATED
M019	MONITOR MODULE	GENERATOR TANK LOW FUEL	TESTED	PASSED	SIMULATED
M020	MONITOR MODULE	GENERATOR BATTERY TROUBLE	TESTED	PASSED	SIMULATED
M021	MONITOR MODULE	GENERATOR AC FAULT	TESTED	PASSED	SIMULATED
M022	MONITOR MODULE	GENERATOR BASIN LOW FUEL	TESTED	PASSED	SIMULATED



Date: _____ 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 (854) 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 HISTORIC COURTHOUSE Owner: _____
 Address: 14101 BOYDTON PLANK RD Billing Address: _____
 City: DINWIDDIE State: VA Zip: 23841 City: _____ State: _____ Zip: _____
 Last Inspection Date: _____ By: _____

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" DOMESTIC EGRESS 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 <u>N/A</u>						
Building Management <u>✓</u>	✓					
Building Occupant <u>✓</u>	✓					
AHJ/FD <u>✓</u>	✓					
Other (specify) _____						
Did alarm central station receive signal properly? <u>N/A</u>						
Did alarm panel reset properly? <u>N/A</u>						

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

- | | | |
|-----------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input checked="" 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: 11-29-21

Property Inspected DINWIDDIE HISTORIC COURTHOUSE Owner _____
Address: 14101 BOYSTOWN PINK 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>11-29-21</u>)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>11-29-21</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 _____)		✓	
3. Were all control valves operated through full range and returned to normal position? (Date <u>11-29-21</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: _____

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	BAN	YES	YES	NO	NO	NO		
Other Control Valves									
Test Header Control Valve									
Pressure Reducing Control Valve									

H. Water Supply Data

YES	N/A	NO
	✓	

1. Was a water flow test of main drain made at sprinkler riser? _____
2. Water supply pressures:
 - a. City _____ psi
 - b. Fire pump _____ psi
 - c. Tank _____ 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.	N/A					d.	N/A				
b.	N/A					e.	N/A				
c.	N/A					f.	N/A				

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

A-3 5YR INTERNAL DUB
 GS - NO SIGNALS

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]

A3 - HAVE 5YR PERFORMED
 GS - ADD SIGNALS

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.

 Signature Technician Date: 11-29-21

BACKFLOW PREVENTION DEVICE INSPECTION & TEST REPORT

Location Name: DINWIDDIE HISTORIC COURTHOUSE New Installation
 Service Address: 14101 BOYDTON PLANK RD Existing
 City: DINWIDDIE County: DINWIDDIE State: VA Zip: 23841 Replacement
 Contact Person: _____ Phone: _____
 Email Address: _____ Commercial Residential

DEVICE INFORMATION:

Use and Location: FIRE LINE Type of Device: Reduced Pressure Zone
 Name/Make: CONBRACO Model#: 40208AZ Size: 2" Dual Check
 Serial #: MY 370 Pressure Vacuum Breaker

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER	
	Double Check Devices			Differential Pressure Relief Valve	Air Inlet Valve	
	Check Valve No. 1	Gate Valve No. 2	Check Valve No. 2		Opened at	Check Valve
INITIAL TEST	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input checked="" type="checkbox"/>	Opened at* <u>2.6</u> PSID	Opened at _____ PSID	Leaked <input type="checkbox"/>
PASSED <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input type="checkbox"/>		Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
FAILED <input checked="" type="checkbox"/>	<u>7.6</u>					
REPAIRS AND MATERIALS USED						
TEST AFTER REPAIR	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at* _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>

* Required Only On Reduced Pressure Principle Devices.

REMARKS: REBUILD / REPLACE # 3 1/4" TEST COCK BEARING BY NEED TO BE REPLACED

CERTIFICATION:

I hereby certify that the foregoing data to be correct and the following statement to be true:
 The device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of the device were satisfactorily corrected without delay.

Tester's Signature: [Signature] Date: 11-29-21
 Printed Name: G. WELLS Phone: _____
 Tester's Certification #: 277057816 City of Certification: STATE Expiration Date: 5-31-23
 State Recognition: _____ Calibration Date: 3-30-21
 Test Meter Make and Model: MIDWEST 845

If checked, required corrections, suggestions and comments are included on Form "Addendum to Inspection"

Range Hood Systems Report

SERVICE COMPANY

FLSA

DATE OF SERVICE 6-3-21 6-4-21		TIME 10:22		A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL <input type="checkbox"/>	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE <input type="checkbox"/>	INSTALLATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Ansul	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>		DRY CHEMICAL <input type="checkbox"/>	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 1 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input type="checkbox"/>	GAS <input type="checkbox"/>	SIZE		
SERIAL NUMBER 20120900909	LAST HYDRO TEST DATE 2012	LAST RECHARGE DATE 2012			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name Dinwiddle (Mckenny vol. F.O.)

Address 10507 Doyle Blvd.

City Mckenny State VA ZIP 23872

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Stove	Flat top		
-------	----------	--	--

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <u>N/A</u> 8. Pressure gauge in proper range (If gauged) <u>N/A</u> 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 60oz. 10. Hydrostatic test date <u>2012</u> 11. 6 year maintenance date <u>N/A</u> 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles <u>N/A</u> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean <u>NO</u> | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame <u>N/A</u> 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place <input checked="" type="checkbox"/> 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational <u>N/A</u> 32. Clean cylinder & mount <u>NO</u> 33. Fan warning sign on hood <u>NO</u> 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW _____

COMMENTS: Electrical Connections made inside hood box need to be moved to a junction box outside of hood box.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X <u>Mark Conley</u>	6-4-21	10:30	<input checked="" type="checkbox"/>			
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

Range Hood Systems Report

SERVICE COMPANY

FLSA

DATE OF SERVICE 11-22-21		TIME 9:30		A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	RECHARGE <input type="checkbox"/>	INSTALLATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Answl	MODEL NUMBER R-102	WFT <input checked="" type="checkbox"/>		DRY CHEMICAL <input type="checkbox"/>	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 1 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input type="checkbox"/>	GAS <input type="checkbox"/>	SIZE		
SERIAL NUMBER 20120900909	LAST HYDRO TEST DATE 2012	LAST RECHARGE DATE 2012			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name **Dinwiddie (Mckenny Vol. F.D.)**

Address **10507 Doyle Blvd**

City **Mckenny** State **VA** ZIP **23872**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Stove	Flat top		
--------------	-----------------	--	--

1. All appliances properly covered w/correct nozzles ✓
2. Duct and plenum covered w/correct nozzles ✓
3. Check positioning of all nozzles. ✓
4. System installed in accordance w/MFG UL listing ✓
5. Hood/duct penetrations sealed w/weld or UL device ✓
6. Check if seals intact, evidence of tampering ✓
7. If system has been discharged, report same N/A
8. Pressure gauge in proper range (If gauged) N/A
9. Check cartridge weight (If applicable) ✓ 60 oz.
10. Hydrostatic test date 2012
11. 6 year maintenance date N/A
12. Inspect cylinder and mount ✓
13. Operate system from terminal link ✓
14. Test for proper operation from remote ✓
15. Check operation of micro switch ✓
16. Check operation of gas valve ✓
17. Clean nozzles ✓
18. Proper nozzle covers in place ✓
19. Check fuse links and clean No

20. Replaced fuse links ✓
21. Check travel of cable nuts/S-hooks ✓
22. Piping & conduit securely bracketed ✓
23. Proper separation between fryers & flame N/A
24. Proper clearance-flame to filters ✓
25. Exhaust fan in operating order ✓
26. All filters in place ✓
27. Fuel shut-off in on position ✓
28. Manual & remote sei/seals in place ✓
29. Replace systems covers ✓
30. System operational & seals in place ✓
31. Slave system operational N/A
32. Clean cylinder & mount NO
33. Fan warning sign on hood NO
34. Personnel instructed in manual operation of system ✓
35. Proper hand portable extinguishers ✓
36. Portable extinguishers properly serviced ✓
37. Service & Certification tag on system ✓

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: Electrical Connections Made inside of hood box need to be moved to a junction box outside of hood box

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley	PERMIT NO.	DATE: 11-22-21	TIME: 10:30	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	CUSTOMER'S AUTHORIZED AGENT
--------------------	------------	-----------------------	--------------------	----------------------------------------	-----------------------------	-----------------------------

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Inspection Contract #: _____

Date: _____

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; Charlottesville, VA 20151 (703) 502-0397 | |
| <input type="checkbox"/> Baltimore/Washington Division - 7525 Connelley Drive, Suite L; Hanover, MD 21076 (410) 787-0639 | |

GENERAL INFORMATION

Property Name: NAMOZINE VOL. FIRE DEPT. Owner: DINWIDDIE COUNTY
 Address: 3913 PELHAM AVE Billing Address: _____
 City: PETERSBURG State: VA Zip: 23803 City: _____ State: _____ Zip: _____
 Last Inspection Date: _____ By: _____

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 LIMITED AREA

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

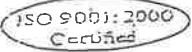
	Yes	N/A**	No*
1. Is the property occupied?	✓		✓
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	✓		
3. Is the "fire protection system" in service?	✓		
4. Has the "fire protection system" remained in service without modification or activation since 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 <u>N/A</u>						
Building Management	✓			✓		
Building Occupant	✓			✓		
AHJ/FD						
Other (specify) _____						
Did alarm central station receive signal properly? <u>N/A</u>	✓			✓		
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 checked="" 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 |



Property Inspected NAMOZINE VOL. FIRE DEPT. Owner DINWIDDIE COUNTY
 Address 3913 PELHAM AVE. Address _____
 City PETERSBURG State VA City _____ State _____
 Zip 23803 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>11-29-21</u>)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>11-29-21</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 _____)	✓	✓	
3. Were all control valves operated through full range and returned to normal position? (Date <u>11-29-21</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: 11-29-21

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	<u>2</u>	<u>BALL</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>NO</u>	<u>N/A</u>		
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 N/A psi

b. Fire pump N/A psi

d. N/A 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>N/A</u>					d.					
b.						e.					
c.						f.					

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

A3 - 5YR INTERNAL DUE

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]

A3 - PERFORM 5YR.

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.

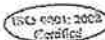
Print Name

Signature

Technician

Date

11-29-21



BACKFLOW PREVENTION DEVICE INSPECTION & TEST REPORT

Location Name: NAMOZINE VOL. FIRE DEPT. New Installation
 Service Address: 3913 PEIHAM AVE Existing
 City: PETERSBURG County: DINWIDDIE State: VA Zip: 23803 Replacement
 Contact Person: _____ Phone: _____
 Email Address: _____ Commercial Residential

DEVICE INFORMATION:

Use and Location: FIRE LINE Type of Device:
 Name/Make: CONBRACO Model#: 401072 Size: 1 1/2" Reduced Pressure Zone
 Serial #: TW 890 Dual Check
Pressure Vacuum Breaker

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER	
	Double Check Devices			Differential Pressure Relief Valve	Air Inlet Valve	Check Valve
	Check Valve No. 1	Gate Valve No. 2	Check Valve No. 2		Opened at _____ PSID	Leaked <input type="checkbox"/>
INITIAL TEST	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at* _____ PSID	Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
PASSED <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>			
FAILED <input type="checkbox"/>	<u>2.2</u>		<u>1.8</u>			
REPAIRS AND MATERIALS USED						
TEST AFTER REPAIR	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at* _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>

* Required Only On Reduced Pressure Principle Devices.

REMARKS: _____

CERTIFICATION:
 I hereby certify that the foregoing data to be correct and the following statement to be true:
 The device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of the device were satisfactorily corrected without delay.

Tester's Signature: [Signature] Date: 11-29-21
 Printed Name: G. WELLS Phone: (804) 308-5651
 Tester's Certification #: 277057816 City of Certification: STATE Expiration Date: 5-31-23
 State Recognition: _____ Calibration Date: 3-30-21
 Test Meter Make and Model: MIDWEST 845

Range Hood Systems Report

SERVICE COMPANY

FLSA

DATE OF SERVICE 11-29-21		TIME 3:00		A.M.	PM <input checked="" type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Puro-Chem		MODEL NUMBER NMCH3		WET <input checked="" type="checkbox"/> DRY CHEMICAL	
CYLINDER SIZE MASTER 3 Gallon		CYLINDER SIZE SLAVE N/A		CYLINDER SIZE SLAVE N/A	
FUSE LINKS 360° F. 1 (ML)		FUSE LINKS 450° F.		FUSE LINKS 500° F. OTHER	
FUEL SHUT-OFF <input checked="" type="checkbox"/>		ELECTRIC		GAS SIZE	
SERIAL NUMBER		LAST HYDRO TEST DATE 2016		LAST RECHARGE DATE 2016	
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name **Dinwiddie (Namozine Fire & EMS)**

Address **3913 Pelham St.**

City **N. Dinwiddie** State **VA** ZIP **23803**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat top	Stove		
-----------------	--------------	--	--

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <input checked="" type="checkbox"/> N/A 8. Pressure gauge in proper range (If gauged) <input checked="" type="checkbox"/> 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> N/A 10. Hydrostatic test date <input checked="" type="checkbox"/> 2016 11. 6 year maintenance date <input checked="" type="checkbox"/> N/A 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles <input checked="" type="checkbox"/> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean <input checked="" type="checkbox"/> NO | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame <input checked="" type="checkbox"/> N/A 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place <input checked="" type="checkbox"/> 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational <input checked="" type="checkbox"/> N/A 32. Clean cylinder & mount <input checked="" type="checkbox"/> NO 33. Fan warning sign on hood <input checked="" type="checkbox"/> NO 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> <p style="text-align: center;">NOTE DISCREPANCIES OR DEFICIENCIES BELOW</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMMENTS: **No alarm, Micro switch Controls the fan only.**

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley	PERMIT NO.	DATE: 11-29-21	TIME: 4:00	AM	PM <input checked="" type="checkbox"/>	CUSTOMER'S AUTHORIZED AGENT
--------------------	------------	-----------------------	-------------------	----	----------------------------------------	-----------------------------

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

INSPECTION AND TESTING FORM

DATE: 11/29/2021

TIME: 8:00am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: N/A
Telephone:
Monitoring Account Ref. No.

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify) Not Monitored/Local Only

Control Unit Manufacturer: Fire-Lite
Circuit Styles: Y, B
Number of Circuits: 1 NAC, 1 SLC
Software Rev: 2.1
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Namozine Volunteer Fire Department
Address: 3913 Pelham Ave, Dinwiddie VA 23803
Owner Contact: Nick Sheffield
Telephone: 804-469-4540

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: MS-9200UD

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
9	B	Manual Fire Alarm
		Boxes Ion Detectors
27	B	Photo Detectors
		Duct Detectors
5	B	Heat Detectors
1	B	Water-flow Switches
		Supervisory Switches
		Other (Specify)

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
3	Y	Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify)

No. of Alarm Notification Appliance Circuits: 1

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel P1 Circuit 19

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 7

Calculated Capacity to operate system in hours: X 24 _____ 60

Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>8:00am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

Comments:

Kitchen Hood System is not monitored by the Fire Alarm Panel

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signaling	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATION THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite Staff	9:30am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The Following did not operate Correctly: _____

System restored to normal Operations: **Date:** 11/29/2021 **Time:** 9:30am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/29/2021 Time: 9:30am

Signature *Martin Fry*

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Deficiencies:

(1) Smoke Detector address D097 in Annex Storage is not in panel program. Device needs to be added to FACP program and tested.

BUILDING

Namozine Volunteer Fire Department

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
M037	PULL STATION	DAY ROOM 2ND FLOOR	TESTED	PASSED	
M005	PULL STATION	LOUNGE 1ST FLOOR	TESTED	PASSED	
M006	PULL STATION	LOUNGE 1ST FLOOR	TESTED	PASSED	
M018	PULL STATION	BUNK 2ND FLOOR	TESTED	PASSED	
M001	PULL STATION	FRONT ENTRANCE	TESTED	PASSED	
M080	PULL STATION	TRAIN ROOM	TESTED	PASSED	
M081	PULL STATION	TRAIN ROOM	TESTED	PASSED	
M095	PULL STATION	STORAGE EXIT	TESTED	PASSED	
M098	PULL STATION	STORAGE	TESTED	PASSED	
M099	WATER FLOW	RISER	TESTED	PASSED	
D002	SMOKE DETECTOR	1ST FLOOR FRONT CORRIDOR	TESTED/CLEANED	PASSED	
D003	SMOKE DETECTOR	RADIO ROOM	TESTED/CLEANED	PASSED	
D004	SMOKE DETECTOR	KITCHEN	TESTED/CLEANED	PASSED	
D008	SMOKE DETECTOR	1ST FLOOR BUNK	TESTED/CLEANED	PASSED	
D009	SMOKE DETECTOR	1ST FLOOR BUNK	TESTED/CLEANED	PASSED	
D010	SMOKE DETECTOR	1ST FLOOR MECH ROOM	TESTED/CLEANED	PASSED	
D012	SMOKE DETECTOR	2ND FLOOR DAY ROOM	TESTED/CLEANED	PASSED	
D013	SMOKE DETECTOR	2ND FLOOR DAY ROOM	TESTED/CLEANED	PASSED	
D015	SMOKE DETECTOR	2ND FLOOR MECH ROOM	TESTED/CLEANED	PASSED	
D016	SMOKE DETECTOR	2ND FLOOR BUNK	TESTED/CLEANED	PASSED	
D017	SMOKE DETECTOR	2ND FLOOR BUNK	TESTED/CLEANED	PASSED	
D033	SMOKE DETECTOR	ANNEX KITCHEN	TESTED/CLEANED	PASSED	
D050	SMOKE DETECTOR	ANNEX ELECTRICAL ROOM	TESTED/CLEANED	PASSED	
D062	SMOKE DETECTOR	ANNEX HALL	TESTED/CLEANED	PASSED	
D070	SMOKE DETECTOR	ANNEX LOUNGE	TESTED/CLEANED	PASSED	
D071	SMOKE DETECTOR	ANNEX LOUNGE	TESTED/CLEANED	PASSED	
D072	SMOKE DETECTOR	ANNEX HALL	TESTED/CLEANED	PASSED	
D073	SMOKE DETECTOR	ANNEX LOUNGE	TESTED/CLEANED	PASSED	
D077	SMOKE DETECTOR	ANNEX CLASSROOM	TESTED/CLEANED	PASSED	
D082	SMOKE DETECTOR	ANNEX CLASSROOM	TESTED/CLEANED	PASSED	
D084	SMOKE DETECTOR	ANNEX CLASSROOM	TESTED/CLEANED	PASSED	
D085	SMOKE DETECTOR	ANNEX CLASSROOM	TESTED/CLEANED	PASSED	
D086	SMOKE DETECTOR	ANNEX CLASSROOM	TESTED/CLEANED	PASSED	
D087	SMOKE DETECTOR	ANNEX CLASSROOM	TESTED/CLEANED	PASSED	
D094	SMOKE DETECTOR	MECHANICAL ROOM	TESTED/CLEANED	PASSED	
D096	SMOKE DETECTOR	STORAGE ROOM	TESTED/CLEANED	PASSED	
D007	HEAT DETECTOR	1ST FLOOR BUNK	TESTED	PASSED	
D011	HEAT DETECTOR	1ST FLOOR MECH ROOM	TESTED	PASSED	
D014	HEAT DETECTOR	2ND FLOOR MECH ROOM	TESTED	PASSED	
D043	HEAT DETECTOR	ANNEX KITCHEN	TESTED	PASSED	
D093	HEAT DETECTOR	ANNEX KITCHEN	TESTED	PASSED	
D097	SMOKE DETECTOR	STORAGE ROOM	TESTED/CLEANED	FAILED	DEVICE IS NOT IN PANEL PROGRAMMING

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 6-7-21		TIME 2:50		A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Pyro-Chem	MODEL NUMBER NMCH3	WST <input checked="" type="checkbox"/>		DRY CHEMICAL	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 1-(ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC	GAS	SIZE		
SERIAL NUMBER	LAST HYDRO TEST DATE 2016	LAST RECHARGE DATE 2016			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name Dinwiddie (Narmozine fire & EMS)

Address 3913 Pelham St.

City N. Dinwiddie State VA ZIP 23803

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat top	Stove		
-----------------	--------------	--	--

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <input checked="" type="checkbox"/> 8. Pressure gauge in proper range (If gauged) <input checked="" type="checkbox"/> 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 10. Hydrostatic test date <input checked="" type="checkbox"/> 11. 6 year maintenance date <input checked="" type="checkbox"/> 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles <input checked="" type="checkbox"/> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean <input checked="" type="checkbox"/> | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame <input checked="" type="checkbox"/> 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place <input checked="" type="checkbox"/> 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational <input checked="" type="checkbox"/> 32. Clean cylinder & mount <input checked="" type="checkbox"/> 33. Fan warning sign on hood <input checked="" type="checkbox"/> 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: No Alarm, Micro Switch only Controls the Fan.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X <u>M. Conley</u>	<u>6-7-21</u>	<u>3:30</u>	<u>J</u>	
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM PM CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Date: _____ 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: Nazmozine Vol Owner: _____
 Address: 3913 PELHAM AVE Billing Address: _____
 City: Petersburg State: VA Zip: 23803 City: _____ State: _____ Zip: _____
 Last Inspection Date: 2020 By: FLSA

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

PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced _____ AM/PM; alarms restored _____ AM/PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) _____

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? | / | | |

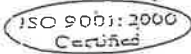
PART C - TEST NOTIFICATIONS

	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?						

Local Only

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



Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page _____ of _____

Date: _____

Property Inspected _____

Owner _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip _____ 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 _____)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked _____)
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. Rows 1-7 are marked with diagonal lines.

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? manual
5. Are cold weather valves in the appropriate (open) [] / (closed) [] position?
6. Are antifreeze test results satisfactory?
Test Results: Solution Type _____ Freeze Point _____

Table with 3 columns: Yes, N/A, No. Rows 1-6 are marked with diagonal lines.

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?

Table with 3 columns: Yes, N/A, No. Rows 1-7 are marked with diagonal lines.

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?

Table with 3 columns: Yes, N/A, No. Rows 1-3 are marked with diagonal lines.

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?

Table with 3 columns: Yes, N/A, No. Rows 1-5 are marked with diagonal lines.

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?

Table with 3 columns: Yes, N/A, No. Rows 1-6 are marked with diagonal lines.

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 Ball valves on BE)
3. Were all control valves operated through full range and returned to normal position? (Date _____)
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. Rows 1-6 are marked with diagonal lines.



Fire Protection Systems Report of Inspection

Inspection Contract #: _____
 Date: _____

Page ____ of ____

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

- H. Water Supply Data
- | | | |
|-----|------|----|
| YES | N.A. | NO |
| | | |
- 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):

Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. On Line Ball	NO	GAUGES			d.				
b.					e.				
c.					f.				

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

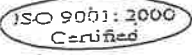
J. Adjustments or corrections made during this inspection: _____

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 7/12/21



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

Date: 11-24-21

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
- N.VA 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: RAGSDALE COMMUNITY CENTER Owner: _____
 Address: 20916 OLDSCHOOL RD Billing Address: _____
 City: McKENNEY State: VA Zip: 23872 City: _____ State: _____ Zip: _____
 Last Inspection Date: 7-2021 By: FLSA

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

PART A EQUIPMENT AND ALARMS

- Central station notified/alarms silenced 08:30 AM PM; alarms restored 11:30 AM PM
- Fire Protection System(s) to be inspected (No., Size, Make, Model) 1-3" Shotgun - F.P.

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
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		

PART C - TEST NOTIFICATIONS

- Monitoring Entity/Central Station _____
- Building Management _____
- Building Occupant _____
- AHJ/FD _____
- Other (specify) _____
- Did alarm central station receive signal properly? _____
- Did alarm panel reset properly? _____

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
✓			✓		
✓			✓		
✓			✓		
✓			✓		
✓			✓		
✓			✓		

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

- Sprinkler System Form
- Dry Valve Trip Test Report
- Sprinkler Piping Condition Form
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- Standpipe Inspection Form
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- 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 #: _____

Date: 11-24-21

Page ____ of ____

Property Inspected RABSDALE 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)

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 11-24-21)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 11-24-21)
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 property?
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 11-24-21)
3. Were all control valves operated through full range and returned to normal position? (Date 11-24-21)
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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<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Fire Protection Systems Report of Inspection

Inspection Contract #:

Date: 11-24-21

Page ___ of ___

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

H. Water Supply Data

YES	N.A.	NO
-----	------	----

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

2. Water supply pressures:

a. City N/A psi

c. Tank N/A psi

b. Fire pump N/A psi

d. WBI 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
* SEE JOB	a. RISER	1"	95	30	95	d.					
	b.					e.					
	c.					f.					

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

* FIRE PUMP CONTROLLER IS OUT OF SERVICE AWAITING REPAIR MAIN DRAIN AND SYSTEM SERVICE 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

11-24-21



3017 Vernon Road, Suite 100, Richmond, VA 23228 • (804) 222-1381 • (800) 252-5069 • Fax (804) 222-4393 • www.flisamerica.com

SUMMATION ITEMS

Form #

Corrections*, Comments & Suggestions - All items marked with an asterisk (*) are required corrections.

RABSDALE COMMUNITY CENTER

Dressing room - head has paint on it
1/2 inch 155° chrome pendant quick response

Hall in front of kids zone - head is missing and spring is up

Main hallway by ballroom - head has tape around it

System restored to normal operation, alarm panel is clear, all parties on Summary Inspection Form notified, and any required corrections, comments and suggestions fully explained except as noted above.

Name of Inspector/Technician Dustin Harvey

Date 11/24/2021

Signature Dustin R. Harvey

Time _____

Name of Owner Representative _____

Date _____

Signature _____

Time _____

INSPECTION AND TESTING FORM

DATE: 11/24/2021

TIME: 8:00am

SERVICE ORGANIZATION

Name: Fire & Life Safety America
Address: 8827 Staples Mill Rd, Richmond VA 23228
Representative: Martin Fry
License No.:
Telephone: 804-308-5651

MONITORING ENTITY

Contact: Petersburg Alarm
Telephone: 804-732-1571
Monitoring Account Ref. No. Building Address

TYPE TRANSMISSION

- McCulloh
Multiplex
Digital
Reverse Priority
RF
Other (Specify)

Control Unit Manufacturer: Fire-Lite
Circuit Styles: Y, B
Number of Circuits: 2 NAC, 1 SLC
Software Rev: 7.1
Last Date System had any Service Performed: UNKNOWN
Last Date that any Software or Configuration was revised: UNKNOWN

PROPERTY NAME (USER)

Name: Ragsdale Community Center
Address: 20916 Old School Rd, McKenny VA 23872
Owner Contact: Ray Vines
Telephone: 804-732-1100

APPROVING AGENCY

Contact:
Telephone:

SERVICE

- Weekly
Monthly
Quarterly
Semiannually
Annually
Other (Specify)

Model No.: MS-9200UDLS

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
9	B	Manual Fire Alarm
		Boxes Ion Detectors
3	B	Photo Detectors
3	B	Duct Detectors
1	B	Heat Detectors
2	B	Water-flow Switches
4	B	Supervisory Switches
4	B	Other (Specify)
		Monitor Modules

Alarm Verification Feature is Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
6	Y	Strobes
		Speakers
43	Y	Other (Specify)
		Horn/Strobes

No. of Alarm Notification Appliance Circuits: 2

Are Circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
1	B	Fire Pump Running
1	B	Fire Pump Auto Position
		Fire Pump or Pump Controller
		Trouble Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of Signaling Line Circuits connected to System (see NFPA 72, Table 6.6.1):

Quantity 1 Style(s) B

SYSTEM POWER SUPPLIES 1

(a) Primary (Main): Nominal Voltage 120 Amps: 20
 Over-Current Protection: Type: Breaker Amps: 20
 Location of Primary Supply Panel-board: FACP
 Disconnecting Means Location: Panel L1-2 Circuit 66

(b) Secondary Standby:
12 Storage Battery Amp-Hr. Rating: 7
 Calculated Capacity to operate system in hours: X 24 _____ 60
 Engine-driven Generator dedicated to Fire Alarm System

Location of fuel storage: _____

TYPE BATTERY

- Dry-Cell
- Nickel Cadmium
- Sealed Lead Acid
- Lead Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency System described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

MODIFICATIONS MADE	YES	NO	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Petersburg Alarm</u>	<u>8:00am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Onsite Staff</u>	<u>8:00am</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTONS

Loc & S/N	Device Type	Visual	Functional	Factory	Measured	Pass	Fail
		Check	Test	Sitting	Sitting		
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: See Attached List

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____
 Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signaling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:47am	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:00am	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:45am	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:46am	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:00am	

NOTIFICATION THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Petersburg Alarm	10:02am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite Staff	10:02am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The Following did not operate Correctly: _____
 System restored to normal Operations: Date: 11/24/2021 Time: 10:02am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Martin Fry Date: 11/24/2021 Time: 10:02am
 Signature: *Martin Fry*
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

Deficiencies:
 (1) Notifier FCPS-24S8 Power Supply in the electrical room has a bad charger circuit and needs to be replaced.

BUILDING

Ragsdale Community Center

ADDRESS	DEVICE TYPE	LOCATION	SERVICE PERFORMED	TEST RESULT	COMMENTS
M011	PULL STATION	KIDS ZONE 114	TESTED	PASSED	
M012	PULL STATION	ARTS & CRAFTS 108	TESTED	PASSED	
M022	PULL STATION	PUMP HOUSE	TESTED	PASSED	
M001	PULL STATION	VESTIBULE #1 101	TESTED	PASSED	
M002	PULL STATION	VESTIBULE #1 101	TESTED	PASSED	
M004	PULL STATION	DINING ROOM 146 STAGE	TESTED	PASSED	
M005	PULL STATION	VESTIBULE #3 145	TESTED	PASSED	
M007	PULL STATION	VESTIBULE #2 136	TESTED	PASSED	
M008	PULL STATION	SOUTHWEST EXIT	TESTED	PASSED	
M016	WATER FLOW	PUMP HOUSE	TESTED	PASSED	
M024	WATER FLOW	RISER ROOM 115A	TESTED	PASSED	
M021	MONITOR MODULE	PUMP RUN	TESTED	PASSED	
M014	TAMPER SWITCH	PUMP HOUSE	TESTED	PASSED	
M015	TAMPER SWITCH	PUMP HOUSE TEST HEADER	TESTED	PASSED	
M017	TAMPER SWITCH	PUMP HOUSE BF	TESTED	PASSED	
M023	TAMPER SWITCH	RISER ROOM 115A	TESTED	PASSED	
M018	MONITOR MODULE	PUMP OFF AUTO	TESTED	PASSED	
M020	MONITOR MODULE	FIRE PUMP RUNNING	TESTED	PASSED	
M010	MONITOR MODULE	FCPS TROUBLE	TESTED	PASSED	
M003	RELAY MODULE	AHU 6 SHUTDOWN	TESTED	PASSED	
M006	RELAY MODULE	AHU 5 SHUTDOWN	TESTED	PASSED	
M009	RELAY MODULE	AHU 2 SHUTDOWN	TESTED	PASSED	
D001	SMOKE DETECTOR	ABOVE FACP	TESTED/CLEANED	PASSED	
D002	SMOKE DETECTOR	DATA ROOM 116	TESTED/CLEANED	PASSED	
D004	SMOKE DETECTOR	ELECTRICAL ROOM 115	TESTED/CLEANED	PASSED	
D003	DUCT DETECTOR	RTHP #6 RETURN	TESTED/CLEANED	PASSED	
D006	DUCT DETECTOR	RTHP #5 RETURN	TESTED/CLEANED	PASSED	
D009	DUCT DETECTOR	RTHP #2 RETURN	TESTED/CLEANED	PASSED	

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 11-22-21		TIME 2:00		A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Wall beside the hood				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Ansul	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>		DRY CHEMICAL	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 4 (K)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF	ELECTRIC <input checked="" type="checkbox"/>	GAS	SIZE		
SERIAL NUMBER 20101026841	LAST HYDRO TEST DATE 2011	LAST RECHARGE DATE 2011			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name Dinwiddie (Sports Complex)

Address 5850 RB Pamplin Dr.

City Sutherland State VA ZIP 23885

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat top	Convection oven
-----------------	------------------------

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) N/A 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 43.02 10. Hydrostatic test date 2011 11. 6 year maintenance date N/A 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve N/A 17. Clean nozzles <input checked="" type="checkbox"/> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame N/I 24. Proper clearance-flame to filters N/I 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place <input checked="" type="checkbox"/> 27. Fuel shut-off in on position N/I 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place N/I 31. Slave system operational NO 32. Clean cylinder & mount NO 33. Fan warning sign on hood NO 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: Electrical Connections made inside of the hood box need to be Moved to a junction box outside of the hood box.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X <u>M. Conley</u>	<u>11-22-21</u>	<u>2:30</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 11-22-21		TIME 1:00		A.M.	<input checked="" type="checkbox"/> P.M.
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Side of fryer				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Perfect Fry	MODEL NUMBER 2GT001	WET <input checked="" type="checkbox"/>		DRY CHEMICAL	
CYLINDER SIZE MASTER 1 liter	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 1 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF	ELECTRIC	GAS	SIZE		
SERIAL NUMBER 011275	LAST HYDRO TEST DATE 2012	LAST RECHARGE DATE 2012			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER	
Name Dinwiddle (Sports Complex)	
Address 5850 RB Pamplin dr.	
City Sutherland	State VA ZIP 23885
Telephone _____	Store No. _____
Owner or Manager _____	

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

fryer			
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- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles ✓ 2. Duct and plenum covered w/correct nozzles N/A 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. Hood/duct penetrations sealed w/weld or UL device N/A 6. Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (if gauged) ✓ 9. Check cartridge weight (if applicable) N/A 10. Hydrostatic test date 2012 11. 6 year maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test for proper operation from remote ✓ 15. Check operation of micro switch N/A 16. Check operation of gas valve N/A 17. Clean nozzles ✓ 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters N/A 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position N/A 28. Manual & remote set/seals in place N/A 29. Replace systems covers ✓ 30. System operational & seals in place N/A 31. Slave system operational N/A 32. Clean cylinder & mount NO 33. Fan warning sign on hood N/A 34. Personnel instructed in manual operation of system NO 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: **(Right Fryer)**

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley	DATE: 11-22-21	TIME: 1:30	AM	PM <input checked="" type="checkbox"/>	CUSTOMER'S AUTHORIZED AGENT
--------------------	-----------------------	-------------------	----	----------------------------------------	-----------------------------

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY

FLSA

DATE OF SERVICE 11-22-21		TIME 12:30		A.M.	<input checked="" type="checkbox"/> P.M.
<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> RECHARGE	<input type="checkbox"/> INSTALLATION	<input type="checkbox"/> RENOVATION	
LOCATION OF SYSTEM CYLINDERS Side of fryer				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Perfect Fry		MODEL NUMBER 2GT001		WET <input checked="" type="checkbox"/> DRY CHEMICAL <input type="checkbox"/>	
CYLINDER SIZE MASTER 1 liter		CYLINDER SIZE SLAVE N/A		CYLINDER SIZE SLAVE N/A	
FUSE LINKS 360° F. 1 (ML)		FUSE LINKS 450° F.		FUSE LINKS 500° F.	
FUEL SHUT-OFF		ELECTRIC		GAS	
SERIAL NUMBER 014762		LAST HYDRO TEST DATE 2016		LAST RECHARGE DATE 2016	
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name **Dinwiddle (Sports Complex)**

Address **5850 RB Pamplin Rd.**

City **Sutherland** State **VA** ZIP **23885**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

fryer			
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- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles ✓ 2. Duct and plenum covered w/correct nozzles N/A 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. Hood/duct penetrations sealed w/weld or UL device N/A 6. Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) ✓ 9. Check cartridge weight (If applicable) N/A 10. Hydrostatic test date 2016 11. 6 year maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test for proper operation from remote ✓ 15. Check operation of micro switch N/A 16. Check operation of gas valve N/A 17. Clean nozzles ✓ 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters N/A 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position N/A 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System operational & seals in place ✓ 31. Slave system operational N/A 32. Clean cylinder & mount N/A 33. Fan warning sign on hood N/A 34. Personnel instructed in manual operation of system N/A 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMMENTS: **(Left fryer) Spring on system is tight, makes it really hard to activate system from the pull station. Agent Canister does not seem to be secured properly which could cause the system to false trip.**

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X **M. Conley** **11-22-21** **12:45** P.M. _____

SERVICE TECHNICIAN PERMIT NO. DATE: TIME: AM PM CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 6-7-21		TIME 12:00		A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Side of fryer				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Perfect Fry	MODEL NUMBER 2GT001	WET <input checked="" type="checkbox"/>		DRY CHEMICAL	
CYLINDER SIZE MASTER 1 liter	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A			
FUSE LINKS 360° F. 1 ML	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER		
FUEL SHUT-OFF	ELECTRIC	GAS	SIZE		
SERIAL NUMBER 014762	LAST HYDRO TEST DATE 2016	LAST RECHARGE DATE 2016			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:		DRAWING NUMBER:		DATE	

CUSTOMER

Name Dinwiddie (Sports Complex)

Address 5850 AB Pamplin Rd.

City Sutherland State VA ZIP 23885

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Fryer			
--------------	--	--	--

- | | |
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| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles ✓ 2. Duct and plenum covered w/correct nozzles N/A 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. Hood/duct penetrations sealed w/weld or UL device N/A 6. Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) ✓ 9. Check cartridge weight (If applicable) N/A 10. Hydrostatic test date 2016 11. 6 year maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test for proper operation from remote ✓ 15. Check operation of micro switch N/A 16. Check operation of gas valve N/A 17. Clean nozzles No 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean No | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters ✓ 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position N/A 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System operational & seals in place ✓ 31. Slave system operational N/A 32. Clean cylinder & mount No 33. Fan warning sign on hood N/A 34. Personnel instructed in manual operation of system NO 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ |
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NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: (This is the left fryer.) Spring on system is really tight, it makes the pull station very hard to pull. Agent canisters doesn't seem to be secured properly which could cause a false trip.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X <u>Mark Conley</u>	6-7-21	12:00	<input checked="" type="checkbox"/>	
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM PM CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 6-7-21		TIME 12:00	A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	
LOCATION OF SYSTEM CYLINDERS side of fryer				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER Perfect Fry	MODEL NUMBER 26T001	WET <input checked="" type="checkbox"/>		DRY CHEMICAL
CYLINDER SIZE MASTER 1 liter	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A		
FUSE LINKS 360° F. 1 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF	ELECTRIC	GAS	SIZE	
SERIAL NUMBER 011275	LAST HYDRO TEST DATE 2012	LAST RECHARGE DATE 2012		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:	DRAWING NUMBER:	DATE		

CUSTOMER

Name Dinwiddie (Sports Complex)

Address 5850 RB Pamplin Dr.

City Sutherland State VA ZIP 23885

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

	fryer		
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| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles ✓ 2. Duct and plenum covered w/correct nozzles N/A 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. Hood/duct penetrations sealed w/weld or UL device N/A 6. Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (if gauged) ✓ 9. Check cartridge weight (if applicable) N/A 10. Hydrostatic test date 2012 11. 6 year maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test for proper operation from remote ✓ 15. Check operation of micro switch N/A 16. Check operation of gas valve N/A 17. Clean nozzles NO 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters ✓ 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position N/A 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System operational & seals in place N/A 31. Slave system operational N/A 32. Clean cylinder & mount NO 33. Fan warning sign on hood N/A 34. Personnel instructed in manual operation of system NO 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ |
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NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: (This is the right fryer.)

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X <u>M. Conley</u>	DATE: <u>6-7-21</u>	TIME: <u>12:00</u>	AM	PM <input checked="" type="checkbox"/>	CUSTOMER'S AUTHORIZED AGENT
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The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 6-7-21		TIME 11:00	A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL <input type="checkbox"/>	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE <input type="checkbox"/>	INSTALLATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>
LOCATION OF SYSTEM CYLINDERS Wall beside the hood			UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Ansul	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>	DRY CHEMICAL <input type="checkbox"/>	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A		
FUSE LINKS 360° F. 4 (K)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF	ELECTRIC <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	SIZE	
SERIAL NUMBER 20101026841	LAST HYDRO TEST DATE 2011	LAST RECHARGE DATE 2011		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:	DRAWING NUMBER:	DATE		

CUSTOMER

Name **Dinwiddie (Sports Complex)**

Address **5850 RB Pamplin Dr.**

City **Sutherland** State **VA** ZIP **23885**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat top	Convection oven		
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| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles ✓ 2. Duct and plenum covered w/correct nozzles ✓ 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. Hood/duct penetrations sealed w/weld or UL device ✓ 6. Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) N/A 9. Check cartridge weight (If applicable) ✓ 43oz 10. Hydrostatic test date 2011 11. 6 year maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test for proper operation from remote ✓ 15. Check operation of micro switch ✓ 16. Check operation of gas valve N/A 17. Clean nozzles No 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean No | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters N/A 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position N/A 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System operational & seals in place ✓ 31. Slave system operational N/A 32. Clean cylinder & mount NO 33. Fan warning sign on hood NO 34. Personnel instructed in manual operation of system NO 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ |
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NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: **Electrical Connections made inside hood box need to be moved to a junction box outside of hood box.**

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X Mark Conley	6-7-21	11:30	✓		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 11-22-21		TIME 3:00	A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER Ansul	MODEL NUMBER R-102	WET <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A		
FUSE LINKS 360° F. 1 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC	GAS	SIZE	
SERIAL NUMBER 20120630271	LAST HYDRO TEST DATE 2012	LAST RECHARGE DATE 2012		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:	DRAWING NUMBER:	DATE		

CUSTOMER

Name Dinwiddie Co. 1 Fire & EMS

Address 13516 Boydton Plank Rd.

City Dinwiddie State VA ZIP 23841

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Stove	Flat top		
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| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles. <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <u>N/A</u> 8. Pressure gauge in proper range (If gauged) <u>N/A</u> 9. Check cartridge weight (If applicable) <input checked="" type="checkbox"/> 43oz 10. Hydrostatic test date <u>2012</u> 11. 6 year maintenance date <u>N/A</u> 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operation of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles <input checked="" type="checkbox"/> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean <u>NO</u> | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame <u>N/A</u> 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters in place <input checked="" type="checkbox"/> 27. Fuel shut-off in on position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System operational & seals in place <input checked="" type="checkbox"/> 31. Slave system operational <u>N/A</u> 32. Clean cylinder & mount <u>NO</u> 33. Fan warning sign on hood <u>NO</u> 34. Personnel instructed in manual operation of system <u>NO</u> 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
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NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: Electrical Connections made inside the hood box need to be moved to a junction box outside of the hood box.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X <u>M. Conley</u>	<u>11-22-21</u>	<u>3:30</u>	<input checked="" type="checkbox"/>		
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report

Range Hood Systems Report

SERVICE COMPANY
FLSA

DATE OF SERVICE 6-4-21		TIME 11:00	A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	RECHARGE <input type="checkbox"/>	INSTALLATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>
LOCATION OF SYSTEM CYLINDERS Storage Closet				UL 300 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER Ansul	MODEL NUMBER R-10a	WET <input checked="" type="checkbox"/>	DRY CHEMICAL <input type="checkbox"/>	
CYLINDER SIZE MASTER 3 Gallon	CYLINDER SIZE SLAVE N/A	CYLINDER SIZE SLAVE N/A		
FUSE LINKS 360° F. 1 (ML)	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER	
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <input type="checkbox"/>	GAS <input type="checkbox"/>	SIZE	
SERIAL NUMBER 20120630271	LAST HYDRO TEST DATE 2012	LAST RECHARGE DATE 2012		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:	DRAWING NUMBER:	DATE		

CUSTOMER	
Name Dinwiddie Co. 1 Fire + EMS	
Address 13516 Boydton Plank Rd.	
City Dinwiddie State VA ZIP 23841	
Telephone _____	Store No. _____
Owner or Manager _____	

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Stove	Flat top		
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| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles ✓ 2. Duct and plenum covered w/correct nozzles ✓ 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. Hood/duct penetrations sealed w/weld or UL device ✓ 6. Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (If gauged) N/A 9. Check cartridge weight (If applicable) ✓ 43oz. 10. Hydrostatic test date 2012 11. 6 year maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test for proper operation from remote ✓ 15. Check operation of micro switch ✓ 16. Check operation of gas valve ✓ 17. Clean nozzles NO 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean NO | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters ✓ 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position ✓ 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System operational & seals in place ✓ 31. Slave system operational N/A 32. Clean cylinder & mount NO 33. Fan warning sign on hood NO 34. Personnel instructed in manual operation of system ✓ 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ <p style="text-align: center;">NOTE DISCREPANCIES OR DEFICIENCIES BELOW</p> |
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COMMENTS: Electrical Connections made inside of hood box needs to be moved to a junction box outside of hood box.

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

X M. Conley	DATE: 6-4-21	TIME: 12:00	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	CUSTOMER'S AUTHORIZED AGENT
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The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report