

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/13/2021

Contract/Lease Control #: C20-2947-FM

Procurement#: ITB FM 24-20

Contract/Lease Type: AGREEMENT

Award To/Lessee: B & C FIRE SAFETY, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 07/07/2020

Expiration Date: 07/06/2023 W/ 2 (1) YEAR RENEWALS

Description of
Contract/Lease: REPAIR, INSPECTION & SERVICE OF FIRE PROTECTION
COMPONENTS FOR COUNTY FACILITIES

Department: FM

Department Monitor: HENDRICK

Monitor's Telephone #: 850-689-5790

Monitor's FAX # or E-mail: BHENDRICK@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C20-2947-Fm Tracking Number: 4410 21

Procurement/Contractor/Lessee Name: B.C. Fire Safety Grant Funded: YES ___ NO X

Purpose: amendment #3

Date/Term: 7-6-23 w/ 2 1/2 yr term 1. GREATER THAN \$100,000

Department #: _____ 2. GREATER THAN \$50,000

Account #: _____ 3. \$50,000 OR LESS

Amount: _____

Department: Fm Dept. Monitor Name: Hendricks

Purchasing Review

Procurement or Contract/Lease requirements are met:

DeRita Mason Date: 8-12-21

Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: no federal funds Grant Name: _____

_____ Date: _____

Grants Coordinator

Risk Management Review

Approved as written: no risk identified in amendment Date: _____

_____ Lisa Price

Risk Manager or designee

County Attorney Review

Approved as written: see email attached Date: 8-24-21

_____ Lynn Hoshihara, Kerry Parsons or Designee

County Attorney

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____



**THIRD AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA
COUNTY, FLORIDA AND B & C FIRE SAFETY, INC.
CONTRACT NO. C20-2947-FM**

This Third Amendment to the Agreement between Okaloosa County, a political subdivision of the state of Florida (the "County"), and B&C Fire Safety, Inc., (the "Contractor") executed this 7th day of September, 2021, is made a part of the original Agreement dated July 7, 2020, Contract No. C20-2947-FM (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **AMENDMENT.** The County and Contractor wish to amend Attachment "A" to add the following location to be inspected:
 - Water and Sewer Maintenance Building-add to Attachment "A"
 - o Backflow-\$95.00 per inspection
2. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated July 7, 2020 and any amendments thereto, shall remain in full force and effect.
3. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and year first written above.

WITNESS:

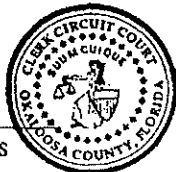
Shelly A. Heim
Signature

Shelly A. Heim
Print Name

BY: Richard DeHone

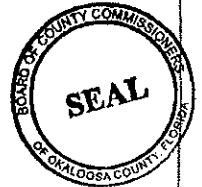
ATTEST:

J.D. Peacock II
J.D. Peacock II, Clerk of Courts



OKALOOSA COUNTY, FLORIDA

BY: Carolyn N. Ketchel
Carolyn N. Ketchel, Chairman



Contract No. C20-2947-FM

**CONTRACT #: C20-2974-FM
B & C FIRE SAFETY
REPAIR, INSPECTION & SERVICE OF FIRE
PROTECTION COMPONENTS FOR COUNTY
FACILITIES
EXPIRES: 07/06/2023 W/ 2 (1) YEAR RENEWALS**

DeRita Mason

From: Lynn Hoshihara
Sent: Tuesday, August 24, 2021 9:42 AM
To: DeRita Mason; Kerry Parsons
Subject: Re: C20-2947-fM
Attachments: C20-2947-FM 3rd amendment 8.24.21.docx

Attached are my changes. With these changes, this is approved as to legal sufficiency.

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason
Sent: Thursday, August 12, 2021 7:47:42 AM
To: Kerry Parsons
Cc: Lynn Hoshihara
Subject: C20-2947-fM

Good morning,
Please review and approve the attached.

Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 07/1454/2020

Contract/Lease Control #: C20-2947-FM

Procurement#: ITB FM 24-20

Contract/Lease Type: AGREEMENT

Award To/Lessee: B&C FIRE SAFETY, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 07/07/2020

Expiration Date: 07/06/2023 W/ 2 1 YR RENEWALS

Description of: REPAIR, INSPECTION & SERVICE OF FIRE PROTECTION
COMPONENTS FOR COUNTY FACILITIES

Department: FM

Department Monitor: BENNETT

Monitor's Telephone #: 850-689-5970

Monitor's FAX # or E-mail: DBENNETT@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



CONTRACT#: C20-2947-FM
B&C FIRE SAFETY, INC.
REPAIR, INSPECTION & SERVICE OF FIRE
PROTECTION COMPONENTS FOR COUNTY FACILITIES
EXPIRES: 07/06/2023 W/2 1 YR RENEWALS

**SECOND AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA
COUNTY, FLORIDA AND B & C FIRE SAFETY, INC.
CONTRACT NO. C20-2947-FM**

This Second Amendment to the Agreement between Okaloosa County, a political subdivision of the state of Florida (the "County"), and B&C Fire Safety, Inc., (the "Contractor") executed this 1st day of June, 2021, is made a part of the original Agreement dated July 7, 2020, Contract No. C20-2947-FM (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **AMENDMENT.** The County and Contractor wish to amend Attachment "A" to add the following location and inspections:

- Crestview Courthouse, 101 James Lee Blvd
 - Fire Sprinkler-\$925.00 annually-\$400.00 quarterly
 - FM200 large systems-\$500.00 each
 - Backflow should be changed to include a total of 5.
- Eglin ARFF Station, Eglin Airforce Base
 - Sprinkler Annual Inspection \$250.00
 - (1/2" concealed sprinkler-49) and (3/4" Upright Sprinkler-30)-
 - Fire Alarm Monitoring Annual Fee-\$240.62
 - Fire Alarm Annual Inspection-\$300.00
 - Backflow- 1 Lg 6"/bypass and an RP at \$175.00 for all 3

The County and Contractor also wish to add the following prices to the Destin Air Traffic Control Tower:

- Backflow \$135.00
- Sprinkler Annual Inspection \$345.00
- Quarterly prices are for the 3 each at \$155.00
- Alarm Annual Inspection \$345.00
- Extinguishers to inspect \$3.50
- Fire Alarm Monitoring Annual Fee \$240.62

2. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated July 7, 2020 and any amendments thereto, shall remain in full force and effect.

3. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.



IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and year first written above.

WITNESS:

Mary E. Kigellon
Signature

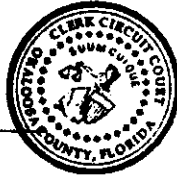
BY: *Nichola DeKore*
President

Mary E. Kigellon
Print Name

ATTEST:

J.D. Peacock II

J.D. Peacock II, Clerk of Courts



OKALOOSA COUNTY, FLORIDA

BY: *Carolyn N. Ketchel*
Carolyn N. Ketchel, Chairman



**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C202947-Fm Tracking Number: 4293-21
Procurement/Contractor/Lessee Name: B. C Fire Sply Grant Funded: YES ___ NO X
Purpose: 2nd amendment
Date/Term: 7-6-23 w/ 2 yr renewals 1. GREATER THAN \$100,000
Department #: 7 2. GREATER THAN \$50,000
Account #: murithe 3. \$50,000 OR LESS
Amount: _____
Department: Fm Dept. Monitor Name: Hendrick

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 4-9-21
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: no federal funds Grant Name: _____
_____ Date: _____
Grants Coordinator

Risk Management Review

Approved as written: see email attached Date: 4-20-21
_____ Lisa Price
Risk Manager or designee

County Attorney Review

Approved as written: see email attached Date: 4-21-21
_____ Lynn Hoshihara, Kerry Parsons or Designee
County Attorney

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____

DeRita Mason

From: Lisa Price
Sent: Tuesday, April 20, 2021 4:04 PM
To: DeRita Mason
Subject: RE: C20-2947-FM 2nd amendment

The amendment is approved.

The COI expires 5/2/21 can we please make sure the Cert holder is Okaloosa County BCC on the new COI and take the Subrogation off the General Liability.

Thanks!

Lisa Price
Public Records & Contracts Specialist
302 N Wilson Street, Suite 301
Crestview, FL. 32536
(850) 689-5979
lprice@myokaloosa.com



"Kindness is the language which the deaf can hear and the blind can see"
Mark Twain

For all things Wellness please visit:
<http://www.myokaloosa.com/wellness>

Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Tuesday, April 20, 2021 3:59 PM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: C20-2947-FM 2nd amendment
Importance: High

Good afternoon,
We would like to get this one on the May 4 meeting. Can it be pushed to the top of the review?
Thank you,

DeRita Mason

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Tuesday, April 20, 2021 5:52 PM
To: DeRita Mason
Cc: Lynn Hoshihara; Lisa Price
Subject: RE: C20-2947-FM 2nd amendment

This is approved for legal purposes.

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
kparsons@ngn-tally.com

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Tuesday, April 20, 2021 4:59 PM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: C20-2947-FM 2nd amendment
Importance: High

Good afternoon,
We would like to get this one on the May 4 meeting. Can it be pushed to the top of the review?
Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Egin Parkway NE Ste 202 Fort Walton Beach FL 32548		CONTACT NAME: PHONE (A/C. No, Ext): 850-581-4925 FAX (A/C. No): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Old Republic Insurance Company	NAIC # 24147
		INSURER B: Hudson Excess Insurance Co	14484
		INSURER C: Auto Owners	18988
		INSURER D: Bridgefield Casualty Ins. Co.	10335
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1149840615 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		FSL000895-01	5/2/2021	5/2/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/ AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		5174951000	5/2/2021	5/2/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FSLU000435-01	5/2/2021	5/2/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		Y	196-48918	6/27/2021	6/27/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Business Services Bond			W150253100	4/18/2019	4/18/2022	\$100,000
B	Errors & Omissions			FSL000895-01	5/2/2021	5/2/2022	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is listed as Additional Insured, when required by written contract, as respects general liability and commercial auto. Cancellation Provision: 30 Days Notice of Cancellation except 10 days for non-payment as respects general liability and auto liability. RE: Okaloosa County Airport
 Waiver of Subrogation applies when required by written contract in favor of the Certificate Holder as respects to workers comp.

CONTRACT#: C20-2947-FM
 B&C FIRE SAFETY, INC.
 REPAIR, INSPECTION & SERVICE OF FIRE PROTECTION COMPONENTS FOR COUNTY FACILITIES
 EXPIRES: 07/06/2023 W/2 1 YR RENEWALS

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners
 5479A Old Bethel Road
 Crestview FL 32536

CAN

SHC THE EXPIRATION DATE IS ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**FIRST AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA
COUNTY, FLORIDA AND B & C FIRE SAFETY, INC.
CONTRACT NO. C20-2947-FM**

This First Amendment to the Agreement between Okaloosa County, a political subdivision of the state of Florida (the "County"), and B&C Fire Safety, Inc., (the "Contractor") executed this 2nd day of February, 2021, is made a part of the original Agreement dated July 7, 2020, Contract No. C20-2947-FM (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **AMENDMENT.** The County and Contractor wish to amend Attachment "A" to add the following location and inspections:
 - Destin Air Traffic Control Tower, 1191 Airport Road, Destin, FL
 - Fire Alarm, Fire Sprinkler, Wet Fire Sprinkler System, Portable Fire Extinguisher, Backflow Prevention
2. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated July 7, 2020 and any amendments thereto, shall remain in full force and effect.
3. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

(Remainder of Page Intentionally Left Blank)



IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and year first written above.

B&C FIRE SAFETY, INC.:

Nichola DeVore

Signature

TITLE: President

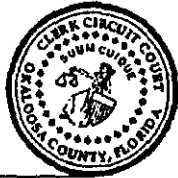
Nichola DeVore

Print Name

ATTEST:

J.D. Peacock II

J.D. Peacock II, Clerk of Courts



OKALOOSA COUNTY, FLORIDA

BY: Carolyn N. Ketchel
Carolyn N. Ketchel, Chairman



**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C202947-Fm Tracking Number: 4208-21
 Procurement/Contractor/Lessee Name: B.Cha Soft Grant Funded: YES ___ NO X
 Purpose: Amendment # II
 Date/Term: 7-6-23 w/ 21 yr renewals
 Department #: _____
 Account #: _____
 Amount: _____
 Department: Fm Dept. Monitor Name: Hendrick

1. GREATER THAN \$100,000
 2. GREATER THAN \$50,000
 3. \$50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 1-13-21
 Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: no federal funds Grant Name: _____
 _____ Date: _____
 Grants Coordinator

Risk Management Review

Approved as written: no risk exist on amendment Date: _____

 Risk Manager or designee Lisa Price

County Attorney Review

Approved as written: see email attached Date: 1-19-2021

 County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Approved as written: NA Date: _____

IT Review (if applicable)

Approved as written: NA Date: _____

DeRita Mason

From: Hoshihara, Lynn <lhoshihara@ngn-tally.com>
Sent: Tuesday, January 19, 2021 9:01 AM
To: DeRita Mason
Cc: Parsons, Kerry
Subject: 1st amendment to c20-2947-fm 1.18.21docx.docx
Attachments: 1st amendment to c20-2947-fm 1.18.21docx.docx

DeRita,

I made one additional change. Attached is the final amendment, which is approved as to legal sufficiency.

Lynn

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Monday, January 11, 2021 11:13 AM
To: DeRita Mason
Cc: Lynn Hoshihara; Randall Overly; Mark Griffin; Susan Lewis; Angela Etheridge
Subject: RE: C20-2947-FM

Send notice to the contractor of the issue and keep it in the file. Let them know there was an error in the address. No amendment needed.

Kerry A. Parsons, Esq.

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
Kparsons@ngn-tally.com

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-----Original Message-----

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Monday, January 11, 2021 10:48 AM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Randall Overly <roverly@myokaloosa.com>; Mark Griffin <mgriffin@myokaloosa.com>; Susan Lewis <slewis@myokaloosa.com>; Angela Etheridge <aetheridge@myokaloosa.com>
Subject: C20-2947-FM

Good morning,

We noticed an error in the attached document. The address for the W&S building is incorrect. It should be 1804. Can we do a memo of record to correct and put in the system, or do we need to do an amendment and go back to the board. All other items on the line are correct. I have highlighted the item in question.

Thank you,

DeRita Mason

DeRita Mason, CPPB
Senior Contracts and Lease Coordinator

Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

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-----Original Message-----

From: svcdevice@co.okaloosa.fl.us <svcdevice@co.okaloosa.fl.us>
Sent: Monday, January 11, 2021 8:39 AM
To: DeRita Mason <dmason@myokaloosa.com>
Subject: Message from "PURPR3"

This E-mail was sent from "PURPR3" (MP C4504ex).

Scan Date: 01.11.2021 09:39:19 (-0500)
Queries to: svcdevice@co.okaloosa.fl.us

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: _____ Tracking Number: _____
Procurement/Contractor/Lessee Name: B+C Fire Safety Grant Funded: YES ___ NO X
Purpose: Repair, Inspection, + Service of Fire Protection Equip.
Date/Term: 3 yrs w/ 2 lyr renewals 1. GREATER THAN \$100,000
Department #: _____ 2. GREATER THAN \$50,000
Account #: _____ 3. \$50,000 OR LESS
Amount: _____
Department: FM Dept. Monitor Name: _____

Purchasing Review

Procurement or Contract/Lease requirements are met:
A Etheridge Date: 6-5-2020
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: _____ Grant Name: _____
_____ Date: _____
Grants Coordinator Danielle Garcia

Risk Management Review

Approved as written: See attached email
_____ Date: 6-8-2020
Risk Manager or designee Edith Gibson or Karen Donaldson

County Attorney Review

Approved as written: See attached email
_____ Date: 6-16-2020
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Department funding confirmed: _____
_____ Date: _____

Angela Etheridge

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Tuesday, June 16, 2020 8:30 AM
To: Angela Etheridge
Subject: RE: ITB FM 24-20

This is approved for legal purposes

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
Kparsons@ngn-tally.com

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From: Angela Etheridge <aetheridge@myokaloosa.com>
Sent: Friday, June 5, 2020 5:06 PM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Subject: ITB FM 24-20

Hi Kerry. The email kicked back due to size of the file. There were tons of reports added in addendums. I have split into two parts so hopefully they will go through. Thanks.

Angela Etheridge

Contracts & Leases Coordinator
Okaloosa County BOCC
Office – (850) 689-5960

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Angela Etheridge

From: Karen Donaldson
Sent: Monday, June 8, 2020 8:13 AM
To: Angela Etheridge
Subject: RE: ITB FM 24-20

Angela

On page 5 please correct the address of the Risk Management Department under the Public Records disclosure. (Address is shown below).

This is approved by risk management for insurance purposes.

Thank you

Karen Donaldson

Karen Donaldson
Claims Examiner
Public Records and Contracts Specialist
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
Crestview, Fl. 32536
850.683.6207
KDonaldson@myokaloosa.com



Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Angela Etheridge <aetheridge@myokaloosa.com>
Sent: Friday, June 5, 2020 3:57 PM
To: 'Parsons, Kerry' <KParsons@ngn-tally.com>; Lynn Hoshihara <lhoshihara@myokaloosa.com>; Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: ITB FM 24-20

Please review and hopefully approve. 😊 Tks.

Angela Etheridge

Contracts & Leases Coordinator
Okaloosa County BOCC
Office – (850) 689-5960



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/4/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548		CONTACT NAME: PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A : Old Republic Insurance Company 24147	
		INSURER B : Auto Owners 18988	
		INSURER C : Bridgefield Casualty Ins. Co. 10335	
		INSURER D : Lloyds of London	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 2112241368** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SP220014	5/2/2020	5/2/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5174951000	5/2/2020	5/2/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SP2X20014	5/2/2020	5/2/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		Y	196-48918	6/27/2020	6/27/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D A	Errors & Omissions Liability Business Services Bond			SP220014 W150253100	5/2/2020 4/18/2019	5/2/2021 4/18/2022	Included \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is included as Additional Insured, when required by written contract on a primary/non-contributory basis as respects general liability. Waiver of subrogation applies in favor of the same as respects general liability and work comp when required by written contract. RE: Okaloosa County Airports
 Cancellation Provision: 30 Days Notice of Cancellation except 10 days for non-payment of premium as respects general liability and auto liability.

CERTIFICATE HOLDER Okaloosa County 5479 A Old Bethel Road Crestview FL 32536-5512	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CONTRACT#: C20-2947-FM
 B&C FIRE SAFETY, INC.
 REPAIR, INSPECTION & SERVICE OF FIRE
 COMPONENTS FOR COUNTY FACILITIES
 EXPIRES: 07/06/2023 W/2 1 YR RENEWALS

**AGREEMENT BETWEEN OKALOOSA COUNTY, FLORIDA
 AND B&C Fire Safety, Inc.**

CONTRACT ID

THIS AGREEMENT (hereinafter referred to as the "Agreement") is made this 7th, day of July, 2020, by and between Okaloosa County, a political subdivision of the state of Florida, (hereinafter referred to as the "County"), with a mailing address of 1250 N. Eglin Parkway, Suite 100, Shalimar, Florida, 32579, and B&C Fire Safety, Inc., a Florida Profit Corporation authorized to do business in the State of Florida (hereinafter referred to as "Contractor") whose Federal I.D. # is 59-1641904.

RECITALS

WHEREAS, the County is in need of a contractor to provide Repair, Inspection and Service of Fire Protection Components for County Facilities ("Services"); and

WHEREAS, pursuant to the Okaloosa County Purchasing Manual, the County issued an Invitation to Bid to competitively procure the Services and received responses to perform these Services. A copy of the procurement and Contractor's responsive to the procurement is included as Attachment "A"; and

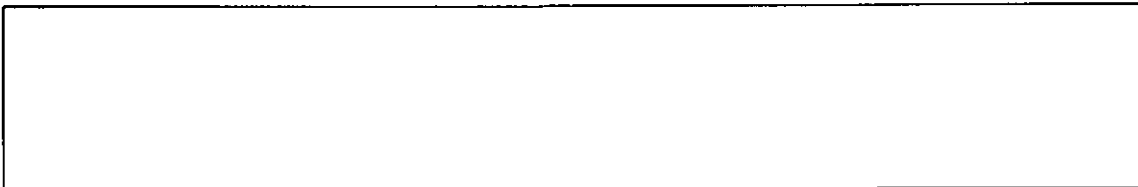
WHEREAS, Contractor is a certified and insured entity with the necessary experience to provide the desired Services; and

WHEREAS, the County wishes to enter into this Agreement with Contractor to provide the Services to the County for an amount of one hundred thirty-nine thousand four hundred seventy-nine Dollars (\$ 139,479.00), as further detailed below.

NOW THEREFORE, in consideration of the promises and the mutual covenants herein, the parties agree as follows:

1. Recitals and Attachments. The Recitals set forth above are hereby incorporated into this Agreement and made part hereof for reference. The following documents are attached to this Agreement and are incorporated herein.

- Attachment "A" – Procurement ITB FM 24-20 and Contractor's Response;
- Attachment "B" – Insurance Requirements;
- Attachment "C" – Title VI list of pertinent nondiscrimination acts and authorities;
- Attachment "D" – Scrutinized Companies Certification;





2. Services. Contractor agrees to perform the following services, Repair, Inspection and Service of Fire Protection Components for County Facilities.

The Services to be provided are further detailed in the Contractor's proposal attached as Attachment "A" and incorporated herein by reference. The Services shall be performed by Contractor to the full satisfaction of the County. Contractor agrees to have a qualified representative to audit and inspect the Services provided on a regular basis to ensure all Services are being performed in accordance with the County's needs and pursuant to the terms of this Agreement and shall report to the County accordingly. Contractor agrees to immediately inform the County via telephone and in writing of any problems that could cause damage to the County. Contractor will require its employees to perform their work in a manner befitting the type and scope of work to be performed.

3. Term and Renewal. The term of this Agreement shall begin upon all signatures, and shall continue for a period of three (3) years from the date of full execution of this Agreement, subject to the County's ability to terminate in accordance with Section 7 of this Agreement. The terms of Section 20 entitled "Indemnification and Waiver of Liability" shall survive termination of this Agreement.

- This agreement may not be renewed; or
- This agreement may be renewed upon mutual written agreement of the parties for a period of up to two (2), one (1) year renewals.

4. Compensation. The Contractor agrees to provide the Services to the County, including materials and labor, in a total amount of one hundred thirty-nine thousand four hundred seventy-nine Dollars (\$ 139,479.00).

a. Contractor shall submit an invoice to the County upon individual inspections. The invoice shall indicate that all services have been completed for that invoice period. In addition, Contractor agrees to provide the County with any additional documentation requested to process the invoices.

b. Disbursement. Check one:

- There are no reimbursable expenses associated with this Agreement.
- The following are reimbursable expenses associated with this Agreement:



- c. **Payment Schedule.** Invoices received from the Contractor pursuant to this Agreement will be reviewed by the initiating County Department. Payment will be disbursed as set forth above. If services have been rendered in conformity with the Agreement, the invoice will be sent to the Finance Department for payment. Invoices must reference the contract number assigned by the County after execution of this Agreement. Invoices will be paid in accordance with the State of Florida Local Government Prompt Payment Act.
- d. **Availability of Funds.** The County's performance and obligation to pay under this Agreement is contingent upon annual appropriation for its purpose by the County Commission.

Contractor shall make no other charges to the County for supplies, labor, taxes, licenses, permits, overhead or any other expenses or costs unless any such expenses or cost is incurred by Contractor with the prior written approval of the County. If the County disputes any charges on the invoices, it may make payment of the uncontested amounts and withhold payment on the contested amounts until they are resolved by agreement with the Contractor. Contractor shall not pledge the County's credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The Contractor further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

5. Ownership of Documents and Equipment. All documents prepared by the Contractor pursuant to this Agreement and related Services to this Agreement are intended and represented for the ownership of the County only. Any other use by Contractor or other parties shall be approved in writing by the County. If requested, Contractor shall deliver the documents to the County within fifteen (15) calendar days.

6. Insurance. Contractor shall, at its sole cost and expense, during the period of any work being performed under this Agreement, procure and maintain the minimum insurance coverage required as set forth in Attachment "B" attached hereto and incorporated herein, to protect the County and Contractor against all loss, claims, damages and liabilities caused by Contractor, its agents, or employees.

7. Termination and Remedies for Breach.

- a. If, through any cause within its reasonable control, the Contractor shall fail to fulfill in a timely manner or otherwise violate any of the covenants, agreements or stipulations material to this Agreement, the County shall have the right to terminate the Services then remaining to be performed. Prior to the exercise of its option to terminate for cause, the County shall notify the Contractor of its violation of the particular terms of the Agreement and grant Contractor thirty (30) days to cure such default. If the default remains uncured after thirty (30) days the County may terminate this Agreement, and the County shall receive a refund from the Contractor in an amount equal to the actual cost of a third party to cure such failure. If Contractor fails, refuses or is unable



to perform any term of this Agreement, County shall pay for services rendered as of the date of termination.

- i. In the event of termination, all finished and unfinished documents, data and other work product prepared by Contractor (and sub-Contractor (s)) shall be delivered to the County and the County shall compensate the Contractor for all Services satisfactorily performed prior to the date of termination, as provided in Section 4 herein.
 - ii. Notwithstanding the foregoing, the Contractor shall not be relieved of liability to the County for damages sustained by it by virtue of a breach of the Agreement by Contractor and the County may reasonably withhold payment to Contractor for the purposes of set-off until such time as the exact amount of damages due the County from the Contractor is determined.
- b. Termination for Convenience of County. The County may, for its convenience and without cause immediately terminate the Services then remaining to be performed at any time by giving written notice. The terms of Section 7 Paragraphs a(i) and a(ii) above shall be applicable hereunder.
 - c. Termination for Insolvency. The County also reserves the right to terminate the remaining Services to be performed in the event the Contractor is placed either in voluntary or involuntary bankruptcy or makes any assignment for the benefit of creditors.
 - d. Termination for failure to adhere to the Public Records Law. Failure of the Contractor to adhere to the requirements of Chapter 119 of the Florida Statutes and Section 9 below, may result in immediate termination of this Agreement.

8. Governing Law, Venue and Waiver of Jury Trial. This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. All parties agree and accept that jurisdiction of any dispute or controversy arising out of this Agreement, and any action involving the enforcement or interpretation of any rights hereunder shall be brought exclusively in the First Judicial Circuit in and for Okaloosa County, Florida, and venue for litigation arising out of this Agreement shall be exclusively in such state courts, forsaking any other jurisdiction which either party may claim by virtue of its residency or other jurisdictional device. In the event it becomes necessary for the County to file a lawsuit to enforce any term or provision under this Agreement, then the County shall be entitled to its costs and attorney's fees at the pretrial, trial and appellate levels. BY ENTERING INTO THIS AGREEMENT, CONTRACTOR AND COUNTY HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT. Nothing in this Agreement is intended to serve as a waiver of sovereign immunity, or of any other immunity, defense, or privilege enjoyed by the County pursuant to Section 768.28, Florida Statutes.



9. Public Records. Any record created by either party in accordance with this Contract shall be retained and maintained in accordance with the public records law, Florida Statutes, Chapter 119. Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

- a. Keep and maintain public records required by the County to perform the service.
- b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.
- d. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 302 N. WILSON ST., CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@myokaloosa.com.

10. Audit. The County and/or its designee shall have the right from time to time at its sole expense to audit the compliance by the Contractor with the terms, conditions, obligations, limitations, restrictions, and requirements of this Contract and such right shall extend for a period of three (3) years after termination of this Contract.

11. Notices. All notices and other communications required or permitted to be given under this Agreement by either party to the other shall be in writing and shall be sent (except as otherwise



provided herein) (i) by certified mail, first class postage prepaid, return receipt requested, (ii) by guaranteed overnight delivery by a nationally recognized courier service, or (iii) by facsimile with confirmation receipt (with a copy simultaneously sent by certified mail, first class postage prepaid, return receipt requested or by overnight delivery by traditionally recognized courier service), addressed to such party as follows:

If to the County:	Jason Autrey, Director Okaloosa County Public Works 1759 S. Ferdon Blvd Crestview, FL 32536 (850) 689-5772	With a copy to: County Attorney Office 1250 N. Eglin Pkwy, Suite 100 Shalimar, FL 32579 (850) 224-4070
If to the Contractor:	Mary Kilgellon B&C Fire Safety, Inc. 823 Navy St. Ft. Walton Beach, FL 32547	

12. Assignment. Contractor shall not assign this Agreement or any part thereof, without the prior consent in writing of the County. If Contractor does, with approval, assign this Agreement or any part thereof, it shall require that its assignee be bound to it and to assume toward Contractor all of the obligations and responsibilities that Contractor has assumed toward the County.

13. Subcontracting. Contractor shall not subcontract any services or work to be provided to County without the prior written approval of the County's Representative. The County reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Agreement. The County's acceptance of a subcontractor shall not be unreasonably withheld. The Contractor is encouraged to seek minority and women business enterprises for participation in subcontracting opportunities. Additionally, any subcontract entered into between the Contractor and subcontractor will need to be approved by the County prior to it being entered into and said agreement shall incorporate in all required terms in accordance with local, state and Federal regulations.

14. Civil Rights. The Contractor agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. This provision binds the Contractor and subcontractors from the bid solicitation period through the completion of the contract. This provision is in addition to that required by Title VI of the Civil Rights Act of 1964.

15. Compliance with Nondiscrimination Requirements. During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest, agrees as follows:



- a. Compliance with Regulations: The Contractor will comply with the Title VI List of Pertinent Nondiscrimination Acts and Authorities, as they may be amended from time to time, which are herein incorporated and attached hereto as Attachment "C".
- b. Nondiscrimination: The Contractor, with regard to the work performed by it during the Agreement, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.
- c. Solicitations for Subcontracts, including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the Contractor of the contractor's obligations under this contract and the Nondiscrimination Acts and Authorities on the grounds of race, color, or national origin.
- d. Information and Reports: The Contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County or other governmental entity to be pertinent to ascertain compliance with such Nondiscrimination Acts and Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the Contractor will so certify to the County or the other governmental entity, as appropriate, and will set forth what efforts it has made to obtain the information.
- e. Sanctions for Noncompliance: In the event of a Contractor's noncompliance with the non-discrimination provisions of this contract, the County will impose such contract sanctions as it or another applicable state or federal governmental entity may determine to be appropriate, including, but not limited to:
 - a. Withholding payments to the Contractor under the Agreement until the Contractor complies; and/or
 - b. Cancelling, terminating, or suspending the Agreement, in whole or in part.
- f. Incorporation of Provisions: The Contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations, and directives issued pursuant thereto. The Contractor will take action with respect to any subcontract or procurement as the County may direct as a means of enforcing such provisions including



sanctions for noncompliance. Provided, that if the Contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Contractor may request the County to enter into any litigation to protect the interests of the County. In addition, the Contractor may request the United States to enter into the litigation to protect the interests of the United States.

16. Compliance with Laws. Contractor shall secure any and all permits, licenses and approvals that may be required in order to perform the Services, shall exercise full and complete authority over Contractor's personnel, shall comply with all workers' compensation, employer's liability and all other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer performing services such as the Services, and shall make all reports and remit all withholdings or other deductions from the compensation paid to Contractor's personnel as may be required by any federal, state, county, or municipal law, ordinance, rule, or regulation.

17. Conflict of Interest. The Contractor covenants that it presently has no interest and shall not acquire any interest, directly or indirectly which could conflict in any manner or degree with the performance of the Services. The Contractor further covenants that in the performance of this Agreement, no person having any such interest shall knowingly be employed by the Contractor. The Contractor guarantees that he/she has not offered or given to any member of, delegate to the Congress of the United States, any or part of this contract or to any benefit arising therefrom.

18. Independent Contractor. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. All services shall be performed only by Contractor and Contractor's employees. Under no circumstances shall Contractor or any of Contractor's employees look to the County as his/her employer, or as partner, agent or principal. Neither Contractor, nor any of Contractor's employees, shall be entitled to any benefits accorded to the County's employees, including without limitation worker's compensation, disability insurance, vacation or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in Contractor's name, unemployment, disability, worker's compensation and other insurance as well as licenses and permits usual and necessary for conducting the services to be provided under this Agreement.

19. Third Party Beneficiaries. It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

20. Indemnification and Waiver of Liability. The Contractor agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the County, its agents, representatives, officers, directors, officials and employees from and against claims, damages, losses and expenses (including but not limited to attorney's fees, court costs and costs of appellate proceedings) relating to, arising out of or resulting from the Contractor's negligent acts, errors, mistakes or omissions relating to professional Services performed under this Agreement. The Contractor's duty to defend, hold harmless and indemnify the County its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is



attributable to bodily injury; sickness; disease; death; or injury to impairment, or destruction of tangible property including loss of use resulting therefrom, caused by any negligent acts, errors, mistakes or omissions related to Services in the performance of this Agreement including any person for whose acts, errors, mistakes or omissions the Contractor may be legally liable. The parties agree that TEN DOLLARS (\$10.00) represents specific consideration to the Contractor for the indemnification set forth herein.

The waiver by a party of any breach or default in performance shall not be deemed to constitute a waiver of any other or succeeding breach or default. The failure of the County to enforce any of the provisions hereof shall not be construed to be a waiver of the right of the County thereafter to enforce such provisions.

21. Taxes and Assessments. Contractor agrees to pay all sales, use, or other taxes, assessments and other similar charges when due now or in the future, required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County in accordance with this Agreement. Contractor further agrees that it shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of the Agreement.

The County is exempt from payment of Florida state sales and use taxes. The Contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the County, nor is the Contractor authorized to use the County's tax exemption number in securing such materials.

The Contractor shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this Agreement.

22. Prohibition Against Contracting with Scrutinized Companies. Pursuant to Florida Statutes Section 215.4725, contracting with any entity that is listed on the Scrutinized Companies that Boycott Israel List or that is engaged in the boycott of Israel is prohibited. Contractors must certify that the company is not participating in a boycott of Israel. Any contract for goods or services of One Million Dollars (\$1,000,000) or more shall be terminated at the County's option if it is discovered that the entity submitted false documents of certification, is listed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria after July 1, 2018.

Any contract entered into or renewed after July 1, 2018 shall be terminated at the County's option if the company is listed on the Scrutinized Companies that Boycott Israel List or engaged in the boycott of Israel. Contractors must submit the certification that is attached to this agreement as Attachment "D". Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination was in error. If the Contractor does not demonstrate that the County's determination of false certification was made



in error, then the County shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute Section 215.4725.

23. Inconsistencies and Entire Agreement. If there is a conflict or inconsistency between any term, statement, requirement, or provision of any attachment attached hereto, any document or events referred to herein, or any document incorporated into this Agreement, the term, statement, requirement, or provision contained in this Agreement shall prevail and be given superior effect and priority over any conflicting or inconsistent term, statement, requirement or provision contained in any other document or attachment, including but not limited to Attachments listed in Section 1.

24. Severability. If any term or condition of this Contract shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Contract shall remain in full force and effect. This Contract shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

25. Entire Agreement. This Agreement contains the entire agreement of the parties, and may be amended, waived, changed, modified, extended or rescinded only by in writing signed by the party against whom any such amendment, waiver, change, modification, extension and/or rescission is sought.

26. Representation of Authority to Contractor/Signatory. The individual signing this Agreement on behalf of Contractor represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. The signatory represents and warrants to the County that the execution and delivery of this Agreement and the performance of the Services and obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on the Contractor and enforceable in accordance with its terms.

(Remainder of Page Intentionally Left Blank)



IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate on the day and year first written above.

WITNESS:


[Handwritten Signature]
Signature

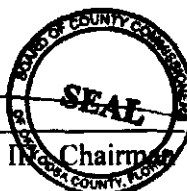
Renee S. Ramirez
Print Name

BY: CLERK TO BCC

ATTEST:

OKALOOSA COUNTY, FLORIDA

[Handwritten Signature]
J.D. Peacock III, Clerk of Court 

BY: *[Handwritten Signature]*
Robert A. "Trey" Goodwin, III, Chairman 



Attachment "A"



INVITATION TO BID (ITB) & RESPONDENT'S ACKNOWLEDGEMENT

ITB TITLE:
REPAIR, INSPECTION, AND SERVICE
OF FIRE PROTECTION EQUIPMENT
COMPONENTS FOR COUNTY FACILITIES

ITB NUMBER:
ITB FM 24-20

<u>ISSUE DATE:</u>	March 23, 2020	8:00 A.M. CST.
<u>MANDATORY PRE-BID MEETING:</u>	March 30, 2020	1:30 P.M. CST.
<u>LAST DAY FOR QUESTIONS:</u>	April 6, 2020	3:00 P.M. CST.
<u>ITB OPENING DATE & TIME:</u>	April 15, 2020	3:15 P.M. CST.

NOTE: BIDS RECEIVED AFTER THE BID OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits your company to submit a bid on the above referenced goods or services. All terms, specifications and conditions set forth in this ITB are incorporated into your response. A bid will not be accepted unless all conditions have been met. All bids must have an authorized signature in the space provided below. All envelopes containing sealed bids must reference the "ITB Title", "ITB Number" and the "ITB Opening Date & Time". Okaloosa County is not responsible for lost or late delivery of bids by the U.S. Postal Service or other delivery services used by the respondent. Neither faxed nor electronically submitted bids will be accepted. Bids may not be withdrawn for a period of sixty (60) days after the bid opening unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR BID. BIDS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT.

COMPANY NAME B+C Fire Safety, Inc.
MAILING ADDRESS 823 Navy St.
CITY, STATE, ZIP Fort Walton Beach, FL 32547
FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): 59-1641904
TELEPHONE NUMBER: 850-862-7812 EXT: - FAX: 850-863-1516
EMAIL: mary@bcfiresafety.com

I CERTIFY THAT THIS BID IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A BID FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS BID AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS BID FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: Nichola S. DeVore TYPED OR PRINTED NAME Nichola S. DeVore
TITLE: Secretary DATE 05/26/2020

NOTICE TO RESPONDENTS
ITB FM 24-20

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL, will accept sealed bids until **3:15 p.m. (CST) April 15th, 2020**, for the **Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities**.

Interested respondents desiring consideration shall provide one (1) original and two (2) copies (total of 3) of their Invitation to Bids (ITB) response with the respondent's areas of expertise identified. Submissions shall be portrait orientation, unbound, and 8 ½" x 11" where practical.

All originals must have original signatures in blue ink. Bid documents are available for download by accessing the Okaloosa County website at <http://www.co.okaloosa.fl.us/purchasing/home> then accessing the link "View Current Solicitations" or by accessing the Florida Purchasing Group website at <http://www.floridabidsystem.com/Bids/ViewOpenSolicitations.asp>

A MANDATORY pre-bid meeting will be held at 1:30 p.m. on March 30, 2020. The meeting will be held at the 1759 S. Ferdon Blvd Crestview, FL in the Public Works Small Conference Room.

At **3:15 p.m. (CST), April 15th, 2020**, all bids will be opened and read aloud. All bids must be in sealed envelopes reflecting on the outside thereof the Respondent's name and "**Repair, inspection and service of fire extinguishers, fire alarms, fire pumps systems, and sprinkler systems for Okaloosa County Facility Maintenance and Airports.**". The County will consider all bids properly submitted at its scheduled bid opening in the **Okaloosa County Courthouse** located at 101 E. James Lee Boulevard, Room 282, Crestview, FL 32536. If delivering on the bid opening day, delivery must be in person to 101 E. James Lee Boulevard, Room 282, Crestview, FL 32536.

****NOTE: MUST RING DOORBELL TO GAIN ENTRANCE INTO ROOM 282. THE CLERK WILL COME ACCEPT YOUR PACKAGE OR SHOW YOU TO THE CONFERENCE ROOM FOR THE SCHEDULED BID OPENING****

NOTE: THE NEW CRESTVIEW COURTHOUSE HAS SECURITY AT ENTRY POINT-PLEASE ALLOW FOR TIME TO GET THROUGH SECURITY WHEN ARRIVING FOR THE BID OPENING.

NOTE: Crestview, FL is not a next day guaranteed delivery location by most delivery services. Respondents using mail or delivery services assume all risks of late or non-delivery.

The County reserves the right to award the bid to the lowest responsive respondent and to waive any irregularity or technicality in bids received. Okaloosa County shall be the sole judge of the bid and the resulting Agreement that is in its best interest and its decision shall be final.

Any Respondent failing to mark outside of the envelope as set forth herein may not be entitled to have their bid considered.

All bids should be addressed as follows:

Fire Suppression Systems
ITB FM 24-20
Crestview Courthouse
Attn: BCC Records
101 E. James Lee Boulevard,
Room 282
Crestview FL 32536

Jeffrey Hyde
Purchasing Manager

Date

OKALOOSA COUNTY
BOARD OF COUNTY COMMISSIONERS

Robert A. (Trey) Goodwin, III, Chairmar

SPECIFICATIONS

BID #: ITB FM 24-20

BID ITEM: Repair, Inspection and Service of Fire Protection Equipment for County Facilities

SCOPE OF WORK:

The Okaloosa County Board of County Commissioners solicits your company to submit a response for Repair, Inspection and Service of Fire Protection System Components as listed in this bid request. All terms and conditions below are a part of this bid request. No bids will be accepted unless these terms and conditions have been met. Rights are reserved to reject any and all bids and to waive technicalities. Bids which are not submitted in accordance with this solicitation request may be rejected.

The intent of this solicitation is acquire services for a three (3) year contract with two (2), one (1) year optional renewals to include repairs, inspections, service, materials, and parts necessary for the repair, inspection, and service of Fire Protection System Components listed. The work includes, but it not limited to, all labor, parts, materials, equipment, tools, supervision, and transportation required to provide the required services and to keep all systems in satisfactory working condition, as specified hereinafter.

The contractor shall have been in this service business for at least five (5) years. The respondent shall be licensed and certified or registered in accordance with all applicable City, County, and State laws for both water based and clean agent inspections and maintenance.

All services will be performed by certified personnel only and in accordance with current National Fire Protection Association (NFPA), State, Federal, and local codes. Services or repairs not covered under this agreement will not be performed without prior approval of the corresponding Director or designee.

Respondent must provide 24 hours a day, seven (7) days a week, 365 days per year contact information; and is required to respond within one (1) hour for all emergency requests.

Repair, service and inspection activities require notification of the Facility Maintenance Structural Supervisor or designee at least seven (7) days in advance. Contractor's staff must obtain and maintain a Security Identification Display Badge for entrance to the premises of all airport facilities. Contractor personnel are required to notify the corresponding Department Director/designee upon arrival and departure.

A list of fire extinguishers removed from County premises for service must be provided to the representative on site. Extinguishers shall be checked out by serial number. If fire extinguishers are removed for service/repair, like extinguishers shall be left for temporary use. Service to extinguishers will meet the following regulations: NFPA 10; NFPA 17; NFPA 17A; NFPA 12A; NFPA 12B; NFPA 25:72. Conforming to Florida Statute, upon completion of required service, a new inspection tag shall be attached.

Upon request and at no charge other than recharge costs, the respondent is to provide an annual extinguisher usage/safety class to listed and future sites.

The respondent, as part of every complete semiannual test, shall survey the buildings' fire suppression systems and related equipment for any outstanding manufacturers' recalls; and also recommend repairs, upgrades or modifications. All findings shall be included as a separate part of the inspection report.

During the period of contract or any extension thereof, Okaloosa County reserves the right to add or delete specific services and/or locations. The contractor will be given fourteen (14) days' notice of requested changes. The respondent will maintain any additional units for the same service fees, providing the same unit exists in current contract. Should specifications differ from previous contracted items, the respondent will submit justification to substantiate a new rate. In the event of loss, damage, theft, or removal for service of any units, the County will immediately report the change to the respondent. The respondent will adjust the schedule and payments immediately.

The awarded contractor shall maintain the systems as specified and shall provide all labor, materials, and parts necessary to keep the systems properly maintained for correct, efficient operations at all times. All work shall be performed by a qualified technician who has all required reference materials, proper tools and equipment, and who has the manufacturer's recommended Underwriters Laboratories (UL) replacement parts to perform the maintenance and repair required. All work shall be performed per NFPA codes & standards. Parts shall be billed with a designated percentage surcharge. Invoices shall include proof of the original cost for the parts to validate the amount charged. Shipping/delivery charges to be billed at cost.

To maintain the operating integrity of the system, only parts made by the original manufacturer or other authorized replacement parts by the manufacturer will be an acceptable replacements. Parts are to be installed in accordance with the manufacturers' written recommendation.

The awarded respondent shall fully guarantee all workmanship and parts furnished and installed under this contract against defect for one (1) year after completion. Defects will be repaired or replaced at no charge to the County. Respondents must supply the County with all warranty information whether it be expressed or implied. All equipment, parts, and/or supplies used must be new original equipment manufacturer (OEM).

The respondent will take adequate precautions to protect all surfaces. The respondent will repair any damage caused as a result of inspection or serving of equipment including abuse, misuse, and neglect. The respondent is responsible for properly disposing of any materials removed or replaced. In addition, any areas disturbed should be restored to their original condition.

A summary of the device types and their frequencies of required services is outlined below:

1. Fire Extinguishers – Inspected Annually (Note - devices could be subject to a 6 yr. Inspection, a 12 yr. Hydro, Recharging, or Replacement, dependent on condition and age of device.)
2. Fire Alarms – Inspected Annually
3. Sprinkler Systems - Three (3) Quarterly and One (1) Annual Inspection each year
4. Fire Line and Domestic Backflow – Inspected Annually
5. Kitchen Hoods – Inspected Semi-Annually
6. Fire Suppression Systems – Inspected Semi-Annually
7. Fire Line and Domestic Backflow Devices – Inspected Annually
8. Fire Alarm and Duress Alarm Monitoring – Inspected Annually
9. Fire Pump Inspections – Inspected Annually (weekly tests at Bob Sikes Airport)

Attachments A and B are current lists of facilities where services are required. Additional locations are subject to being added and current locations are subject to modifications or removal.

Contractor will send all original invoices to Okaloosa County Finance, 101 E. James Lee Blvd, Crestview, FL 32536 for payment.

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 01/2/2019

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation on the Certificate of Insurance.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Contractor must be in compliance with all applicable State and Federal workers' compensation

laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.

3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
 - 1.) Premises & Operations Liability
 - 2.) Bodily Injury and Property Damage Liability
 - 3.) Independent Contractors Liability
 - 4.) Contractual Liability
 - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

CERTIFICATE OF INSURANCE

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479-A Old Bethel Road, Crestview, Florida, 32536.
2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10) days' prior written notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, Florida, 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

GENERAL BID CONDITIONS

1. PRE-BID ACTIVITY -

Except as provided in this section, respondents are prohibited from contacting or lobbying the County, County Administrator, Commissioners, County staff, and Review Committee members, or any other person authorized on behalf of the County related or involved with the solicitation. All inquiries on the scope of work, specifications, additional requirements, attachments, terms and general conditions or instructions, or any issue must be directed in writing, by US mail or email to:

Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, FL 32536
Email: aetheridge@myokaloosa.com
(850) 689-5960

All questions or inquiries must be received no later than the last day for questions (reference ITB & Respondent's Acknowledgement form). Any addenda or other modification to the bid documents will be issued by the County five (5) days prior to the date and time of bid closing, as written addenda, and will be posted to and the Okaloosa County website at <http://www.co.okaloosa.fl.us/purchasing/current-solicitations> and the Bidnet website at <https://www.bidnetdirect.com/florida>.

Such written addenda or modification shall be part of the bid documents and shall be binding upon each respondent. Each respondent is required to acknowledge receipt of any and all addenda in writing and submit with their bid. No respondent may rely upon any verbal modification or interpretation.

2. PREPARATION OF BID – The bid form is included with the bid documents. Additional copies may be obtained from the County. The respondent shall submit bids in accordance with the public notice.

All blanks in the bid documents shall be completed by printing in ink or by typewriter in both words and numbers with the amounts extended, totaled and the bid signed. A bid price shall be indicated for each section, bid item, alternative, adjustment unit price item, and unit price item listed therein, or the words "No Bid", "No Change", or "Not Applicable" entered. No changes shall be made to the phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the numerical figures, the written amount shall govern. Any bid which contains any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for which shall in any manner fail to conform to the conditions of public notice inviting bids may be rejected.

A bid submitted by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature). The official address of the partnership shall be shown below the signature.

A bid submitted by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm must be shown below the signature.

A bid submitted by an individual shall show the respondent's name and official address.

A bid submitted by a joint venture shall be executed by each joint venture in the manner indicated on the bid form. The official address of the joint venture must be shown below the signature. It is preferred that all signatures be in blue ink with the names type or printed below the signature. Okaloosa County does not accept electronic signatures.

The bid shall contain an acknowledgement of receipt of all Addenda, the numbers of which shall be filled in on the form. The address and telephone # for communications regarding the bid shall be shown.

If the respondent is an out-of-state corporation, the bid shall contain evidence of respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida. A state contractor license # for the State of Florida shall also be included on the bid form. Respondent shall be licensed in accordance with the requirements of Chapter 489, Florida Statutes.

3. **INTEGRITY OF BID DOCUMENTS** - Respondents shall use the original Bid documents provided by the Purchasing Department and enter information only in the spaces where a response is requested. Respondents may use an attachment as an addendum to the Bid documents if sufficient space is not available. Any modifications or alterations to the original bid documents by the respondent, whether intentional or otherwise, will constitute grounds for rejection of a bid. Any such modification or alteration that a respondent wish to propose must be clearly stated in the respondent's response in the form of an addendum to the original bid documents.
4. **SUBMITTAL OF BID** – A bid shall be submitted no later than the date and time prescribed and at the place indicated in the advertisement or invitation to bid and shall be enclosed in an opaque sealed envelope plainly marked with the project title (and, if applicable, the designated portion of the project for which the bid is submitted), the name and address of the respondent, and shall be accompanied by the bid security and other required documents. It is the respondent's responsibility to assure that its bid is delivered at the proper time and place. Offers by telegram, facsimile, or telephone will **NOT** be accepted.

Note: Crestview is not a next day delivery site for overnight carriers.

5. **MODIFICATION & WITHDRAWAL OF BID** - A bid may be modified or withdrawn by an appropriate document duly executed in the manner that a bid must be executed and delivered to the place where bids are to be submitted prior to the date and time for the opening of bids.

If within 24 hours after bids are opened any respondent files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material substantial mistake in the preparation of its bid, that respondent may withdraw its bid, and the bid security may be returned. Thereafter, if the work is rebid, that respondent will be disqualified from 1) further bidding on the work, and 2) doing any work on the contract, either as a subcontractor or in any other capacity.

6. **BIDS TO REMAIN SUBJECT TO ACCEPTANCE** – All bids will remain subject to acceptance or rejection for sixty (60) calendar days after the day of the bid opening, but the County may, in its sole discretion, release any bid and return the bid security prior to the end of this period.

7. **IDENTICAL TIE BIDS** - - In cases of identical procurement responses, the award shall be determined either by lot or on the basis of factors deemed to serve the best interest of the County. In the case of the latter, there must be adequate documentation to support such a decision.
8. **CONDITIONAL & INCOMPLETE BIDS** - Okaloosa County specifically reserves the right to reject any conditional bid and bids which make it impossible to determine the true amount of the bid.
9. **PRICING** - The bid price shall include all equipment, labor, materials, freight, taxes etc. Okaloosa County reserves the right to select that bid most responsive to our needs.
10. **ADDITION/DELETION OF ITEM** - The County reserves the right to add or delete any item from this bid or resulting contract when deemed to be in the County's best interest.
11. **SPECIFICATION EXCEPTIONS** - Specifications are based on the most current literature available. Respondent shall clearly list any change in the manufacturer's specifications which conflict with the bid specifications. Respondent must also explain any deviation from the bid specification in writing, as a foot note on the applicable bid page and enclose a copy of the manufacturer's specifications data detailing the changed item(s) with their bid. Failure of the respondent to comply with these provisions will result in respondents being held responsible for all costs required to bring the equipment in compliance with bid specifications.
12. **APPLICABLE LAWS & REGULATIONS** - All applicable Federal and State laws, County and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the project shall apply to the bid throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.
13. **DISQUALIFICATION OF RESPONDENTS** - Any of the following reasons may be considered as sufficient for the disqualification of a respondent and the rejection of its bid:
 - a. Submission of more than one proposal for the same work from an individual, firm or corporation under the same or different name.
 - b. Evidence that the respondent has a financial interest in the firm of another respondent for the same work.
 - c. Evidence of collusion among respondents. Participants in such collusion will receive no recognition as respondents for any future work of the County until such participant has been reinstated as a qualified respondent.
 - d. Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.
 - e. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.
 - f. Default under previous contract.
 - g. Listing of the respondent by any Local, State or Federal Government on its barred/suspended vendor list.

14. AWARD OF BID

- A. **Okaloosa County Review** - Okaloosa County designated Staff will review all bids and will participate in the Recommendation to Award.
- B. The County will award the bid to the responsive and responsible vendor(s) with the lowest responsive bid(s), and the County reserves the right to award the bid to the respondent submitting a responsive bid with a resulting negotiated agreement which is most advantageous and in the best interest of the County, and to reject any and all bids or to waive any irregularity or technicality in bids received. Okaloosa County shall be the sole judge of the bid and the resulting negotiated agreement that is in its best interest and its decision shall be final.
- C. Okaloosa County reserves the right to waive any informalities or reject any and all bids, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this bid and to accept the bid that in its judgment will best serve the interest of the County.
- D. Okaloosa County specifically reserves the right to reject any conditional bids and will normally reject those which made it impossible to determine the true amount of the bid. Each item must be bid separately and no attempt is to be made to tie any item or items to any other item or items.

15. PAYMENTS – The respondent shall be paid upon submission of invoices and approval of acceptance by Okaloosa County Board of County Commissioners, Finance Office, 101 E. James Lee Blvd, Crestview, FL 32536, for the prices stipulated herein for articles delivered and accepted. Invoices must show Contract #.

16. DISCRIMINATION - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

17. PUBLIC ENTITY CRIME INFORMATION - Pursuant to Florida Statute 287.133, a respondent may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

18. CONFLICT OF INTEREST - The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their bids the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its agencies. Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the bid package.

19. REORGANIZATION OR BANKRUPTCY PROCEEDINGS – Bids will not be considered from respondents who are currently involved in official financial reorganization or bankruptcy proceedings.

20. INVESTIGATION OF RESPONDENT – The County may make such investigations, as it deems necessary to determine the stability of the respondent to perform the work and that there is no conflict of interest as it relates to the project. The respondent shall furnish to the Owner any additional information and financial data for this purpose as the County may request.

21. CONE OF SILENCE CLAUSE - The Okaloosa County Board of County Commissioners has established a solicitation silence policy (**Cone of Silence Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department. The period commences from the date of advertisement until award of contract.

All communications shall be directed to the Purchasing Department -see attached form.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the bid package.

22. REVIEW OF PROCUREMENT DOCUMENTS - Per Florida Statute 119.071 (2) 2 sealed bids, proposals, or replies received by the County pursuant to a competitive solicitation are exempt from public disclosure until such time as the County provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

23. COMPLIANCE WITH FLORIDA STATUTE 119.0701 - The Respondent shall comply with all the provisions of section 119.0701, Florida Statutes relating to the public records which requires, among other things, that the Respondent: (a) Keep and maintain public records; (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the respondent upon termination of the contract.

24. PROTECTION OF RESIDENT WORKERS – The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verifications. The respondent shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.

Respondents doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

25. SUSPENSION OR TERMINATION FOR CONVENIENCE - The County may, at any time, without cause, order Respondent in writing to suspend, delay or interrupt the work in whole or in part for such period of time as the County may determine, or to terminate all or a portion of the Contract for the County's convenience. Upon such termination, the Contract Price earned to the date of

termination shall be paid to Respondent, but Respondent waives any claim for damages, including loss of profits arising out of or related to the early termination. Those Contract provisions which by their nature survive final acceptance shall remain in full force and effect. If the County orders a suspension, the Contract price and Contract time may be adjusted for increases in the cost and time caused by suspension, delay or interruption. No adjustment shall be made to the extent that performance is, was or would have been so suspended, delayed or interrupted by reason for which Respondent is responsible; or that an equitable adjustment is made or denied under another provision of this Contract.

- 26. FAILURE OF PERFORMANCE/DELIVERY** - In case of default by the respondent, the County after due notice (oral or written) may procure the necessary supplies or services from other sources and hold the respondent responsible for difference in cost incurred. Continuous instances of default shall result in cancellation of the award and removal of the respondent from the bid list for duration of one (1) year, at the option of the County.
- 27. AUDIT** - If requested, respondent shall permit the County or an authorized, independent audit agency to inspect all data and records of respondent relating to its performance and its subcontracts under this bid from the date of the award through three (3) years after the expiration of contract.
- 28. EQUAL EMPLOYMENT OPPORTUNITY; NON DISCRIMINATION** – Respondent will not discriminate against any employee or an applicant for employment because of race, color, religion, gender, sexual orientation, national origin, age, familial status or handicap.
- 29. NON-COLLUSION** – Respondent certifies that it has entered into no agreement to commit a fraudulent, deceitful, unlawful or wrongful act, or any act which may result in an unfair advantage over other respondents. See Florida Statute 838.22.
- 30. UNAUTHORIZED ALIENS/PATRIOT'S ACT** – The knowing employment by respondent or its subcontractors of any alien not authorized to work by the immigration laws is prohibited and shall be a default of the contract. In the event that the respondent is notified or becomes aware of such default, the respondent shall take steps as are necessary to terminate said employment with 24 hours of notification or actual knowledge that an alien is being employed. Respondent's failure to take such steps as are necessary to terminate the employment of any said alien within 24 hours of notification or actual knowledge that an alien is being employed shall be grounds for immediate termination of the contract. Respondent shall take all commercially reasonable precautions to ensure that it and its subcontractors do not employ persons who are not authorized to work by the immigration laws.

31. The following documents shall be submitted with the bid packet. Failure to provide required forms may result in contractor disqualification.

- A. Drug-Free Workplace Certification Form
- B. Conflict of Interest
- C. Federal E-Verify
- D. Cone of Silence Form
- E. Recycled Content Form
- F. Indemnification and Hold Harmless
- G. Prohibition to Lobbying
- H. Company Data
- I. System of Awards Management
- J. Addendum Acknowledgement
- K. Anti-Collusion Statement
- L. Sworn Statement
- M. Governmental Debarment & Suspension
- N. Vendors on Scrutinized Companies List
- O. Bid sheet-see attached

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 05/26/2020

SIGNATURE: Nicholas S. DeVore

COMPANY: B&C Fire Safety, Inc.

NAME: Nicholas S. DeVore
(Typed or Printed)

ADDRESS: 823 Navy St.
FL. Walton Beach
FL 32547

TITLE: Secretary

E-MAIL: nkd@bcsfiresafety.com

PHONE NO.: 850-842-7812

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all respondents, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business:

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____

NO X _____

NAME(S)

POSITION(S)

FIRM NAME: B&C Fire Safety, Inc.
BY (PRINTED): Nicholas S DeVore
BY (SIGNATURE): Nicholas S. DeVore
TITLE: Secretary
ADDRESS: 823 Navy St.
 Ft. Walton Beach, FL 32547
PHONE NO. 850-862-7812
E-MAIL nikki@bcfiresafety.com
DATE 05/26/2020

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: 05/26/2020

SIGNATURE

Nichola S. DeVore

COMPANY: B & C Fire Safety, Inc.

NAME: Nichola S DeVore

ADDRESS: 823 Navy St.

TITLE: Secretary

Ft. Walton Beach, FL 32547

E-MAIL: nikki@bcsfiresafety.com

PHONE NO: 850-842-7812

CONE OF SILENCE CLAUSE

The Board of County Commissioners have established a solicitation silence policy (**Cone of Silence Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications, Invitation to Quote, Invitation to Negotiate) issued by the Board through the County Purchasing Department.

The period commences upon receipt of the procurement proposal by the County, and terminates upon Board approval to award a contract or reject all bids/responses.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective respondents and members of the Board of County Commissioners, the County Administrator, county employees or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **MUST** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Director or an appointed representative. It shall be the Purchasing Director decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the respondent from consideration during the selection process.

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I Nicholas S. DeVore representing B & C Fire Safety, Inc.
Signature Company Name

On this 26 day of May 2020 hereby agree to abide by the County's "Cone of Silence Clause" and understand violation of this policy shall result in disqualification of my proposal/submittal.

RECYCLED CONTENT FORM

RECYCLED CONTENT INFORMATION

1. Is the material in the above: Virgin _____ or Recycled _____ (Check the applicable blank). If recycled, what percentage: _____%.

Product Description: N/A

2. Is your product packaged and/or shipped in material containing recycled content?

Yes _____ No _____

Specify: Cardboard

3. Is your product recyclable after it has reached its intended end use?

Yes _____ No _____

Specify: _____

The above is not applicable if there is only a personal service involved with no product involvement.

Name of Respondent: Nichola S. Devore

E-Mail: n.kiki@bcfiresafety.com

INDEMNIFICATION AND HOLD HARMLESS

Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Agreement.

B & C Fire Safety, Inc.

Respondent's Company Name

823 Navy St.
Ft. Walton Beach, FL 32547

Physical Address

823 Navy St.
Ft. Walton Beach, FL 32547

Mailing Address

850-862-7812

Phone Number

850-259-1208

Cellular Number

05/26/2020

Date

Nichola S. DeVore

Authorized Signature – Manual

Nichola S. DeVore

Authorized Signature – Typed

Secretary

Title

850-863-1516

FAX Number

After-Hours Number(s)

nikki@bcfiresafety.com

Email Address

LOBBYING - 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20

APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

(To be submitted with each bid or offer exceeding \$100,000)

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form—LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, Bec Fire Safety, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Nicholas DeVore Signature of Contractor's Authorized Official

Nicholas S DeVore Name and Title of Contractor's Authorized Official

Secretary Date
05/26/2020

COMPANY DATA

Respondent's Company Name:

B&C Fire Safety, Inc.

Physical Address & Phone #:

823 Navy St.

Fl. Winton Beach, Fl 32547

Contact Person (Typed-Printed):

Mary Kilgallon

Phone #:

850-862-7812

Cell #:

850-217-8809

Federal ID or SS #:

59-1641904

DUNNS #:

Respondent's License #:

Fax #:

850-863-1516

Emergency #'s After Hours,
Weekends & Holidays:

850-862-7812

Email Address:

mary@bcfiresafety.com

VENDORS ON SCRUTINIZED COMPANIES LISTS

By executing this Certificate BFC Fire Safety, Inc., the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 05/26/2020

SIGNATURE: Nicholas DeVore

COMPANY: BFC Fire Safety, Inc.

NAME: Nicholas S. DeVore
(Typed or Printed)

ADDRESS: 823 Navy St
 Ft. Walton Beach
 FL, 32517

TITLE: Secretary

E-MAIL: nikki@bfcfiresafety.com

PHONE NO.: 850-662-7812

SYSTEM FOR AWARD MANAGEMENT (OCT 2016)

(a) Definitions. As used in this provision.

“Electronic Funds Transfer (EFT) indicator” means a four-character suffix to the unique entity identifier. The suffix is assigned at the discretion of the commercial, nonprofit, or Government entity to establish additional System for Award Management records for identifying alternative EFT accounts (see subpart 32.11) for the same entity.

“Registered in the System for Award Management (SAM) database” means that.

(1) The Offeror has entered all mandatory information, including the unique entity identifier and the EFT indicator, if applicable, the Commercial and Government Entity (CAGE) code, as well as data required by the Federal Funding Accountability and Transparency Act of 2006 (see subpart 4.14) into the SAM database;

(2) The offeror has completed the Core, Assertions, and Representations and Certifications, and Points of Contact sections of the registration in the SAM database;

(3) The Government has validated all mandatory data fields, to include validation of the Taxpayer Identification Number (TIN) with the Internal Revenue Service (IRS). The offeror will be required to provide consent for TIN validation to the Government as a part of the SAM registration process; and

(4) The Government has marked the record “Active”.

“Unique entity identifier” means a number or other identifier used to identify a specific commercial, nonprofit, or Government entity. See www.sam.gov for the designated entity for establishing unique entity identifiers.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the SAM database prior to award, during performance, and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The Offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation “Unique Entity Identifier” followed by the unique entity identifier that identifies the Offeror’s name and address exactly as stated in the offer. The Offeror also shall enter its EFT indicator, if applicable. The unique entity identifier will be used by the Contracting Officer to verify that the Offeror is registered in the SAM database.

(c) If the Offeror does not have a unique entity identifier, it should contact the entity designated at www.sam.gov for establishment of the unique entity identifier directly to obtain one. The Offeror should be prepared to provide the following information:

(1) Company legal business name.

(2) Tradestyle, doing business, or other name by which your entity is commonly recognized.

(3) Company Physical Street Address, City, State, and Zip Code.

(4) Company Mailing Address, City, State and Zip Code (if separate from physical).

(5) Company telephone number.

(6) Date the company was started.

(7) Number of employees at your location.

(8) Chief executive officer/key manager.

(9) Line of business (industry).

(10) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the SAM database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) Offerors may obtain information on registration at <https://www.acquisition.gov>

Offerors SAM information:

Entity Name: B&C Fire Safety, Inc.

Entity Address: 823 Navy St, Ft. Walton Beach, FL 32547

Duns Number: 01-038-7181

CAGE Code: 022N5

ADDENDUM ACKNOWLEDGEMENT

ITB FM 24-20

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

<u>ADDENDUM NO.</u>	<u>DATE</u>
Addendum # 1	03/30/20
Addendum # 2	04/09/20
Addendum # 3	04/15/20
Addendum # 4	04/28/20
Addendum # 5	05/01/20
Addendum # 6	05/06/20
Addendum # 7	05/18/20
Addendum # 8	05/20/20

NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.



ADDENDUM 1

March 30, 2020

ITB FM 24-20

Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities

This addendum is address the pre-bid meeting, opening location and opening date.

The mandatory pre-bid meeting scheduled for March 30, 2020 at 1:30 P.M. CST has been cancelled. The mandatory pre-bid meeting is now scheduled for April 7, 2020 at 9:00 A.M. Due to the COVID-19 issue, the meeting will be held via telephone-conference. Vendors wishing to join should dial in. (see below instructions)

Dial 850-306-21010 wait for dial tone, then enter 6966, #,#

The delivery location and opening location have been changed to the Okaloosa County Purchasing Office, 5479A Old Bethel Rd., Crestview, FL 32536.

The opening date for this ITB has been changed to April 23, 2020 at 3:15 PM CST.



ADDENDUM 2

April 2, 2020

ITB FM 24-20

Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities

This addendum is to address Executive Order 20-91 which becomes effective April 3, 2020.

Okaloosa County will be postponing this bid opening until May 6, 2020 at 3:15 P.M. CST.

The opening date for this ITB has been changed to May 6, 2020 at 3:15 P.M. CST.



ADDENDUM 3

April 15, 2020

ITB FM 24-20

Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities

This addendum is to provide the annual reports requested during the pre-bid meeting, and extend the time for question period.

See attached documents for annual reports.

The question deadline has been extended to April 23, 2020 at 3:00 P.M.

The ITB opening date remains May 6, 2020 at 3:15 P.M.

Report of Inspection/Test

Semi-Annual Sprinkler

10/05/2018

Property

Okaloosa County Health
 Department FWB NEW
 221 Hospital Dr.
 Fort Walton Beach, FL 32547

John Alfone
 (850)833-9240 x2255

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
 ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Frank Sapp

Inspection Ref: 20000008248

Print Date: 4/14/2020

Signatures

Inspector - Printed Frank Sapp	Inspector - Signature <i>FS</i>	Date Completed 10/5/18	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Wet system	
Wet riser	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 08:00	800-286-5699	Jessica
	End Time: 09:00	800-286-5699	Dispatch
Okaloosa Dispatch	Start Time: 08:00	850-689-5766	Jennifer
	End Time: 09:00	850-689-5766	Patricia

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet system											
Wet riser	4" Riser Check			NA	Ok	Ok	Ok	Ok	Ok		No

Print Date: 4/14/2020

Page 1 of 2

Report of Inspection/Test

Semi-Annual Sprinkler

10/05/2018

Property: Okaloosa County Health Department FWB NE1

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000008248

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet system					
1	Riser	Yes	2021	Yes	0

Fire Department Connection E Side of Bldg

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet system							
Wet riser	Main drain	1/2	60	50	60	2	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet system					
Wet riser	Yes	43	Yes	Yes	Yes

Valve Inspection List

Location / Description	Valve Type	Size	Secured	Inspection			
				Leakage	Open	Accessible	Signs
Wet system							
NA	NA	4"	NA	NA	NA	NA	NA
Backflow Supply	OS&Y	6"	Pad Locked	OK	OK	OK	NA
Backflow System Side	OS&Y	6"	Pad Locked	OK	OK	OK	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property

Okaloosa County Jail NEW

1200 East James Lee Blvd.
Crestview, FL 32539

Sgt. Denise
689-5690x1315

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: David Woodard

Inspection Ref: 200000010493

Print Date: 4/14/2020

Signatures

Inspector - Printed David Woodard	Inspector - Signature 	Date Completed 11/6/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--------------------------------------	---------------------------	---------------------------	---

Tag Color

System Description/Location	Tag Color								
Wet System									
Alpha Pod/ transport office	Red Critical								
Admin / Medical	Green								
Bravo Pod	Red Critical								
Charlie Pod	Green								
Echo Pod	Red Critical								
Delta Pod	Green								
Dry System									
Sally Port	Red Critical								
No system pressure switch Air compressor would not activate									
Delta Pod	Green								
Okaloosa	<table border="1"> <tr> <td>Start Time:</td> <td>8:15</td> <td>850-689-5766</td> <td>Heather</td> </tr> <tr> <td>End Time:</td> <td>2:30</td> <td>850-689-5766</td> <td>Jennifer</td> </tr> </table>	Start Time:	8:15	850-689-5766	Heather	End Time:	2:30	850-689-5766	Jennifer
Start Time:	8:15	850-689-5766	Heather						
End Time:	2:30	850-689-5766	Jennifer						

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Served Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Dry System Riser									
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Valve									
OS&Y	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
Main drain	5	5	100.0%	0	0.0%	0	0.0%	0	0.0%
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Print Date: 4/14/2020

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Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System											
Alpha Pod/ transport office	4" Riser Check 1984 Victaulic 80		90	NA	Ok	Ok	Ok	Ok	Ok	2020	No
Admin / Medical	4"		90	NA	Ok	Ok	NA	Ok	Ok	2020	No
Bravo Pod	4"		90	NA	Ok	Ok	NA	Ok	Ok	2020	No
Charlie Pod	4"		85	NA	Ok	Ok	NA	Ok	Ok	2020	No
Echo Pod	4"		90	NA	Ok	Ok	NA	Ok	Ok	2020	No
Delta Pod	4" Riser Check B		90	NA	Ok	Ok	NA	Ok	Ok	2020	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Upright Chrome	Tyco TY323	5.6/155	1/2"			Yes	Yes	Yes
Std Pendent Chrome	Tyco TY3281 INST	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall Chrome	Tyco TY3390	5.6/155	1/2"			Yes	Yes	Yes
Std Sidewall Brass	Central SOLDER L	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall Chrome	RASCO R3731	5.6/165	1/2"			Yes	Yes	Yes
QR Sidewall Brass	Tyco TY3331	200	1/2"			Yes	Yes	Yes
QR Upright brass	Tyco TY3131	5.6/155	1/2"			Yes	Yes	Yes
QR Upright Chrome	Central	200	1/2"			Yes	Yes	Yes

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System					
1	Alpha Pod/ transport office	Yes	2020	Yes	0
1	Admin / Medical	Yes	2020	Yes	0
1	Bravo Pod	Yes	2020	Yes	0
1	Charlie Pod	Yes	2020	Yes	0
1	Echo Pod	Yes	2020	Yes	0
1	Delta Pod	Yes	2020	Yes	0
Dry System					
2	Sally Port	Yes	2023	Yes	0
2	Delta Pod	Yes	2020	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	All	Every 5 years	2015	2020

Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	

Sprinklers				
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
No	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Found corroded sprinkler heads				
No	Free of foreign materials including paint?	No	Free of physical damage?	
Found painted sprinkler heads				
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?	

Fire Department Connection Alpha				
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?	
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?	
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?	
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?	
NA	Valve clapper operational over its full range (if caps are not in place) ?			

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Inspection Ref: 20000010493

Fire Department Connection Admin / Medical

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Bravo

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Charlie

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Echo

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Air Compressor PIPE MOUNT SallyPort Dry System

GENERAL	Manufacturer of compressor	DL161-5035	Model of compressor
ELECTRIC			
3/4	Size of compressor (HP)	PIPE MOUNT	Compressor Description/Type
No	Compressor appears to be in working condition?	NA	Compressor appears free of leaks?
NA	Compressor and motor are free of vibration and unusual noises?	NA	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	No	Electrical connections Ok?
NA	Breaker in the ON Position?	NA	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Cold Weather Check Sally Port Dry System

NA	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
NA	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	NA	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Air Compressor Delta floor mounted tank

General Electric	Manufacturer of compressor	9QK56C17D2012	Model of compressor
		P	
1/2	Size of compressor (HP)	floor mounted tank	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	NA	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Position?	NA	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Cold Weather Check Delta Pod Dry System

NA	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
NA	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	NA	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Fire Department Connection Delta

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet System							
Alpha Pod/ transport office	Main drain	2	90	70	90	5	Yes
Admin / Medical	Main drain	2	90	75	90	5	Yes
Bravo Pod	Main drain	2	90	75	90	5	Yes
Charlie Pod	Main drain	2	85	70	85	5	Yes
Echo Pod	Main drain	2	90	75	90	5	Yes
Delta Pod	Main drain	2	90	75	90	5	Yes
Dry System							
Sally Port	Main drain	2					
Delta Pod	Main drain	2	90	75	90	5	Yes

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet System					
Alpha Pod/ transport office	Yes	8	Yes	Yes	Yes
Admin / Medical	Yes	50	Yes	Yes	Yes
Bravo Pod	Yes	20	Yes	Yes	Yes
Charlie Pod	Yes	25	Yes	Yes	Yes
Echo Pod	Yes	45	Yes	Yes	Yes
Delta Pod	Yes	45	Yes	Yes	Yes
Dry System					
Sally Port	NA	NA	NA	NA	NA
Delta Pod	Yes	1	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	20	NA	
Backflow Supply delta pod	OS&Y	4"	Pad Locked	Ok	Ok	Ok	NA	Ok	14	NA	
Backflow System Side	OS&Y	4"	Pad Locked	Ok	Ok	Ok	NA	Ok	14	NA	

Backflow

Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	20	NA
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Wet System

Alpha Pod/ transport office	OS&Y	2"	Supervised	Ok	Ok	Ok	Ok	Ok	10	NA
Admin / Medical	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Bravo Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Charlie Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Echo Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Delta Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA

Dry System

Sally Port	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Delta Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Dry Valve Trip Test - Dry System

Print Date: 4/14/2020

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Report of Inspection/Test**Annual Sprinkler****11/06/2019****Property:** Okaloosa County Jail NEW**B&C FIRE SAFETY**FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS**850-862-7812****Inspection Ref:** 20000010493

Dry Valve		Size: 4"	Year: 01/01/00	Q. O. D.		Year:
Make	Model	Serial no.		Make	Model	Serial no.
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	psi	psi	psi	sec	
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ?

Dry Valve		Size: 4"	Year: 01/01/00	Q. O. D.		Year:
Make	Model	Serial no.		Make	Model	Serial no.
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	psi	psi	psi	sec	
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ?

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Sprinklers All

Inspection Riser All

No Free of corrosion?

Found corroded sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

No Free of foreign materials including paint?

Found painted sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

No Free of physical damage?

Found damaged sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

Air Compressor PIPE MOUNT SallyPort Dry System

GENERAL ELECTRIC DL161-5035 Compressor

No Compressor appears to be in working condition?

No Electrical connections Ok?

Tag Sally Port Dry System Sally Port

Dry System Riser OS&Y Sally Port

Red Critical Tag Color

No system pressure switch

Air compressor would not activate

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property

Okaloosa County Jail NEW

1200 East James Lee Blvd.
Crestview, FL 32539

Sgt. Denise
689-5690x1315

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Frank Sapp

Inspection Ref: 20000006306

Print Date: 4/14/2020

Signatures

Inspector - Printed Frank Sapp	Inspector - Signature <i>Frank Sapp</i>	Date Completed 2/2/18	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
-----------------------------------	--	--------------------------	---

Tag Color

System Description/Location	Tag Color
Admin / Medical	
Admin / Medical	Green
Bravo pod	
Bravo Pod	Green
Alpha Pod	
Alpha Pod/ transport office	Green
Echo	
Echo Pod	Green
Delta	
Delta Pod	Green
Charlie	
Charlie Pod	Green
Delta	
Delta Pod	Green
Sally Port	
Sally Port	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Building Management	Start Time:		
	End Time:		

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%

Print Date: 4/14/2020

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Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Dry System Riser									
Main drain	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%
Sprinkler Valve									
OS&Y	4	4	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
Main drain	5	5	100.0%	0	0.0%	0	0.0%	0	0.0%
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Admin / Medical											
Admin / Medical				NA	NA	NA	NA	NA	NA		NA
Bravo pod											
Bravo Pod	NA			NA	NA	NA	NA	NA	NA		NA
Alpha Pod											
Alpha Pod/ transport office	Alarm Victaulic 80			NA	Ok	Ok	Ok	Ok	Ok		No
Echo											
Echo Pod											
Charlie											
Charlie Pod											
Delta											
Delta Pod	NA B			NA	NA	NA	NA	NA	NA		NA

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Upright	Tyco TY323 CH	5.6/155	1/2"			Yes	Yes	Yes
Std Pendent	Tyco TY3281 INST	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall	Tyco TY3390 CH	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall	RASCO R3731 CH	5.6/165	1/2"			Yes	Yes	Yes
QR Sidewall	Tyco TY3331 BR	200	1/2"			Yes	Yes	Yes
Std Sidewall	Central SOLDER L	5.6/155	1/2"			Yes	Yes	Yes
QR Upright	Tyco TY3131 BRAS	5.6/155	1/2"			Yes	Yes	Yes
QR Upright	Central UNKNOW	200	1/2"			Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Admin / Medical					
1	Riser	Yes	2019	Yes	0
Bravo pod					
1	Riser	Yes	2020	Yes	0
Alpha Pod					
1	Training office	Yes	2020	Yes	0
Echo					
1	Riser	Yes	2020	Yes	0
Delta					
1	Riser	Yes	2020	Yes	0
Charlie					
1					
Delta					
2	Riser	Yes	2020	Yes	0
Sally Port					
2	Riser	Yes	2022	Yes	0

Fire Department Connection Alpha

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?

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Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Fire Department Connection Alpha

NA Valve clapper operational over its full range (if caps are not in place) ?

Fire Department Connection Admin / Medical

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Bravo

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Charlie

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Echo

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Air Compressor PIPE MOUNT

GENERAL	Manufacturer of compressor	DL161-5035	Model of compressor
ELECTRIC			
3/4	Size of compressor (HP)	PIPE MOUNT	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Postion?	Yes	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Dry Pipe Valve Inspection Sally Port

Yes	Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40deg F?	Yes	Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure?
Yes	Free from physical damage?	Yes	Trim valves in appropriate (open or closed) position?
Yes	No leakage from intermediate chamber?	Yes	Priming water level correct?
NA	Low air pressure signal passed test?	NA	Quick opening devices passed test?

Air Compressor floor mounted tank

General Electric	Manufacturer of compressor	9QK56C17D2012	Model of compressor
1/2	Size of compressor (HP)	P floor mounted tank	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
Yes	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Position?	Yes	Inlet air filter clean?
Yes	Belt is in good condition?	Yes	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Dry Pipe Valve Inspection Delta

Yes	Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40deg F?	Yes	Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure?
Yes	Free from physical damage?	Yes	Trim valves in appropriate (open or closed) position?
Yes	No leakage from intermediate chamber?	Yes	Priming water level correct?
Yes	Low air pressure signal passed test?	Yes	Quick opening devices passed test?

Fire Department Connection Delta

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Admin / Medical							
Admin / Medical	Main drain	2	60	45	60	2	Yes
Bravo pod							
Bravo Pod	Main drain	2	90	60	90	2	Yes
Alpha Pod							
Alpha Pod/ transport office	Main drain	2	90	60	90	2	Yes
Echo							
Echo Pod	Main drain	2	90	60	90	2	Yes

Print Date: 4/14/2020

Page 5 of 8

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Charlie							
Charlie Pod	Main drain	2	90	60	90	2	Yes
Delta							
Delta Pod	Main drain	2	90	60	90	2	Yes
Delta Pod	Main drain	2	90	60	90	2	Yes
SYSTEM IS CONTROLLED BY ADMIN/MEDICAL IN CHARLIE POD CLOSET. DRAIN IS NOT PIPED OUT OF ROOM 2 INCH VALVE ONL							
Sally Port							
Sally Port	Outlet not piped out						NA

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Admin / Medical					
Admin / Medical	Yes	NA	Yes	Yes	Yes
Bravo pod					
Bravo Pod	NA	NA	Yes	Yes	Yes
Alpha Pod					
Alpha Pod/ transport office	Yes		Yes	Yes	Yes
Echo					
Echo Pod	NA	NA	Yes	Yes	Yes
Delta					
Delta Pod	NA	NA	Yes	Yes	Yes
Charlie					
Charlie Pod	NA	NA	Yes	Yes	Yes
Delta					
Delta Pod	No	NA	Yes	Yes	Yes
Sally Port					
Sally Port	NA	NA	Yes	Yes	No
NEED PIPED DOWN TO HEAD HIGH					

Valve Inspection List

Location / Description	Valve Type	Size	Secured	Inspection			
				Leakage	Open	Accessible	Signs

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Valve Inspection List

Location / Description	Valve Type	Size	Secured	Inspection			
				Leakage	Open	Accessible	Signs
Backflow Supply delta pod	Control	4"	Pad Locked	Ok	Ok	Ok	Ok
Backflow System Side	Control	4"	Pad Locked	Ok	Ok	Ok	Ok
Backflow Supply	Control	6"	Pad Locked	Ok	Ok	Ok	Ok
Backflow System Side	Control	6"	Pad Locked	Ok	Ok	Ok	Ok
Admin / Medical							
Admin-Medical	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Bravo pod							
Bravo.-Charlie pod closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Alpha Pod							
Riser Training office	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok
Echo							
Echo-Charlie pod closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Charlie							
Charlie in Charlie closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Delta							
Delta- Charlie pod closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
riser	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Sally Port							
Sally port Bus closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable							

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Flow Test Delta Delta Pod

Central Dry System Riser Main drain Delta Pod

DELTA System/Location

MAINTENANCE

CHASE

SYSTEM IS CONTROLLED BY ADMIN/MEDICAL IN CHARLIE POD CLOSET. DRAIN IS NOT PIPED OUT OF ROOM 2 INCH VALVE ONL

Inspector's Test Valve Delta Delta Pod

Central Dry System Riser Main drain Delta Pod

No Alarm Reported?

Inspector's Test Valve Sally Port Sally Port

Dry System Riser OS&Y Sally Port

No Easily accessible?

NEED PIPED DOWN TO HEAD HIGH

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property

Okaloosa County Jail NEW

1200 East James Lee Blvd.
Crestview, FL 32539

Sgt. Denise
689-5690x1315

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Frank Sapp

Inspection Ref: 20000006306

Print Date: 4/14/2020

Signatures

Inspector - Printed Frank Sapp	Inspector - Signature <i>Frank Sapp</i>	Date Completed 2/2/18	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
-----------------------------------	--	--------------------------	---

Tag Color

System Description/Location	Tag Color
Admin / Medical	
Admin / Medical	Green
Bravo pod	
Bravo Pod	Green
Alpha Pod	
Alpha Pod/ transport office	Green
Echo	
Echo Pod	Green
Delta	
Delta Pod	Green
Charlie	
Charlie Pod	Green
Delta	
Delta Pod	Green
Sally Port	
Sally Port	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Building Management	Start Time:		
	End Time:		

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%

Print Date: 4/14/2020

Page 1 of 8

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Dry System Riser									
Main drain	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%
Sprinkler Valve									
OS&Y	4	4	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
Main drain	5	5	100.0%	0	0.0%	0	0.0%	0	0.0%
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Admin / Medical											
Admin / Medical				NA	NA	NA	NA	NA	NA		NA
Bravo pod											
Bravo Pod	NA			NA	NA	NA	NA	NA	NA		NA
Alpha Pod											
Alpha Pod/ transport office	Alarm Victaulic 80			NA	Ok	Ok	Ok	Ok	Ok		No
Echo											
Echo Pod											
Charlie											
Charlie Pod											
Delta											
Delta Pod	NA B			NA	NA	NA	NA	NA	NA		NA

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Upright	Tyco TY323 CH	5.6/155	1/2"			Yes	Yes	Yes
Std Pendent	Tyco TY3281 INST	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall	Tyco TY3390 CH	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall	RASCO R3731 CH	5.6/165	1/2"			Yes	Yes	Yes
QR Sidewall	Tyco TY3331 BR	200	1/2"			Yes	Yes	Yes
Std Sidewall	Central SOLDER L	5.6/155	1/2"			Yes	Yes	Yes
QR Upright	Tyco TY3131 BRAS	5.6/155	1/2"			Yes	Yes	Yes
QR Upright	Central UNKNOW	200	1/2"			Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Admin / Medical					
1	Riser	Yes	2019	Yes	0
Bravo pod					
1	Riser	Yes	2020	Yes	0
Alpha Pod					
1	Training office	Yes	2020	Yes	0
Echo					
1	Riser	Yes	2020	Yes	0
Delta					
1	Riser	Yes	2020	Yes	0
Charlie					
1					
Delta					
2	Riser	Yes	2020	Yes	0
Sally Port					
2	Riser	Yes	2022	Yes	0
Fire Department Connection Alpha					
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?		
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?		
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?		
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?		

Print Date: 4/14/2020

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Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Fire Department Connection Alpha

NA Valve clapper operational over its full range (if caps are not in place) ?

Fire Department Connection Admin / Medical

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Bravo

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Charlie

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Echo

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Air Compressor PIPE MOUNT

GENERAL	Manufacturer of compressor	DL161-5035	Model of compressor
ELECTRIC			
3/4	Size of compressor (HP)	PIPE MOUNT	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Postion?	Yes	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Dry Pipe Valve Inspection Sally Port

Yes	Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40deg F?	Yes	Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure?
Yes	Free from physical damage?	Yes	Trim valves in appropriate (open or closed) position?
Yes	No leakage from intermediate chamber?	Yes	Priming water level correct?
NA	Low air pressure signal passed test?	NA	Quick opening devices passed test?

Air Compressor floor mounted tank

General Electric	Manufacturer of compressor	9QK56C17D2012	Model of compressor
1/2	Size of compressor (HP)	P floor mounted tank	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
Yes	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Position?	Yes	Inlet air filter clean?
Yes	Belt is in good condition?	Yes	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Dry Pipe Valve Inspection Delta

Yes	Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40deg F?	Yes	Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure?
Yes	Free from physical damage?	Yes	Trim valves in appropriate (open or closed) position?
Yes	No leakage from intermediate chamber?	Yes	Priming water level correct?
Yes	Low air pressure signal passed test?	Yes	Quick opening devices passed test?

Fire Department Connection Delta

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Admin / Medical							
Admin / Medical	Main drain	2	60	45	60	2	Yes
Bravo pod							
Bravo Pod	Main drain	2	90	60	90	2	Yes
Alpha Pod							
Alpha Pod/ transport office	Main drain	2	90	60	90	2	Yes
Echo							
Echo Pod	Main drain	2	90	60	90	2	Yes

Print Date: 4/14/2020

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Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Charlie							
Charlie Pod	Main drain	2	90	60	90	2	Yes
Delta							
Delta Pod	Main drain	2	90	60	90	2	Yes
Delta Pod	Main drain	2	90	60	90	2	Yes
SYSTEM IS CONTROLLED BY ADMIN/MEDICAL IN CHARLIE POD CLOSET. DRAIN IS NOT PIPED OUT OF ROOM 2 INCH VALVE ONL							
Sally Port							
Sally Port	Outlet not piped out						NA

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Admin / Medical					
Admin / Medical	Yes	NA	Yes	Yes	Yes
Bravo pod					
Bravo Pod	NA	NA	Yes	Yes	Yes
Alpha Pod					
Alpha Pod/ transport office	Yes		Yes	Yes	Yes
Echo					
Echo Pod	NA	NA	Yes	Yes	Yes
Delta					
Delta Pod	NA	NA	Yes	Yes	Yes
Charlie					
Charlie Pod	NA	NA	Yes	Yes	Yes
Delta					
Delta Pod	No	NA	Yes	Yes	Yes
Sally Port					
Sally Port	NA	NA	Yes	Yes	No
NEED PIPED DOWN TO HEAD HIGH					

Valve Inspection List

Location / Description	Valve Type	Size	Secured	Inspection			
				Leakage	Open	Accessible	Signs

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Valve Inspection List

Location / Description	Valve Type	Size	Secured	Inspection			
				Leakage	Open	Accessible	Signs
Backflow Supply delta pod	Control	4"	Pad Locked	Ok	Ok	Ok	Ok
Backflow System Side	Control	4"	Pad Locked	Ok	Ok	Ok	Ok
Backflow Supply	Control	6"	Pad Locked	Ok	Ok	Ok	Ok
Backflow System Side	Control	6"	Pad Locked	Ok	Ok	Ok	Ok
Admin / Medical							
Admin-Medical	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Bravo pod							
Bravo.-Charlie pod closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Alpha Pod							
Riser Training office	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok
Echo							
Echo-Charlie pod closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Charlie							
Charlie in Charlie closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Delta							
Delta- Charlie pod closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
riser	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Sally Port							
Sally port Bus closet	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok
Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable							

Report of Inspection/Test

Quarterly Sprinkler

01/31/2018

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000006306

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Flow Test Delta Delta Pod

Central Dry System Riser Main drain Delta Pod

DELTA System/Location

MAINTENANCE

CHASE

SYSTEM IS CONTROLLED BY ADMIN/MEDICAL IN CHARLIE POD CLOSET. DRAIN IS NOT PIPED OUT OF ROOM 2 INCH VALVE ONL

Inspector's Test Valve Delta Delta Pod

Central Dry System Riser Main drain Delta Pod

No Alarm Reported?

Inspector's Test Valve Sally Port Sally Port

Dry System Riser OS&Y Sally Port

No Easily accessible?

NEED PIPED DOWN TO HEAD HIGH

Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property

Okaloosa County
 Administrative Building NEW
 1250 Eglin Pkwy
 Shalimar, FL

Randy Overly
 (850)420-1267

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
 ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Henry Jablonski

Inspection Ref: 200000010101

Print Date: 4/14/2020

Signatures

Inspector - Printed Henry Jablonski	Inspector - Signature 	Date Completed 8/29/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--	---------------------------	---------------------------	---

Tag Color

System Description/Location	Tag Color
Wet/Riser Mechanical Room	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 6:30	800-286-5699	Monitoring
	End Time: 1:00	800-286-5699	Monitoring
Okaloosa	Start Time: 6:30	850-689-5766	Dispatch
	End Time: 1:00	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Sectional CV - FT, ITV										
Inspector's test	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed

Print Date: 4/14/2020

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Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property: Okaloosa County Administrative Building NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010101

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet/Riser Mechanical Room	4" Riser Check 2014 Central G	50	50	NA	Ok	Ok	Ok	Ok	Ok	2019	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent Chrome	Globe GL5601	5.6/155	1/2"	2014	2034	Yes	Yes	Yes
QR Sidewall White	Globe GL	5.6/155	1/2"	2014	2034	Yes	Yes	Yes
QR Upright Brass	Globe GL5615	5.6/200	1/2"	2014	2034	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
2	Wet/Riser Mechanical Room	Yes	2019	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	Riser/Building	5 Year	2015	2020

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property: Okaloosa County Administrative Building NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010101

Fire Department Connection Wet/SW Corner Near Parking

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet/Riser Mechanical Room	Inspector's test	1/2"	50	40	50	5	Yes
Wet/1st Floor SW Riser	Inspector's test	1/2"	60	40	45	10	Yes
Wet/2nd Floor SW Riser	Inspector's test	1/2"	40	30	40	10	Yes
Wet/3rd Floor SW Riser	Inspector's test	1/2"	40	35	40	10	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet/Riser Mechanical Room	Yes	27	Yes	Yes	Yes
Wet/1st Floor SW Riser	Yes	70	Yes	Yes	Yes
Wet/2nd Floor SW Riser	Yes	32	Yes	Yes	Yes
Wet/3rd Floor SW Riser	Yes	34	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet/Riser Mechanical Room	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Wet/1st Floor SW Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Wet/2nd Floor SW Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Wet/3rd Floor SW Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	20	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	20	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

10/01/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

Okaloosa County Courthouse
Annex Extension NEW
1940 Lewis Turner Blvd
Fort Walton Beach, FL 32548

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536

Conducted by: David Woodard

Inspection Ref: 200000010431

Randy Overly
(850)420-1267

(850)830-1600

Print Date: 4/14/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 10/2/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
Owner's Representative - Prin Gary Madden	Owner's Representative - Signatu 	Date Completed 10/2/19	Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.

Tag Color

System Description/Location	Tag Color
Wet System	
Wet/Riser Loading Dock	Green
Wet/ Fire Pump Room Outside	Yellow-Non critical
Dry System	
Dry/Riser Loading Dock	Yellow-Non critical

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 0545	800-286-5699	Chris
	End Time: 8:45	800-286-5699	Chris
Okaloosa Dispatch	Start Time: 0545	850-689-5766	Heather
	End Time: 8:45	850-689-5766	Heather

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Dry System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Gauges										
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Hose Valve Outlets										
	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%	

Print Date: 4/14/2020

Page 1 of 10

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Pump									
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Sectional CV - FT, ITV									
Inspector's test	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Valve									
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
Inspector's test	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System											
Wet/Riser Loading Dock	3"			NA	Ok	Ok	Ok	Ok	Ok	2023	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent Chrome	Viking VK302	155	1/2"	2011	2031	Yes	Yes	Yes
QR Concealed White	Viking VK462	155	1/2"	2011	2031	Yes	Yes	Yes
QR Upright Brass	Tyco TY3131	200	1/2"	2010	2030	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System					
1	Wet/Riser Loading Dock	Yes	2023	Yes	0
5	Wet/ Fire Pump Room Outside	Yes	2023	Yes	0
Dry System					
2	Dry/Riser Loading Dock	Yes	2023	Yes	0

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	All of building	Every 5 years	8/9/2018	8/2023
Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	
Sprinklers				
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?	
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?	
Cold Weather Check Dry/Riser Loading Dock Dry System				
Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?	
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	
Fire Department Connection Wet/Front Parking Lot Wet System				
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?	
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?	
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?	
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?	
NA	Valve clapper operational over its full range (if caps are not in place) ?			
Hose Valve Outlets Stair 4 Wet Standpipe				
Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?	
Hose Valve Outlets Stair 2 Wet Standpipe				
Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?	
Hose Valve Outlets Stair 3 Wet Standpipe				
Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?	

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Fire Pump Electric Inspection Wet System

Yes	Pump house/room at least 40deg F?	Yes	Suction, discharge and bypass valves open?
Yes	Piping free from leaks?	Yes	Suction and system pressure gauges normal?
NA	Suction reservoir, if provided, full?	Yes	Controller indicating power ON ?
Yes	Transfer switch indicating normal situation?	Yes	Isolation switch closed?
Yes	Reverse phase alarm indicator OFF or normal phase rotation indicator ON ?	Yes	Circulation relief valve flowing water while pump churns?
Yes	Pressure relief valves operating with proper pressure downstream while pump is operational?		

Fire Pump Electric Test Wet System

Yes	Pump started automatically?	85	Record starting pressure.
85	Record starting pressure.	130	Pump shutoff pressure.
110	Jockey pump shutoff pressure.	95	Jockey pump starting pressure.
Yes	Pump run for at least 10 minutes?	45	Record suction pressure while running.
130	Record discharge pressure while running.	Yes	Pump packing gland showing slight discharge? (Adjust if necessary)
Yes	Free from unusual noises or vibrations?	Yes	Packing boxes, bearings and pump casing free from overheating?
3	Record time for motor to accelerate to full speed.	1	For reduced voltage or reduced current starting, record time controller is on first step.
10	For automatic stop controllers, record time pump runs after starting.	Yes	All times and pressures acceptable?
Have to turn off			
No auto stop			

Fire Pump Electric Maintenance Wet System

NA	Changed pump bearing lubrication?	NA	Shaft end play acceptable?
NA	Pump coupling alignment acceptable?	NA	Transmission coupling, right angle gear drive and mechanical moving parts lubricated?
NA	Circuit breakers passed trip test?	NA	Emergency manual starting means operated without power?
NA	Electrical connections secure?	NA	Pressure switch settings calibrated?
NA	Motor bearings greased?	NA	Control and power wirings tight?
NA	Isolation switch and circuit breaker exercised?	NA	Circuit breakers appear clean?
NA	Electrical system free of wire chafing?	NA	Manual starting means on electrical systems operated?
NA	Boxes, panels and cabinets on electrical systems cleaned?	NA	Isolation switch and circuit breaker exercised?
NA	Circuit breakers appear clean?		

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

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FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Fire Pump Electric Flow Test Wet System

Yes	Pump test run by discharge of flow through hose streams. Flow readings were taken at each hose stream.		Pump test run by discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.
	Pump test run by discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.	Yes	Are the pressure readings acceptable?
NA	No-flow (churn) test run for 30 min?	Yes	Circulation relief valve and pressure relief valve operated properly during all flow tests?
Yes	No alarm indicators or other visible abnormalities observed during no-flow test?		Low suction throttling device test: Low suction pressure simulated?
	Low suction throttling device test: Free from abnormalities in throttling action?		Low suction throttling device test: Free from abnormalities in return to full flow?
	Automatic transfer switch test: Power failure simulated during peak flow?		Automatic transfer switch test: Connection made to alternate power source?
	Automatic transfer switch test: After termination of simulated power failure did motor reconnect to the normal power source?		All alarm conditions simulated?
Yes	All alarms operated?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet System							
Wet/Riser Loading Dock	Main drain	2	110	70	110	15	Yes
Wet/2nd Floor Stair 3	Inspector's test	1/2	90	70	90	20	Yes
Wet/3rd Floor Stair 3	Inspector's test	1/2	85	65	85	15	Yes
Dry System							
Dry/Riser Loading Dock	Main drain	1-1/2"	55	40	55	10	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet System					
Wet/Riser Loading Dock	Yes	30	Yes	Yes	Yes
Wet/2nd Floor Stair 3	Yes	32	Yes	Yes	Yes
Wet/3rd Floor Stair 3	Yes	42	Yes	Yes	Yes
Dry System					
Dry/Riser Loading Dock	Yes	40	Yes	Yes	Yes

Valve Inspection List

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet System											
Wet/Riser Loading Dock	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	8	Ok
Wet/2nd Floor Stair 3	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	16	NA
Wet/3rd Floor Stair 3	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	16	NA
Wet/ Fire Pump Room Outside	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	15	NA
Wet/ Fire Pump Room Outside	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	15	NA
Wet/ Fire Pump Room Outside	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	15	NA
Tamper switch failed to report to panel											
Wet/ Fire Pump Room Outside	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	15	NA
Dry System											
Dry/Riser Loading Dock	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	10	Ok
Backflow Supply											
Backflow Street Entrance	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	Ok	0	Ok
Backflow System Side											
Backflow Street Entrance	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	Ok	0	Ok
Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable											

Dry Valve Trip Test - Dry System

Dry Valve			Size: 3"	Year:		Q. O. D.			Year:		
Make	Model	Serial no.	Make	Model	Serial no.	Make	Model	Serial no.	Make	Model	Serial no.
Viking	DV/1										
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated					
Without Q.O.D.	40 sec	80 psi	35 psi	10 psi	50 sec	Yes					
With Q.O.D.	sec	psi	psi	psi	sec						

Comparable to previous tests ?

PS10 Potter alarm switch stays in alarm and is now bypassed

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

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FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Pump Equipment/Component Summary

Item	Manufacturer	Model	Serial No.
	Location / Description		
Wet System			
Fire Pump	Patterson	5X3 VIP	FP-C098290
	30 psi 500 gpm	Centrifugal	
Motor			
	30 HP 3540 RPM	200 VAC 60 cycles	
Fire Pump Controller	Eaton	FT90-30D-L1	16BL664E
Jockey Pump	Grundfos	CR-1	
Jockey Pump Controller	Eaton	FDJP-0.75D	16BL664J

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



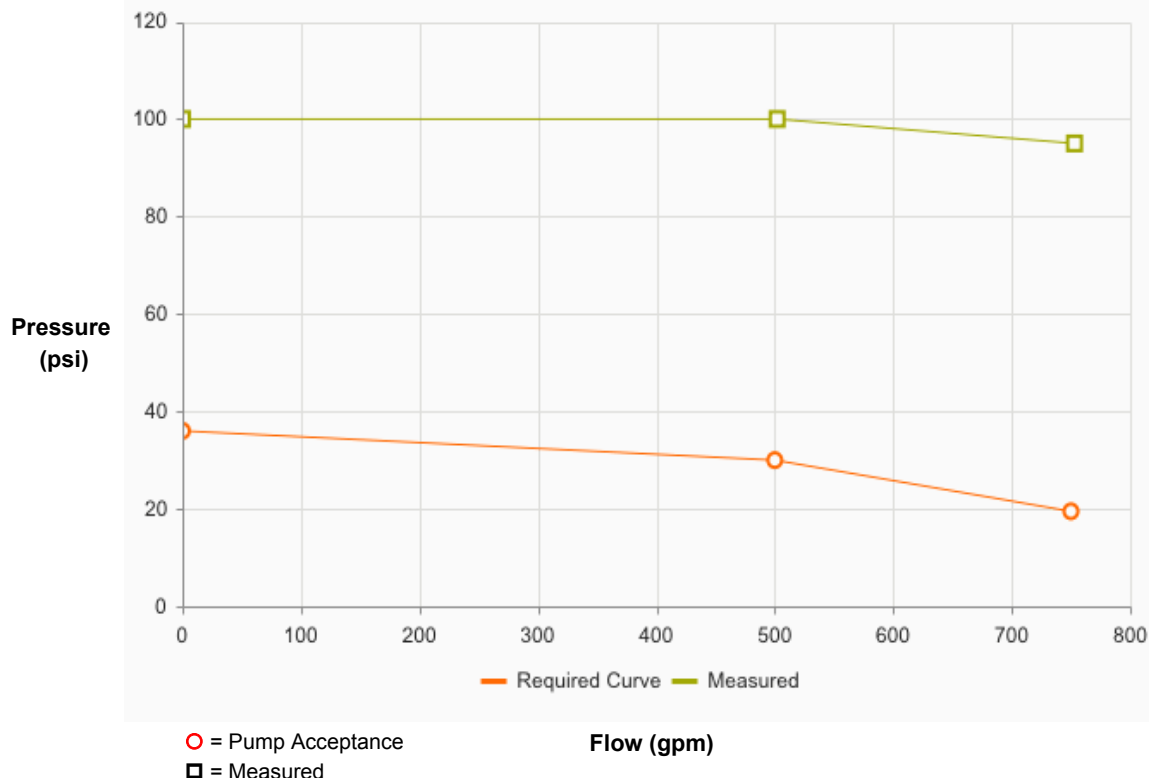
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850-862-7812

PUMPD Test Point with Stream Detail

Flow (measured)		Pressure (measured)			Speed (rpm)
% Rated	Flow	Net	Suction	Discharge	
Churn	0	100	35	135	3,546
100%	502	100	30	130	3,535
151%	753	95	25	120	3,519

Performance Graph



Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

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Fire Pump Flow Test Stream Detail

Flow	Stream 1		Stream 2		Stream 3		Stream 4		Stream 5		Stream 6	
	Pitot	Flow	Pitot	Flow	Pitot	Flow	Pitot	Flow	Pitot	Flow	Pitot	Flow
	Orifice		Orifice		Orifice		Orifice		Orifice		Orifice	
gpm	C		C		C		C		C		C	
0	1.75		1.75		1.75		1.75		1.75		1.75	
	1		1		1		1		1		1	
100%	8	251	8	251								
	1.75		1.75		1.75		1.75		1.75		1.75	
502	1		1		1		1		1		1	
151%	18	376	18	376								
	1.75		1.75		1.75		1.75		1.75		1.75	
753	1		1		1		1		1		1	

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Dry Pipe Valve Test With QOD Dry System Dry/Riser Loading Dock

Viking DV/1 Dry System Riser Main drain Dry/Riser Loading Dock

Yes Alarm operate ? No QOD

PS10 Potter alarm switch stays in alarm and is now bypassed

Fire Pump Electric Test Wet System Wet/ Fire Pump Room Outside

Patterson 5X3 VIP Pump ButterflyFP-C098290 Wet/ Fire Pump Room Outside

10 For automatic stop controllers, record time pump runs after starting.

Have to turn off

No auto stop

NFPA 25-2002 8.3.2.2(2)(c) *Electrical System Procedure. (c) Record the time pump runs after starting (for automatic stop controllers).*

Control Valve Bypass Supply Wet System Wet/ Fire Pump Room Outside

Patterson 5X3 VIP Pump ButterflyFP-C098290 Wet/ Fire Pump Room Outside

Supervised Secured ?

Tamper switch failed to report to panel

NFPA 25-2002 12.3.2.2(1) *The valve inspection shall verify that the valves are in the following condition: (a) In the normal open or closed position*

Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property

Okaloosa County EMS NEW

714 Essex Rd.

Fort Walton Beach, FL 32547

Arron Hall

850-460-0093

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Henry Jablonski

Inspection Ref: 200000009692

Print Date: 4/14/2020

Signatures

Inspector - Printed Henry Jablonski	Inspector - Signature 	Date Completed 6/28/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--	---------------------------	---------------------------	---

Tag Color

System Description/Location	Tag Color
Wet System	
Wet riser Storeroom	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 3:15	800 286-5699	Monitoring
	End Time: 4:15	800 286-5699	Monitoring
Okaloosa County	Start Time: 3:15	850-689-5766	Dispatch
	End Time: 4:15	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Valve									
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System											
Wet riser Storeroom	3"			NA	Ok	Ok	Ok	Ok	Ok	2021	No

Print Date: 4/14/2020

Page 1 of 3

Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property: Okaloosa County EMS NEW

B&C FIRE SAFETYFIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS**850-862-7812**

Inspection Ref: 20000009692

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Upright Brass	Victaulic V2704	5.6/165	1/2"	2010	2030	Yes	Yes	Yes
Std Upright Brass	Victaulic V2703	5.6/165	1/2"	2011	2031	Yes	Yes	Yes
QR Pendent Chrome	Victaulic V2708	5.6/155	1/2"	2011	2031	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System					
1	Wet riser Storeroom	Yes	2023	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	Riser/Building	5 year		Now

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection Front of Bldg Wet System

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

Print Date: 4/14/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property: Okaloosa County EMS NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009692

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet System							
Wet riser Storeroom	Inspector's test	2	55	45	50	5	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet System					
Wet riser Storeroom	Yes	32	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet System											
Wet riser Storeroom	OS&Y	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	17	NA
Backflow Supply											
Riser	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	14	NA
Backflow System Side											
Riser	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	14	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

11/20/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

Okaloosa County Health
Department Crestview NEW
810 East James Lee Blvd.
Crestview, FL 32536

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536

Conducted by: Henry Jablonski

Inspection Ref: 200000010535

John Alfone
(850)833-9240 x2255

Randy Overly
(850)420-1267

Print Date: 4/14/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 11/20/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Riser	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 615	800-286-5699	Monitoring
	End Time: 900	800-286-5699	Monitoring
City of Crestview	Start Time: 615	850-682-3741	Dispatch
	End Time: 900	850-682-3741	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Wet System Riser									
Riser Check	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Riser	4" Riser Check Victaulic	65	75	NA	Ok	Ok	Ok	Ok	Ok	2020	No

Print Date: 4/14/2020

Page 1 of 3

Report of Inspection/Test

Annual Sprinkler

11/20/2019

Property: Okaloosa County Health Department Crestview

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010535

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Pendent	Central Solder link	5.6/155	1/2"			Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
2	Riser	Yes	2020	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	All	5 year	2015	2020

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Riser	Inspector's test	2	75	55	70	10	Yes

Print Date: 4/14/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

11/20/2019

Property: Okaloosa County Health Department Crestview

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010535

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Riser	Yes	42	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	12	NA	
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	0	NA	
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	0	NA	

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property

Okaloosa County Health
 Department FWB NEW
 221 Hospital Dr.
 Fort Walton Beach, FL 32547

John Alfone
 (850)833-9240 x2255

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
 ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Eric Frongner

Inspection Ref: 200000011285

Print Date: 4/14/2020

Signatures

Inspector - Printed Henry Jablonski	Inspector - Signature 	Date Completed 4/3/20	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Wet system	
Wet riser	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 6:00	800-286-5699	Monitoring
	End Time: 9:00	800-286-5699	Monitoring
Okaloosa Dispatch	Start Time: 6:00	850-689-5766	Dispatch
	End Time: 9:00	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet system											
Wet riser	4"	NA	65	NA	Ok	Ok	Ok	Ok	Ok	2021	No

Print Date: 4/14/2020

Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property: Okaloosa County Health Department FWB NE

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000011285

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Sdt Pendent Chrome	Star SSP 735A	Sauder	1/2"	1992	2042	Yes	Yes	Yes
QR Pendent Chrome	Victaulic V2708	5.6/155	1/2"	2013	2033	Yes	Yes	Yes
QR Sidewall Chrome	Globe J90	155	1/2"	2013	2033	Yes	Yes	Yes
Std Upright Brass	Rasco SSUD1	212 sauder	1/2"	1992	2042	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet system					
1	Wet riser	Yes	2021	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	Riser Room	5 year	2016	2021

Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	

Sprinklers				
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?	
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?	

Fire Department Connection NW Side of Bldg				
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?	
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?	
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?	
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?	
NA	Valve clapper operational over its full range (if caps are not in place) ?			

Flow Test

Print Date: 4/14/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property: Okaloosa County Health Department FWB NE1

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000011285

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
<i>Wet system</i>							
Wet riser	Main drain	2"	65	55	65	5	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
<i>Wet system</i>					
Wet riser	Yes	55	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
<i>Wet system</i>											
Wet riser	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	Ok	Ok	18	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	Ok	Ok	18	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable



ADDENDUM 4

April 27, 2020

ITB FM 24-20

Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities

This addendum is to provide additional annual reports, add new locations and update the address for bid delivery and bid opening.

Address for bid delivery and bid opening is as follows:

Okaloosa County Purchasing
5479A Old Bethel Rd.
Crestview, FL 32536

New locations added to ITB:

Baker Ball Park-4 fire extinguishers and no stove hoods
1450 Charlie Day Rd, Baker, FL 32531

Baker Rec Arena-20 fire extinguishers and stove hood in pavilion/rec center
5503 Hwy 4, Baker, FL 32531

Baker Block Museum-fire extinguishers and no stove hood
1307 Georgia Ave, Baker, FL 32531

Garden City Park-1 fire extinguisher and no stove hoods
6330 Garden City Rd., Crestview, FL 32539

Shalimar Elementary Ball Park-1 fire extinguisher and no stove hoods
1340 Joe Martin Cir, Shalimar, FL 32579

Port Dixie/Shalimar Park-2 fire extinguishers and no stove hoods
75 4th Ave, Shalimar, FL 32579

See attached documents for annual reports.

The ITB opening date remains May 6, 2020 at 3:15 P.M.

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516

Main Hood

Name Emerald Coast Convention Center
 Address 1250 Miracle Strip Pkwy SE
 City FWB, FL 32548
 Telephone 609-3800 Store # _____
 Owner or Manager _____

INVOICE # <u>126918</u>				
DATE OF SERVICE <u>1/27/20</u>		TIME <u>8:00</u>		A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>Wall Mount Behind Hood</u>				
MANUFACTURER <u>Purochem</u>		MODEL NUMBER <u>PCL-460x3</u>		WET CHEM <input checked="" type="checkbox"/> DRY CHEM
FUSE LINKS 360° F		FUSE LINKS 450° F <u>13APC(19)</u>		FUSE LINKS 500° F OTHER
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <u>Contact Alarm</u>	GAS <u>Mech</u>	SIZE <u>3"</u>	
SERIAL NUMBER <u>6010047 6410101</u>		LAST HYDRO TEST DATE <u>2010x3</u>		LAST RECHARGE DATE <u>N/A</u>
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:			DRAWING NUMBER:	

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<u>Dbl Stack Oven x2</u>	<u>Kettle</u>	<u>T.H Skillet</u>	<u>Lg Steamer</u>
<u>6 Burner Range</u>	<u>Char Grill</u>	<u>Griddle</u>	<u>Fryer x3</u>
_____	_____	DUCT NOZZLE <u>3</u>	PLENUM NOZZLE <u>6</u>

- | | |
|---|--|
| <ul 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. System Piping Penetrating hood/duct sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tempering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <u>N/A</u> 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 <u>2010x3</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 operator 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>N/A</u> | <ul 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 replaced <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 & System Seals in place <input checked="" type="checkbox"/> 31. Fan warning sign on hood <input checked="" type="checkbox"/> 32. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 33. Proper hand portable extinguishers <input checked="" type="checkbox"/> 34. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 35. Service & Certification tag on system <input checked="" type="checkbox"/> |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

X	<u>HW Eff</u>	PERMIT NO. <u>FE19000412</u>	DATE <u>1/27/20</u>	TIME <u>8:00</u>	A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	CUSTOMERS AUTHORIZED AGENT
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The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516

INVOICE # <u>126918</u>					
DATE OF SERVICE <u>1/27/20</u>			TIME <u>8:00</u>		A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION	
	<input checked="" type="checkbox"/>				
LOCATION OF SYSTEM CYLINDERS <u>Rt Hood Cap</u>					
MANUFACTURER <u>Pyrochem</u>		MODEL NUMBER <u>PCL-300</u>		WET CHEM	DRY CHEM
				<input checked="" type="checkbox"/>	
FUSE LINKS 360° F		FUSE LINKS 450° F		FUSE LINKS 500° F	
		<u>1APC(19)</u>			
FUEL SHUT-OFF		ELECTRIC	GAS		SIZE
<input checked="" type="checkbox"/>		<u>Contact Alarm</u>	<u>Mech</u>		<u>3/4"</u>
SERIAL NUMBER <u>6046868</u>		LAST HYDRO TEST DATE <u>2016</u>		LAST RECHARGE DATE <u>N/A</u>	
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:			DRAWING NUMBER:		

Name Emerald Coast Conv. Center
 Address 1250 Miracle Strip Pkwy
 City FWB, FL 32548
 Telephone 609-3800 Store # _____
 Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<u>Smoker</u>			
_____	_____	_____	_____
_____	_____	DUCT NOZZLE <u>1</u>	PLENUM NOZZLE <u>1</u>

- | | |
|--|--|
| <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. System Piping Penetrating hood/duct sealed w/weld or UL device .. <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tempering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <u>N/A</u> 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 <u>2016</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 operator 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>N/A</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 <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 replaced <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 & System Seals in place <input checked="" type="checkbox"/> 31. Fan warning sign on hood <input checked="" type="checkbox"/> 32. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 33. Proper hand portable extinguishers <input checked="" type="checkbox"/> 34. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 35. Service & Certification tag on system <input checked="" type="checkbox"/> |
|--|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

X		PERMIT NO. <u>FEP19-00042</u>	DATE <u>1/27/20</u>	TIME <u>8:00</u>	A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	CUSTOMERS AUTHORIZED AGENT
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The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.



823 Navy Street
Ft. Walton Beach, FL 32547
850.862.7812

Invoice # 126898

Date 3/26/20

INDUSTRIAL (2484) FIRE SYSTEM REPORT

BUSINESS NAME Hazmat Storage facility - Ok. Co. Maint. Public Works

ADDRESS 84 Reeder Ave. Ft. Walton Beach, Fl. 32548

TELEPHONE (850) 689-6168

OWNER OR MANAGER Jay (800) 301-2013

SYS. MFG. ANSUL KIDDIE PYRO-CHEM OTHER _____

AGENT TYPE 1211 1301 CO2 CLEAN AGENT DRY CHEMICAL (ABC)

MODEL PCT-50 SERIAL # 714574

CYLD. SIZE 50 lbs. SERIAL # " "

INSP. TYPE ANNUAL SEMI-ANNUAL RECHARGE HYDRO MAINTENANCE

LAST RECHARGE N/A LAST HYDRO 2017-NEW

MANUAL PULL OPERATIONAL? YES NO

DETECTION TYPE FUSIBLE LINKS 3ct. THERMAL <280° APC> (18)

AUTO FAN SHUTDOWN OPERATIONAL? YES NO - Local Bell

NUMBER OF EXTINGUISHERS N/A

Comments _____

The technician signed below certifies that the system was personally inspected and found the conditions as so stated in this report.

Customer Jay Shartz Jay Shartz Date 3/26/20

Systems Technician Michael Bregon Michael Bregon Date 3/26/20

Permit #s 83258300012006, 80743800012006

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
Phone (850) 862-7812
Fax (850) 863-1516
Main kitchen

INVOICE # <u>126208</u> (475)					
DATE OF SERVICE <u>4/1/20</u>			TIME <u>4:00</u>		A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
<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 <u>Wall Mount Across from Hood</u>					
MANUFACTURER <u>Amsul</u>		MODEL NUMBER <u>R-102 R522172</u>		WET CHEM <u>3gal</u>	DRY CHEM
FUSE LINKS 360° F <u>[REDACTED]</u>	FUSE LINKS 450° F <u>3ct. (20) APC</u>	FUSE LINKS 500° F	OTHER		
FUEL SHUT-OFF <u>Mech</u>	ELECTRIC <u>Contact</u>	GAS <u>Mech</u>	SIZE <u>3/4"</u>		
SERIAL NUMBER <u>R522172</u>	LAST HYDRO TEST DATE <u>2017</u>	LAST RECHARGE DATE <u>(17)</u>			
MANUFACTURER'S MANUAL REFERENCE <u>LT-30R Cartridge</u>					
PAGE NUMBER: <u>8.1/8.2</u>			DRAWING NUMBER: <u>2016</u>		

Name Okaloosa County Jail
 Address 1200 E James Lee Blvd.
 City Crestview, Fl. 32539
 Telephone (850) 689-5645 Store # _____
 Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<u>Smoker</u>	<u>4x Burner Range Top</u>	<u>2x Dbl. Ovens</u>	<u>lg. flat top Griddle</u>
<u>2x lg Pot Kettles</u>	—	—	—
—	—	—	—
DUCT NOZZLE <u>N/A *</u>		PLENUM NOZZLE <u>N/A *</u>	

- | | |
|--|--|
| <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. System Piping Penetrating hood/duct sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tempering <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 <u>(16) 2017</u> <input checked="" type="checkbox"/> 11. 6 Year Maintenance date <u>N/A</u> <input checked="" type="checkbox"/> 12. Inspect cylinder and mount <u>N/A</u> <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 operator of gas valve <u>Mech</u> <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>N/A</u> <input checked="" type="checkbox"/> | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> <u>3ct.</u> 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 replaced <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 & System Seals in place <input checked="" type="checkbox"/> 31. Fan warning sign on hood <input checked="" type="checkbox"/> 32. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 33. Proper hand portable extinguishers <input checked="" type="checkbox"/> 34. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 35. Service & Certification tag on system <input checked="" type="checkbox"/> <p><u>* water wash Hood</u></p> |
|--|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

X <u>[Signature]</u>	83258300012006	4/1/20	4:00	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	[Signature]
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	A.M. P.M.	CUSTOMERS AUTHORIZED AGENT

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

WHITE - CUSTOMER COPY YELLOW - DISTRIBUTOR PINK - AUTHORITY HAVING JURISDICTION

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Brackin Bldg
Service Address: 302 N Wilson Street Crestview, FL. 32536
Mailing Name: Okaloosa County Facility Maintenance
Mailing Address: 5489 Old Bethel Road, Crestview, FL. 32536
Contact Name: (850)420-1267
Contact Phone: Randy Overly

Location of Assembly: _____

Type of Assembly: RP _____ DC SVB _____ SIZE 2^u
 Manufacturer: FECO Model: 850 Serial No: 31764
 Gauge Manufacturer: Midwest Serial No: 03140835 Date Calibrated: 19/MAR/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or Did not open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: _____ psi Opened at _____ or Did not open _____
Gauge pressure across check valve <u>2.2</u> psi	Outlet Shut-off Valve Leaked or Closed Tight	Gauge pressure across check valve <u>2.5</u> psi	Check Valve: Leaked or held at _____ psi
_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: [Signature] CERT No.: 015-19-12755 Date: 7/17/19

SIGNATURE: [Signature] Time: 9:20

This Assembly: PASSED FAILED Buffer: _____ PSI

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Emerald Coast Conference Center OCWS

Service Address: 1250 Miracle Strip Pkwy., Ft Walton Beach, FL 32548

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Allen Lassiter

Contact Phone: 609-3913

Location of Assembly: SW corner of property

Type of Assembly: RP _____ DC x SVB _____ SIZE: 6"

Manufacturer: Ames Model: 3000SS Serial No: 1001890202

Gauge Manufacturer Mid West Serial: 03060598 Date Calibrated: 11/7/20

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at ___ psi Or Did Not Open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve _ psi. <u>1.4</u>	Outlet Shut-off Valve ___ Leaked _ Closed Tight	Gauge pressure across check valve _ psi. <u>1.6</u>	Check Valve: Leaked ___ or held at _____ psi.
_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry Onizki CERT No. DDF-17-12518 Date: 1/30/20

SIGNATURE: _____ Time: 4:15

This Assembly: PASSED _____ FAILED _____ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Emerald Coast Convention Center OCWS

Service Address: 1250 Miracle Strip Pkwy., Ft Walton Beach, FL 32548

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Allen Lassiter

Contact Phone: 609-3913

Location of Assembly: at meter BYPASS ON FIRELINE

Type of Assembly: RP _____ DC x SVB _____ SIZE: 3/4"

Manufacturer: Ames Model: 2000B Serial No: 23528

Gauge Manufacturer Mid West Serial: 0305 0598 Date Calibrated: 1/7/20

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight <u>10+</u>	Opened at ___ psi Or Did Not Open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve ___ psi.	Outlet Shut-off Valve ___ Leaked ___ Closed Tight	Gauge pressure across check valve ___ psi. <u>0.0</u>	Check Valve: Leaked ___ or held at _____ psi.
<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

Mike @ American Backflow check 2 leaks
center test cock leads inaccurate reading on check 1

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry Dabney CERT No. RS-15-1256 Date: 1/30/20

SIGNATURE: _____ Time: 4:00

This Assembly: PASSED ~~FAILED~~ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Clerk of Court Storage

Service Address: 5489 Old Bethel Rd, Crestview

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Theresa Wilcox

Contact Phone: 612-0073/689-5000 x3361

Location of Assembly: Front of record building entrance door.

Type of Assembly: RP _____ DC X SVB _____ SIZE: 4"

Manufacturer: FEBCO Model: 850 Serial No: 9902091336

Gauge Manufacturer Mid West Serial: 0102 0095 Date Calibrated: 25/FEB/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at ___ psi Or Did Not Open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve <u>4.2</u> psi.	Outlet Shut-off Valve ___ Leaked ___ Closed Tight	Gauge pressure across check valve <u>1.6</u> psi.	Check Valve: Leaked ___ or held at _____ psi.
_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry Jablonski CERT No. DO5-19-12955 Date: 5/15/15

SIGNATURE: [Signature] Time: 12:00

This Assembly: PASSED _____ FAILED _____ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Clerk of Court Storage

Service Address: 5489 Old Bethel Rd, Crestview

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Theresa Wilcox

Contact Phone: 612-0073/689-5000 x3361

Location of Assembly: 2367 Hill Drive To Left of House

Type of Assembly: RP DC SVB SIZE: 2"

Manufacturer: FEBCO Model: 860 Serial No: A04799

Gauge Manufacturer Mid West Serial: 01020095 Date Calibrated: 25/FEB/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at <u>2.2</u> psi Or Did Not Open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve <u>1.2</u> psi.	Outlet Shut-off Valve _____ Leaked <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>1.2</u> psi.	Check Valve: Leaked _____ or held at _____ psi.
_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry J. [Signature] CERT No. DOT-19-1295T Date: 5/15/19

SIGNATURE: _____ Time: 12:15

This Assembly: PASSED _____ FAILED _____ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Courthouse Annex-
Service Address: 1940 Lewis turner Blvd., Fort Walton Beach
Mailing Name: Okaloosa County Facility Maintenance
Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536
Contact Name: RANDY OVERLY
Contact Phone: 420-1267

Location of Assembly: room next to fire pump room
Type of Assembly: RP _____ DC X SVB _____ SIZE: 3/4"
Manufacturer: WATTS Model: 007M1 Serial No: 16977
Gauge Manufacturer: Midwest Serial No: 0708 ~~0017~~ Date Calibrated: 5-31-19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at ___ psi Or Did Not Open _____	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve <u>2.2</u> psi.	Outlet Shut-off Valve ___ Leaked ___ Closed Tight	Gauge pressure across check valve <u>2.2</u> psi.	Check Valve: Leaked ___ or held at _____ psi.
_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.
TESTER: Eric Frongue CERT No. 012-17-10191 Date: ~~8-2-19~~ 10-2-19
SIGNATURE: *Eric Frongue* Time: 8:15
This Assembly: PASSED _____ FAILED BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Courthouse Annex-
 Service Address: 1940 Lewis turner Blvd., Fort Walton Beach

Mailing Name: Okaloosa County Facility Maintenance
 Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536

Contact Name: RANDY OVERLY
 Contact Phone: 420-1267

Location of Assembly: room next to fire pump room

Type of Assembly: RP _____ DC X SVB _____ SIZE: 6"
 Manufacturer: AMES Model: 3000SS Serial No: 1783458
 Gauge Manufacturer: Midwest Serial No: 0707 Date Calibrated: 5-31-10

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at ___ psi Or Did Not Open _____	<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve <u>3.4</u> psi.	Outlet Shut-off Valve ___ Leaked ___ Closed Tight	Gauge pressure across check valve <u>4.8</u> psi.	Check Valve: Leaked ___ or held at _____ psi.
<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frenger CERT No. D12-17-10191 Date: 10-2-19

SIGNATURE:  Time: 2:30

This Assembly: PASSED FAILED BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT For B&C Fire and Safety

Service Name: Okaloosa County Courthouse Crestview
 Service Address: 101 James Lee, Crestview FL

Mailing Name: Okaloosa County Facility Maintenance
 Mailing Address: 5489 Old Bethel rd

Contact Name: Randy Overly
 Contact Phone: _____

Location of Assembly: NORTH SIDE FACING Hwy 90 IN PIT (PDC)
 Type of Assembly: RP _____ DC _____ SVB _____ SIZE 10"
 Manufacturer: williams Model: SPDA Serial No: 55662
 Gauge Manufacturer: Midwest Serial No: 0 Date Calibrated: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or Did not open _____	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Opened at _____ psi or Did not open _____
Gauge pressure across check valve <u>4.2</u> psi	Outlet Shut-off Valve Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>4.2</u> psi	Check Valve: Leaked or held at _____ psi
_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: ERIC FRONZ CERT No.: D12-19-10171 Date: 1/15/20

SIGNATURE: Eric Fronz Time: 1:30

This Assembly: PASSED FAILED Buffer: _____ PSI

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: OKALOOSA COUNTY COURTHOUSE CRESTVIEW
 Service Address: 101 JAMES LEE, CRESTVIEW FL
 Mailing Name: OKALOOSA COUNTY FACILITY MAINTENANCE
 Mailing Address: 5489 Old Bethel Rd, Crestview, FL
 Contact Name: Randy Overly
 Contact Phone: _____

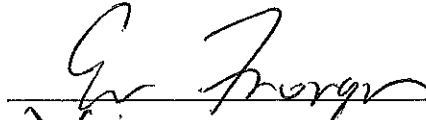
Location of Assembly: ON PIPELINE IN PIT
 Type of Assembly: RP _____ DC SVB _____ SIZE 3/4"
 Manufacturer: WIKIAS Model: 950 XED Serial No: 4484917
 Gauge Manufacturer: Midwest Serial No: 02050702 Date Calibrated: 5/01/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or Did not open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: _____ psi Opened at _____ psi or Did not open _____
Gauge pressure across check valve <u>3.0</u> psi	Outlet Shut-off Valve Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>3.0</u> psi	Check Valve: Leaked or held at _____ psi
_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: ERIC FRONZEL CERT No.: D12-19-10191 Date: 11/15/20

SIGNATURE:  Time: 1:15

This Assembly: PASSED FAILED Buffer: _____ PSI

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County EMS Building and Sherriff Office

Service Address: 714 Essex Rd FWB, FL

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: inside supply room

Type of Assembly: RP _____ DC X SVB _____ SIZE: 3/4"

Manufacturer: Ames Model: 2000B Serial No: 67760

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at ___ psi Or Did Not Open _____	<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve ___ psi. <u>2.2</u>	Outlet Shut-off Valve ___ Leaked <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve ___ psi. <u>2.2</u>	Check Valve: Leaked _____ or held at _____ psi.
<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No. D121910191 Date: 17 Jan 2020

SIGNATURE: E Frongner Time: 3:00

This Assembly: PASSED _____ FAILED _____ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County EM Building and Sherriff Office

Service Address: 714 Essex Rd FWB, FL

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: inside supply room

Type of Assembly: RP _____ DC X SVB _____ SIZE: 4"

Manufacturer: Ames Model: 3000 SS Serial No: 77466818

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at ___ psi Or Did Not Open _____	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve ___ psi. <u>1.4</u>	Outlet Shut-off Valve ___ Leaked <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve ___ psi. <u>1.8</u>	Check Valve: Leaked ___ or held at _____ psi.
<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No. D12-1910191 Date: 3 20

SIGNATURE: E Frongner Time: _____

This Assembly: PASSED _____ FAILED _____ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Health Dept - FWB
Service Address: 221 Hospital Dr FWB
Mailing Name: Okaloosa County Facilities Maintenance
Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536
Contact Name: RANDY OVERLY
Contact Phone: 830-1600

Location of Assembly: **TWO TECHS NEEDED TO LIFT COVER*

Type of Assembly: RP _____ DC X SVB _____ SIZE: 4"

Manufacturer: WATTS Model: 709 Serial No: 168829

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 3/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or <input checked="" type="checkbox"/> Did not open	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Opened at _____ psi or <input checked="" type="checkbox"/> Did not open
Gauge pressure across check valve <u>2.4</u> psi	Outlet Shut-off Valve Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>2.2</u> psi	Check Valve: Leaked or held at _____ psi
_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No.: D121910191 Date: 1/3/19

SIGNATURE: Eric Frongner Time: 300

This Assembly: PASSED FAILED Buffer: _____ PSI

8/7

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Jail

Service Address: 1200 East James Lee Blvd., Crestview, FL 32536

Mailing Name: Okaloosa Count Facility Maint.

Mailing Address: 5489 Old Bethel Road, Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: inside compound between "D" and "E" pod

Type of Assembly: RP DC X SVB SIZE: 4"

Manufacturer: AMES Model: Serial No: INSULATED

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at <u> </u> psi Or Did Not Open <u> </u>	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open <u> </u> or Opened at <u> </u> psi.
Gauge pressure across check valve <u>1.2</u> psi.	Outlet Shut-off Valve <u> </u> Leaked <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>1.0</u> psi.	Check Valve: Leaked <u> </u> or held at <u> </u> psi.
<u> </u> Cleaned Only Replaced: Rubber kit <u> </u> CV Assembly <u> </u> or Disc <u> </u> O-Rings <u> </u> Seat <u> </u> Spring <u> </u> Stem/guide <u> </u> Retainer <u> </u> Lock Nuts <u> </u> Other <u> </u>	<u> </u> RV Cleaned Only Replaced: RV Rubber kit <u> </u> RV Assembly <u> </u> or Disc <u> </u> Diaphragm(s) <u> </u> Seat <u> </u> Spring <u> </u> Guide <u> </u> O-Rings <u> </u> Other <u> </u>	<u> </u> Cleaned Only Replaced: Rubber kit <u> </u> CV Assembly <u> </u> or Disc <u> </u> O-Rings <u> </u> Seat <u> </u> Spring <u> </u> Stem/guide <u> </u> Retainer <u> </u> Lock Nuts <u> </u> Other <u> </u>	<u> </u> Cleaned Only Replaced: Rubber Kit <u> </u> CV Assembly <u> </u> Disc, Air Inlet <u> </u> Disc, CV <u> </u> Seat, CV <u> </u> Spring, Air Inlet <u> </u> Spring, CV <u> </u> Retainer <u> </u> Guide <u> </u> O-Rings <u> </u> Other <u> </u>
Gauge pressure across check valve <u> </u> psi.	Relief Valve Opened at <u> </u> psi.	Gauge pressure across check valve <u> </u> psi.	Air Inlet <u> </u> psi. Check Valve <u> </u> psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Fronzner CERT No. D121710191 Date: 8/7/19

SIGNATURE: [Signature] Time: 0900

This Assembly: PASSED FAILED BUFFER: psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Jail
 Service Address: 1200 East James Lee Blvd., Crestview, FL 32536

Mailing Name: Okaloosa Count Facility Maint.
 Mailing Address: 5489 Old Bethel Road, Crestview, FL 32536

Contact Name: RANDY OVERLY
 Contact Phone: 830-1600

Location of Assembly: front of bldg right side of drive

Type of Assembly: RP _____ DC x SVB _____ SIZE: 6"

Manufacturer: Ames Model: 2000SS Serial No: 69022

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi Or Did Not Open _____	<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve _____ psi. <u>4.8</u>	Outlet Shut-off Valve _____ Leaked <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve _____ psi. <u>1.2</u>	Check Valve: Leaked _____ or held at _____ psi.
<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Thorgan CERT No. D121710191 Date: 7 Aug 2019

SIGNATURE: Eric Thorgan Time: 9:10

This Assembly: PASSED _____ FAILED BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Jail

Service Address: 1200 East James Lee Blvd., Crestview, FL 32536

Mailing Name: Okaloosa Count Facility Maint.

Mailing Address: 5489 Old Bethel Road, Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: inside compound between "D" and "E" pod

Type of Assembly: RP _____ DC X SVB _____ SIZE: 3/4"

Manufacturer: AMES Model: 2000BM3 Serial No: 34638

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi Or Did Not Open _____	<input checked="" type="checkbox"/> Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Did Not Open _____ or Opened at _____ psi.
Gauge pressure across check valve <u>2.0</u> psi.	Outlet Shut-off Valve Leaked <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>2.0</u> psi.	Check Valve: Leaked _____ or held at _____ psi.
<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RV Cleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm's) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi.	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi.	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No. D12171019 Date: 8/7/19

SIGNATURE: *Eric Frongner* Time: 0945

This Assembly: PASSED _____ FAILED _____ BUFFER: _____ psi.

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Sheriff's Dept - Admin

Service Address: 50 2nd St Shalimar, FL 32579

Mailing Name: same

Mailing Address: _____

Contact Name: Richard (Ricky) Buehrig

Contact Phone: _____

Location of Assembly: right hand side of drive

Type of Assembly: RP _____ DC X SVB _____ SIZE: 3/4"

Manufacturer: AMES Model: 2000BM3 Serial No: 50384

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
_____ Leaked or <input checked="" type="checkbox"/> Closed Tight	_____ Opened at _____ psi or _____ Did not open _____	_____ Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: _____ Opened at _____ psi or _____ Did not open _____
Gauge pressure across check valve <u>2.0</u> psi	Outlet Shut-off Valve _____ Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>2.0</u> psi	Check Valve: _____ Leaked or held at _____ psi
_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No.: D121710191 Date: 27 Aug 2019

SIGNATURE: Eric Frongner Time: 830

This Assembly: PASSED FAILED Buffer: _____ PSI

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Sheriff's Dept - Admin
 Service Address: 50 2nd St Shalimar, FL 32579

Mailing Name: same
 Mailing Address: _____

Contact Name: Richard (Ricky) Buehrig
 Contact Phone: _____

Location of Assembly: right hand side of drive

Type of Assembly: RP _____ DC X SVB _____ SIZE: 6"

Manufacturer: Wilkins Model: 350ADA Serial No: N44495

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or Did not open _____	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Opened at _____ psi or Did not open _____
Gauge pressure across check valve <u>3.0</u> psi	Outlet Shut-off Valve Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>3.8</u> psi	Check Valve: Leaked or held at _____ psi
<input type="checkbox"/> Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Fronger CERT No.: D121710191 Date: 27 Aug 2019

SIGNATURE: E Fronger Time: 815

This Assembly: PASSED FAILED Buffer: _____ PSI

8/27

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Water & Sewer

Service Address: 1804 Lewis Turner Blvd, FWB

Mailing Name: Okaloosa County Facilities Maintenance

Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: in a vault on NE corner of Building (VERY DIRTY AREA)

Type of Assembly: RP _____ DC x SVB _____ SIZE: 3/4"

Manufacturer: WATTS Model: 709DC Serial No: _____

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or Did not open _____	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Opened at _____ psi or Did not open _____
Gauge pressure across check valve <u>2.2</u> psi	Outlet Shut-off Valve Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>2.0</u> psi	Check Valve: Leaked or held at _____ psi
<input type="checkbox"/> Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	<input type="checkbox"/> Clean Only Replaced: Rubber kit _____ CV Assembly _____ or Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	<input type="checkbox"/> Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Froyen CERT No.: D121710191 Date: 27 Aug 2019

SIGNATURE: E. Froyen Time: 300

This Assembly: PASSED FAILED Buffer: _____ PSI

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Water & Sewer
Service Address: 1804 Lewis Turner Blvd, FWB
Mailing Name: Okaloosa County Facilities Maintenance
Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536
Contact Name: RANDY OVERLY
Contact Phone: 830-1600

Location of Assembly: in a vault on NE corner of Building (VERY DIRTY AREA)

Type of Assembly: RP _____ DC x SVB _____ SIZE: 6"

Manufacturer: WATTS Model: 709DC Serial No: 104699

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked or <input checked="" type="checkbox"/> Closed Tight	Opened at _____ psi or <input checked="" type="checkbox"/> Did not open	Leaked or <input checked="" type="checkbox"/> Closed Tight	Air Inlet: Opened at _____ psi or <input type="checkbox"/> Did not open
Gauge pressure across check valve <u>4.0</u> psi	Outlet Shut-off Valve Leaked or <input checked="" type="checkbox"/> Closed Tight	Gauge pressure across check valve <u>2.4</u> psi	Check Valve: Leaked or held at _____ psi
_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ RVCleaned Only Replaced: RV Rubber kit _____ RV Assembly _____ or _____ Disc _____ Diaphragm(s) _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	_____ Clean Only Replaced: Rubber kit _____ CV Assembly _____ or _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	_____ Clean Only Replaced: Rubber Kit _____ CV Assembly _____ Disc, Air Inlet _____ Disc, CV _____ Seat, CV _____ Spring, Air Inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief Valve Opened at _____ psi.	Gauge pressure across check valve _____ psi	Air Inlet _____ psi. Check Valve _____ psi.

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Fronzner CERT No.: D121710191 Date: 27 Aug 19

SIGNATURE: Eric Fronzner Time: 2:45

This Assembly: PASSED FAILED Buffer: _____ PSI

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516
 Main kitchen

INVOICE # 126208 (475)					
DATE OF SERVICE 4/1/20			TIME 4:00		A.M. 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 Wall Mount Across from Hood					
MANUFACTURER Amsul		MODEL NUMBER R522172		WET CHEM 3gal	DRY CHEM
FUSE LINKS 360° F 3ct.	FUSE LINKS 450° F 3ct. (20) APC	FUSE LINKS 500° F	OTHER		
FUEL SHUT-OFF Mech	ELECTRIC Contact	GAS Mech ✓	SIZE 3/4"		
SERIAL NUMBER R522172	LAST HYDRO TEST DATE 2017	LAST RECHARGE DATE (17)			
MANUFACTURER'S MANUAL REFERENCE LT-30R Cartridge					
PAGE NUMBER: 8.1/8.2			DRAWING NUMBER: 2016		

Name Okaloosa County Jail
 Address 1200 E James Lee Blvd.
 City Crestview, Fl. 32539
 Telephone (850) 689-5645 Store # _____
 Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Smoker	4x Burner Range Top	2x Dbl. Ovens	lg. flat top Griddle
2x lg Pot Kettles	—	—	—
—	—	DUCT NOZZLE N/A *	PLENUM NOZZLE N/A *

- | | | | |
|---|------------|--|--------|
| 1. All appliances properly covered w/correct nozzles | ✓ | 20. Replaced fuse links | 3ct. ✓ |
| 2. Duct and plenum covered w/correct nozzles | ✓ | 21. Check travel of cable nuts/S-hooks | ✓ |
| 3. Check positioning of all nozzles | ✓ | 22. Piping & conduit securely bracketed | ✓ |
| 4. System installed in accordance w/MFG UL listing | ✓ | 23. Proper separation between fryers & flame | N/A ✓ |
| 5. System Piping Penetrating hood/duct sealed w/weld or UL device | ✓ | 24. Proper clearance-flame to filters | ✓ |
| 6. Check if seals intact, evidence of tempering | ✓ | 25. Exhaust fan in operating order | ✓ |
| 7. If system has been discharged, report same | N/A ✓ | 26. All filters replaced | ✓ |
| 8. Pressure gauge in proper range (if gauged) | N/A ✓ | 27. Fuel shut-off in ON position | ✓ |
| 9. Check cartridge weight (if applicable) | (16) N/A ✓ | 28. Manual & remote set/seals in place | ✓ |
| 10. Hydrostatic test date | 2017 N/A ✓ | 29. Replace systems covers | ✓ |
| 11. 6 Year Maintenance date | N/A ✓ | 30. System Operational & System Seals in place | ✓ |
| 12. Inspect cylinder and mount | ✓ | 31. Fan warning sign on hood | ✓ |
| 13. Operate system from terminal link | ✓ | 32. Personnel instructed in manual operation of system | ✓ |
| 14. Test for proper operation from remote | ✓ | 33. Proper hand portable extinguishers | ✓ |
| 15. Check operation of micro switch | ✓ | 34. Portable extinguishers properly serviced | ✓ |
| 16. Check operator of gas valve | Mech ✓ | 35. Service & Certification tag on system | ✓ |
| 17. Clean nozzles | ✓ | * water wash Hood | |
| 18. Proper nozzle covers in place | ✓ | NOTE DISCREPANCIES OR DEFICIENCIES BELOW | |
| 19. Check fuse links and clean | N/A ✓ | | |

COMMENTS: _____

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

X	<u>W. S. B.</u>	<u>83258300012006</u>	<u>4/1/20</u>	<u>4:00</u>			<u>[Signature]</u>
	SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	A.M.	P.M.	CUSTOMERS AUTHORIZED AGENT

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: EOC Niceville
Address: 90 EAST College Blvd
Contact Person: Ken Wolfe
Telephone: 671 7150

Date: 3 May 2019

COMMENTS:

BATTERY - PASS

• TYPE OF SYSTEM

FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2
ION Detectors: 6
PHOTO Detectors: 6
ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 4
Horns: 4
Bells: _____
Other: _____

• AGENT TANK

Weight: 16.8 / 16.75 →
Tank Measurement: _____
Hydro: 9/08 7/08 9/08 9/08
Serial Number: AA 330303 AA375199 AA376287 AA 376271

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service
Technician

E. Frerger

Customer
Representative

L. Wolfe

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: OKALOOSA Co Fiber Hub

Date: 1/2/2020

Address: 602 N PEARL CRESTVIEW, FL

COMMENTS:

Contact Person: Randy

Telephone: 850 420 1267

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: _____

PHOTO Detectors: 5

ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 4

Horns: 4

Bells: _____

Other: _____

• AGENT TANK

Weight: 236

Tank Measurement: _____

Hydro: 3/1/06

Serial Number: AA 77882B AA 304968

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician

E. Frongne

Customer Representative

[Signature]

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

BATTMYS - GOOD PASS

AGENT release - pull STATIONS Do NOT activate Horns Strobes.

FRONT SECTION - COUNTY ARCH
REAR SECTION - SHERIFF AREA

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Fiber Hub Shalimar

Date: 5/21/19

Address: 13 9th Ave Shalimar, FL

COMMENTS:

Contact Person: Randy O'Neil

Telephone: 830-1600

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: _____

PHOTO Detectors: 5

ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 7

Horns: 7

Bells: _____

Other: _____

• AGENT TANK

Weight: 500

Tank Measurement: _____

Hydro: 01/06

Serial Number: AA 273134

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician

E. Frangon

Customer Representative

[Signature]

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Ocala Health Dept

Date: 5/15/19

Address: 810 E James Lee Road Crestview

Contact Person: John

Telephone: 850-833-9240 x 2255

COMMENTS:

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

- Manual Pull Stations: 1
ION Detectors: 1
PHOTO Detectors: 1
ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

- Strobes: 2
Horns: _____
Bells: 1
Other: _____

• AGENT TANK

- Weight: 51.8 lbs
Tank Measurement: 2309
Hydro: 9/4/04
Serial Number: AA 296830

• FANS / DAMPERS SHUTDOWN

- Working: Yes No

Service Technician [Signature]

Customer Representative [Signature]

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Ocalaosa Health Dept.

Date: 5/15/19

Address: 810 E James Lee Crestview

Contact Person: John

Telephone: (850) 833-9246 X 2255

COMMENTS:

Holes in ceiling

Horns? Sound

Batteries Flat 12v 4AH

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1
ION Detectors: 1
PHOTO Detectors: 1
ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 2
Horns: 2
Bells: 1
Other: _____

• AGENT TANK

Weight: _____
Tank Measurement: 5.25
Hydro: 2/12/07
Serial Number: 0904043

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service
Technician

Customer
Representative

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

B&C FIRE SAFETY, INC.

C.103388

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: OKALOSA ADMIN

Date: 8/29/19

Address: SMALWOOD, FL

Contact Person: Randy Reely

Telephone: 850 585 4479

COMMENTS:

BATTERIES PASJ

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: _____

PHOTO Detectors: 6

ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 1

Bells: _____

Other: _____

• AGENT TANK

Weight: 363.5

Tank Measurement: 7.5

Hydro: 7/21/15

Serial Number: 1594830

Room 340

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician Henry Harrison

Customer Representative [Signature]

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

09/03

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: SKALOSHA DPM, INC

Date: 8/29/19

Address: Shelmar, FL

Contact Person: Randy Overly

Telephone: 850 585 4479

COMMENTS:
BATTERIES PASS

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
- Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: _____

PHOTO Detectors: 2

ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 1

Bells: _____

Other: _____

• AGENT TANK

Weight: 189.5

Tank Measurement: _____

Hydro: 7/21/15

Serial Number: 159 4852

Room 2A2

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician

[Signature]
H. Johnson

Customer Representative

[Signature]

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Ocalaosa Admin

Date: March 6th 2019

Address: Shelimer

Contact Person: Randy Ovaly

Telephone: 850-585-4479

COMMENTS:

Battery - Pass

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: _____

PHOTO Detectors: 2

ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: _____

Other: _____

• AGENT TANK

Weight: 56 lbs

Tank Measurement: _____

Hydro: 2/21/15

Serial Number: 154 4829

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician _____

Customer Representative _____

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

1798

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: OKALOSA ADMIN

Date: 8/29/19

Address: Shelton FL

Contact Person: Randy Overly

Telephone: 850 420 1267

COMMENTS:

BATTERIES PASS

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: _____

PHOTO Detectors: 2

ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: _____

Other: _____

• AGENT TANK

Weight: 121

Tank Measurement: _____

Hydro: 7/21/18

Serial Number: K4 4028

117

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician

[Signature]
H. H. BENSLEY

Customer Representative

[Signature]

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: OKALOOSA ADMIN

Date: 8/29/18

Address: Shalimar, FL

Contact Person: Randy Dyer

Telephone: 850 581 4477

COMMENTS:

BATTERIES PASS

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: _____

PHOTO Detectors: 2

ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: _____

Other: _____

• AGENT TANK

Weight: 56 lbs

Tank Measurement: _____

Hydro: 2/21/5

Serial Number: 154 48 29

Run 332

• FANS / DAMPERS SHUTDOWN

- Working: Yes No

Service Technician

Henry J. Bunch

Customer Representative

[Signature]

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

Run 2-518

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: O/A/Oosa Co Courthouse Annex
Address: 1940 Lewis Turner Blvd Fwb, FL
Contact Person: Randy Overly
Telephone: 850 420 1267

Date: OCT 2, 2019

COMMENTS: BATTERY - PASS

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
- Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1
 ION Detectors: _____
 PHOTO Detectors: 2
 ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 1
 Horns: 1
 Bells: _____
 Other: _____

• AGENT TANK

Weight: 105
 Tank Measurement: _____
 Hydro: 12/2010
 Serial Number: 1066717

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician E. Morgan

Customer Representative [Signature]

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

B&C FIRE SAFETY, INC.

2-702

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: OKALASA Co Courthouse Annex Date: 2 OCT 19

Address: 1940 Lewis Turner Blvd FtB, FL

Contact Person: Randy Ounly

Telephone: 850 420 1267

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1
ION Detectors: _____
PHOTO Detectors: 2
ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 1
Horns: 1
Bells: _____
Other: _____

• AGENT TANK

Weight: 96.0
Tank Measurement: _____
Hydro: _____
Serial Number: 1066718

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician E. Morgan

Customer Representative [Signature]

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

COMMENTS:

BATTERYS - PASS

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Ocala Health Dept
Address: 221 Hospital dr RWB, FL
Contact Person: John AL Forse
Telephone: 699 4630

Date: 3 April 2020

COMMENTS:

Pass

• TYPE OF SYSTEM

FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1
ION Detectors: _____
PHOTO Detectors: 4
ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2
Horns: 2
Bells: _____
Other: _____

• AGENT TANK

Weight: _____
Tank Measurement: 2015
Hydro: 01/2007
Serial Number: File M5698

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service
Technician

E. Franzen

Customer
Representative

John A. Forse

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

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: OKALOOSA Health DEPT

Date: 4/3/2020

Address: 221 Hospital Dr Pemb, FL

Contact Person: John Alfone

Telephone: 850 699 4630

COMMENTS:

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2
ION Detectors: 2
PHOTO Detectors: 2
ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 2
Horns: 2
Bells: _____
Other: _____

• AGENT TANK

Weight: 435 x 7
Tank Measurement: _____
Hydro: 12/09
Serial Number: 0422/8003/2005/6185/6180/6184/6194

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician

E. Morgan

Customer Representative

John Alfone

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

4/10

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 5/31/2019

TIME:

JOB NO:

PROPERTY NAME: (User)

NAME:

ADDRESS:

CITY/STATE:

TELEPHONE:

OWNER CONTACT:

MONITORING ENTITY

Contact:

Telephone:

Monitoring Account Reference #:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
 RF Other

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other

PANEL MANUFACTURER:

Model Number:

Circuit Styles:

Number of Circuits:

Software Revision:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	
<input type="text" value="5"/>	
<input type="text" value="2"/>	
<input type="text" value="6"/>	
<input type="text" value="1"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Circuit Style:	
<input type="text" value="SLC"/>	Manual Stations
<input type="text"/>	Ion Detectors
<input type="text" value="SLC"/>	Photo Detectors
<input type="text" value="SLC"/>	Duct Detectors
<input type="text" value="SLC"/>	Heat Detectors
<input type="text"/>	Waterflow Switches
<input type="text"/>	Supervisory Switches
<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	
<input type="text" value="12"/>	
<input type="text" value="4"/>	
<input type="text"/>	
<input type="text"/>	

Circuit Style:	
<input type="text" value="Y"/>	Bells
<input type="text" value="Y"/>	Horns/Strobes
<input type="text"/>	Chimes
<input type="text" value="Y"/>	Strobes
<input type="text"/>	Speakers
<input type="text"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:

Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature	
	Site Water Temperature	
	Site Water Level	
	Fire Pump Power	
	Fire Pump Running	
	Fire Pump Auto Position	
	Fire Pump or Pump Controller Trouble	
	Fire Pump Running	
	Generator in Auto Position	
	Switch Transfer	
	Generator Engine Running	
	Other	<input style="width: 150px;" type="text"/>
		<input style="width: 150px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	120VAC	Amps	20	
Overcurrent Protection: Type	CB	Amps	20	
Panel Label and Location:	Panel 5407 Facp Rm			
Disconnecting Means Location:	CB #32			
B. Secondary (Standby):				
Storage Battery (Y or N)	<input type="checkbox"/> Y	Quantity:	<input type="text" value="2"/>	Amp-Hour Rating:
Calculated capacity to operate system in hours:	24	<input checked="" type="checkbox"/> X	60	
Engine-driven generator dedicated to Fire Alarm:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> X
Location of fuel storage:	<input type="text" value="NA"/>			

TYPE OF BATTERY

	Dry Cell	
	Nickel Cadmium	
X	Sealed Lead-Acid	
	Lead-Acid	
	Other	<input style="width: 400px;" type="text" value="(Specify) 2x(12v 12Ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

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

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:10	Dawn
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:10	Diane
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Dispatch"/>	<input type="checkbox"/>	x	8:10	Jennifer

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses			
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
------------------------------	---------------------------------	--

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

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

SPECIAL PROCEDURES

FACP located in electrical room
 Duct detectors have key test switches

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	8:45	
ALARM RESTORAL	<input type="checkbox"/>	x	8:45	
TROUBLE SIGNAL	<input type="checkbox"/>	x	8:45	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	8:45	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	8:45	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:45	Jennifer
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:45	Diane
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	8:45	Jennifer

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:

Owner or Representative's Name (Please Print)

 Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

DATE: 7/17/2019
TIME: _____
JOB NO: _____

PROPERTY NAME: (User) Okaloosa County - Brackin Building
NAME: Brackin Building
ADDRESS: 302 N. WILSON ST
CITY/STATE: Crestview, FL
TELEPHONE: 850-420-1267
OWNER CONTACT: Randy Overly

MONITORING ENTITY
Contact: SECURITY CENTRAL
Telephone: 800-286-5669
Monitoring Account Reference #: A1895-2669

APPROVING AGENCY
CRESTVIEW FD
Telephone: 850-682-3741

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	specify _____				

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	specify _____				

PANEL MANUFACTURER: SIEMENS
Circuit Styles: SLC & Y
Software Revision: _____
Model Number: FS-250
Number of Circuits: 1 SLC 4NAC
Last Date System Had Any Service Performed: 7/1/2018
Last Date That Any Software or Configuration was Revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
11	SLC	Manual Stations
		Ion Detectors
13	SLC	Photo Detectors
2	SLC	Duct Detectors
2	SLC	Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify) _____

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
19	Y	Bells
		Horns/Strobes
19	Y	Chimes
		Strobes
		Speakers
		Other (Specify) _____

Number of Indicating Circuits: 4
Are Circuits Supervised? NO YES X

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px;" type="text"/>
	<input style="width: 250px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 300px;" type="text" value="(Specify) 2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7:15	LeAnn
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7:15	Grover
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="CRESTVIEW FD"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7:15	Lakesha

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses			
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>		
------------------------------	---------------------------------	--	--

REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="Lobby Entrance"/>
----------------------------	-------------------------------------	-------------------------------------	---

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

**INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

Booster
DSC DIALER
NA
NA
NA
NA

VISUAL

x
x

**DEVICE
OPERATION**

x
x

**SIMULATED
OPERATION**

SPECIAL PROCEDURES

FACP IN 2ND FLOOR ELEC ROOM BY ELEVATOR

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	9:00	
ALARM RESTORAL	<input type="checkbox"/>	x	9:00	
TROUBLE SIGNAL	<input type="checkbox"/>	x	9:00	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	9:00	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	9:00	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	9:00	Kathy
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	9:00	Grover
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	9:00	Lakesha

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Elavator did not recall from any floor.

Both 12V 7Ah batteries in FACP failed.

Pull station 1st floor East stairwell failed (Siemens HMS-S)

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date: Time:

Date: Time:

Inspector's Signature:

Owner/Representative Signature Below:

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 1/21/2020

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY

Contact:

Telephone:

Monitoring Account Reference #:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
 RF Other

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other

PANEL MANUFACTURER:

Model Number:

Circuit Styles:

Number of Circuits:

Software Revision:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:
<input type="text" value="10"/>
<input type="text"/>
<input type="text" value="2"/>
<input type="text" value="2"/>
<input type="text"/>
<input type="text" value="1"/>
<input type="text" value="1"/>
<input type="text" value="1"/>

Circuit Style:	
<input type="text" value="SLC"/>	Manual Stations
<input type="text"/>	Ion Detectors
<input type="text" value="SLC"/>	Photo Detectors
<input type="text"/>	Duct Detectors
<input type="text" value="SLC"/>	Heat Detectors
<input type="text" value="SLC"/>	Waterflow Switches
<input type="text" value="SLC"/>	Supervisory Switches
<input type="text" value="SLC"/>	Other (Specify) <input type="text" value="Annunicator"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:
<input type="text" value="1"/>
<input type="text" value="11"/>
<input type="text"/>
<input type="text" value="8"/>
<input type="text"/>

Circuit Style:	
<input type="text" value="Y"/>	Bells
<input type="text" value="Y"/>	Horns/Strobes
<input type="text"/>	Chimes
<input type="text" value="Y"/>	Strobes
<input type="text"/>	Speakers
<input type="text"/>	Other (Specify) <input type="text" value="HORNS"/>

Number of Indicating Circuits:

Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 300px;" type="text" value="(Specify) 2X (12V 18AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7:30	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7:30	Manager
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="EGLIN DISP"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7:30	Dispatch

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
------------------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="Entrance"/>
----------------------------	-------------------------------------	-------------------------------------	---------------------------------------

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

MONOCO DIALER
NA
NA
NA
NA
NA

VISUAL

x

DEVICE OPERATION

x

SIMULATED OPERATION

SPECIAL PROCEDURES

FACP located in outside electrical room.

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	8:15	
ALARM RESTORAL	<input type="checkbox"/>	x	8:15	
TROUBLE SIGNAL	<input type="checkbox"/>	x	8:15	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	8:15	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	8:15	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:15	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:15	Manager
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	8:15	Dispatch

EGLIN AFB

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Womens room strobe failed.

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

David Woodard

Owner or Representative's Name (Please Print)

Tami C. Youngblood

Date: Time:

Date: Time:

Inspector's Signature:

Signature on file

Owner/Representative Signature Below:

Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 11/20/2019

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY
 Contact:
 Telephone:
 Monitoring Account Reference #:

APPROVING AGENCY
 Contact:
 Telephone:

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="text"/>	specify			

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="text"/>	specify			

PANEL MANUFACTURER: Model Number:
 Circuit Styles: Number of Circuits:
 Software Revision:
 Last Date System Had Any Service Performed:
 Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="8"/>	<input type="text" value="B"/>	Manual Stations
<input type="text" value="19"/>	<input type="text" value="B"/>	Ion Detectors
<input type="text" value="9"/>	<input type="text" value="B"/>	Photo Detectors
<input type="text" value="1"/>	<input type="text" value="B"/>	Duct Detectors
<input type="text" value="1"/>	<input type="text" value="B"/>	Heat Detectors
<input type="text" value="1"/>	<input type="text" value="B"/>	Waterflow Switches
<input type="text" value="1"/>	<input type="text" value="B"/>	Supervisory Switches
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="1"/>	<input type="text" value="Y"/>	Bells
<input type="text" value="21"/>	<input type="text" value="Y"/>	Horns/Strobes
<input type="text" value="25"/>	<input type="text" value="Y"/>	Chimes
<input type="text"/>	<input type="text"/>	Strobes
<input type="text"/>	<input type="text"/>	Speakers
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:
 Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature	
	Site Water Temperature	
	Site Water Level	
	Fire Pump Power	
	Fire Pump Running	
	Fire Pump Auto Position	
	Fire Pump or Pump Controller Trouble	
	Fire Pump Running	
	Generator in Auto Position	
	Switch Transfer	
	Generator Engine Running	
	Other	<input style="width: 150px;" type="text"/>
		<input style="width: 150px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	120VAC	Amps	20	
Overcurrent Protection: Type	CB	Amps	20	
Panel Label and Location:	Panel Next to FACP			
Disconnecting Means Location:	CB#1			
B. Secondary (Standby):				
Storage Battery (Y or N)	Y	Quantity:	2	Amp-Hour Rating:
Calculated capacity to operate system in hours:	24	X	60	
Engine-driven generator dedicated to Fire Alarm:	Yes	No	X	
Location of fuel storage:	NA			

TYPE OF BATTERY

	Dry Cell	
	Nickel Cadmium	
X	Sealed Lead-Acid	
	Lead-Acid	
	Other	<input style="width: 400px;" type="text" value="(Specify) 2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

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

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	6:30	Ebony
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	6:30	John
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Crestview FD"/>	<input type="checkbox"/>	x	6:30	Angelique

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>		
------------------------------	---------------------------------	--	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>		
----------------------------	---------------------------------	--	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

Dialer	SK
Booster	PNL
NA	
NA	
NA	
NA	

VISUAL

x
x

DEVICE OPERATION

x
x

SIMULATED OPERATION

SPECIAL PROCEDURES

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	9:00	
ALARM RESTORAL	<input type="checkbox"/>	x	9:00	
TROUBLE SIGNAL	<input type="checkbox"/>	x	9:00	
SUPERVISORY SIGNAL	<input type="checkbox"/>			
SUPERVISORY RESTORAL	<input type="checkbox"/>			

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	9:00	Danisha
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	9:00	John
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	9:00	Angelique

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:

Owner or Representative's Name (Please Print)

 Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 4/5/2019

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY
 Contact:
 Telephone:
 Monitoring Account Reference #:

APPROVING AGENCY
 Contact:
 Telephone:

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="text"/>	specify			

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="text"/>	specify			

PANEL MANUFACTURER: Model Number:
 Circuit Styles: Number of Circuits:
 Software Revision:
 Last Date System Had Any Service Performed:
 Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="14"/>	<input type="text" value="B"/>	Manual Stations
<input type="text"/>	<input type="text"/>	Ion Detectors
<input type="text" value="13"/>	<input type="text" value="B"/>	Photo Detectors
<input type="text" value="4"/>	<input type="text" value="B"/>	Duct Detectors
<input type="text" value="4"/>	<input type="text" value="B"/>	Heat Detectors
<input type="text" value="1"/>	<input type="text" value="B"/>	Waterflow Switches
<input type="text"/>	<input type="text"/>	Supervisory Switches
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="28"/>	<input type="text" value="Y"/>	Bells
<input type="text"/>	<input type="text"/>	Horns/Strobes
<input type="text" value="13"/>	<input type="text" value="Y"/>	Chimes
<input type="text"/>	<input type="text"/>	Strobes
<input type="text"/>	<input type="text"/>	Speakers
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:
 Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 300px;" type="text" value="(Specify) 2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	6:00	Cathreine
BUILDING OCCUPANTS	<input type="checkbox"/>	x	6:00	Flyer
BUILDING MANAGEMENT	<input type="checkbox"/>	x	6:00	John
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Disp"/>	<input type="checkbox"/>	x	6:00	Dispatch

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>		
------------------------------	---------------------------------	--	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>		
----------------------------	---------------------------------	--	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

SPECIAL PROCEDURES

FACP Loading Dock Entrance

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	9:30	
ALARM RESTORAL	<input type="checkbox"/>	x	9:30	
TROUBLE SIGNAL	<input type="checkbox"/>	x	9:30	
SUPERVISORY SIGNAL	<input type="checkbox"/>			
SUPERVISORY RESTORAL	<input type="checkbox"/>			

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	9:30	Jackie
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	9:30	John
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	x	9:30	Dispatch

Okaloosa Disp

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Test switch for duct detector in outside mech room 114 did not work

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:

Owner or Representative's Name (Please Print)

 Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
NEAR FACP	PS	x	x			x			
AUDITORIUM EXIT	PS	x	x			x			
MEDICAL STORAGE	SD	x	x			x			
MEDICAL STORAGE	SD	x	x			x			
MECHANICAL ROOM 114	HD	x	x			x			
OUTSIDE MECHANICAL ROOM 114	DD	x	x			x			
1ST FLOOR ELEVATOR LOBBY	SD	x	x			x			
MAIN ENTRANCE	PS	x	x			x			
OUTSIDE INTAKE C9	PS	x	x			x			
HALL BY C9	PS	x	x			x			
NEAR EXAM ROOM 5	SD	x	x			x			
EXAM ROOM AREA HALL EXIT	PS	x	x			x			
IMMUNIZATIONS ENTRANCE	PS	x	x			x			
IMMUNIZATIONS ENTRANCE	SD	x	x			x			
BREAKROOM BREEZEWAY EXIT	PS	x	x			x			
BREAKROOM MECHANICAL ROOM	DD	x	x			x			
WIC MAIN ENTRANCE	PS	x	x			x			
WIC ROOM W3	SD	x	x			x			
WIC ROOM W7	SD	x	x			x			
WIC ROOM W16 EXIT	PS	x	x			x			
W12	SD	x	x			x			

2ND FLOOR

ELEVATOR LOBBY	SD	x	x			x			
EXIT STAIR 202	PS	x	x			x			
EXIT STAIR 201	PS	x	x			x			
MECHANICAL ROOM 228	DD	x	x			x			
MECHANICAL ROOM 228	HD	x	x			x			
229	HD	x	x			x			

3RD FLOOR

ELEVATOR LOBBY	SD	x	x			x			
EXIT STAIR 302	PS	x	x			x			
EXIT STAIR 301	PS	x	x			x			
MECHANICAL ROOM BY STAIR	HD	x	x			x			
In room 305	HD	x	x			x			
Elevator equipment room	SD	x	x			x			
RISER SEC MED STORAGE ROOM	WF	x	x			x			
Room 315	HD	x	x			x			
Room 304	HD	x	x			x			

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 11/6/2019

TIME:

JOB NO:

PROPERTY NAME: (User) Okaloosa County Jail

NAME: Okaloosa County Jail

ADDRESS: 1200 East James Lee Blvd

CITY/STATE: Crestview, FL 32539

TELEPHONE: 689-5690x1315

OWNER CONTACT: Sgt. Allaway

MONITORING ENTITY

Contact: Not monitored

Telephone:

Monitoring Account Reference #:

APPROVING AGENCY

Contact: CRESTVIEW FIRE DEPT.

Telephone: 682-3741

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
 RF Other specify NA

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other specify

PANEL MANUFACTURER:

HARRINGTON

Model Number: 3400

Circuit Styles: SLC & Y

Number of Circuits: 2 SLC 9 NAC

Software Revision:

Last Date System Had Any Service Performed: 11/1/2018

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:

Circuit Style:

17
77
12
6
6
7

SLC
SLC
SLC
SLC
SLC
SLC

- Manual Stations
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify)

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:

Circuit Style:

44
24
25

Y
Y
Y

- Bells
- Horns/Strobes
- Chimes
- Strobes
- Speakers
- Other (Specify)

Number of Indicating Circuits:

8

Are Circuits Supervised?

NO

YES

X

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours:
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 300px;" type="text" value="(Specify) 2X (12V12AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/>	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/>	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/>	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>			Not monitored
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:30	SGT Allaway
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="CRESTVIEW F/D"/>	<input type="checkbox"/>	x	8:30	Angelic

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>		
------------------------------	---------------------------------	--	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>		
----------------------------	---------------------------------	--	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

BOOSTER PANEL
NA
NA
NA
NA
NA

VISUAL

x

DEVICE OPERATION

x

SIMULATED OPERATION

SPECIAL PROCEDURES

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		Not monitored
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input type="checkbox"/>		N/A
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>		
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:15	Wagner
AHJ	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER (Specify below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:15	Angelic
<input type="text" value="CRESTVIEW FIRE DEPT"/>				

THE FOLLOWING DID NOT OPERATE CORRECTLY:

<input type="text" value="Tamper switch in bravo pod need adjusting."/>
<input type="text" value="Both 12V 7Ah batteries in booster panel failed."/>

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:

Owner or Representative's Name (Please Print)

 Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file

JOB NAME:

Okaloosa County Jail

JOB NO:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
NORTH JAIL PLAZA	WF	x	x			x			
MUSTER ROOM #22	PS	x	x			x			
MEDICAL HALL #6	PS	x	x			x			
CMU OFFICE #10	PS	x	x			x			
EMPLOYEE ENTRANCE #14	PS	x	x			x			
MAX SECURITY DOWNSTAIRS #12	PS	x	x			x			
MAX SECURITY DOWNSTAIRS #1	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #2	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #3	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #6	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #5	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #4	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #7	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #10	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #9	SD	x	x			x			
MAX SECURITY DOWNSTAIRS #8	SD	x	x			x			
MAX SECURITY 2ND FLOOR									
FEMALE UPSTAIRS 2ND FLR #29	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #32	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #41	PS	x	x			x			
FEMALE UPSTAIRS 2ND FLR #33	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #34	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #35	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #28	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #22	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #24	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #23	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #21	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #19	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #20	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #37	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #38	SD	x	x			x			
FEMALE UPSTAIRS 2ND FLR #40	SD	x	x			x			
TRANSPORT OFFICE 90	T	x	x			x			
MAX SEC UPSTAIRS # 39	SD	x	x			x			
SOUTH POD A #58	SD	x	x			x			
SOUTH POD A #59	SD	x	x			x			
SOUTH POD C #63	SD	x	x			x			
SOUTH POD C #64	SD	x	x			x			
SOUTH POD C #65	SD	x	x			x			
SOUTH POD B #62	SD	x	x			x			
SOUTH POD B #61	SD	x	x			x			
SOUTH POD B #60	SD	x	x			x			
SOUTH POD A #57	SD	x	x			x			
SOUTH POD WALKWAY #56	SD	x	x			x			
SOUTH POD TOWER #66	SD	x	x			x			
#6U	PS	x	x			x			
Nurse Office #13	PS	x	x			x			

JOB NAME:

Okaloosa County Jail

JOB NO:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
SALLY PORT RISER	T	x	x			x			
BUS SALLY PORT #15	PS	x	x			x			
KITCHEN OFFICE	PS	x	x			x			
POD A BRAVO #44	SD	x	x			x			
POD A BRAVO #45	SD	x	x			x			
POD C BRAVO #43	SD	x	x			x			
POD C BRAVO #48	SD	x	x			x			
POD C BRAVO #49	SD	x	x			x			
POD B BRAVO #46	SD	x	x			x			
POD B BRAVO #47	SD	x	x			x			
BRAVO POD TOWER #50	PS	x	x			x			
VISITATION CLOSET #31	HD	x	x			x			
JANITOR CLOSET									
CHARLIE POD #91	T	x	x			x			
ECHO POD #92	T	x	x			x			
ADMIN POD #90	T	x	x			x			
BRAVO POD #91	T	x	x			x			
JANITOR CLOSET NORTH #18	HD	x	x			x			
NORTH POD A #44	SD	x	x			x			
NORTH POD TOWER #34	PS	x	x			x			
NORTH POD B #45	SD	x	x			x			
NORTH POD C #46	SD	x	x			x			
NORTH POD C #47	SD	x	x			x			
NORTH POD D #48	SD	x	x			x			
NORTH POD D #49	SD	x	x			x			
NORTH POD E #50	SD	x	x			x			
NORTH POD E #52	SD	x	x			x			
JUDICIAL #16	PS	x	x			x			
JANITOR DELTA POD	SD	x	x			x			
DELTA E POD #13	SD	x	x			x			
DELTA E POD #14	SD	x	x			x			
DELTA E POD #15	SD	x	x			x			
DELTA F POD	SD	x	x			x			
DELTA F POD	SD	x	x			x			
DELTA F POD	SD	x	x			x			
DELTA D POD	SD	x	x			x			
DELTA D POD	SD	x	x			x			
DELTA D POD	SD	x	x			x			
DELTA A POD 86	SD	x	x			x			
DELTA A POD 84	SD	x	x			x			
DELTA A POD 85	SD	x	x			x			
DELTA B POD 34	SD	x	x			x			
DELTA B POD 83	SD	x	x			x			
DELTA B POD 36	SD	x	x			x			
DELTA C POD 20	SD	x	x			x			

JOB NAME:

Okaloosa County Jail

JOB NO:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
DELTA C POD 22	SD	x	x			x			
DELTA C POD 26	PS	x	x			x			
CLOSET NEAR DELTA POD EXIT 78	HD	x	x			x			
CLOSET NEAR DELTA POD EXIT 79	HD	x	x			x			
ECHO POD A #65	SD	x	x			x			
ECHO POD B #66	SD	x	x			x			
ECHO POD C #67	SD	x	x			x			
ECHO POD C #68	SD	x	x			x			
ECHO POD D #69	SD	x	x			x			
ECHO POD D #70	SD	x	x			x			
ECHO POD E #71	SD	x	x			x			
ECHO POD E #72	SD	x	x			x			
ECHO POD E TOWER #55	PS	x	x			x			
ECHO POD F 72	SD	x	x			x			
ECHO POD E STORAGE/UTILITY#17	HD	x	x			x			
ADMIN LOBBY	PS	x	x			x			
ADMIN REAR EXIT	PS	x	x			x			
ADMIN	DD	x	x			x			
ADMIN COUNTER #71	PS	x	x			x			
ADMIN #72	DD	x	x			x			
ENTRANCE/ADMIN BLDG									
GARAGE ACCESS & ATTIC									
AHU #8 (#11)	DD	x	x			x			
AHU #8 (#12) CMU	DD	x	x			x			
AHU #7 (#9) CMU	DD	x	x			x			
AHU #7 (#8)	DD	x	x			x			
AHU #6 (#4)	DD	x	x			x			
AHU #6 (#3) ACR	DD	x	x			x			
A POD C BLOCK (ROOM ACCESS)									
SOUTH POD									
AHU #6 (#68)	DD	x	x			x			
AHU #6 (#67)	DD	x	x			x			
AHU #5 (#69)	DD	x	x			x			
AHU #5 9#70)	DD	x	x			x			
A-C POD ATTIC ACCESS #55	HD	x	x			x			
Central Control #1	PS	x	x			x			
WATERFLOW (TEST CONNECTS)									
ECHO POD OUTSIDE #21 EAST POD	WF	x	x			x			
DELTA POD OUTSIDE	WF	x	x			x			
MAINTENANCE ROOM-NEW ADD ON	HD	x	x			x			
NEW POD OUTSIDE #20 N POD	WF	x	x			x			
ALPHA POD OUTSIDE S POD BAPT	WF	x	x			x			

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

DATE:
 TIME:
 JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY
 Contact:
 Telephone:
 Monitoring Account Reference #:

APPROVING AGENCY

 Telephone:

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="text" value="specify"/>				

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="text" value="specify"/>				

PANEL MANUFACTURER:
 Circuit Styles:
 Software Revision:
 Model Number:
 Number of Circuits:
 Last Date System Had Any Service Performed:
 Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="6"/>	<input type="text" value="SLC"/>	Manual Stations
<input type="text"/>	<input type="text"/>	Ion Detectors
<input type="text" value="6"/>	<input type="text" value="SLC"/>	Photo Detectors
<input type="text" value="1"/>	<input type="text" value="SLC"/>	Duct Detectors
<input type="text" value="5"/>	<input type="text" value="SLC"/>	Heat Detectors
<input type="text" value="1"/>	<input type="text" value="SLC"/>	Waterflow Switches
<input type="text" value="1"/>	<input type="text" value="SLC"/>	Supervisory Switches
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text"/>	<input type="text"/>	Bells
<input type="text" value="19"/>	<input type="text" value="Y"/>	Horns/Strobes
<input type="text"/>	<input type="text"/>	Chimes
<input type="text"/>	<input type="text"/>	Strobes
<input type="text"/>	<input type="text"/>	Speakers
<input type="text" value="2"/>	<input type="text" value="Y"/>	Other (Specify) <input type="text" value="OUTSIDE HORN"/>

Number of Indicating Circuits:
 Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px;" type="text"/>
	<input style="width: 250px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 300px;" type="text" value="(Specify) 2X(12V10AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	7:45	Sasha
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	7:45	Ricky
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 150px;" type="text" value="Okaloosa County Disp"/>	<input type="checkbox"/>	x	7:45	Jennifer

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses			
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>		
-----------------------	---------------------------------	--	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>	<input type="text"/>	<input type="text"/>
---------------------	---------------------------------	----------------------	----------------------

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

BOOSTER PANEL
NA
NA
NA
NA
NA

VISUAL

x

DEVICE OPERATION

x

SIMULATED OPERATION

SPECIAL PROCEDURES

FACP at entrance
 Elevator shunt trip breaker located in upstairs elec rm panel M

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	11:15	
ALARM RESTORAL	<input type="checkbox"/>	x	11:15	
TROUBLE SIGNAL	<input type="checkbox"/>	x	11:15	
SUPERVISORY SIGNAL	<input type="checkbox"/>			
SUPERVISORY RESTORAL	<input type="checkbox"/>			

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	11:15	Sasha
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	11:15	Ricky
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	11:15	Jennifer

Okaloosa County Dispatch

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Chris Caouette

Date: Time:

Inspector's Signature:

Signature on file

Owner or Representative's Name (Please Print)

Ricky Buehrig

Date: Time:

Owner/Representative Signature Below:

Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 5/1/2019

TIME:

JOB NO:

PROPERTY NAME: (User) Okaloosa County Transportation
 NAME: Okaloosa County Transportation
 ADDRESS: 600 Transit Way
 CITY/STATE: Ft. Walton Beach, FL 32548
 TELEPHONE: 609-7004
 OWNER CONTACT: JoAnne Hofstad

MONITORING ENTITY
 Contact: Security Central
 Telephone: 800-286-5699
 Monitoring Account Reference #: A1126-457

APPROVING AGENCY
 Contact: Okaloosa County Dispatch
 Telephone: 850-689-5766

TYPE TRANSMISSION
 McCulloh Multiplex Digital Reverse Polarity
 RF Other specify

SERVICE
 Weekly Monthly Quarterly Semi-Annually
 Annually Other specify

PANEL MANUFACTURER: Silent Knight Model Number: IFP-100
 Circuit Styles: SLC & Y Number of Circuits: SLC & 4 NAC
 Software Revision:
 Last Date System Had Any Service Performed: 5/1/2018
 Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text"/>	SLC	Manual Stations
<input type="text"/>		Ion Detectors
<input type="text"/>	SLC	Photo Detectors
<input type="text"/>		Duct Detectors
<input type="text"/>	SLC	Heat Detectors
<input type="text"/>	SLC	Waterflow Switches
<input type="text"/>	SLC	Supervisory Switches
<input type="text"/>		Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text"/>		Bells
<input type="text"/>	Y	Horns/Strobes
<input type="text"/>		Chimes
<input type="text"/>	Y	Strobes
<input type="text"/>		Speakers
<input type="text"/>		Other (Specify) <input type="text"/>

Number of Indicating Circuits:
 Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 300px;" type="text" value="(Specify) 2x(12v 7Ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:30	Jennifer
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:30	Joann
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Dispatch"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:30	Mona

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses			
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text"/>	<input type="text"/>
------------------------------	----------------------	----------------------

REMOTE ANNUNCIATORS	<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>
----------------------------	----------------------------------	----------------------	----------------------

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

SPECIAL PROCEDURES

SHUNT TRIP IS IN PANEL IN GARAGE AREA.

COMMENTS:

REQUEST CUSTOMER MAKE ELEVATOR MACHINE ROOM & RECALL KEYS AVAILABLE IN THE OFFICE.
 KEY IS ON ELEVATOR KEY RING AT FRONT DESK.

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	3:30	
ALARM RESTORAL	<input type="checkbox"/>	x	3:30	
TROUBLE SIGNAL	<input type="checkbox"/>	x	3:30	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	3:30	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	3:30	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	3:30	Megan
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	3:30	Joann
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	3:30	Heather
Okaloosa Dispatch				

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date: Time:

Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE:
TIME:
JOB NO:

PROPERTY NAME: (User)
NAME:
ADDRESS:
CITY/STATE:
TELEPHONE:
OWNER CONTACT:

MONITORING ENTITY
Contact:
Telephone:
Monitoring Account Reference #:

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION
McCulloh Multiplex Digital Reverse Polarity
RF Other

SERVICE
Weekly Monthly Quarterly Semi-Annually
Annually Other

PANEL MANUFACTURER: Model Number:
Circuit Styles: Number of Circuits:
Software Revision:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="12"/>	<input type="text" value="B"/>	Manual Stations
<input type="text"/>	<input type="text"/>	Ion Detectors
<input type="text" value="6"/>	<input type="text" value="B"/>	Photo Detectors
<input type="text" value="8"/>	<input type="text" value="B"/>	Duct Detectors
<input type="text"/>	<input type="text"/>	Heat Detectors
<input type="text" value="3"/>	<input type="text" value="B"/>	Waterflow Switches
<input type="text" value="2"/>	<input type="text" value="B"/>	Supervisory Switches
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="13"/>	<input type="text" value="Y"/>	Bells
<input type="text"/>	<input type="text"/>	Horns/Strobes
<input type="text"/>	<input type="text"/>	Chimes
<input type="text"/>	<input type="text"/>	Strobes
<input type="text"/>	<input type="text"/>	Speakers
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:
Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature	
	Site Water Temperature	
	Site Water Level	
	Fire Pump Power	
	Fire Pump Running	
	Fire Pump Auto Position	
	Fire Pump or Pump Controller Trouble	
	Fire Pump Running	
	Generator in Auto Position	
	Switch Transfer	
	Generator Engine Running	
	Other	<input style="width: 150px;" type="text"/>
		<input style="width: 150px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 150px;" type="text" value="(Specify) 2x(12v7ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	12:15	Alexandria
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	12:15	Maintenance
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Dispatch"/>	<input type="checkbox"/>	x	12:15	Jennifer

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	x	x	
Interface Equipment	x	x	
Lamps/LEDS	x	x	
Fuses			
Primary Power Supply	x	x	
Trouble Signals	x	x	
Disconnect Switches			
Ground Fault Monitoring	x	x	

SECONDARY POWER:			
Battery Condition	x	x	
Load Voltage		x	
Discharge Test		x	
Charger Test		x	
Specific Gravity			

TRANSIENT SUPPRESSORS	NA		
------------------------------	----	--	--

REMOTE ANNUNCIATORS	NA		
----------------------------	----	--	--

NOTIFICATION APPLIANCES			
Audible	x	x	
Visual	x	x	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE

OPERATION

SIMULATED

OPERATION

SPECIAL PROCEDURES

FACP LOCATED IN RISER / ELECTRICAL ROOM.

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	3:30	
ALARM RESTORAL	<input type="checkbox"/>	x	3:30	
TROUBLE SIGNAL	<input type="checkbox"/>	x	3:30	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	3:30	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	3:30	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	3:30	John
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	3:30	Maintenance
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	3:30	Jennifer

THE FOLLOWING DID NOT OPERATE CORRECTLY:

The "do not use elevator" strobe only strobes when elevator equipment room smoke detector is activated and not the elevator lobby detectors.

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date: Time:

Date: Time:

Inspector's Signature:

Owner/Representative Signature Below:

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 5/23/2019

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY
 Contact:
 Telephone:
 Monitoring Account Reference #:

APPROVING AGENCY
 Contact:
 Telephone:

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="text" value="specify"/>				

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="text" value="specify"/>				

PANEL MANUFACTURER: Model Number:
 Circuit Styles: Number of Circuits:
 Software Revision:
 Last Date System Had Any Service Performed:
 Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="2"/>	<input type="text" value="SLC"/>	Manual Stations
<input type="text"/>	<input type="text"/>	Ion Detectors
<input type="text" value="4"/>	<input type="text" value="SLC"/>	Photo Detectors
<input type="text"/>	<input type="text"/>	Duct Detectors
<input type="text"/>	<input type="text"/>	Heat Detectors
<input type="text" value="1"/>	<input type="text" value="SLC"/>	Waterflow Switches
<input type="text" value="2"/>	<input type="text" value="SLC"/>	Supervisory Switches
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="1"/>	<input type="text" value="120V Bell"/>	Bells
<input type="text" value="2"/>	<input type="text" value="Y"/>	Horns/Strobes
<input type="text"/>	<input type="text" value="Y"/>	Chimes
<input type="text" value="1"/>	<input type="text"/>	Strobes
<input type="text"/>	<input type="text"/>	Speakers
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:
 Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	120VAC	Amps	20
Overcurrent Protection: Type	CB	Amps	20
Panel Label and Location:	MPA in Kitchen		
Disconnecting Means Location:	CB # 29		
B. Secondary (Standby):			
Storage Battery (Y or N)	<input type="checkbox"/> Y	Quantity:	<input type="text" value="2"/>
		Amp-Hour Rating:	<input type="text" value="12"/>
Calculated capacity to operate system in hours:	24	<input checked="" type="checkbox"/> X	60
Engine-driven generator dedicated to Fire Alarm:	Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
Location of fuel storage:	NA		

TYPE OF BATTERY

	Dry Cell	
	Nickel Cadmium	
X	Sealed Lead-Acid	
	Lead-Acid	
	Other	<input style="width: 400px;" type="text" value="(Specify) 2X(12V12AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

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

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>			Not monitored
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	2:30	Harold
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="OKALOOSA CTY DISP"/>	<input type="checkbox"/>	x	2:30	Ashley

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	x	x	
Interface Equipment	x	x	
Lamps/LEDS	x	x	
Fuses			
Primary Power Supply	x	x	
Trouble Signals	x	x	
Disconnect Switches			
Ground Fault Monitoring	x	x	

SECONDARY POWER:			
Battery Condition	x	x	
Load Voltage		x	
Discharge Test		x	
Charger Test		x	
Specific Gravity			

TRANSIENT SUPPRESSORS	NA		
------------------------------	----	--	--

REMOTE ANNUNCIATORS	NA		
----------------------------	----	--	--

NOTIFICATION APPLIANCES			
Audible	x	x	
Visual	x	x	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

SPECIAL PROCEDURES

FACP in Kitchen

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	3:00	Not monitored
ALARM RESTORAL	<input type="checkbox"/>	x	3:00	Alarms received at panel
TROUBLE SIGNAL	<input type="checkbox"/>	x	3:00	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	3:00	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	3:00	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>			N/A
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	3:00	Harold
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	3:00	Ashley

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:

Owner or Representative's Name (Please Print)

 Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE:
TIME:
JOB NO:

PROPERTY NAME: (User)
NAME:
ADDRESS:
CITY/STATE:
TELEPHONE:
OWNER CONTACT:

MONITORING ENTITY
Contact:
Telephone:
Monitoring Account Reference #:

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="text" value="specify"/>				

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="text" value="specify"/>				

PANEL MANUFACTURER: Model Number:
Circuit Styles: Number of Circuits:
Software Revision:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="4"/>	<input type="text" value="B"/>	Manual Stations
<input type="text"/>	<input type="text"/>	Ion Detectors
<input type="text"/>	<input type="text"/>	Photo Detectors
<input type="text" value="6"/>	<input type="text" value="B"/>	Duct Detectors
<input type="text" value="4"/>	<input type="text" value="B"/>	Heat Detectors
<input type="text"/>	<input type="text"/>	Waterflow Switches
<input type="text"/>	<input type="text"/>	Supervisory Switches
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text"/>	<input type="text"/>	Bells
<input type="text" value="6"/>	<input type="text" value="Y"/>	Horns/Strobes
<input type="text"/>	<input type="text"/>	Chimes
<input type="text" value="2"/>	<input type="text" value="Y"/>	Strobes
<input type="text"/>	<input type="text"/>	Speakers
<input type="text"/>	<input type="text"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:
Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME: JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm: Yes No
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 200px;" type="text" value="(Specify) 2x(12v7ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10:30	Nikki
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10:30	Manager
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Disaptch"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10:30	Lou

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses			
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
------------------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="CENTER REAR EXIT"/>
----------------------------	-------------------------------------	-------------------------------------	---

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
						SEE PAGE 5	

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

SPECIAL PROCEDURES

FACP LOCATED IN ELECTRICAL ROOM IN CLOSET TO LEFT OF MAIN FOYER.

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	11:15	
ALARM RESTORAL	<input type="checkbox"/>	x	11:15	
TROUBLE SIGNAL	<input type="checkbox"/>	x	11:15	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	11:15	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	11:15	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	11:15	Ebony
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	11:15	Manager
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	11:15	Operator 874

Okaloosa Dispatch

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Duct detector's test station go into alarm but do not report to the panel

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:

Owner or Representative's Name (Please Print)

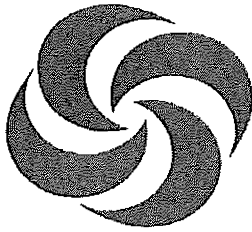
 Date: Time:

Inspector's Signature:

 Signature on file

Owner/Representative Signature Below:

 Signature on file



Hydro Technologies

1047 Sledge Drive
Mobile, AL 36606
251-478-1104

New Startup
Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
5759 JOHN GIVENS RD
CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTH CUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569578-1
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	89
Max PSI	132
Rated RPM	1775
Pump Type	SC

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDN702FDR1
Horse Power	350
Rated RPM	1775
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

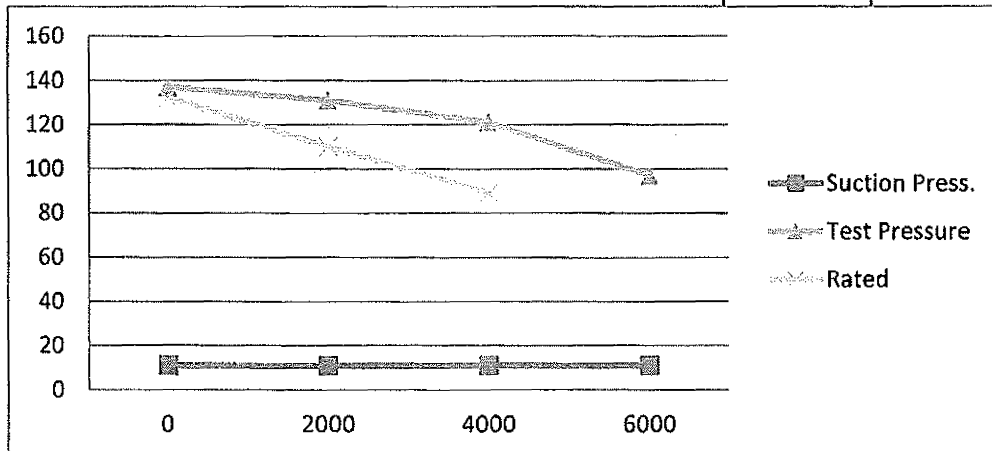
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-3
Model Number	LX2100
Start Pressure	75
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

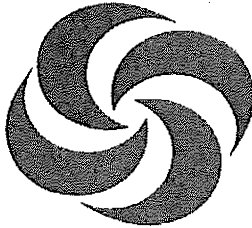
Jockey Pump

Start Pressure	115
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Streams Number	Streams		RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
	Pitot PSI	Size								
0	0	1 3/4	1790	148	11	137	0	0%	482	286
4	30	1 3/4	1791	142	11	131	2000	50%	482	320
8	30	1 3/4	1784	132	11	121	4000	100%	481	326
10	44	1 3/4	1786	108	11	97	6000	150%	480	404



Remarks:
WO# 3635



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup
 Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTHCUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569578-2
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	89
Max PSI	131
Rated RPM	1775
Pump Type	SC

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDNZ027FDR
Horse Power	350
Rated RPM	1785
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

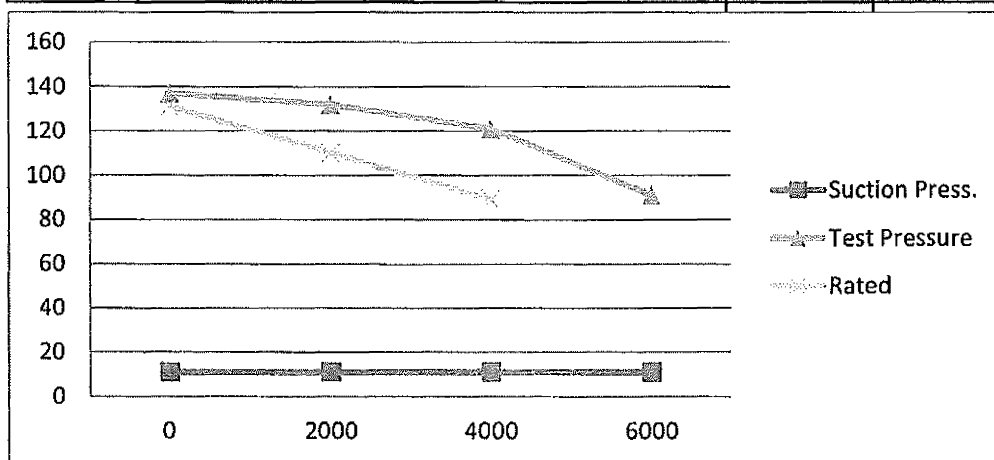
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-1
Model Number	LX12100
Start Pressure	95
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

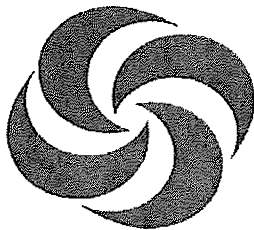
Jockey Pump

Start Pressure	110
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Streams			RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
Number	Pitot PSI	Size								
0	0	1 3/4	1799	148	11	137	0	0%	483	297
4	30	1 3/4	1797	143	11	132	2000	50%	482	338
8	30	1 3/4	1794	132	11	121	4000	100%	481	388
10	44	1 3/4	1787	102	11	91	6000	150%	480	423



Remarks:
 WO#3635



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup _____
 Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTHCUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569579
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	91
Max PSI	133
Rated RPM	1775
Pump Type	

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDN702FDR1
Horse Power	350
Rated RPM	1775
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

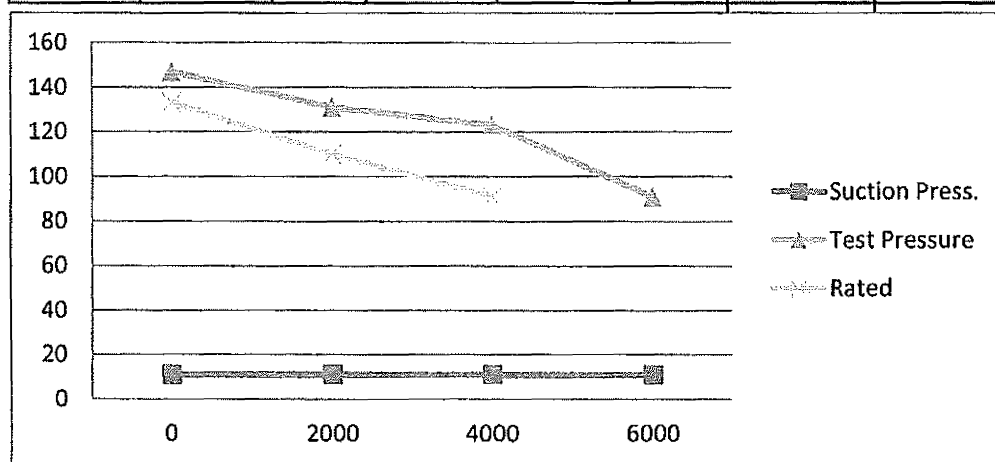
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-2
Model Number	LX12100
Start Pressure	85
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Jockey Pump

Start Pressure	115
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Streams			RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
Number	Pitot PSI	Size								
0	0	1 3/4	1785	158	11	147	0	0%	485	284
4	30	1 3/4	1790	142	11	131	2000	50%	484	336
8	30	1 3/4	1788	134	11	123	4000	100%	483	382
10	44	1 3/4	1794	102	11	91	6000	150%	485	420



Remarks:
 WO# 3635

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property

Destin/Fort Walton Beach
Regional Airport NEW
1701 State Road 85 North
Eglin AFB, FL 32542

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536

Mike Kintop
651-7160x1017

Randy Overly
(850)420-1267

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Eric Frongner

Inspection Ref: 200000010828

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 1/21/20	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--------------------------------------	---------------------------	---------------------------	---

Tag Color

System Description/Location	Tag Color
Baldwin Bldg	
Wet riser	Red Critical
Room B126B. Near Comm room	
Zone 2 Dry System	Green
Room B126B near Communicator	
Zone 8 Wet System	Green
Zone 1 Wet System	Green
Room B126B by Communication r	
Zone 5/7Wet System	Green
Room A125a Delta hall	
Zone 4 Dry System	Red Critical
Carry forward from last year: Valve will not open during full trip test	
Zone 10 Deluge System	Yellow-Non critical
Baggage Room A125A. Delta hall	
Zone 3 Wet system	Green
Room D105 Tunnel S concourse e	
Zone 9 D105 Wet Riser	Green
D105 in Tunnel S end Concourse	
Zone 6	Green
Delta Maintenance/Alegiant wareh	
Delta Maint/Alegiant warehouse wet	Green
Delta Maintenance/ Alegiant wareh	
Delta Maintenance/Alegiant warehoDeluge System wet	Green
Cargo Maintenance	
Cargo bldg wet	Yellow-Non critical

Print Date: 4/27/2020

Page 1 of 15

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE¹

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Eglin AFB	Start Time: 630	On alarm door	Mr Ferral
	End Time: 345	882-5856	Sgt Ivy
Eglin AFB	Start Time: 630	On alarm door	Mr Ferral
	End Time: 345	882-5856	Sgt Ivy

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Served Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Deluge System Riser										
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%	
Sprinkler Dry System Riser										
Main drain	2	2	100.0%	0	0.0%	0	0.0%	1	50.0%	
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Gauges										
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Pump										
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	1	100.0%	
Sprinkler Valve										
Aux Drain	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%	
OS&Y	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%	
Control	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Main drain	6	6	100.0%	0	0.0%	0	0.0%	1	16.7%	
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Baldwin Bldg											
Wet riser	10" Alarm		135	NA	Ok	Ok	Ok	Ok	Ok	2024	No
Room B126B near Communication room											
Zone 8 Wet System	4" Wall Post Victaulic S/751	135	138	NA	Ok	Ok	Ok	Ok	Ok	2023	No

Print Date: 4/27/2020

Page 2 of 15

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Room B126B near Communication room											
Zone 1 Wet System	3" Wall Post 03 Victaulic S/751	135	175	NA	Ok	Ok	Ok	Ok	Ok	2023	No
Room B126B by Communication room											
Zone 5/7Wet System	3" Main drain 11 / 03 Victaulic S/751	135	135	NA	Ok	Ok	Ok	Ok	Ok	2023	No
Room A125a Delta hall											
Zone 4 Dry System	3" OS&Y 10 / 03 Victaulic S/756		135	NA	Ok	Ok	Ok	Ok	Ok	2023	No
Zone 10 Deluge System	6" Main drain Viking F-1	135	135	NA	Ok	Ok	Ok	Ok	Ok	2018	No
Due for five year internal.											
Baggage Room A125A. Delta hall											
Zone 3 Wet system	3" OS&Y 05/03 Victaulic S/751	115	100	NA	Ok	Ok	Ok	Ok	Ok	2023	No
Room D105 Tunnel S concourse end											
Zone 9 D105 Wet Riser	3" Alarm 11/03 Victaulic S/751	130	130	NA	Ok	Ok	Ok	Ok	Ok	2023	No
Delta Maintenance/Alegiant warehouse											
Delta Maint/Alegiant warehouse wet	4" Main drain 2010 Viking Mod J-1	135	135	NA	Ok	Ok	Ok	Ok	Ok	2024	No
Delta Maintenance/ Alegiant warehouse											
Delta Maintenance/Alegiant warehoDeluge System wet	4" Butterfly 2011 Viking Mod F-1	135	135	NA	Ok	Ok	Ok	Ok	Ok	2024	No
Cargo Maintenance											
Cargo bldg wet	8" OS&Y 2009 Victaulic	80	130	NA	Ok	Ok	Ok	Ok	Ok	2023	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent	Viking VK600 WH	5.6/155	1/2"	09	2029	Yes	Yes	Yes
QR Pendent	Victaulic V2708 WH	5.6/155	1/2"			Yes	Yes	Yes
HSW DELUGE	Reliable RO415		1/2"			Yes	Yes	Yes
QR Sidewall	Viking VK605EC C	5.6/155	1/2"	2010	2030	Yes	Yes	Yes
QR Upright	Victaulic V2704 BR	5.6/155 200	1/2"			Yes	Yes	Yes

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Baldwin Bldg					
5	Wet riser	Yes	2024	Yes	0
Baldwin building					
5	Fire pump Room	Yes	2024	Yes	0
Room B126B. Near Comm room					
3	Zone 2 Dry System	Yes	2023	Yes	0
Room B126B near Communication room					
3	Zone 8 Wet System	Yes	2023	Yes	0
3	Zone 1 Wet System	Yes	2023	Yes	0
Room B126B by Communication room					
3	Zone 5/7Wet System	Yes	2023	Yes	0
Room A125a Delta hall					
3	Zone 4 Dry System	Yes	2023	Yes	0
2	Zone 10 Deluge System	Yes	2018	No	0
1 gauge is expired					
Baggage Room A125A. Delta hall					
3	Zone 3 Wet system	Yes	2023	Yes	0
Room D105 Tunnel S concourse end					
3	Zone 9 D105 Wet Riser	Yes	2023	Yes	0
D105 in Tunnel S end Concourse					
3	Zone 6	Yes	2023	Yes	0
Delta Maintenance/Alegiant warehouse					
2	Delta Maint/Alegiant warehouse wet	Yes	2024	Yes	0
Delta Maintenance/ Alegiant warehouse					
2	Delta Maintenance/Alegiant warehoDeluge System wet	Yes	2024	Yes	0
Cargo Maintenance					
3	Cargo bldg wet	Yes	2023	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	Riser and branch lines	5YR		
Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE1

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828



Pipe

Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
No	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Found corroded dry pendant sprinkler heads.			
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	No	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Found escutcheons missing			
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Pump Electric Inspection Baldwin Bldg

Yes	Pump house/room at least 40deg F?	Yes	Suction, discharge and bypass valves open?
Yes	Piping free from leaks?	Yes	Suction and system pressure gauges normal?
Yes	Suction reservoir, if provided, full?	Yes	Controller indicating power ON ?
No	Transfer switch indicating normal situation?	Yes	Isolation switch closed?
Carry forward from last annual			
ATS switch does not work.			
Does not transfer to emergency			
Yes	Reverse phase alarm indicator OFF or normal phase rotation indicator ON ?	Yes	Circulation relief valve flowing water while pump churns?
Yes	Pressure relief valves operating with proper pressure downstream while pump is operational?		

Fire Pump Electric Test Baldwin Bldg

Yes	Pump started automatically?	100	Record starting pressure.
100	Record starting pressure.	190	Pump shutoff pressure.
125	Jockey pump shutoff pressure.	115	Jockey pump starting pressure.
Yes	Pump run for at least 10 minutes?	75	Record suction pressure while running.
190	Record discharge pressure while running.	Yes	Pump packing gland showing slight discharge? (Adjust if necessary)
Yes	Free from unusual noises or vibrations?	Yes	Packing boxes, bearings and pump casing free from overheating?
3	Record time for motor to accelerate to full speed.	1	For reduced voltage or reduced current starting, record time controller is on first step.
10	For automatic stop controllers, record time pump runs after starting.	Yes	All times and pressures acceptable?

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

B&C FIRE SAFETY



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Fire Pump Electric Maintenance Baldwin Bldg

NA	Changed pump bearing lubrication?	NA	Shaft end play acceptable?
NA	Pump coupling alignment acceptable?	NA	Transmission coupling, right angle gear drive and mechanical moving parts lubricated?
NA	Circuit breakers passed trip test?	NA	Emergency manual starting means operated without power?
NA	Electrical connections secure?	NA	Pressure switch settings calibrated?
NA	Motor bearings greased?	NA	Control and power wirings tight?
NA	Isolation switch and circuit breaker exercised?	NA	Circuit breakers appear clean?
NA	Electrical system free of wire chafing?	NA	Manual starting means on electrical systems operated?
NA	Boxes, panels and cabinets on electrical systems cleaned?	NA	Isolation switch and circuit breaker exercised?
NA	Circuit breakers appear clean?		

Fire Pump Electric Flow Test Baldwin Bldg

Yes	Pump test run by discharge of flow through hose streams. Flow readings were taken at each hose stream.	No	Pump test run by discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.
No	Pump test run by discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.	Yes	Are the pressure readings acceptable?
Yes	No-flow (churn) test run for 10 min?	Yes	Circulation relief valve and pressure relief valve operated properly during all flow tests?
Yes	No alarm indicators or other visible abnormalities observed during no-flow test?	Yes	Low suction throttling device test: Low suction pressure simulated?
Yes	Low suction throttling device test: Free from abnormalities in throttling action?	Yes	Low suction throttling device test: Free from abnormalities in return to full flow?
NA	Automatic transfer switch test: Power failure simulated during peak flow?	NA	Automatic transfer switch test: Connection made to alternate power source?
NA	Automatic transfer switch test: After termination of simulated power failure did motor reconnect to the normal power source?	Yes	All alarm conditions simulated?
Yes	All alarms operated?		

Air Compressor PIPE MOUNTED Baggage Drop Off

EMERSON	Manufacturer of compressor	SS55NXGTE	Model of compressor
1/6	Size of compressor (HP)	PIPE MOUNTED	Compressor Description/Type
	Compressor appears to be in working condition?		Compressor appears free of leaks?
	Compressor and motor are free of vibration and unusual noises?		Guages appear Ok and show normal PSI
	Oil appears clean with no burnt odor		Electrical connections Ok?
	Breaker in the ON Position?		Inlet air filter clean?
	Belt is in good condition?		Tension on the belt is Ok?
	Has condensate/water been drained from the tank and/or water separator?		Dryer/Separator Ok?

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

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Cold Weather Check Zone 2 Dry System Room B126B. Near Comm room

Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Air Compressor PIPE MOUNT

GENERAL	Manufacturer of compressor	5KH33GN293KX	Model of compressor
ELECTRIC	1/6 Size of compressor (HP)	PIPE MOUNT	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Position?	NA	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Air Compressor PIPE MOUNT Concourse

GENERAL	Manufacturer of compressor	OL21533AC	Model of compressor
1/3	Size of compressor (HP)	PIPE MOUNT	Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
Yes	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Position?	Yes	Inlet air filter clean?
Yes	Belt is in good condition?	Yes	Tension on the belt is Ok?
Yes	Has condensate/water been drained from the tank and/or water separator?	Yes	Dryer/Separator Ok?

Cold Weather Check Zone 6 D105 in Tunnel S end Concourse

Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Baldwin Bldg							
Wet riser	Main drain	2"	135	85	135	20	Yes
Room B126B. Near Comm room							
Zone 2 Dry System	Main drain	1-1/4"	140	90	140	10	Yes
Room B126B near Communication room							
Zone 8 Wet System	Inspector's test	1/2"	135	90	135	15	Yes
Zone 1 Wet System	Inspector's test	1/2"	175	80	135	45	Yes
Room B126B by Communication room							

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Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010828

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Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Room B126B by Communication room							
Zone 5/7Wet System	Inspector's test	1/2"	135	90	135	19	Yes
Room A125a Delta hall							
Zone 4 Dry System	Main drain	1-1/4"	135	95	135	15	Yes
Zone 10 Deluge System	Main drain	2	135	95	135	18	Yes
Baggage Room A125A. Delta hall							
Zone 3 Wet system	Inspector's test	1/2"	140	100	140	25	Yes
Room D105 Tunnel S concourse end							
Zone 9 D105 Wet Riser	Inspector's test	1/2"	130	85	130	40	Yes
D105 in Tunnel S end Concourse							
Zone 6	Main drain	2	135	90	135	25	Yes
Delta Maintenance/Alegiant warehouse							
Delta Maint/Alegiant warehouse wet	Main drain	2"	135	85	135	18	Yes
Delta Maintenance/ Alegiant warehouse							
Delta Maintenance/Alegiant warehoDeluge System wet	Main drain	2	135	80	135	25	Yes
Cargo Maintenance							
Cargo bldg wet	Main drain	2	130	60	85	15	Yes

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

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FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Baldwin Bldg					
Wet riser	NA	NA	NA	NA	NA
Room B126B. Near Comm room					
Zone 2 Dry System	Yes	3	Yes	Yes	Yes
Room B126B near Communication room					
Zone 8 Wet System	Yes	25	Yes	Yes	Yes
Zone 1 Wet System	Yes	55	Yes	Yes	Yes
Room B126B by Communication room					
Zone 5/7Wet System	Yes	25	Yes	Yes	Yes
Room A125a Delta hall					
Zone 4 Dry System	Yes	3	Yes	Yes	Yes
Zone 10 Deluge System	NA	NA	NA	NA	NA
Baggage Room A125A. Delta hall					
Zone 3 Wet system	Yes	70	Yes	Yes	Yes
Room D105 Tunnel S concourse end					
Zone 9 D105 Wet Riser	Yes	50	Yes	Yes	Yes
D105 in Tunnel S end Concourse					
Zone 6	Yes	3	Yes	Yes	Yes
Delta Maintenance/Alegiant warehouse					
Delta Maint/Alegiant warehouse wet	Yes	20	Yes	Yes	Yes
Delta Maintenance/ Alegiant warehouse					
Delta Maintenance/Alegiant warehoDeluge System wet	NA	NA	NA	NA	NA
Cargo Maintenance					
Cargo bldg wet	Yes	60	Yes	Yes	Yes

Auxiliary Drains

System / Location	Drain	Aux Drain Drained ?	Water Flow Observed ?
Baggage Drop Off			
Southwest Corner	Drum Drip	Yes	Yes
Baggage Pick Up			
Northeast Corner	Drum Drip	Yes	Yes
Concourse			
West	Drum Drip	Yes	Yes

Valve Inspection List

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Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
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Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
<i>Baldwin Bldg</i>											
Wet riser	Butterfly	10"	Supervised	Ok	Ok	Ok	Ok	Ok	20	Ok	
Pump room	Butterfly	8"	Supervised	Ok	Ok	Ok	Ok	Ok	24	NA	
Pump room	Butterfly	8"	Supervised	Ok	Ok	Ok	Ok	Ok	11	NA	
Pump room	Butterfly	8"	Supervised	Ok	Ok	Ok	Ok	Ok	11	NA	
Pump room	Butterfly	8"	Supervised	Ok	Ok	Ok	Ok	Ok	24	NA	
<i>Room B126B by Communication room</i>											
Room B126B by Comm	OS&Y	8"	Supervised	Ok	Ok	Ok	Ok	Ok	20	Ok	
Zone 5/7Wet System	Wall Post	3"	Supervised	Ok	Ok	Ok	Ok	Ok	0	Ok	
<i>Room B126B. Near Comm room</i>											
Zone 2 Dry System	Wall Post	3"	None	Ok	Ok	Ok	Ok	Ok	5	NA	
<i>Room B126B near Communication room</i>											
Zone 8 Wet System	Wall Post	4"	None	Ok	Ok	Ok	Ok	Ok	0	NA	
Zone 1 Wet System	Wall Post	3"	Supervised	Ok	Ok	Ok	Ok	Ok	10	NA	
Room A125a Delta hall	OS&Y	8"	Supervised	Ok	Ok	Ok	Ok	Ok	16	Ok	
Backflow Supply Side	Control	10"	Pad Locked	Ok	Ok	Ok	Ok	Ok	0	Ok	
Backflow System Side	Control	10"	Pad Locked	Ok	Ok	Ok	Ok	Ok	0	Ok	
<i>Room A125a Delta hall</i>											
Zone 4 Dry System	OS&Y	3"	Supervised	Ok	Ok	Ok	Ok	Ok	9	NA	
Zone 10 Deluge System	Main drain	6"	Supervised	Ok	Ok	Ok	Ok	Ok	14	Ok	
<i>Baggage Room A125A. Delta hall</i>											
Zone 3 Wet system	OS&Y	3"	Supervised	Ok	Ok	Ok	Ok	Ok	10	Ok	
<i>D-105 Tunnel S concourse end</i>											
D-105 Tunnel S concourse end	OS&Y	8"	Supervised	Ok	Ok	Ok	Ok	Ok	16	Ok	
Tamper switch did not report to panel. (Potter OSYSU-2)											
<i>Room D105 Tunnel S concourse end</i>											
Zone 9 D105 Wet Riser	Wall Post	3"	Supervised	Ok	Ok	Ok	Ok	Ok	0	Ok	
<i>D105 in Tunnel S end Concourse</i>											
Zone 6	Wall Post	3"	Supervised	Ok	Ok	Ok	Ok	Ok	0	Ok	

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	

Delta Maintenance/Alegiant warehouse

Delta Maint/Alegiant warehouse wet	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	10	Ok
------------------------------------	-----------	----	------------	----	----	----	----	----	----	----	----

Delta Maintenance/ Alegiant warehouse

Delta Maintenance/Alegiant warehoDeluge System wet	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	10	Ok
--	-----------	----	------------	----	----	----	----	----	----	----	----

Cargo Maintenance

Cargo bldg wet	OS&Y	8"	Supervised	X	Ok	Ok	Ok	Ok	Ok	16	Ok
----------------	------	----	------------	---	----	----	----	----	----	----	----

Leaking at bottom of OS&Y valve.

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Dry Valve Trip Test - D105 in Tunnel S end Concourse

Dry Valve			Size: 3"	Year: 01/02/00	Q. O. D.			Year:		
Make		Model		Serial no.		Make		Model		Serial no.
Victaulic		S/756				Victaulic		S/756 type		
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated				
Without Q.O.D.	sec	psi	psi	psi	sec					
With Q.O.D.	sec	135 psi	35 psi	psi	sec	Yes				

Comparable to previous tests ? Yes

Dry Valve Trip Test - Room B126B. Near Comm room

Dry Valve			Size: 3"	Year: 01/02/00	Q. O. D.			Year:		
Make		Model		Serial no.		Make		Model		Serial no.
Victaulic		S/756								
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated				
Without Q.O.D.	sec	psi	psi	psi	sec					
With Q.O.D.	sec	140 psi	35 psi	psi	sec	Yes				

Comparable to previous tests ? Yes

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE1

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010828

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850-862-7812

Pump Equipment/Component Summary

Item	Manufacturer	Model	Serial No.
	Location / Description		
Baldwin Bldg			
Fire Pump	Patterson	10X8 MH	FP-CO42398
	100 psi 2000 gpm	Centrifugal	
Motor			
	150 HP 1780 RPM	480 VAC 60 cycles	
Fire Pump Controller	HUBBELL	LXi2100	A-343066-3-1
Jockey Pump	Grundfos		
Jockey Pump Controller	HUBBELL	Cr3-13. U	
Transfer Switch	HUBBELL	LX450C33E6	A-343066-3-1

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

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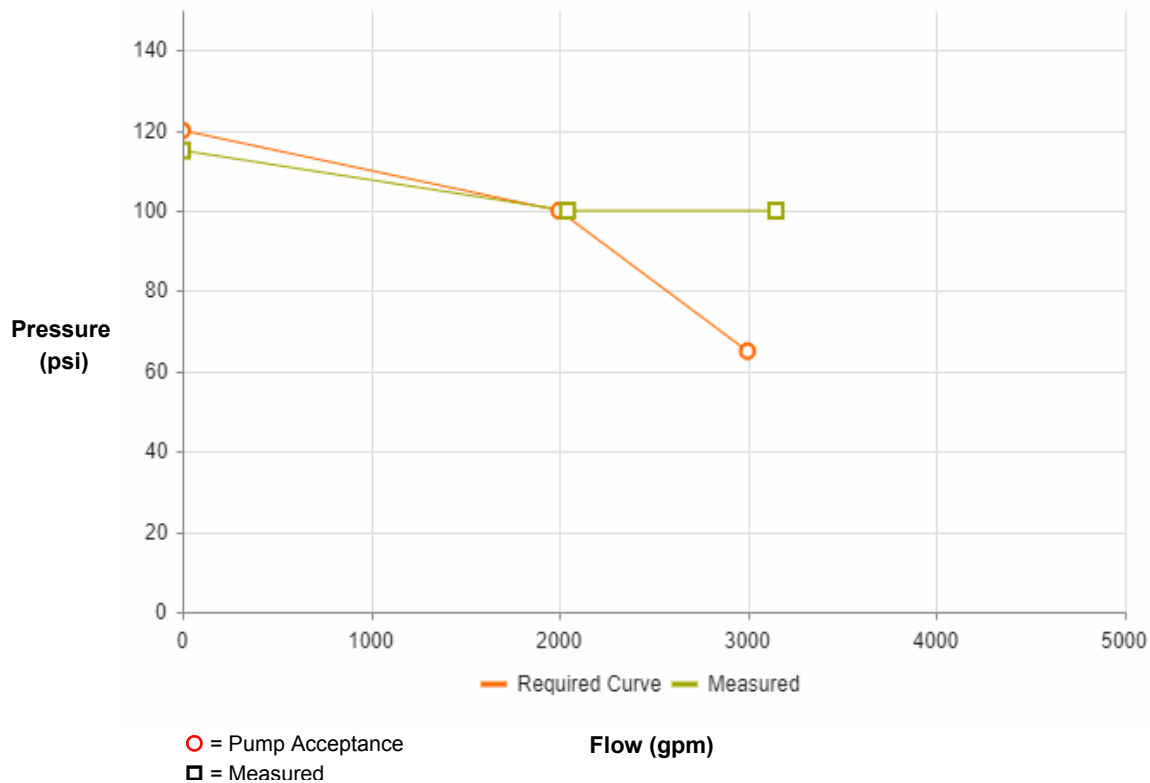
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850-862-7812

PUMPD Test Point with Stream Detail

Flow (measured)		Pressure (measured)			Speed (rpm)
% Rated	Flow	Net	Suction	Discharge	
Churn	0	115	75	190	1,780
102%	2,044	100	50	150	0
158%	3,151	100	40	140	0

Performance Graph



Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

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Fire Pump Flow Test Stream Detail

Flow % Rated gpm	Stream 1		Stream 2		Stream 3		Stream 4		Stream 5		Stream 6	
	Pitot Orifice	Flow	Pitot Orifice	Flow	Pitot Orifice	Flow	Pitot Orifice	Flow	Pitot Orifice	Flow	Pitot Orifice	Flow
	C		C		C		C		C		C	
0	1.75 1		1.75 1		1.75 1		1.75 1		1.75 1		1.75 1	
102% 2044	32 1.75 1	511	32 1.75 1	511	32 1.75 1	511	32 1.75 1	511	32 1.75 1		32 1.75 1	
158% 3151	76 1.75 1	788	76 1.75 1	788	76 1.75 1	788	76 1.75 1	788	76 1.75 1		76 1.75 1	

Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE1

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

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FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Sprinklers Riser and branch lines

Inspection Riser Riser and branch lines

No Free of corrosion?

Found corroded dry pendant sprinkler heads.

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

No Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?

Found escutcheons missing

Fire Pump Electric Inspection Baldwin Bldg Pump room

Patterson 10X8 MH Pump ButterflyFP-CO42398 Pump room

No Transfer switch indicating normal situation?

Carry forward from last annual

ATS switch does not work.

Does not transfer to emergency

NFPA-25-2011 8.2.2(3)(b) *The pertinent visual observations specified in the following checklists shall be performed weekly. 8-2.2.3 Electrical System Conditions. (b) Transfer switch normal pilot light is illuminated.*

Tag Color Zone 4 Dry System Room A125a Delta hall Zone 4 Dry System

Victaulic S/756 Dry System Riser Main drain Zone 4 Dry System

Red Critical Inspection Tag Color?

Carry forward from last year:

Valve will not open during full trip test

Gauges Zone 10 Deluge System Room A125a Delta hall Zone 10 Deluge System

Viking F-1 Deluge System Riser OS&Y Zone 10 Deluge System

No Date Prior to replacement year ?

1 gauge is expired

System Valve Zone 10 Deluge System Room A125a Delta hall Zone 10 Deluge System

Viking F-1 Deluge System Riser OS&Y Zone 10 Deluge System

2018 5yr Serv.Date-Interior Insp/Gauge

Due for five year internal.

Control Valve D-105 Tunnel S concourse end OS&Y 8" D-105 Tunnel S concourse end D-105 Tunnel S concourse end

Valve OS&Y D-105 Tunnel S concourse end

Supervised Secured ?

Tamper switch did not report to panel.

(Potter OSYSU-2)

NFPA 25-2002 12.3.2.2(1) *The valve inspection shall verify that the valves are in the following condition: (a) In the normal open or closed position*

Control Valve Cargo bldg wet OS&Y 8" Cargo Maintenance Cargo bldg wet

Victaulic Wet System Riser Main drain Cargo bldg wet

X Are Control Valves Leak Free ?

Leaking at bottom of OS&Y valve.

Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property

Emerald Coast Convention
Center NEW
1250 Miracle Strip Parkway
SE
Fort Walton Beach, FL
Allen Lassiter
(850)609-3911

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536
Randy Overly
(850)420-1267

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Eric Frongner

Inspection Ref: 200000010512

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 10/25/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--------------------------------------	---------------------------	----------------------------	---

Tag Color

System Description/Location	Tag Color
Wet system	
Wet/North riser #1	Green
Wet /South riser #2	Green
Dry system	
Dry riser 1	Green
Dry riser 2	Green
Dry riser 3	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 800	800 286-5699	Monitoring
	End Time: 145	800 286-5699	Monitoring
Okaloosa Dispatch	Start Time: 800	850-689-5766	Dispatch
	End Time: 145	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Served Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Dry System Riser										
Main drain	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Valve										
Aux Drain	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Riser Check	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

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System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet system											
Wet/North riser #1	4" 2002 Central 81ZL	50	50	NA	Ok	Ok	Ok	Ok	Ok	2021	No
Wet /South riser #2	4" 2002 Central 81ZL	50	50	NA	Ok	Ok	Ok	Ok	Ok	2021	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Concealed white	Tyco TY3531	5.6/155	1/2"	2002	2022	Yes	Yes	Yes
QR Sidewall Chrome	Globe	5.6/155	1/2"	2000	2020	No	Yes	Yes
QR Upright	Central C3101	5.6/155	1/2"	2002	2022	Yes	Yes	Yes
QR Upright	Central Solder link	5.6/155	1/2"	2002	2022	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet system					
2	Wet/North riser #1	Yes	2021	Yes	0
2	Wet /South riser #2	Yes	2021	Yes	0
Dry system					
2	Dry riser 1	Yes	2021	Yes	0
2	Dry riser 2	Yes	2021	Yes	0
2	Dry riser 3	Yes	2021	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	Riser and branch lines	5 yr	2016	2021
Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	

Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?

Cold Weather Check Dry riser 1 Dry system

Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Cold Weather Check Dry riser 2 Dry system

Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Cold Weather Check Dry riser 3 Dry system

Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Air Compressor

Marathon	Manufacturer of compressor		Model of compressor
1Hp/115 volts	Size of compressor (HP)		Compressor Description/Type
Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
Yes	Compressor and motor are free of vibration and unusual noises?	Yes	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Breaker in the ON Position?	NA	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
Yes	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

Print Date: 4/27/2020

Page 3 of 7

Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet system							
Wet/North riser #1	Main drain	2	50	40	50	20	Yes
Wet /South riser #2	Main drain	2	50	40	50	15	Yes
Dry system							
Dry riser 1	Main drain	2"	50	40	50	15	Yes
Dry riser 2	Main drain	2	50	40	50	15	Yes
Dry riser 3	Main drain	2	50	40	50	15	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet system					
Wet/North riser #1	Yes	35	Yes	Yes	Yes
Wet /South riser #2	Yes	30	Yes	Yes	Yes
Dry system					
Dry riser 1	Yes	45	Yes	Yes	Yes
Dry riser 2	Yes	40	Yes	Yes	Yes
Dry riser 3	Yes	45	Yes	Yes	Yes

Auxiliary Drains

System / Location	Drain	Aux Drain Drained ?	Water Flow Observed ?
South in garage	Drum Drip	Yes	Yes
Center garage	Drum Drip	Yes	Yes
South in garage	Drum Drip	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.		
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated
Wet system										
Wet/North riser #1	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	8	NA
Wet /South riser #2	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	8	NA
Dry system										
Dry riser 1	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	8	NA

Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.		
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated

Dry system

Dry riser 2	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	8	NA
Dry riser 3	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	8	NA

Ok - Passes Inspection **S** - Serviced on site **X** - Requires Service **NA** - Not Applicable

Dry Valve Trip Test - Dry system

Dry Valve			Size: 4"	Year:	Q. O. D.	Year:
Make	Model	Serial no.	Make	Model	Serial no.	Serial no.
Tyco	DPV-1					
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	50psi	32 psi	psi	sec	Yes
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ? Yes

Dry Valve			Size: 4"	Year:	Q. O. D.	Year:
Make	Model	Serial no.	Make	Model	Serial no.	Serial no.
Tyco	DPV-1					
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	50psi	30 psi	psi	sec	Yes
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ? Yes

Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010512

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Dry Valve		Size: 4"	Year:	Q. O. D.	Year:	
Make	Model	Serial no.	Make	Model	Serial no.	
Tyco	DPV-1					
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	50psi	30 psi	psi	sec	Yes
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ? Yes

Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Sprinkler Head Sidewall

Globe Sprinkler Head Sidewall

No Repl/Test/Recall req OK ?

Heads removed on dock area for renovation and painting.

Report of Inspection/Test

Annual Sprinkler

06/06/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

EMS - Sheriff's Office NEW

1450 Miracle Strip Pkwy
Okaloosa Island
Fort Walton Beach, FL 32548
Mike Baxley
(850)651-7659

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536
Randy Overly
(850)420-1267

Conducted by: Eric Frongner

Inspection Ref: 20000007724

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 6/6/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location		Tag Color	
Dry System		Red Critical	
Okaloosa Dispatch	Start Time: 200	850-689-5766	Kelly
	End Time: 230	850-689-5766	Kelly

Equipment Summary

Description	Site		Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty		Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Dry System Riser										
	1		1	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Valve										
Aux Drain	1		1	100.0%	0	0.0%	0	0.0%	0	0.0%

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent dry whi	Globe GL5635	4.9/155	1/2"	2002	2022	Yes	No	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Dry System					
2	Riser	Yes	2021	Yes	0

Print Date: 4/27/2020

Page 1 of 4

Report of Inspection/Test

Annual Sprinkler

06/06/2019

Property: EMS - Sheriff's Office NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000007724

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Dry system	Riser	Five years	2016	2021

Pipe Riser

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers Riser

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection Riser

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
No	Plugs or caps in place and undamaged? Fire department connection cap is missing. Internal inspection required	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Cold Weather Check Dry System

Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Dry System							
	Main drain	2	60	50	55	3	Yes

Report of Inspection/Test

Annual Sprinkler

06/06/2019

Property: EMS - Sheriff's Office NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000007724

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Dry System					
	Yes	2	Yes	Yes	Yes

Auxiliary Drains

System / Location	Drain	Aux Drain Drained ?	Water Flow Observed ?
Dry System			
Under deck	Drum Drip	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.		
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated
Dry System										
Riser	Butterfly	4"	Pad Locked	Ok	Ok	Ok	Ok	Ok	8	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Dry Valve Trip Test - Dry System

Dry Valve	Size:	Year:	Q. O. D.	Year:		
Make	Model	Serial no.	Make	Model	Serial no.	
Victaulic						
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	NA sec	60psi	NA psi	NA psi	NA sec	Yes
With Q.O.D.	NA sec	NApsi	NA psi	NA psi	NA sec	NA

Comparable to previous tests ? Yes

Report of Inspection/Test

Annual Sprinkler

06/06/2019

Property: EMS - Sheriff's Office NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000007724

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Fire Department Connection Riser

Fire Department Connection

No Plugs or caps in place and undamaged?

Fire department connection cap is missing. Internal inspection required

NFPA 25-2002 12.7.1(3) *Fire department connections shall be inspected quarterly. The inspection shall verify the following: (c) Plugs or caps are in place and undamaged.*

Sprinkler Head

Globe GL5635 Sprinkler Head

No Spare available

Missing two spares

Report of Inspection/Test

Annual Sprinkler

08/07/2019

Property

Okaloosa Clerk of Court Mini
Storage NEW
5489 Old Bethel Rd
Crestview, FL 32536

Theresa Wilcox
689-5000x3361

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Eric Frongner

Inspection Ref: 200000009944

Print Date: 4/24/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 8/7/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Riser	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 1030	800-286-5699	Monitoring
	End Time: 12:00	800-286-5699	Monitoring
Okaloosa County	Start Time: 1030	850-689-5766	Dispatch
	End Time: 12:00	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Butterball	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Riser	2" Riser Check Central 200 WOG	120	120	NA	Ok	Ok	Ok	Ok	Ok	2019	No

Print Date: 4/24/2020

Page 1 of 3

Report of Inspection/Test

Annual Sprinkler

08/07/2019

Property: Okaloosa Clerk of Court Mini Storage NEW

B&C FIRE SAFETYFIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS**850-862-7812**

Inspection Ref: 20000009944

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Upright brass	Reliable V2704	5.6/165	1/2"	2003	2023	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
2	Riser	Yes	2022	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	Riser and branch lines	5 year	2014	2019

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Riser	Main drain	2"	120	90	120	15	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Riser	Yes	30	Yes	Yes	Yes

Valve Inspection List

Print Date: 4/24/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

08/07/2019

Property: Okaloosa Clerk of Court Mini Storage NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 200000009944

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Riser	Butterfly	2"	Supervised	Ok	Ok	Ok	Ok	Ok	7	NA	
Backflow Supply	OS&Y	4"	None	Ok	Ok	Ok	NA	NA	0	NA	
Backflow System Side	OS&Y	4"	None	Ok	Ok	Ok	NA	NA	0	NA	

Ok - Passes Inspection **S** - Serviced on site **X** - Requires Service **NA** - Not Applicable

Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property

Okaloosa County
 Administrative Building NEW
 1250 Eglin Pkwy
 Shalimar, FL

Randy Overly
 (850)420-1267

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
 ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Henry Jablonski

Inspection Ref: 200000010101

Print Date: 4/27/2020

Signatures

Inspector - Printed Henry Jablonski	Inspector - Signature 	Date Completed 8/29/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Wet/Riser Mechanical Room	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 6:30	800-286-5699	Monitoring
	End Time: 1:00	800-286-5699	Monitoring
Okaloosa	Start Time: 6:30	850-689-5766	Dispatch
	End Time: 1:00	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Sectional CV - FT, ITV										
Inspector's test	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed

Print Date: 4/27/2020

Page 1 of 3

Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property: Okaloosa County Administrative Building NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010101

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet/Riser Mechanical Room	4" Riser Check 2014 Central G	50	50	NA	Ok	Ok	Ok	Ok	Ok	2019	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent Chrome	Globe GL5601	5.6/155	1/2"	2014	2034	Yes	Yes	Yes
QR Sidewall White	Globe GL	5.6/155	1/2"	2014	2034	Yes	Yes	Yes
QR Upright Brass	Globe GL5615	5.6/200	1/2"	2014	2034	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
2	Wet/Riser Mechanical Room	Yes	2019	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	Riser/Building	5 Year	2015	2020

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property: Okaloosa County Administrative Building NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010101

Fire Department Connection Wet/SW Corner Near Parking

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet/Riser Mechanical Room	Inspector's test	1/2"	50	40	50	5	Yes
Wet/1st Floor SW Riser	Inspector's test	1/2"	60	40	45	10	Yes
Wet/2nd Floor SW Riser	Inspector's test	1/2"	40	30	40	10	Yes
Wet/3rd Floor SW Riser	Inspector's test	1/2"	40	35	40	10	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet/Riser Mechanical Room	Yes	27	Yes	Yes	Yes
Wet/1st Floor SW Riser	Yes	70	Yes	Yes	Yes
Wet/2nd Floor SW Riser	Yes	32	Yes	Yes	Yes
Wet/3rd Floor SW Riser	Yes	34	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet/Riser Mechanical Room	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Wet/1st Floor SW Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Wet/2nd Floor SW Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Wet/3rd Floor SW Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	20	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	20	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

10/01/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

Okaloosa County Courthouse
Annex Extension NEW
1940 Lewis Turner Blvd
Fort Walton Beach, FL 32548

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536

Conducted by: David Woodard

Inspection Ref: 200000010431

Randy Overly
(850)420-1267

(850)830-1600

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 10/2/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
Owner's Representative - Prin Gary Madden	Owner's Representative - Signatu 	Date Completed 10/2/19	Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.

Tag Color

System Description/Location	Tag Color
Wet System	
Wet/Riser Loading Dock	Green
Wet/ Fire Pump Room Outside	Yellow-Non critical
Dry System	
Dry/Riser Loading Dock	Yellow-Non critical

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 0545	800-286-5699	Chris
	End Time: 8:45	800-286-5699	Chris
Okaloosa Dispatch	Start Time: 0545	850-689-5766	Heather
	End Time: 8:45	850-689-5766	Heather

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Dry System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Gauges										
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Hose Valve Outlets										
	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%	

Print Date: 4/27/2020

Page 1 of 10

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Pump									
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Sectional CV - FT, ITV									
Inspector's test	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Valve									
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
Inspector's test	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System											
Wet/Riser Loading Dock	3"			NA	Ok	Ok	Ok	Ok	Ok	2023	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent Chrome	Viking VK302	155	1/2"	2011	2031	Yes	Yes	Yes
QR Concealed White	Viking VK462	155	1/2"	2011	2031	Yes	Yes	Yes
QR Upright Brass	Tyco TY3131	200	1/2"	2010	2030	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System					
1	Wet/Riser Loading Dock	Yes	2023	Yes	0
5	Wet/ Fire Pump Room Outside	Yes	2023	Yes	0
Dry System					
2	Dry/Riser Loading Dock	Yes	2023	Yes	0

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	All of building	Every 5 years	8/9/2018	8/2023
Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	
Sprinklers				
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?	
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?	
Cold Weather Check Dry/Riser Loading Dock Dry System				
Yes	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?	
Yes	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	Yes	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	
Fire Department Connection Wet/Front Parking Lot Wet System				
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?	
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?	
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?	
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?	
NA	Valve clapper operational over its full range (if caps are not in place) ?			
Hose Valve Outlets Stair 4 Wet Standpipe				
Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?	
Hose Valve Outlets Stair 2 Wet Standpipe				
Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?	
Hose Valve Outlets Stair 3 Wet Standpipe				
Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?	

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Fire Pump Electric Inspection Wet System

Yes	Pump house/room at least 40deg F?	Yes	Suction, discharge and bypass valves open?
Yes	Piping free from leaks?	Yes	Suction and system pressure gauges normal?
NA	Suction reservoir, if provided, full?	Yes	Controller indicating power ON ?
Yes	Transfer switch indicating normal situation?	Yes	Isolation switch closed?
Yes	Reverse phase alarm indicator OFF or normal phase rotation indicator ON ?	Yes	Circulation relief valve flowing water while pump churns?
Yes	Pressure relief valves operating with proper pressure downstream while pump is operational?		

Fire Pump Electric Test Wet System

Yes	Pump started automatically?	85	Record starting pressure.
85	Record starting pressure.	130	Pump shutoff pressure.
110	Jockey pump shutoff pressure.	95	Jockey pump starting pressure.
Yes	Pump run for at least 10 minutes?	45	Record suction pressure while running.
130	Record discharge pressure while running.	Yes	Pump packing gland showing slight discharge? (Adjust if necessary)
Yes	Free from unusual noises or vibrations?	Yes	Packing boxes, bearings and pump casing free from overheating?
3	Record time for motor to accelerate to full speed.	1	For reduced voltage or reduced current starting, record time controller is on first step.
10	For automatic stop controllers, record time pump runs after starting.	Yes	All times and pressures acceptable?
Have to turn off			
No auto stop			

Fire Pump Electric Maintenance Wet System

NA	Changed pump bearing lubrication?	NA	Shaft end play acceptable?
NA	Pump coupling alignment acceptable?	NA	Transmission coupling, right angle gear drive and mechanical moving parts lubricated?
NA	Circuit breakers passed trip test?	NA	Emergency manual starting means operated without power?
NA	Electrical connections secure?	NA	Pressure switch settings calibrated?
NA	Motor bearings greased?	NA	Control and power wirings tight?
NA	Isolation switch and circuit breaker exercised?	NA	Circuit breakers appear clean?
NA	Electrical system free of wire chafing?	NA	Manual starting means on electrical systems operated?
NA	Boxes, panels and cabinets on electrical systems cleaned?	NA	Isolation switch and circuit breaker exercised?
NA	Circuit breakers appear clean?		

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431



Fire Pump Electric Flow Test Wet System

Yes	Pump test run by discharge of flow through hose streams. Flow readings were taken at each hose stream.			Pump test run by discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.
	Pump test run by discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.	Yes		Are the pressure readings acceptable?
NA	No-flow (churn) test run for 30 min?	Yes		Circulation relief valve and pressure relief valve operated properly during all flow tests?
Yes	No alarm indicators or other visible abnormalities observed during no-flow test?			Low suction throttling device test: Low suction pressure simulated?
	Low suction throttling device test: Free from abnormalities in throttling action?			Low suction throttling device test: Free from abnormalities in return to full flow?
	Automatic transfer switch test: Power failure simulated during peak flow?			Automatic transfer switch test: Connection made to alternate power source?
	Automatic transfer switch test: After termination of simulated power failure did motor reconnect to the normal power source?			All alarm conditions simulated?
Yes	All alarms operated?			

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet System							
Wet/Riser Loading Dock	Main drain	2	110	70	110	15	Yes
Wet/2nd Floor Stair 3	Inspector's test	1/2	90	70	90	20	Yes
Wet/3rd Floor Stair 3	Inspector's test	1/2	85	65	85	15	Yes
Dry System							
Dry/Riser Loading Dock	Main drain	1-1/2"	55	40	55	10	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet System					
Wet/Riser Loading Dock	Yes	30	Yes	Yes	Yes
Wet/2nd Floor Stair 3	Yes	32	Yes	Yes	Yes
Wet/3rd Floor Stair 3	Yes	42	Yes	Yes	Yes
Dry System					
Dry/Riser Loading Dock	Yes	40	Yes	Yes	Yes

Valve Inspection List

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet System											
Wet/Riser Loading Dock	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	8	Ok	
Wet/2nd Floor Stair 3	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	16	NA	
Wet/3rd Floor Stair 3	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	16	NA	
Wet/ Fire Pump Room Outside	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	15	NA	
Wet/ Fire Pump Room Outside	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	15	NA	
Wet/ Fire Pump Room Outside	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	15	NA	
Tamper switch failed to report to panel											
Wet/ Fire Pump Room Outside	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	15	NA	
Dry System											
Dry/Riser Loading Dock	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	10	Ok	
Backflow Supply											
Backflow Street Entrance	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	0	Ok	
Backflow System Side											
Backflow Street Entrance	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	0	Ok	
Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable											

Dry Valve Trip Test - Dry System

Dry Valve		Size: 3"	Year:		Q. O. D.		Year:	
Make	Model	Serial no.		Make	Model	Serial no.		
Viking	DV/1							
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated		
Without Q.O.D.	40 sec	80 psi	35 psi	10 psi	50 sec	Yes		
With Q.O.D.	sec	psi	psi	psi	sec			

Comparable to previous tests ?

PS10 Potter alarm switch stays in alarm and is now bypassed

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETYFIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS**850-862-7812***Pump Equipment/Component Summary*

Item	Manufacturer	Model	Serial No.
	Location / Description		
Wet System			
Fire Pump	Patterson	5X3 VIP	FP-C098290
	30 psi 500 gpm	Centrifugal	
Motor			
	30 HP 3540 RPM	200 VAC 60 cycles	
Fire Pump Controller	Eaton	FT90-30D-L1	16BL664E
Jockey Pump	Grundfos	CR-1	
Jockey Pump Controller	Eaton	FDJP-0.75D	16BL664J

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



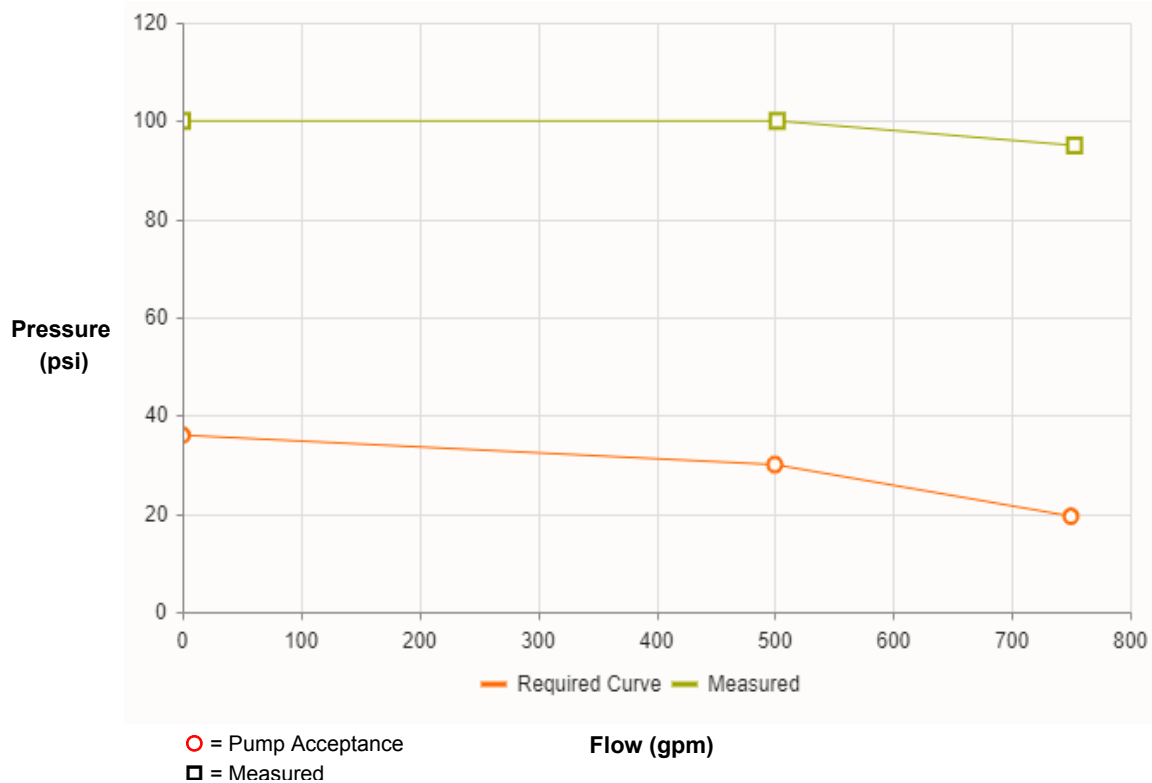
FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

PUMPD Test Point with Stream Detail

Flow (measured)		Pressure (measured)			Speed (rpm)
% Rated	Flow	Net	Suction	Discharge	
Churn	0	100	35	135	3,546
100%	502	100	30	130	3,535
151%	753	95	25	120	3,519

Performance Graph



Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
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850-862-7812

Fire Pump Flow Test Stream Detail

Flow	Stream 1		Stream 2		Stream 3		Stream 4		Stream 5		Stream 6	
	Pitot	Flow	Pitot	Flow	Pitot	Flow	Pitot	Flow	Pitot	Flow	Pitot	Flow
	Orifice		Orifice		Orifice		Orifice		Orifice		Orifice	
gpm	C		C		C		C		C		C	
0	1.75		1.75		1.75		1.75		1.75		1.75	
	1		1		1		1		1		1	
100%	8	251	8	251								
	1.75		1.75		1.75		1.75		1.75		1.75	
502	1		1		1		1		1		1	
151%	18	376	18	376								
	1.75		1.75		1.75		1.75		1.75		1.75	
753	1		1		1		1		1		1	

Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Dry Pipe Valve Test With QOD Dry System Dry/Riser Loading Dock

Viking DV/1 Dry System Riser Main drain Dry/Riser Loading Dock

Yes Alarm operate ? No QOD

PS10 Potter alarm switch stays in alarm and is now bypassed

Fire Pump Electric Test Wet System Wet/ Fire Pump Room Outside

Patterson 5X3 VIP Pump ButterflyFP-C098290 Wet/ Fire Pump Room Outside

10 For automatic stop controllers, record time pump runs after starting.

Have to turn off

No auto stop

NFPA 25-2002 8.3.2.2(2)(c) *Electrical System Procedure. (c) Record the time pump runs after starting (for automatic stop controllers).*

Control Valve Bypass Supply Wet System Wet/ Fire Pump Room Outside

Patterson 5X3 VIP Pump ButterflyFP-C098290 Wet/ Fire Pump Room Outside

Supervised Secured ?

Tamper switch failed to report to panel

NFPA 25-2002 12.3.2.2(1) *The valve inspection shall verify that the valves are in the following condition: (a) In the normal open or closed position*

Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property

Okaloosa County EMS NEW

714 Essex Rd.

Fort Walton Beach, FL 32547

Arron Hall

850-460-0093

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Henry Jablonski

Inspection Ref: 200000009692

Print Date: 4/27/2020

Signatures

Inspector - Printed Henry Jablonski	Inspector - Signature 	Date Completed 6/28/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--	---------------------------	---------------------------	---

Tag Color

System Description/Location	Tag Color
Wet System	
Wet riser Storeroom	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 3:15	800 286-5699	Monitoring
	End Time: 4:15	800 286-5699	Monitoring
Okaloosa County	Start Time: 3:15	850-689-5766	Dispatch
	End Time: 4:15	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Valve									
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System											
Wet riser Storeroom	3"			NA	Ok	Ok	Ok	Ok	Ok	2021	No

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property: Okaloosa County EMS NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009692

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Upright Brass	Victaulic V2704	5.6/165	1/2"	2010	2030	Yes	Yes	Yes
Std Upright Brass	Victaulic V2703	5.6/165	1/2"	2011	2031	Yes	Yes	Yes
QR Pendent Chrome	Victaulic V2708	5.6/155	1/2"	2011	2031	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System					
1	Wet riser Storeroom	Yes	2023	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	Riser/Building	5 year		Now

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection Front of Bldg Wet System

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

Print Date: 4/27/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property: Okaloosa County EMS NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009692

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
<i>Wet System</i>							
Wet riser Storeroom	Inspector's test	2	55	45	50	5	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
<i>Wet System</i>					
Wet riser Storeroom	Yes	32	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
<i>Wet System</i>											
Wet riser Storeroom	OS&Y	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	17	NA
<i>Backflow Supply</i>											
Riser	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	14	NA
<i>Backflow System Side</i>											
Riser	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	14	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

11/20/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

Okaloosa County Health
Department Crestview NEW
810 East James Lee Blvd.
Crestview, FL 32536

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536

Conducted by: Henry Jablonski

Inspection Ref: 200000010535

John Alfone
(850)833-9240 x2255

Randy Overly
(850)420-1267

Print Date: 4/24/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 11/20/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Riser	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 615	800-286-5699	Monitoring
	End Time: 900	800-286-5699	Monitoring
City of Crestview	Start Time: 615	850-682-3741	Dispatch
	End Time: 900	850-682-3741	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Wet System Riser									
Riser Check	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Riser	4" Riser Check Victaulic	65	75	NA	Ok	Ok	Ok	Ok	Ok	2020	No

Print Date: 4/24/2020

Page 1 of 3

Report of Inspection/Test

Annual Sprinkler

11/20/2019

Property: Okaloosa County Health Department Crestview

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010535

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Pendent	Central Solder link	5.6/155	1/2"			Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
2	Riser	Yes	2020	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	All	5 year	2015	2020

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Riser	Inspector's test	2	75	55	70	10	Yes

Print Date: 4/24/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

11/20/2019

Property: Okaloosa County Health Department Crestview

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010535

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Riser	Yes	42	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	12	NA	
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	0	NA	
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	0	NA	

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property

Okaloosa County Health
 Department FWB NEW
 221 Hospital Dr.
 Fort Walton Beach, FL 32547

John Alfone
 (850)833-9240 x2255

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
 ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Eric Frongner

Inspection Ref: 200000011285

Print Date: 4/27/2020

Signatures

Inspector - Printed Henry Jablonski	Inspector - Signature 	Date Completed 4/3/20	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Wet system	
Wet riser	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 6:00	800-286-5699	Monitoring
	End Time: 9:00	800-286-5699	Monitoring
Okaloosa Dispatch	Start Time: 6:00	850-689-5766	Dispatch
	End Time: 9:00	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet system											
Wet riser	4"	NA	65	NA	Ok	Ok	Ok	Ok	Ok	2021	No

Print Date: 4/27/2020

Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property: Okaloosa County Health Department FWB NE

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000011285

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Sdt Pendent Chrome	Star SSP 735A	Sauder	1/2"	1992	2042	Yes	Yes	Yes
QR Pendent Chrome	Victaulic V2708	5.6/155	1/2"	2013	2033	Yes	Yes	Yes
QR Sidewall Chrome	Globe J90	155	1/2"	2013	2033	Yes	Yes	Yes
Std Upright Brass	Rasco SSUD1	212 sauder	1/2"	1992	2042	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet system					
1	Wet riser	Yes	2021	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	Riser Room	5 year	2016	2021

Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	

Sprinklers				
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?	
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?	

Fire Department Connection NW Side of Bldg				
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?	
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?	
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?	
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?	
NA	Valve clapper operational over its full range (if caps are not in place) ?			

Flow Test

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property: Okaloosa County Health Department FWB NE1

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000011285

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
<i>Wet system</i>							
Wet riser	Main drain	2"	65	55	65	5	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
<i>Wet system</i>					
Wet riser	Yes	55	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
<i>Wet system</i>											
Wet riser	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	Ok	Ok	18	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	Ok	Ok	18	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property

Okaloosa County Jail NEW

1200 East James Lee Blvd.
Crestview, FL 32539

Sgt. Denise
689-5690x1315

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: David Woodard

Inspection Ref: 200000010493

Print Date: 4/24/2020

Signatures

Inspector - Printed David Woodard	Inspector - Signature 	Date Completed 11/6/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color								
Wet System									
Alpha Pod/ transport office	Red Critical								
Admin / Medical	Green								
Bravo Pod	Red Critical								
Charlie Pod	Green								
Echo Pod	Red Critical								
Delta Pod	Green								
Dry System									
Sally Port	Red Critical								
No system pressure switch Air compressor would not activate									
Delta Pod	Green								
Okaloosa	<table border="1"> <tr> <td>Start Time:</td> <td>8:15</td> <td>850-689-5766</td> <td>Heather</td> </tr> <tr> <td>End Time:</td> <td>2:30</td> <td>850-689-5766</td> <td>Jennifer</td> </tr> </table>	Start Time:	8:15	850-689-5766	Heather	End Time:	2:30	850-689-5766	Jennifer
Start Time:	8:15	850-689-5766	Heather						
End Time:	2:30	850-689-5766	Jennifer						

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Served Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Dry System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
OS&Y	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Valve										
OS&Y	3	3	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Main drain	5	5	100.0%	0	0.0%	0	0.0%	0	0.0%	
Butterfly	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Print Date: 4/24/2020

Page 1 of 8

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System											
Alpha Pod/ transport office	4" Riser Check 1984 Victaulic 80		90	NA	Ok	Ok	Ok	Ok	Ok	2020	No
Admin / Medical	4"		90	NA	Ok	Ok	NA	Ok	Ok	2020	No
Bravo Pod	4"		90	NA	Ok	Ok	NA	Ok	Ok	2020	No
Charlie Pod	4"		85	NA	Ok	Ok	NA	Ok	Ok	2020	No
Echo Pod	4"		90	NA	Ok	Ok	NA	Ok	Ok	2020	No
Delta Pod	4" Riser Check B		90	NA	Ok	Ok	NA	Ok	Ok	2020	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Upright Chrome	Tyco TY323	5.6/155	1/2"			Yes	Yes	Yes
Std Pendent Chrome	Tyco TY3281 INST	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall Chrome	Tyco TY3390	5.6/155	1/2"			Yes	Yes	Yes
Std Sidewall Brass	Central SOLDER L	5.6/155	1/2"			Yes	Yes	Yes
QR Sidewall Chrome	RASCO R3731	5.6/165	1/2"			Yes	Yes	Yes
QR Sidewall Brass	Tyco TY3331	200	1/2"			Yes	Yes	Yes
QR Upright brass	Tyco TY3131	5.6/155	1/2"			Yes	Yes	Yes
QR Upright Chrome	Central	200	1/2"			Yes	Yes	Yes

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System					
1	Alpha Pod/ transport office	Yes	2020	Yes	0
1	Admin / Medical	Yes	2020	Yes	0
1	Bravo Pod	Yes	2020	Yes	0
1	Charlie Pod	Yes	2020	Yes	0
1	Echo Pod	Yes	2020	Yes	0
1	Delta Pod	Yes	2020	Yes	0
Dry System					
2	Sally Port	Yes	2023	Yes	0
2	Delta Pod	Yes	2020	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Riser	All	Every 5 years	2015	2020

Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	

Sprinklers				
No	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Found corroded sprinkler heads				
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Free of foreign materials including paint?	No	Free of physical damage?	
Found painted sprinkler heads				
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?	

Fire Department Connection Alpha				
NA	Valve clapper operational over its full range (if caps are not in place) ?			
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?	
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?	
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?	
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?	

Print Date: 4/24/2020

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Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Fire Department Connection Admin / Medical

Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Bravo

NA	Valve clapper operational over its full range (if caps are not in place) ?		
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?

Fire Department Connection Charlie

Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Echo

NA	Valve clapper operational over its full range (if caps are not in place) ?		
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?

Air Compressor PIPE MOUNT SallyPort Dry System

No	Compressor appears to be in working condition?	NA	Compressor appears free of leaks?
3/4	Size of compressor (HP)	PIPE MOUNT	Compressor Description/Type
GENERAL	Manufacturer of compressor	DL161-5035	Model of compressor
ELECTRIC			
NA	Compressor and motor are free of vibration and unusual noises?	NA	Guages appear Ok and show normal PSI
NA	Oil appears clean with no burnt odor	No	Electrical connections Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?
NA	Breaker in the ON Position?	NA	Inlet air filter clean?
NA	Belt is in good condition?	NA	Tension on the belt is Ok?

Cold Weather Check Sally Port Dry System

NA	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
NA	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	NA	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Air Compressor Delta floor mounted tank

Yes	Compressor appears to be in working condition?	Yes	Compressor appears free of leaks?
General Electric	Manufacturer of compressor	9QK56C17D2012	Model of compressor
1/2	Size of compressor (HP)	P	
		floor mounted	Compressor Description/Type
NA	Belt is in good condition?	NA	Tension on the belt is Ok?
NA	Has condensate/water been drained from the tank and/or water separator?	NA	Dryer/Separator Ok?
Yes	Breaker in the ON Position?	NA	Inlet air filter clean?
NA	Oil appears clean with no burnt odor	Yes	Electrical connections Ok?
Yes	Compressor and motor are free of vibration and unusual noises?	NA	Guages appear Ok and show normal PSI

Cold Weather Check Delta Pod Dry System

NA	Adequate heat in areas with wet piping?	NA	Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?
NA	Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?	NA	Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?

Fire Department Connection Delta

Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet System							
Alpha Pod/ transport office	Main drain	2	90	70	90	5	Yes
Admin / Medical	Main drain	2	90	75	90	5	Yes
Bravo Pod	Main drain	2	90	75	90	5	Yes
Charlie Pod	Main drain	2	85	70	85	5	Yes
Echo Pod	Main drain	2	90	75	90	5	Yes
Delta Pod	Main drain	2	90	75	90	5	Yes
Dry System							
Sally Port	Main drain	2					
Delta Pod	Main drain	2	90	75	90	5	Yes

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet System					
Alpha Pod/ transport office	Yes	8	Yes	Yes	Yes
Admin / Medical	Yes	50	Yes	Yes	Yes
Bravo Pod	Yes	20	Yes	Yes	Yes
Charlie Pod	Yes	25	Yes	Yes	Yes
Echo Pod	Yes	45	Yes	Yes	Yes
Delta Pod	Yes	45	Yes	Yes	Yes
Dry System					
Sally Port	NA	NA	NA	NA	NA
Delta Pod	Yes	1	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	20	NA	
Backflow Supply delta pod	OS&Y	4"	Pad Locked	Ok	Ok	Ok	NA	Ok	14	NA	
Backflow System Side	OS&Y	4"	Pad Locked	Ok	Ok	Ok	NA	Ok	14	NA	

Backflow

Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	Ok	Ok	20	NA
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Wet System

Alpha Pod/ transport office	OS&Y	2"	Supervised	Ok	Ok	Ok	Ok	Ok	10	NA
Admin / Medical	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Bravo Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Charlie Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Echo Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Delta Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA

Dry System

Sally Port	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA
Delta Pod	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	14	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Dry Valve Trip Test - Dry System

Print Date: 4/24/2020

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Report of Inspection/Test**Annual Sprinkler****11/06/2019****Property:** Okaloosa County Jail NEW**B&C FIRE SAFETY**FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS**850-862-7812****Inspection Ref:** 20000010493

Dry Valve		Size: 4"	Year: 01/01/00	Q. O. D.		Year:
Make	Model	Serial no.		Make	Model	Serial no.
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	psi	psi	psi	sec	
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ?

Dry Valve		Size: 4"	Year: 01/01/00	Q. O. D.		Year:
Make	Model	Serial no.		Make	Model	Serial no.
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet	Alarm Operated
Without Q.O.D.	sec	psi	psi	psi	sec	
With Q.O.D.	sec	psi	psi	psi	sec	

Comparable to previous tests ?

Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Sprinklers All

Inspection Riser All

No Free of corrosion?

Found corroded sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

No Free of foreign materials including paint?

Found painted sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

No Free of physical damage?

Found damaged sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

Air Compressor PIPE MOUNT SallyPort Dry System

GENERAL ELECTRIC DL161-5035 Compressor

No Compressor appears to be in working condition?

No Electrical connections Ok?

Tag Sally Port Dry System Sally Port

Dry System Riser OS&Y Sally Port

Red Critical Tag Color

No system pressure switch

Air compressor would not activate

Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property

Okaloosa County Sheriff's
Office - CID NEW
50 2nd Street
Shalimar, FL 32579

Ricky Buehrig
651-7410

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: Chris Caouette

Inspection Ref: 200000010047

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 8/27/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Wet/Riser	
Wet Riser/Rear Entrance	Green

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 8:30	800-286-5699	Monitoring
	End Time: 1115	800-286-5699	Monitoring
Okaloosa	Start Time: 8:30	850-689-5766	Dispatch
	End Time: 1115	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Valve									
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser									
Inspector's test	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet/Riser											

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Sheriff's Office - CID NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010047

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet/Riser											
Wet Riser/Rear Entrance	3" Riser Check 2014 Globe RCV #16413RCV14	55	60	NA	Ok	Ok	Ok	Ok	Ok	2019	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent	Globe GL5601 chr	155	1/2"	2014	2034	Yes	Yes	Yes
QR Upright	Globe GL5615 bra	200	1/2"	2014	2034	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet/Riser					
2	Wet Riser/Rear Entrance	Yes	2019	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Piping	Riser/Building	5 year	2014	2019

Pipe				
Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?	
Yes	No external corrosion ?	Yes	Properly aligned ?	
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?	

Sprinklers				
NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?	
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?	
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?	
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?	
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?	
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.	
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?	

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Sheriff's Office - CID NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010047

Fire Department Connection Backflow

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Fire Department Connection Rear riser

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
<i>Wet/Riser</i>							
Wet Riser/Rear Entrance	Inspector's test	1-1/4	55	40	55	10	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
<i>Wet/Riser</i>					
Wet Riser/Rear Entrance	Yes	35	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
<i>Wet/Riser</i>											
Wet Riser/Rear Entrance	Butterfly	3"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	9	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	15	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	15	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

05/01/2019

Property

Okaloosa County
 Transportation NEW
 600 Transit Way
 Fort Walton Beach, FL 32548

Tyron Parker
 (850)609-7003

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
 ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Conducted by: David Woodard

Inspection Ref: 20000009325

Print Date: 4/27/2020

Signatures

Inspector - Printed David Woodard	Inspector - Signature 	Date Completed 5/1/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Riser	Red Critical

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 2:45	800-286-5699	Monitoring
	End Time: 3:45	800-286-5699	Monitoring
Okaloosa	Start Time: 2:45	850-689-5766	Dispatch
	End Time: 3:45	850-689-5766	Dispatch

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
Main drain	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Riser	4" Riser Check 2003 Victaulic 717R #40141101	50	50	NA	Ok	Ok	Ok	Ok	Ok	2018	No

Due for five year internal inspection

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

05/01/2019

Property: Okaloosa County Transportation NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009325

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Recessed Chror	Tyco TY3231	5.6/155	1/2"	2004	2024	Yes	Yes	Yes
QR Upright	Tyco TY3131	5.6/155	1/2"	2003	2023	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
2	Riser	Yes	2021	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet	All	5 Years	Unknown	2018

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	Yes	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

05/01/2019

Property: Okaloosa County Transportation NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009325

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Riser	Inspector's test	2	50	45	50	2	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Riser	Yes	45	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	14	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	26	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	20	NA

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

Report of Inspection/Test

Annual Sprinkler

05/01/2019

Property: Okaloosa County Transportation NEW

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009325

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

System Valve Riser Riser

Victaulic 717R Wet System Riser Main drain40141101 Riser

2018 5yr Serv.Date-Interior Insp/Gauge

Due for five year internal inspection

Report of Inspection/Test

Annual Sprinkler

08/27/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

Okaloosa County Water &
Sewer FWB NEW
1804 Lewis Turner Blvd.
Fort Walton Beach, FL 32547

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536

Conducted by: Chris Caouette

Inspection Ref: 200000010161

Scott Powell
(850)651-7172

Randy Overly
(850)420-1267

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 8/27/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
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Tag Color

System Description/Location	Tag Color
Wet System #3	
Wet riser	Red Critical

Notifications

To Be Notified	Testing Time	Phone Test	Contact / Operator
Security Central	Start Time: 115	800-286-5699	Kara
	End Time: 315	800-286-5699	Tyler
Okaloosa Dispatch	Start Time: 115	850-689-5766	Mona
	End Time: 315	850-689-5766	Mona

Equipment Summary

Description	Site	Inspected		Unable to Inspect		Serviced Repaired		Failed		
	Qty	Qty	%	Qty	%	Qty	%	Qty	%	
Sprinkler Hose Storage Devices										
	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Hose Valve Outlets										
	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Sectional CV - FT, ITV										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Valve										
OS&Y	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%	
Wall Post	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
Sprinkler Wet System Riser										
	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%	

System Valve Inspection

Print Date: 4/27/2020

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Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010161

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet System #3											
Wet riser	4"	55	55	NA	Ok	Ok	Ok	Ok	Ok	2024	No

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
Std Pendent chrome	Viking Vk589a	155	1/2"	1992	2042	Yes	Yes	Yes
Std Upright brass	Viking 589A	155	1/2"	1990	2040	Yes	Yes	Yes
Std Sidewall chrome	Viking 589A	286	1/2"	1992	2042	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
Wet System #3					
2	Wet riser	Yes	2020	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet system	Riser and branch lines	5 year	2015	2020

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
No	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Found ten corroded sprinkler heads			
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.

Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010161

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Sprinklers

Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?
-----	--	----	--

Fire Department Connection Outside Riser Room in NW Corner Wet System

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Hose Valve Outlets Wet/S.E. Stairs Wet System

Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?
-----	---	-----	--

Hose Valve Outlets N.E Stairs Wet System

Yes	Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ?	Yes	Valves not leaking and no visible obstructions ?
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Hose Storage Devices 1st - 4th Floor SE Stairs

1st - 4th Floor	Location	NA	Hose properly racked or rolled ?
NA	Nozzle clips in place and nozzles contained ?	NA	Devices undamaged, unobstructed and operable ?
NA	Will racks swing out of cabinet at least 90deg ?	NA	Hose reracked or rerolled so folds do not occur in same position ?

Hose Storage Devices 1st - 4th Floor NE Stairs

1st - 4th Floor	Location	NA	Hose properly racked or rolled ?
NA	Nozzle clips in place and nozzles contained ?	NA	Devices undamaged, unobstructed and operable ?
NA	Will racks swing out of cabinet at least 90deg ?	NA	Hose reracked or rerolled so folds do not occur in same position ?

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet System #1							
Standpipe #1	Inspector's test	1/2	55	40	50	10	Yes
Wet System #2							
Standpipe #2	Inspector's test	1/2	55	40	50	10	Yes
Wet System #3							
Wet riser	Inspector's test	1/2"	55	40	50	10	Yes

Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010161

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet System #1					
Standpipe #1	Yes	35	Yes	Yes	Yes
Wet System #2					
Standpipe #2	Yes	40	Yes	Yes	Yes
Wet System #3					
Wet riser	Yes	45	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet System #1											
Standpipe #1	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Wet System #2											
Standpipe #2	OS&Y	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Wet System #3											
Wet riser	Butterfly	4"	Supervised	Ok	Ok	Ok	Ok	Ok	Ok	12	NA
Backflow Supply	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	0	NA
Backflow System Side	OS&Y	6"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	0	NA
Wet system											
Wet/Outside of Riser Room	Wall Post	3"	Pad Locked	Ok	Ok	Ok	NA	NA	NA	0	NA

Ok - Passes Inspection **S** - Serviced on site **X** - Requires Service **NA** - Not Applicable

Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010161

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

Sprinklers Riser and branch lines

Inspection Wet system Riser and branch lines

No Free of corrosion?

Found ten corroded sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

Report of Inspection/Test

Annual Sprinkler

05/23/2019

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS - SPRINKLERS - EXTINGUISHERS

850-862-7812

Property

Okaloosa County Water &
Sewer NEW
Maint Bldg
3050 Airport Rd
Crestview, FL 32536
Mark Griffin
(850)651-7176

Owner/Agent

Okaloosa Co. Facility
Maintenance
5489 Old Bethel Road
Crestview, FL 32536
Randy Overly
(850)420-1267

Conducted by: Eric Frongner

Inspection Ref: 20000009413

Print Date: 4/27/2020

Signatures

Inspector - Printed Eric Frongner	Inspector - Signature 	Date Completed 5/23/19	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
--------------------------------------	---------------------------	---------------------------	---

Owner's Representative - Prin Harold Godwin	Owner's Representative - Signatu 	Date Completed 5/23/19	Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.
--	--------------------------------------	---------------------------	--

Tag Color

System Description/Location				Tag Color
Wet Riser				Green
Okaloosa	Start Time:	230	850-689-5766	Heather
	End Time:	300	850-689-5766	Heather

Equipment Summary

Description	Site		Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty		Qty	%	Qty	%	Qty	%	Qty	%
Sprinkler Valve										
OS&Y	2		2	100.0%	0	0.0%	0	0.0%	0	0.0%
Sprinkler Wet System Riser										
Main drain	1		1	100.0%	0	0.0%	0	0.0%	0	0.0%

System Valve Inspection

Location/Description	Valve Description	Pressure Readings			Physical Condition	Pressures	Trim valves	Leakage	Hydraulic Sign	Valve Interior Inspection or Dry Valve Full Flow Test	
		Supply	System	Accelerator (if present)						Year Due	Inspection or Test Performed
Wet Riser	6" Alarm	80		NA	Ok	Ok	Ok	Ok	Ok	2019	No

Print Date: 4/27/2020

Page 1 of 3

Report of Inspection/Test

Annual Sprinkler

05/23/2019

Property: Okaloosa County Water & Sewer NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000009413

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Fire Sprinklers

Sprinkler Type	Manufacturer Model	K Factor Temperature	Thread Size	Year of Manufacture	Year Replace or Testing Required	Replace Test or Recall Req Ok ?	Spare Sprinkler Available	Wrench Available
QR Pendent	Victaulic/White V27	5.6/155	1/2"	2007	2027	Yes	Yes	Yes
Std Upright	Rasco/Brass R17	5.6/200	1/2"	2001	2051	Yes	Yes	Yes

Pressure Gauge Inspection List

Qty	Location / Description	Condition Ok ?	Year Due for Replacement (5-Years)	Date Prior to Required Replacement ?	Quantity Replaced
1	Wet Riser	Yes	2021	Yes	0

Long Cycle Items

Item Type	Location/Description	Required Frequency	Last Performed	Next Due
Wet	Riser	5 year	2014	2019

Pipe

Yes	In good condition ?	Yes	Free of mechanical damage and not leaking ?
Yes	No external corrosion ?	Yes	Properly aligned ?
Yes	No external loads ?	Yes	Visible pipe hangers and seismic braces not damaged or loose ?

Sprinklers

NA	Extra high, very extra high and ultra high temperature sprinklers tested ?	No	Eng evaluation recommended for spacing?
No	Eng evaluation recommended for sprinkler type?	Yes	Proper number and type of spare sprinklers?
Yes	Free of corrosion?	Yes	Free of obstructions to spray patterns?
Yes	Free of foreign materials including paint?	Yes	Free of physical damage?
Yes	Sprinklers free of loading and dirt?	Yes	Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?
Yes	Are all sprinklers in service dated 1920 or later?	Yes	Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years.
Yes	Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.	NA	If sprinklers have been replaced, were they proper replacements?

Fire Department Connection

Yes	Visible and accessible?	Yes	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		

Print Date: 4/27/2020

Page 2 of 3

Report of Inspection/Test

Annual Sprinkler

05/23/2019

Property: Okaloosa County Water & Sewer NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000009413

B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
Wet Riser	Main drain	2	80	45	55	10	Yes

Inspector's Test Valve

System/Location	Alarm Reported	Time to Alarm	Smooth Bore Orifice	Signage	Easily Accessible
Wet Riser	Yes	30	Yes	Yes	Yes

Valve Inspection List

Location	Valve Type	Size	Secured	Inspection				Maint.			
				Leakage	Open	Accessible	Signs	Exercised	# of Turns	Lubricated	
Wet Riser	Butterfly	6"	Supervised	Ok	Ok	Ok	Ok	Ok	15	NA	
Backflow Supply Side	OS&Y	4"	Supervised	Ok	Ok	Ok	NA	Ok	0	Ok	
Backflow System Side	OS&Y	4"	Supervised	Ok	Ok	Ok	NA	Ok	0	Ok	

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable



ADDENDUM 5

May 1, 2020

ITB FM 24-20

Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities

This addendum is to provide extend the bid opening in order to provide additional information to the vendors.

The new bid opening date will by May 20, 2020 at 3:30 P.M.



ADDENDUM 6

May 6, 2020

ITB FM 24-20

**Repair, Inspection and Service of Fire Protection Equipment Components
for Okaloosa County Facilities**

This addendum is to provide additional annual reports for review; to schedule a site visit for interested vendors to view fire protection equipment at the new Crestview Courthouse; and to extend the bid opening, so as to provide time for interested vendors to review new information.

The additional annual reports are attached.

The Crestview Courthouse site visit will be conducted at 9:00 am on Thursday, May 14, 2020 at 101 E. James Lee Blvd, Crestview. A supervisor will meet attendees on the Courthouse steps.

The new bid opening date will be May 27, 2020 at 3:30 P.M.

Baker Rec Arena Kitchen Suppression

* Not in Contract (2015)

* No Addendum

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: EOC NICEVILLE

Date: 4/30/20

Address: 90 EAST College Blvd

Contact Person: Ken Wolfe

Telephone: 671-7150

COMMENTS:

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: 6

PHOTO Detectors: 6

ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 4

Horns: 4

Bells: _____

Other: _____

• AGENT TANK

Weight: 17.25 / 17.5

Tank Measurement: _____

Hydro: 9/08 7/08 9/08 9/08

Serial Number: AA330303 AA375159 AA376287

AA376271

• FANS / DAMPERS SHUTDOWN

Working: Yes No

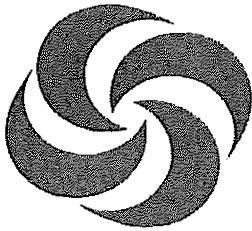
Service Technician

HENRY JABLONSKI

Customer Representative

[Signature]

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



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup
 Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTH CUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569578-1
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	89
Max PSI	132
Rated RPM	1775
Pump Type	SC

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDN702FDR1
Horse Power	350
Rated RPM	1775
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

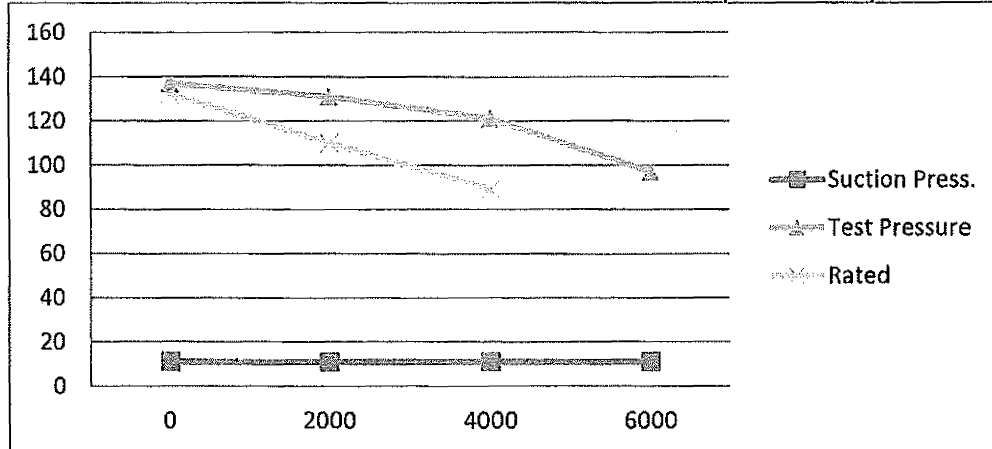
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-3
Model Number	LX2100
Start Pressure	75
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

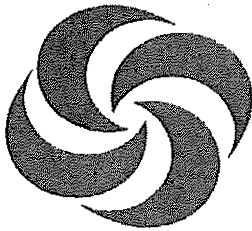
Jockey Pump

Start Pressure	115
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Streams	Number	Pitot PSI	Size	RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
4	30	1 3/4	1791	142	11	131	2000	50%	482	320	
8	30	1 3/4	1784	132	11	121	4000	100%	481	326	
10	44	1 3/4	1786	108	11	97	6000	150%	480	404	



Remarks:
 WO# 3635



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup _____
 Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTH CUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569578-2
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	89
Max PSI	131
Rated RPM	1775
Pump Type	SC

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDNZ027FDR
Horse Power	350
Rated RPM	1785
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

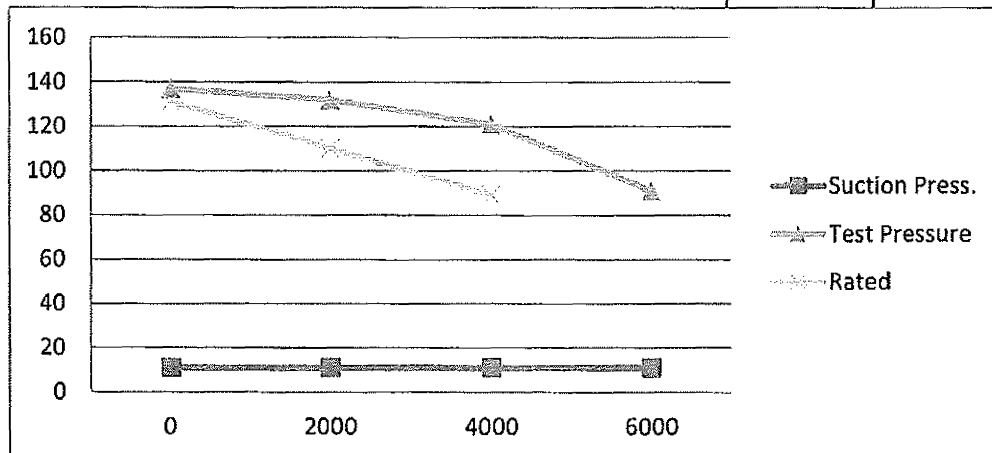
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-1
Model Number	LX12100
Start Pressure	95
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

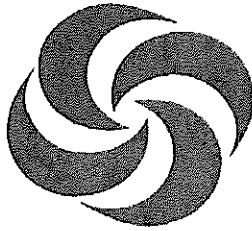
Jockey Pump

Start Pressure	110
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Number	Streams		RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
	Pitot PSI	Size								
0	0	1 3/4	1799	148	11	137	0	0%	483	297
4	30	1 3/4	1797	143	11	132	2000	50%	482	338
8	30	1 3/4	1794	132	11	121	4000	100%	481	388
10	44	1 3/4	1787	102	11	91	6000	150%	480	423



Remarks:
 WO#3635



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup _____
 Annual

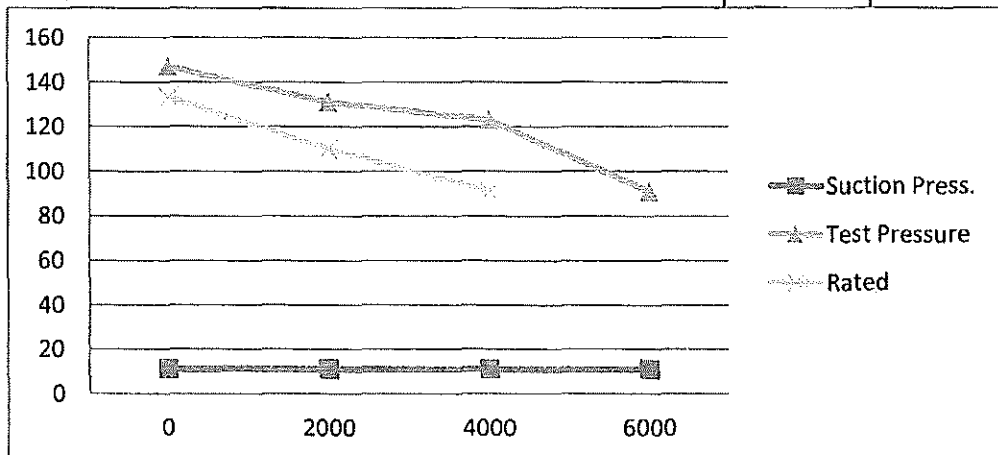
Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTH CUTT
For B & C FIRE

Pump	Driver	Controller	Jockey Pump
Manufacturer PENTAIR	Manufacturer MARATHON	Manufacturer HUBBELL	Start Pressure 115
Serial Number 19-2569579	Serial Number MM49922	Serial Number A-234056-1-2	Stop Pressure 132
Model Number 10-1824F	Model/Frame 447TSTDN702FDR1	Model Number LX12100	Voltage 460
Gallons per Minute 4000	Horse Power 350	Start Pressure 85	H.P. 5.00
Rated PSI 110	Rated RPM 1775	Stop Pressure 135	Pump Tested At <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
PSI at 150% 91	Rated Volts 460	Stopping Method	
Max PSI 133	Rated Amps 450	Starting Type	Main Relief Valve <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Rated RPM 1775	Phase/Hertz/S.F. 3/60/1.15	Auto Transfer Switch <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pump Type	Type <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel		

Number	Streams		RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
	Pitot PSI	Size								
0	0	1 3/4	1785	158	11	147	0	0%	485	284
4	30	1 3/4	1790	142	11	131	2000	50%	484	336
8	30	1 3/4	1788	134	11	123	4000	100%	483	382
10	44	1 3/4	1794	102	11	91	6000	150%	485	420



Remarks:
 WO# 3635

Clerk of Courts Storage (old)

No Fire Alarm in this bldg

Crestview Courthouse

Have not done this this contract.

Building was down for renovations.

This was installed by Fire Control.

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 11/20/19

TIME:

JOB NO:

PROPERTY NAME: (User) Okaloosa County Health Dept.
 NAME: Okaloosa County Health Department
 ADDRESS: 810 E James Lee Blvd.
 CITY/STATE: Crestview, FL 32539
 TELEPHONE: 850-689-7808
 OWNER CONTACT: John Alfone

MONITORING ENTITY

Contact: Security Central

Telephone: 1-800-286-5699

Monitoring Account Reference #: A1126-452

APPROVING AGENCY

Contact: Crestview Fire Dept

Telephone: 850-682+3741

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
 RF Other specify

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other specify

PANEL MANUFACTURER:

FCI

Model Number: 72

Circuit Styles: B&Y

Number of Circuits: 9 Zones 4 NACS

Software Revision:

Last Date System Had Any Service Performed: Nov 2018

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:

	8
	19
	9
	1
	1

Circuit Style:

B	Manual Stations
	Ion Detectors
B	Photo Detectors
B	Duct Detectors
	Heat Detectors
B	Waterflow Switches
B	Supervisory Switches
	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:

1
21
25

Circuit Style:

Y	Bells
	Horns/Strobes
Y	Chimes
Y	Strobes
	Speakers
	Other (Specify) <input type="text"/>

Number of Indicating Circuits: 4

Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input type="text"/>
	<input type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
CB	Amps	20
Panel Label and Location: Panel Next to FACP		
Disconnecting Means Location: CB#1		

Overcurrent Protection: Type

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

Storage Battery (Y or N)	<input type="text" value="Y"/>	Quantity:	<input type="text" value="2"/>	Amp-Hour Rating:	<input type="text" value="7"/>
Calculated capacity to operate system in hours:	<input type="text" value="24"/>		<input type="text" value="X"/>	<input type="text" value="60"/>	
Engine-driven generator dedicated to Fire Alarm:	<input type="text" value="Yes"/>		<input type="text" value="No"/>	<input type="text" value="X"/>	
Location of fuel storage:	<input type="text" value="NA"/>				

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input type="text" value="(Specify) : 2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="text" value="NA"/>	Emergency system described in NFPA 70, Article 700
<input type="text" value="NA"/>	Legally required standby described in NFPA 70, Article 701
<input type="text" value="NA"/>	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO
MONITORING ENTITY	<input type="text"/>
BUILDING OCCUPANTS	<input type="text"/>
BUILDING MANAGEMENT	<input type="text"/>
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="text"/>
OTHER (SPECIFY)	<input type="text" value="Crestview FD"/>

YES	TIME	TO WHOM
<input checked="" type="checkbox"/>	6:30	ebw7
<input checked="" type="checkbox"/>		John
<input checked="" type="checkbox"/>	Y	Angelique

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input type="text" value="Pass"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
-----------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>	
---------------------	---------------------------------	--

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="text" value="NA"/>	<input type="checkbox"/>	
Phone Jacks	<input type="text" value="NA"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="text" value="NA"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="text" value="NA"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="text" value="NA"/>	<input type="checkbox"/>	
Call In Signal	<input type="text" value="NA"/>	<input type="checkbox"/>	
System Performance	<input type="text" value="NA"/>	<input type="checkbox"/>	

Public Works Kitchen Suppression report

* Not in contract no inspection

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516

INVOICE # <u>113615</u>				
DATE OF SERVICE <u>12/16/16</u>		TIME <u>3:44</u>		A.M. <input type="checkbox"/> P.M. <input checked="" 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 <u>Cabinet next to Range Hood</u>				
MANUFACTURER <u>Guardian III</u>		MODEL NUMBER <u>G-300B</u>		WET CHEM <input checked="" type="checkbox"/> DRY CHEM <input type="checkbox"/>
FUSE LINKS 360° F	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER <u>Internal Sensors</u>	
FUEL SHUT-OFF <u>cpu</u>	ELECTRIC <u>Shunt Trip</u>	GAS <u>N/A</u>	SIZE <u>-</u>	
SERIAL NUMBER <u>993967</u>	LAST HYDRO TEST DATE <u>2012</u>	LAST RECHARGE DATE <u>N/A</u>		
MANUFACTURER'S MANUAL REFERENCE <u>Page 25</u>				
PAGE NUMBER: <u>16, 17</u>			DRAWING NUMBER:	

Name Univ of Florida Okaloosa Est.
 Address 3098 Airport Rd.
 City Crestview, FL 32536
 Telephone (900) 689-4698 Store # N/A
 Owner or Manager Randy

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<u>4 X Burner Range</u>			
<u>Own-Elect.</u>			
	DUCT NOZZLE <u>N/A</u>		PLENUM NOZZLE <u>N/A</u>

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <u>N/A</u> 2. Duct and plenum covered w/correct nozzles <u>N/A</u> 3. Check positioning of all nozzles <u>✓</u> 4. System installed in accordance w/MFG UL listing <u>✓</u> 5. System Piping Penetrating hood/duct sealed w/weld or UL device <u>✓</u> 6. Check if seals intact, evidence of tempering <u>N/A</u> 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) <u>N/A</u> 10. Hydrostatic test date <u>2012</u> 11. 6 Year Maintenance date <u>N/A</u> 12. Inspect cylinder and mount <u>✓</u> 13. Operate system from terminal link <u>cpu</u> <u>✓</u> 14. Test for proper operation from remote <u>N/A</u> 15. Check operation of micro switch <u>shunt trip</u> <u>✓</u> 16. Check operator of gas valve <u>N/A</u> 17. Clean nozzles <u>N/A</u> 18. Proper nozzle covers in place <u>N/A</u> 19. Check fuse links and clean <u>N/A</u> | <ol style="list-style-type: none"> 20. Replaced fuse links <u>N/A</u> 21. Check travel of cable nuts/S-hooks <u>✓</u> 22. Piping & conduit securely bracketed <u>✓</u> 23. Proper separation between fryers & flame <u>N/A</u> 24. Proper clearance-flame to filters <u>N/A</u> 25. Exhaust fan in operating order <u>✓</u> 26. All filters replaced <u>✓</u> 27. Fuel shut-off in ON position <u>✓</u> 28. Manual & remote set/seals in place <u>✓</u> 29. Replace systems covers <u>✓</u> 30. System Operational & System Seals in place <u>✓</u> 31. Fan warning sign on hood <u>N/A</u> 32. Personnel instructed in manual operation of system <u>✓</u> 33. Proper hand portable extinguishers <u>✓</u> 34. Portable extinguishers properly serviced <u>✓</u> 35. Service & Certification tag on system <u>✓</u> |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

<u>[Signature]</u>	83258300012006	12/16/16	3:44			<u>[Signature]</u>
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	A.M.	P.M.	CUSTOMERS AUTHORIZED AGENT

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

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 1/21/2020

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY

Contact:

Telephone:

Monitoring Account Reference #:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
 RF Other

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other

PANEL MANUFACTURER:

Model Number:

Circuit Styles:

Number of Circuits:

Software Revision:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	
	20
	1
	5
	22

Circuit Style:		Manual Stations
	SLC	Ion Detectors
		Photo Detectors
	SLC	Duct Detectors
	SLC	Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify) <input type="text"/>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:	
	28
	22

Circuit Style:		Bells
		Horns/Strobes
		Chimes
	Y	Strobes
		Speakers
	Y	Other (Specify) <input type="text" value="HORNS"/>

Number of Indicating Circuits:

Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px;" type="text"/>
	<input style="width: 250px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
--------	------	----

Overcurrent Protection: Type

CB	Amps	20
----	------	----

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

Storage Battery (Y or N) <input style="width: 50px;" type="text" value="Y"/>	Quantity: <input style="width: 50px;" type="text" value="2"/>	Amp-Hour Rating:	<input style="width: 50px;" type="text" value="18"/>
--	---	------------------	--

Calculated capacity to operate system in hours: <input style="width: 50px;" type="text" value="24"/>	X	<input style="width: 50px;" type="text" value="60"/>
--	---	--

Engine-driven generator dedicated to Fire Alarm: <input style="width: 50px;" type="text" value="Yes"/>	No	<input style="width: 50px;" type="text" value="X"/>
--	----	---

 Location of fuel storage:
TYPE OF BATTERY

	Dry Cell
	Nickel Cadmium
X	Sealed Lead-Acid
	Lead-Acid
	Other <input style="width: 150px;" type="text" value="(Specify) : 2X (12V 18AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

NA	Emergency system described in NFPA 70, Article 700
----	--

NA	Legally required standby described in NFPA 70, Article 701
----	--

NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.
----	---

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="text"/>	x	2:45	Dispatch
BUILDING OCCUPANTS	<input type="text"/>			
BUILDING MANAGEMENT	<input type="text"/>	x	2:45	Manager
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="text"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="EGLIN DISP"/>	<input type="text"/>	x	2:45	Dispatch

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
-----------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>		
---------------------	---------------------------------	--	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

Booster Panel
Monaco Dialer
NA
NA
NA
NA

x
x

x
x

SPECIAL PROCEDURES

FACP located in rear outside electric room.

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL		x	3:45	
ALARM RESTORAL		x	3:45	
TROUBLE SIGNAL		x	3:45	
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY		x	3:45	Dispatch
BUILDING OCCUPANTS				
BUILDING MANAGEMENT		x	3:45	Manager
AHJ				
OTHER (Specify below)		x	3:45	Dispatch
EGLIN AFB				

THE FOLLOWING DID NOT OPERATE CORRECTLY: Heat detecor 1-45 top of stair failed to alarm.

SYSTEM RESTORED TO NORMAL OPERATION: **DATE:** **TIME:**

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

 Date: Time:
 Inspector's Signature:

Owner or Representative's Name (Please Print)

 Date: Time:
 Owner/Representative Signature Below:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
ENTERPRISE									
Fire Alarm Control Panel	SD	x	x			x			1-16
HERTZ									
Hertz Garage East	PS	x	x			x			1-5
Upstairs Garage	HT	x	x				x		1-45
Upstairs Mechanical Room Storage	HT	x	x			x			1-44
Upstairs Mechanical Room	HT	x	x			x			1-43
Upstairs Mechanical Room	DD	x	x			x			1-42
Hertz Garage West	PS	x	x			x			1-8
Garage Tire Room Storage	HT	x	x			x			1-7
Office West	PS	x	x			x			1-9
Break Room East	PS	x	x			x			1-4
Outside Electric Room	HT	x	x			x			1-6
ALAMO / NATIONAL									
Lower Garage East	PS	x	x			x			1-10
Upper Garage	HT	x	x			x			1-46
Upper Mechanical Room Storage	HT	x	x			x			1-47
Upper Mechanical Room	HT	x	x			x			1-48
Upper Mechanical Room	DD	x	x			x			1-49
Lower Garage West	PS	x	x			x			1-13
Lower Garage Tire Room	HT	x	x			x			1-14
Office West	PS	x	x			x			1-12
Break Room	PS	x	x			x			1-11
Outside Elec Room	HT	x	x			x			1-3
AVIS									
Lower Garage East	PS	x	x			x			1-15
Upper Garage	HT	x	x			x			1-50
Upper Mechanical Room	HT	x	x			x			1-51
Upper Mechanical Room Storage	HT	x	x			x			1-52
Upper Mechanical Room	DD	x	x			x			1-53
Lower Garage West	PS	x	x			x			1-18
Lower Tire Room	HT	x	x			x			1-17
Break Room	PS	x	x			x			1-20
Office West	PS	x	x			x			1-19
Empty i									
Lower Garage East	PS	x	x			x			1-21
Upper Garage	HT	x	x			x			1-54
Upper Mechanical Room Storage	HT	x	x			x			1-55
Upper Mechanical Room	HT	x	x			x			1-56
Upper Mechanical Room	DD	x	x			x			1-57
Lower Garage West	PS	x	x			x			1-24
Lower Garage Tire Room	HT	x	x			x			1-23
Outside Electric Room	HT	x	x			x			1-22
Office West	PS	x	x			x			1-25
Break Room	PS	x	x			x			1-26

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 1/21/2020

TIME:

JOB NO:

PROPERTY NAME: (User) Destin-FWB Reg Airport-Rental Car Refu

NAME: Destin-FWB Reg Airport-Rental Car Refuel S

ADDRESS: 1723 Hwy 85 North

CITY/STATE: Eglin AFB, FL 32542

TELEPHONE: 850-651-7160 ext 1017

OWNER CONTACT: Mike Kintop

MONITORING ENTITY

Contact: Eglin AFB AOC

Telephone: 651-7166

Monitoring Account Reference #:

APPROVING AGENCY

Contact: Eglin AFB Fire Dispatch

Telephone: 882-5856

TYPE TRANSMISSION

McCulloh

RF

Multiplex

Other specify

Digital

Reverse Polarity

SERVICE

Weekly

Annually

Monthly

Other specify

Quarterly

Semi-Annually

PANEL MANUFACTURER:

Simplex

Model Number: 4010

Circuit Styles: SLC & Y

Number of Circuits: 2 SLC 6 NAC

Software Revision:

Last Date System Had Any Service Performed: 1/1/2019

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:

	2
	1
	6

Circuit Style:

SLC	Manual Stations
	Ion Detectors
SLC	Photo Detectors
	Duct Detectors
SLC	Heat Detectors
	Waterflow Switches
	Supervisory Switches
	Other (Specify) <input type="text"/>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:

	2

Circuit Style:

	Bells
Y	Horns/Strobes
	Chimes
	Strobes
	Speakers
	Other (Specify) HORNS

Number of Indicating Circuits: 6

Are Circuits Supervised?

NO

YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

CIRCUIT STYLE

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
--------	------	----

Overcurrent Protection: Type

CB	Amps	20
----	------	----

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

Storage Battery (Y or N)

 Y

Quantity:

Amp-Hour Rating:

Calculated capacity to operate system in hours:

 X

Engine-driven generator dedicated to Fire Alarm:

 Yes

 No

 X

Location of fuel storage:

TYPE OF BATTERY

	Dry Cell	
	Nickel Cadmium	
X	Sealed Lead-Acid	
	Lead-Acid	
	Other	(Specify) <input style="width: 300px;" type="text" value="2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

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

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:15	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:15	Manager
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="EGLIN DISP"/>	<input type="checkbox"/>	x	8:15	Dispatch

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	x	x	
Interface Equipment	x	x	
Lamps/LEDS	x	x	
Fuses			
Primary Power Supply	x	x	
Trouble Signals	x	x	
Disconnect Switches			
Ground Fault Monitoring	x	x	

SECONDARY POWER:

Battery Condition	x	x	
Load Voltage		x	
Discharge Test		x	
Charger Test		x	
Specific Gravity			

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	x	x	
Visual	x	x	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:
INTERFACE EQUIPMENT

(Specify Type of Equipment)

VISUAL
DEVICE
OPERATION
SIMULATED
OPERATION

MONACO DIALER
NA
NA
NA
NA
NA

x

x

SPECIAL PROCEDURES

FACP located in East FACP Room

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	8:45	
ALARM RESTORAL	<input type="checkbox"/>	x	8:45	
TROUBLE SIGNAL	<input type="checkbox"/>	x	8:45	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	8:45	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	8:45	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:45	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:45	Manager
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	x	8:45	Dispatch
EGLIN AFB				

THE FOLLOWING DID NOT OPERATE CORRECTLY: Both 7Ah batteries failed. Rooms 105 and 103 heat detectors are rusted

(System Sensor 135)

SYSTEM RESTORED TO NORMAL OPERATION: **DATE:** **TIME:**

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Date: Time:

Inspector's Signature:

Owner or Representative's Name (Please Print)

Date: Time:

Owner/Representative Signature Below:

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 10/1/19
TIME: _____
JOB NO: _____

PROPERTY NAME: (User) Okaloosa County Courthouse Annex
NAME: Okaloosa County Courthouse Annex Ext
ADDRESS: 1940 Lewis Turner Blvd
CITY/STATE: Fort Walton Beach, FL 32547
TELEPHONE: 420-1267
OWNER CONTACT: Randy Overly

MONITORING ENTITY	APPROVING AGENCY
Contact: <u>Security Central</u>	Contact: <u>Okaloosa Dispatch</u>
Telephone: <u>800-286-5699</u>	Telephone: <u>850-689-5766</u>
Monitoring Account Reference #: <u>A1126-464</u>	

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="checkbox"/>	specify _____			

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	specify _____			

PANEL MANUFACTURER: Silent Knight Model Number: IFP-1000
Circuit Styles: SLC & Y Number of Circuits: 1 SLC
Software Revision: _____
Last Date System Had Any Service Performed: October 2018
Last Date That Any Software or Configuration was Revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<u>14</u>	<u>SLC</u>	Manual Stations
<u>67</u>	<u>SLC</u>	Ion Detectors
<u>13</u>	<u>SLC</u>	Photo Detectors
<u>3</u>	<u>SLC</u>	Duct Detectors
<u>4</u>	<u>SLC</u>	Heat Detectors
<u>12</u>	<u>SLC</u>	Waterflow Switches
<u>1</u>	<u>SLC</u>	Supervisory Switches
	<u>SLC</u>	Other (Specify) <u>Press Switch</u>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<u>56</u>		Bells
<u>159</u>		Horns/Visual
		Chimes
		Strobes
		Speakers
		Other (Specify) _____
Number of Indicating Circuits:	<u>34</u>	
Are Circuits Supervised?	<u>NO</u>	<u>YES</u> <input checked="" type="checkbox"/>

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
--------	------	----

Overcurrent Protection: Type

CB	Amps	20
----	------	----

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

 Storage Battery (Y or N) Quantity: Amp-Hour Rating:

Calculated capacity to operate system in hours:	24	X	60	
---	----	---	----	--

Engine-driven generator dedicated to Fire Alarm:	Yes	No	X	
--	-----	----	---	--

 Location of fuel storage:
TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
X	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other (Specify) <input style="width: 300px; border: 1px solid black;" type="text" value="2x(12v 18Ah) 2x(12v 18Ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

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

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	✓	6:00	Nesa / Ebony
BUILDING OCCUPANTS	<input type="checkbox"/>	✓	6:00	Randy
BUILDING MANAGEMENT	<input type="checkbox"/>	✓	6:00	Steve / Marla
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 150px;" type="text" value="Okaloosa Dispatch"/>	<input type="checkbox"/>			

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>PASS</i>
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Failed</i>
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
-----------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="LOBBY"/>
---------------------	-------------------------------------	-------------------------------------	------------------------------------

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>PASS</i>
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

INTERFACE EQUIPMENT <small>(Specify Type of Equipment)</small>	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Booster Panel 3rd FI Security Rm Y021	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Booster Panel 3rd FI Comm Rm 3-T020	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Booster Panel 3rd FI Elect Rm E041	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Booster Panel 3rd FI Elect Rm E010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Booster Panel 2nd FI Elect Rm E010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Booster Panel 2nd FI Elect Rm E041	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SPECIAL PROCEDURES
Booster Panel 1st FI Security Rm 1-Y021
Booster Panel 1st FI Electric Rm E702
Booster Panel 1st FI Electric Rm E041
Elevator Machine Rm Smoke Detector Recalls ALL 4 Elevators (Including INMATE Elevator). Need thin person to test AHU#6 top of W Stair

COMMENTS:
FM200 systems in rooms: 2-702 AND 2-518. <input checked="" type="checkbox"/>
Drill button recalls elevators <input checked="" type="checkbox"/>

ON/OFF PREMISES MONITORING:			
	NO	YES	TIME
ALARM SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	

NOTIFICATIONS THAT TESTING IS COMPLETE:			
	NO	YES	TIME
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00
AHJ	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (Specify below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00
Okaloosa Dispatch			

THE FOLLOWING DID NOT OPERATE CORRECTLY: Batteries Failed & Replaced in Sallyport B.P
& 1st FL Security Rm. Tamper Switch in Pump Room Failed to Notify FACP
High pressure Switch Bypassed due to sticking after Full Trip.

SYSTEM RESTORED TO NORMAL OPERATION: DATE: 10/1/19 10/2/19 TIME: 9:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print) <u>David Woodard</u>	Owner or Representative's Name (Please Print) <u>Gary S. Maddox</u>
Date: <u>10-2-19</u> Time: <u>7:00</u>	Date: _____ Time: _____
Inspector's Signature: 	Owner/Representative Signature Below:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
FACP	SD	✓	✓			✓			
Electric Room E041	SD	✓	✓			✓			
3RD FLOOR									
Stair 2	PS	✓	✓			✓			
Electrical Room E100	SD	✓	✓			✓			
Closet Court Admin	SD	✓	✓			✓			F011
Stair 4	PS	✓	✓			✓			
Law Library Closet	SD	✓	✓			✓			
Elevator Room 3-M013	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Security Room	SD	✓	✓			✓			
3-T020 Communications	SD	✓	✓			✓			AND F02
Stair 3	PS	✓	✓			✓			
Closet Siemens	SD	✓	✓			✓			
3rd Floor Stairwell	WF	✓	✓			✓			
3rd Floor Stairwell	T	✓	✓			✓			
Elevator Machine Room	HD	✓	✓			✓			
3rd Floor Electric Room E010	SD	✓	✓			✓			
2ND FLOOR									
2nd Floor Stairwell	WF	✓	✓			✓			
2nd Floor Stairwell	T	✓	✓			✓			
2nd Floor Stairwell	PS	✓	✓			✓			
2-E010	SD	✓	✓			✓			
Stair 2	PS	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
2-515	SD	✓	✓			✓			
Stair 4	PS	✓	✓			✓			
Electrical Room E-401	SD	✓	✓			✓			
Storage 2-523	SD	✓	✓			✓			
Office 2-517	SD	✓	✓			✓			
Elevator landing 2	SD	✓	✓			✓			
Security 2-6021	SD	✓	✓			✓			
Communication 2-T020	SD	✓	✓			✓			
Mechanical Room 2-M603	SD	✓	✓			✓			
Stair 2	PS	✓	✓			✓			
Closet 2B	SD	✓	✓			✓			
2nd Floor Courtroom A AV Closet	SD	✓	✓			✓			
2nd Floor Security Room	SD	✓	✓			✓			
2nd Floor 1st Appearance	SD	✓	✓			✓			
1st Floor North Prison Elevator	SD	✓	✓			✓			
2nd Floor North Prison Elevator	SD	✓	✓			✓			
3rd Floor North Prison Elevator	SD	✓	✓			✓			
1st Floor South Prison Elevator	SD	✓	✓			✓			

10/16

JOB NAME:

Okaloosa County Courthouse Annex

JOB NO:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
2nd Floor South Prison Elevator	SD	✓	✓			✓			
1ST FLOOR									
1st Floor Electric Room E010	SD	✓	✓			✓			
1st Floor Central Control Exit	SD	✓	✓			✓			
1st Floor Stairwell #2 Exit	SD	✓	✓			✓			
1st Floor Comm Room T020	SD	✓	✓			✓			
1st Floor Security Romm Y021	SD	✓	✓			✓			
1st Floor Room E041	SD	✓	✓			✓			
1st Floor Stairwell #4	PS	✓	✓			✓			
1st Floor Corr Storage	SD	✓	✓			✓			
1st Floor Service Delivery	PS	✓	✓			✓			
1st Floor Main Electric Room	SD	✓	✓			✓			
1st Floor Room E702	SD	✓	✓			✓			
1st Floor Service Delivery Exit	PS	✓	✓			✓			
1st Floor Jail Area						✓			
Sally Port W	PS	✓	✓			✓			
Sally Port E.	PS	✓	✓			✓			
Sally Port	T	✓	✓			✓			
Sally Port	T	✓	✓			✓			
Sally Port	Low PrSW	✓	✓			✓			
Sally Port	High PrSW	✓	✓			✓	✓		
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓	✓	See S. Report	
O.S. Pump Room Bypass	T	✓	✓			✓			
O.S. Pump Room Bypass	T	✓	✓			✓			
3rd Floor Roof Hatch AHU6	DD	✓	✓			✓			
Hall 3-414 AHU #5	DD	✓	✓			✓			
West Stair #6 3rd floor Mech	DD	✓	✓			✓			
Ceiling 601 Jail AHU 1	DD	✓	✓			✓			
Near 601 Jail AHU1	DD	✓	✓			✓			
3rd Floor EL 2	DD	✓	✓			✓			
Bathroom 33-34 AHU #4	DD	✓	✓			✓			
2nd Floor Bath Room AHU4	DD	✓	✓			✓			
Multipurp./Sec (Dep. Break) (2)	DD	✓	✓			✓			
Judges Suite (2)	DD	✓	✓			✓			
In Jail (#1) AHU2	DD	✓	✓			✓			
3rd Floor N. Hatch	DD	✓	✓			✓			
Bath Room AHU #3	DD	✓	✓			✓			

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 10/25/19
TIME: _____
JOB NO: _____

PROPERTY NAME: (User) Emerald Coast Convention Center
NAME: Emerald Coast Convention Center
ADDRESS: 1250 Miracle Strip Pkwy
CITY/STATE: Fort Walton Beach, FL
TELEPHONE: 609-3911
OWNER CONTACT: Alan Lassiter

MONITORING ENTITY
Contact: Security Central
Telephone: 800-286-5699
Monitoring Account Reference #: A1126-463

APPROVING AGENCY
Contact: Okaloosa Dispatch
Telephone: 850-689-5766

TYPE TRANSMISSION
McCulloh RF Multiplex Other specify _____ Digital Reverse Polarity

SERVICE
Weekly Monthly Quarterly Semi-Annually Annually Other specify _____

PANEL MANUFACTURER: Siemens Model Number: MXL
Circuit Styles: SLC & B Number of Circuits: SLC 8 NACS
Software Revision: _____
Last Date System Had Any Service Performed: NOV. 2018
Last Date That Any Software or Configuration was Revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
1	SLC	Manual Stations
		Ion Detectors
		Photo Detectors
13	SLC	Duct Detectors
3	SLC	Heat Detectors
3	SLC	Waterflow Switches
6	SLC	Supervisory Switches
6	SLC	Other (Specify) <input type="text"/>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
1	B	Bells
		Horns/Strobes
		Chimes
92	B	Strobes
62	B	Speakers
		Other (Specify) <input type="text"/>

Number of Indicating Circuits: 8
Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input type="text"/>
	<input type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
CB	Amps	20
Panel Label and Location: Panel EMP Switchgear room		
Disconnecting Means Location: CR11		

Overcurrent Protection: Type

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

Storage Battery (Y or N) <input type="text" value="Y"/>	Quantity: <input type="text" value="2"/>	Amp-Hour Rating: <input type="text" value="18"/>
Calculated capacity to operate system in hours: <input type="text" value="24"/>	<input checked="" type="checkbox"/> X	<input type="text" value="60"/>
Engine-driven generator dedicated to Fire Alarm: <input type="text" value="Yes"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
Location of fuel storage: <input type="text" value="NA"/>		

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other (Specify) <input type="text" value="2x(12v18ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/> NA	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/> NA	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/> NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	800	Robin
BUILDING OCCUPANTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Security / Dave
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
OTHER (SPECIFY) Okaloosa Dispatch	<input type="checkbox"/>	<input checked="" type="checkbox"/>		MUNA

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Ground Fault Bypassed</i>
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	

SECONDARY POWER:	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
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REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Main Entrance Lobby</i>
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NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS / FAIL	
						PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA	<input type="checkbox"/>	
Phone Jacks	NA	<input type="checkbox"/>	
Off-Hook Indicator	NA	<input type="checkbox"/>	
Amplifier(s)	NA	<input type="checkbox"/>	
Tone Generator(s)	NA	<input type="checkbox"/>	
Call In Signal	NA	<input type="checkbox"/>	
System Performance	NA	<input type="checkbox"/>	

INSPECTION AND TESTING FORM
SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT
(Specify Type of Equipment)

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

Booster PAD 2
NA
NA
NA
NA
NA

✓

✓

SPECIAL PROCEDURES

FACP in Security office at the back of the building.
Booster panels by FACP

COMMENTS:

Customer stated Ground Fault is bypassed on panel due to a ground fault issue prior. Would like someone to come back out to correct the Ground Fault issue. (heavy rains would cause a ground fault issue on the panel)

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	✓	200	Ebony
ALARM RESTORAL	<input type="checkbox"/>			
TROUBLE SIGNAL	<input type="checkbox"/>			
SUPERVISORY SIGNAL	<input type="checkbox"/>			
SUPERVISORY RESTORAL	<input type="checkbox"/>	✓		

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	✓	200	Ebony
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	✓		Dave / Security
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	✓		Jennifer
Okaloosa Dispatch	<input type="checkbox"/>			

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Ground fault is bypassed

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 6/28/19
TIME: _____
JOB NO: _____

PROPERTY NAME: (User) Okaloosa EMS
NAME: EMS Essex
ADDRESS: 714 Essex Rd
CITY/STATE: Fort Walton Beach, FL 32547
TELEPHONE: 259-9419
OWNER CONTACT: Shane McGuffin

MONITORING ENTITY

Contact: Security Central
Telephone: 800 286-5699
Monitoring Account Reference #: A1126-461

APPROVING AGENCY

Contact: Okaloosa
Telephone: 850 684-5766

TYPE TRANSMISSION

McCulloch Multiplex Digital Reverse Polarity
RF Other specify _____

SERVICE

Weekly Monthly Quarterly Semi-Annually
Annually Other specify _____

PANEL MANUFACTURER:

Silent Knight Model Number: 5208
Circuit Styles: B + Y Number of Circuits: 6 zone 3 NACS
Software Revision: _____

Last Date System Had Any Service Performed: July 2018
Last Date That Any Software or Configuration was Revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="8"/>	<input type="text" value="B"/>	Manual Stations
<input type="text" value="8"/>	<input type="text" value="B"/>	Ion Detectors
<input type="text" value="1"/>	<input type="text" value="B"/>	Photo Detectors
<input type="text" value="2"/>	<input type="text" value="B"/>	Duct Detectors
<input type="text" value="1"/>	<input type="text" value="B"/>	Heat Detectors
<input type="text" value="2"/>	<input type="text" value="B"/>	Waterflow Switches
<input type="text" value="1"/>	<input type="text" value="B"/>	Supervisory Switches
<input type="text" value="1"/>	<input type="text" value="B"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="7"/>	<input type="text" value="Y"/>	Bells
<input type="text" value="4"/>	<input type="text" value="Y"/>	Horns/Strobes
<input type="text" value="1"/>	<input type="text" value="Y"/>	Chimes
<input type="text" value="1"/>	<input type="text" value="Y"/>	Strobes
<input type="text" value="1"/>	<input type="text" value="Y"/>	Speakers
<input type="text" value="1"/>	<input type="text" value="Y"/>	Other (Specify) <input type="text"/>

Number of Indicating Circuits:
Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input type="text"/>
	<input type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
--------	------	----

Overcurrent Protection: Type

CB	Amps	20
----	------	----

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

 Storage Battery (Y or N)

 Quantity:

 Amp-Hour Rating:

Calculated capacity to operate system in hours:

Engine-driven generator dedicated to Fire Alarm:

Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input type="text" value="(Specify) 2X(12V7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="text" value="NA"/>	Emergency system described in NFPA 70, Article 700
<input type="text" value="NA"/>	Legally required standby described in NFPA 70, Article 701
<input type="text" value="NA"/>	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3:15	Monitoring
BUILDING OCCUPANTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	NAON
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	Dispatch
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	
OTHER (SPECIFY) <input type="text" value="Okaloosa County Disp"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:		FUNCTIONAL	COMMENTS
Battery Condition	<input type="text" value="Pass"/>	<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 checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>		
-----------------------	---------------------------------	--	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>		
---------------------	---------------------------------	--	--

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	RESULTS	
						PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT				COMMENTS
	VISUAL	FUNCTIONAL		
Phone Set	NA	<input type="checkbox"/>		
Phone Jacks	NA	<input type="checkbox"/>		
Off-Hook Indicator	NA	<input type="checkbox"/>		
Amplifier(s)	NA	<input type="checkbox"/>		
Tone Generator(s)	NA	<input type="checkbox"/>		
Call In Signal	NA	<input type="checkbox"/>		
System Performance	NA	<input type="checkbox"/>		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT
(Specify Type of Equipment)

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

NA
NA
NA
NA
NA
NA

SPECIAL PROCEDURES

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	/	4:15	
ALARM RESTORAL	<input type="checkbox"/>	/	↓	
TROUBLE SIGNAL	<input type="checkbox"/>	/	↓	
SUPERVISORY SIGNAL	<input type="checkbox"/>	/	↓	
SUPERVISORY RESTORAL	<input type="checkbox"/>	/	↓	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	/	4:15	JUAN
BUILDING OCCUPANTS	<input type="checkbox"/>	/	↓	AARON
BUILDING MANAGEMENT	<input type="checkbox"/>	/	↓	DISPATCH
AHJ	<input type="checkbox"/>	/	↓	
OTHER (Specify below)	<input type="checkbox"/>	/	↓	

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date: Time:

Date: Time:

Inspector's Signature:

Owner/Representative Signature Below:

JOB NAME:	Okaloosa EMS	JOB NO.
Notes:		

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516

Name Okaloosa Island F.D.
 Address 104 Santa Rosa Blvd
 City FWB, FL 32548
 Telephone 244-5373 Store # _____
 Owner or Manager _____

INVOICE #				
DATE OF SERVICE <u>5-10-14</u>		TIME <u>11:00</u>		A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>Right End Cap</u>				
MANUFACTURER <u>Ansol</u>		MODEL NUMBER <u>R-102 1.5 gal</u>		WET CHEM <input checked="" type="checkbox"/> DRY CHEM <input type="checkbox"/>
FUSE LINKS 360° F <u>1 SL</u>	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER	
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC <u>Alarm Cont.</u>	GAS <u>Mech</u>	SIZE <u>3/4"</u>	
SERIAL NUMBER <u>056259</u>	LAST HYDRO TEST DATE <u>2014</u>	LAST RECHARGE DATE <u>N/A</u>		
MANUFACTURER'S MANUAL REFERENCE				
PAGE NUMBER:		DRAWING NUMBER:		

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<u>6 Burner Range</u>			
DUCT NOZZLE <u>1</u>			PLENUM NOZZLE <u>1</u>

- | | |
|--|---|
| <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. System Piping Penetrating hood/duct sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tempering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <input checked="" type="checkbox"/> 8. Pressure gauge in proper range (if gauged) <u>N/A</u> 9. Check cartridge weight (if applicable) <u>2012 (2014)</u> <input checked="" type="checkbox"/> 10. Hydrostatic test date <u>2014</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 operator 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>N/A</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 replaced <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 & System Seals in place <input checked="" type="checkbox"/> 31. Fan warning sign on hood <input checked="" type="checkbox"/> 32. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 33. Proper hand portable extinguishers <input checked="" type="checkbox"/> 34. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 35. Service & Certification tag on system <input checked="" type="checkbox"/> |
|--|---|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS:

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

X	<u>JCK</u>	FFP18-000197				X <u>Danie Pelkey</u>
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	A.M.	P.M.	CUSTOMERS AUTHORIZED AGENT

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

WHITE - CUSTOMER COPY YELLOW - DISTRIBUTOR PINK - AUTHORITY HAVING JURISDICTION

* No FIRE Alarm

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Fiber Hub Shalimar
Address: 13 9th Ave Shalimar, FL
Contact Person: Randy O'neil
Telephone: 830-1600

Date: 5/21/19

COMMENTS:

BATTERY-PASS

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2
ION Detectors: _____
PHOTO Detectors: 5
ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 7
Horns: 7
Bells: _____
Other: _____

• AGENT TANK

Weight: 500
Tank Measurement: _____
Hydro: 01/06
Serial Number: AA 273134

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician E. Frongne

Customer Representative [Signature]

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



ADDENDUM 7

May 18, 2020

ITB FM 24-20

**Repair, Inspection and Service of Fire Protection Equipment Components
for Okaloosa County Facilities**

This addendum is to provide the Fire Suppression As Built Drawings for the Crestview Courthouse as requested by a vendor during the previously noted site visit on May 14, 2020.

See attached drawings.

The ITB opening date remains May 27, 2020 at 3:30 P.M.



ADDENDUM 8

May 20, 2020

ITB FM 24-20

**Repair, Inspection and Service of Fire Protection Equipment Components
for Okaloosa County Facilities**

This addendum is to –

- (1) Provide updated Bid Attachments A and B, which provide quantities of Okaloosa County's Fire Suppression components currently in place;
- (2) Provide requested Certificate of Occupancy and the Fire Alarm Record of Completion for the previously uninspected Crestview Courthouse;
- (3) Provide an individual Site Calculation Sheet to potentially assist Bidders in calculating per site, though not required;
- (4) Inform Bidders that both the Site Calculation Sheet and the Bid Summary (in the original Bid Package) are available in Excel Spreadsheet (.xls) format upon request.

As a reminder, quantities and locations are subject to change throughout the contracted period; therefore all billing shall be based on components present at time of inspections, utilizing per item (or like system) pricing established in vendor's bid.

See attached - Attachment A, Attachment B, Certificate of Occupancy, Record of Completion, and Site Calculation Sheet.

The ITB opening date remains May 27, 2020 at 3:30 P.M.

OKALOOSA COUNTY FIRE EXTINGUISHER SITES

OMS				ABC			BC			CO2			K	PK		
				2.5 lb	5 lb	10 lb	20lb	50 lb	150 lb	10LB	50 lb	5lb	10lb	15lb	6L	5lb
001A	1307 GEORGIA AVE	BAKER	BAKER BLOCK MUSUEM			3										
001	1307 HWY 4	BAKER	BAKER EMT			1										
002	1415 CHARLIE DAY RD	BAKER	BAKER LANDFILL			3										
003	1450 CHARLIE DAY RD	BAKER	BAKER BALLFIELDS		5											
004A	5593 HWY 4, BAKER	BAKER	BAKER ARENA /COMMUNITY CTR		10											
016	1759 S FERDON BLVD	CRESTVIEW	PUBLIC WORKS/SIGNS/GM		17	5	2									
020	2798 GOODWIN AVE	CRESTVIEW	FLEET MAINTENANCE		13	12	1									
021	296 BRACKIN AVE	CRESTVIEW	NORTH SHERIFF & EMS		4											
022	5479 OLD BETHEL RD	CRESTVIEW	SOE, PURCHASING, GAL		10	2										
023	5489 OLD BETHEL RD	CRESTVIEW	FM, BONEYARD, CLERK ARCHIVES		14	2	5						1			
024	5581 FAIRCHILD RD	CRESTVIEW	FAIRCHILD		2											
026	5535 JOHN GIVENS RD	CRESTVIEW	BOB SIKES AIRPORT		1			1	2			1				
033	5261 CAVALIER DRI	CRESTVIEW	PARKS STORAGE & OCT EZRIDER		2											
008A	101 JAMES LEE BLVD	CRESTVIEW	COURTHOUSE			19										
008C	197 JAMES LEVE BLVD E	CRESTVIEW	LIVINGSTON BUILDING		3											
010B	601 PEARL ST	CRESTVIEW	601 PEARL ST		7							1				
011A	602A PEARL ST	CRESTVIEW	IS DEPT		1											
012A	602C PEARL ST	CRESTVIEW	STATE ATTORNEY NORTH		3											
013A	812 E. JAMES LEE BLVD	CRESTVIEW	HEALTH DEPT		7	6										
019A	6330 GARDEN CITY RD	CRESTVIEW	GARDEN CITY BALL PARK		1											
034A	302 N. WILSON ST	CRESTVIEW	BRACKIN BLDG			14										
036A	3098 AIRPORT RD	CRESTVIEW	UF OKALOOSA EXTENSION		10											
040A	3050 AIRPORT RD	CRESTVIEW	W&S MAINTENANCE BUILDING		4	1										
	5489 OLD BETHEL RD	CRESTVIEW	SPARES		27	22	6				1	1				
501A	1193 AIRPORT RD	DESTIN	DESTIN EMS #10		1	1										
503A	4012 COMMONS DR, UNIT 22	DESTIN	DESTIN TAX COLLECTOR		5	2										
525	221 HOSPITAL DR NE	FWB	HEALTH DEPT		18	1						1				
531	714 ESSEX RD	FWB	ESSEX EMS, PARKS & SUPPLY		9	2										
533	80 READY AVE	FWB	READY AVE COMPLEX	3	14	14	6	1			1					
506A	104 SANTA ROSA BLVD	FWB	OKALOOSA ISLE		1											
508A	127 NW HOLLYWOOD BLVD	FWB	AG ANNEX HOLLYWOOD			1										
507A	1250 MIRACLE STRIP PKWY	FWB	EM. COAST CONVENTION CENTER	1		38							1			
511A	1450 MIRACLE STRIP PKWY	FWB	SHERIFF SUB STATION			1										
513A	1540 MIRACLE STRIP PKWY	FWB	VISITORS CENTER		1	2										
520B	1671 N. BEAL EXTENSION	FWB	WRIGHT LANDFILL		1	1										
521A	250 WS ROBERTS RD	FWB	ARBENNIE PRITCHETT	4	7	31										
522A	1808 LEWIS TURNER BLVD	FWB	OCWS		7	12					2	1				
532A	600 TRANSIT WAY	FWB	COUNTY TRANSIT		10	2								1		
538	3182 HWY 98	MARY ESTHER	RUSSELL STEPHENSON			6										
539A	104 BULLOCK BLVD	NICEVILLE	NICEVILLE EMT			1										
549A	1470 CEDAR ST	NICEVILLE	SEMINOLE COMM CTR		2											
564A	90 COLLEGE BLVD E	NICEVILLE	EOC			8										
542A	109 8TH AVE	SHALIMAR	PIC CENTER		3											
543A	1A 9TH AVE	SHALIMAR	PUBLIC DEFENDER/STATE ATTY		7	1										
544A	1250 N EGLIN PKWY	SHALIMAR	OCAB													
547A	1340 JOE MARTIN CIRCLE	SHALIMAR	SHALIMAR ELEMENTARY PARK		1											
548B	75 4TH AVE	SHALIMAR	SHALIMAR BALL PARK		2											
				8	230	214	20	0	1	1	2	0	4	5	2	1

OKALOOSA COUNTY FIRE PROTECTION EQUIPMENT SITES

OMS#	BUILDING NAME	STREET ADDRESS	CITY	Alarm	Sprinkler	Hood	FM200/400	Backflow	FA Monitor	Duress Mon	Fire Pump
035A	911 BUILDING	2110 PJ ADAMS PARKWAY	CRESTVIEW	1							
026E	BOB SIKES AIRPORT	5535 JOHN GIVENS RD	CRESTVIEW					2			3
034A	BRACKIN BUILDING	302 N WILSON ST	CRESTVIEW	1				1	1		
023I	CLERK RECORDS STORAGE	5489 OLD BETHEL RD	CRESTVIEW	1	1			2	1		
015A	CORRECTIONS	1200 E. JAMES LEE BLVD	CRESTVIEW	1	1	2		4			
008A	CRESTVIEW COURTHOUSE	101 JAMES LEE BLVD	CRESTVIEW	1				2	1		
011A	FIBER HUB - NORTH	602A N PEARL ST	CRESTVIEW	1			1				
013A	HEALTH DEPARTMENT	812 E JAMES LEE BLVD	CRESTVIEW	1	1		1	3	1		
036A	UF OKALOOSA EXTENSION	3098 AIRPORT ROAD	CRESTVIEW			1					
040A	W&S MAINTENANCE BUILDING	3050 AIRPORT ROAD	CRESTVIEW	1	1				1		
501A	DESTIN AIRPORT CONTROL TOWER	1191 AIRPORT ROAD	DESTIN								1
505E	NWF AIRPORT - AIRPORT CAR RENTAL	1725 STATE RD 85 N	EGLIN AFB	1					1		
505G	NWF AIRPORT - AIRPORT CARGO BLDG	1701 STATE RD 85 N	EGLIN AFB	1	1						
505D	NWF AIRPORT - CAR FUEL SITE	1723 STATE RD 85 N	EGLIN AFB	1					1		
505A	NWF AIRPORT - MAIN BUILDING	1701 STATE RD 85 N	EGLIN AFB	1	1						1
521A	ARBENNIE PRICHETT SEWER PLANT	250 ROBERTS BLVD	FWB	1					1		
532A	COORDINATED TRANSPORTATION	600 TRANSIT WAY	FWB	1	1			2	1		
526A	COURTHOUSE ANNEX EXT	1940 LEWIS TURNER BLVD	FWB	1	1		2	1	1		1
507A	EM. COAST CONVENTION CENTER	1250 MIRACLE STRIP PARKWAY SE	FWB	1	1	2		2	1	1	
531A	EMS ESSEX RD	714 ESSEX RD	FWB	1	1			2	1	1	
511A	EMS/SHERIFF	1450 MIRACLE STRIP PKWY	FWB		1						
533A	HAZMAT STORAGE	80 READY AVE	FWB			1					
525A	HEALTH DEPARTMENT	221 HOSPITAL DR, NE	FWB	1	1		2	2	1		
513A	TOURIST DEVELOPMENT	1540 MIRACLE STRIP PARKWAY	FWB	1					1	1	
522FC	W&S BUILDING	1808 LEWIS TURNER BLVD	FWB	1	1			2	1		
531J	W&S PUMP STATION	620 MANCHESTER RD	FWB	1					1		
564A	EOC BUILDING	90 COLLEGE BLVD EAST	NICEVILLE			1	1				
543A	FIBER HUB - SOUTH	1B 9TH AVENUE	SHALIMAR	1			1				
545B	OCAB	1250 EGLIN PARKWAY	SHALIMAR	1	3		8	2	1		
541	SHERIFF'S OFFICE	50 2ND ST	SHALIMAR	1	1			2	1		
				24	17	7	16	29	18	3	6

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. Protected Property Information

Name of property: Okaloosa Courthouse
Address:
Description of property:
Occupancy type:
Name of property representative:
Address:
Phone: Fax: E-mail:
Authority having jurisdiction over this property:
Phone: Fax: E-mail:

2. Fire Alarm System Installation, Service, and Testing Information

Installation contractor for this equipment: Gulf Atlantic Co.
Address: 416 S. Hwy. 393 Bldg 3 Unit #2, Santa Rosa Beach FL 32459
Phone: 850-622-2225 Fax: E-mail:
Service organization for this equipment: Simplexgrinnell
Address: 859 Bulter Drive Mobile , AL 36693
Phone: 251-370-1900 Fax: E-mail:
Location of as-built drawings: Location of Historical Test Reports:
Location of system operation and maintenance manuals:
A contract for test and inspection in accordance with NFPA standards is in effect as of
Contracted testing company:
Address:
Phone: Fax: E-mail:
Contract expires: Contract number: Frequency of routine inspections:

3. Type of Fire Alarm System or Service

NFPA 72®, Chapter Reference of System Type:
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: Phone:
Supervisory: Phone:
Trouble: Phone:
Entity to which alarms are retransmitted: Phone:
Method of retransmission of alarms to that organization or location:

If Chapter 8, note the means of transmission from the protected premises to the central station:

Digital alarm communicator McCulloh Multiplex 2-way radio 1-way radio N/A

If Chapter 9, note the type of connection: Local energy Shunt N/A

3.1 System Software

Operating system (executive) software revision level: 4.01.04

Site-specific software revision date: 09-06-18 Revision completed by: Dewayne Youngblood

4. Signaling Line Circuits

Characteristics of signaling line circuits connected to this system (see NFPA 72[®], Table 6.6.1):

Quantity: 1 Style: 4 Class: n/a

5. Alarm-Initiating Devices and Circuits

Characteristics of initiating device circuits connected to this system (see NFPA 72[®], Table 6.5):

Quantity: n/a Style: n/a Class: n/a

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 19

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 41

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 6

Type of coverage:

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 19

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 6

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification:

Alarm verification on this system is: Enabled Disabled Set for _____ seconds

6. Supervisory Signal-Initiating Devices and Circuits

6.1 Sprinkler System Number of valve supervisory switches: 22

Type of devices: Addressable Conventional Coded Transmitter N/A

6.2 Fire Pump

Type of fire pump: Electric Diesel

Type of fire pump supervisory devices: Addressable Conventional Coded Transmitter N/A

Fire Pump Functions Supervised

Fire pump power Fire pump running Fire pump phase reversal Selector switch not in auto

Engine or control panel trouble Low fuel

Other:

6.3 Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A

Engine or control panel trouble Generator running Selector switch not in auto Low fuel

Other:

7. Annunciators

7.1 Annunciator 1 Local Remote

Type: Addressable Directory Graphic N/A Location: [Operators Room](#)

7.2 Annunciator 2 Local Remote

Type: Addressable Directory Graphic N/A Location:

7.3 Annunciator 3 Local Remote

Type: Addressable Directory Graphic N/A Location:

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: [1](#)

Number of multiple voice alarm channels: [n/a](#)

Number of speakers: [170](#)

Number of speaker zones: [3](#)

8.2 Telephone Jacks

Number of telephone jacks installed:

Number of telephone handsets stored on site:

Type of telephone system installed: Electrically powered Sound powered N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: [6](#)

Style: [4](#)

Class:

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: With visual device: Horns: With visual device:

Chimes: With visual device: Bells: With visual device:

Visual devices without audible devices: [9](#)

Other (describe): [170 Speaker / Strobes](#)

9. Emergency Control Functions Activated

- Hold-open door releasing devices
- Smoke management or smoke control
- Door unlocking
- Elevator recall
- Other

10. System Power Supply

10.1 Primary Power

Nominal voltage: 120 VAC Amps: 9 Amp
 Overcurrent protection: Type: Breaker Amps: 20 Amp
 Location (of primary supply panelboard):
 Disconnecting means location:

10.2 Secondary Power

Location: In FACP Type: Sealed Lead Acid Nominal voltage: Current rating:
 Number of standby batteries: 2 Amp hour rating:
 Location of emergency generator:
 Location of fuel storage:
 Calculated capacity of secondary power to drive the system
 In standby mode: In alarm mode:

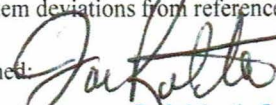
11. Record of System Installation

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

- NFPA 72®
- NFPA 70®, Article 760
- Manufacturer's published instructions
- Other (please specify): Per Plans and Specs

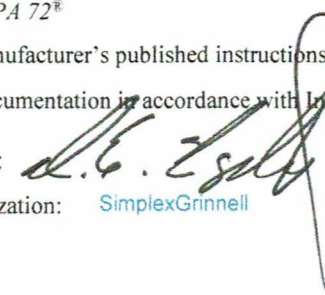
System deviations from referenced NFPA standards:

Signed:  Printed name: Joe Ritchie Date:
 Organization: Gulf Atlantic Co. Title: Phone:

12. Record of System Operation

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:


- NFPA 72®
- NFPA 70®, Article 760
- Manufacturer's published instructions
- Other (please specify): Per plans and Specs
- Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3 of NFPA 72®) is attached

Signed:  Printed name: Dewayne Youngblood Date: 9-5-18
 Organization: SimplexGrinnell Title: TR 12-2222 Phone: 251-583-9196

13. Certifications and Approvals


13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed:  Printed name: Joe Ritchie Date: _____
Organization: Gulf Atlantic Elect. Co. Title: _____ Phone: _____

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed:  Printed name: Dewayne Youngblood Date: 9-5-18
Organization: SimplexGrinnell Title: TR 12-2222 Phone: 251-583-9196

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

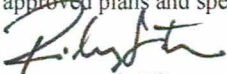
13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed:  Printed name: RODNEY LANCASTER Date: 9-6-18
Organization: CFD Title: FIRE MARSHAL Phone: 850 368 7515



Certificate Of Occupancy

Department of Growth Management

This Certificate is issued pursuant to the requirements of the Florida Building Code stating that at the time of issuance this structure was in compliance with the various ordinances of the Jurisdiction regulating building construction or use for the following:

Building Use:	2014 Assembly,Gen,Hall,Lib/Mus	Permit Number:	411531-CIS-2017
Occupancy Class:	A-3A14	Number of Stories:	3
Construction Type:	II-B	Fire District:	Crestview
Owner of Building:	BCC	Building Address:	501 MAIN ST, CRESTVIEW, FL 32536
Contractor:	AJAX BUILDING CORPORATION	Parcel Number:	17-3N-23-2490-0060-0010
State License:	CGC042112		
Inspector:	PURL ADAMS	Printed Date:	11/5/2018

Purl Adams III

BUILDING OFFICIAL

11/5/2018

SIGNATURE DATE

Bu-1482

BU#

PLEASE POST IN A CONSPICUOUS PLACE

OKALOOSA COUNTY
DEPARTMENT OF GROWTH MANAGEMENT

COM BURGLAR/FIRE ALARM

PERMIT NUMBER: 431054-FAL-2018 ISSUED DATE: 08/14/2018
MASTER PERMIT: 411531-CIS-2017 ISSUED LOCATION: CVW (850) 689-5080

PERMIT TO BE POSTED THROUGHOUT CONSTRUCTION

		<u>FEE</u>	<u>AMOUNT</u>
OWNER:	BCC 1804 LEWIS TURNER BLVD FORT WALTON BEACH FL 32547	Sub base permit fee	70.00
		Alarm	250.00
		Fire Alarm Plan Review	77.50
CONTRACTOR:	GULF ATLANTIC ELECTRICAL CONSTR 416 S COUNTY HWY 393 BLDG 3 UNIT 2 SANTA ROSA BEACH FL 32459 (850) 622-2225	Plan Resubmittal	75.00
		Surcharge - Fire Alarms	9.94
LICENSE:	6944-AR1 State#:EC13002118		
BUSINESS TYPE:	Alarm Systems- Fire incl		
JOB ADDRESS:	501 MAIN ST CRESTVIEW FL 32536		
PARCEL ID:	17-3N-23-2490-0060-0010		
LEGAL DESCRIPTION:	CRESTVIEW ALL BLK 60 EXC HWY PATROL STATION		

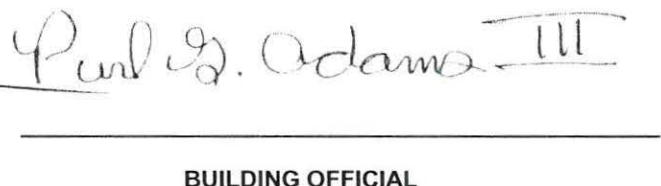
<u>ITEM</u>	<u>DESCRIPTION</u>	<u>ITEM</u>	<u>DESCRIPTION</u>
Okal Jurisdiction	1		
Working w/o Permit?	N		
Commercial Y/N?	Y		
Fire District	21		
Pre-Wiring	N		
Fax Permit Y/N?	N		
Plan Review Required Y/N?	Y		
No. of Resubmittals/Addendums	1		

PROJECT DESCRIPTION: FIRE ALARM PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY, IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

THE APPLICANT AGREES TO CONSTRUCT THE ABOVE BUILDING WITH A FINISHED FLOOR ELEVATION A MINIMUM OF TWELVE (12) INCHES ABOVE THE CROWN OF THE ROAD IN FLOOD ZONE "X" (UNLESS A VARIANCE IS APPROVED BY COUNTY PUBLIC WORKS), OR AT A MINIMUM HEIGHT OF FINISHED FLOOR ELEVATION AS SHOWN FOR THIS PROPERTY ON THE NATIONAL FLOOD INSURANCE PROGRAM MAPS FOR OTHER FLOOD ZONES OR OTHER HEIGHT OF FINISHED FLOOR ELEVATION AS REQUIRED PER APPROVED DRAINAGE PLANS OR ORDINANCE. THE APPLICANT AGREES THAT IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY AND COMPLY WITH ANY COVENANTS OR RESTRICTIONS DICTATED BY RECORDED DOCUMENT OR OTHER GOVERNMENTAL AGENCY WHICH MAY APPLY TO THE SUBJECT PROPERTY. I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. MISREPRESENTATION OR FALSIFICATION OF THE ABOVE INFORMATION WILL VOID THE PERMIT AND MAY RESULT IN CRIMINAL PROSECUTION.


OWNER/CONTRACTOR


BUILDING OFFICIAL

**OKALOOSA COUNTY
DEPARTMENT OF GROWTH MANAGEMENT**

FIRE PROTECTION SYSTEM

PERMIT NUMBER: **417416-FPS-2017** ISSUED DATE: 09/07/2017
 MASTER PERMIT: **411531-CIS-2017** ISSUED LOCATION: CVW (850) 689-5080

PERMIT TO BE POSTED THROUGHOUT CONSTRUCTION

OWNER:	BCC 1804 LEWIS TURNER BLVD FORT WALTON BEACH FL 32547	FEE	AMOUNT
		Sub base permit fee	70.00
		Surcharge - Fire Protection Sy	22.84
		Fire Sprinklers	663.00
		Plan Review - Fire Sprinkler	180.75
CONTRACTOR:	L PUGH & ASSOCIATES INC 10108 N PALAFOX ST PENSACOLA FL 32534 (850) 478-2777		
LICENSE:	5421-FS1 State#:02210300011978 class 07/10		
BUSINESS TYPE:	Fire Sprinkler Contractor 1		
JOB ADDRESS:	501 MAIN ST CRESTVIEW FL 32536		
PARCEL ID:	17-3N-23-2490-0060-0010		
LEGAL DESCRIPTION:	CRESTVIEW ALL BLK 60 EXC HWY PATROL STATION		

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>ITEM</u>	<u>DESCRIPTION</u>
Fire Protection Type	a		
Okal Jurisdiction	1		
Commercial Y/N?	Y		
Working w/o Permit?	N		
Fire District	21		
Plan Review Required Y/N?	Y		
Number of Sprinkler Heads	663		
Fax Permit Y/N?	N		

PROJECT DESCRIPTION: CRESTVIEW COURT HOUSE
FIRE SPRINKLER SYSTEM

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY, IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

THE APPLICANT AGREES TO CONSTRUCT THE ABOVE BUILDING WITH A FINISHED FLOOR ELEVATION A MINIMUM OF TWELVE (12) INCHES ABOVE THE CROWN OF THE ROAD IN FLOOD ZONE "X" (UNLESS A VARIANCE IS APPROVED BY COUNTY PUBLIC WORKS), OR AT A MINIMUM HEIGHT OF FINISHED FLOOR ELEVATION AS SHOWN FOR THIS PROPERTY ON THE NATIONAL FLOOD INSURANCE PROGRAM MAPS FOR OTHER FLOOD ZONES OR OTHER HEIGHT OF FINISHED FLOOR ELEVATION AS REQUIRED PER APPROVED DRAINAGE PLANS OR ORDINANCE. THE APPLICANT AGREES THAT IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO VERIFY AND COMPLY WITH ANY COVENANTS OR RESTRICTIONS DICTATED BY RECORDED DOCUMENT OR OTHER GOVERNMENTAL AGENCY WHICH MAY APPLY TO THE SUBJECT PROPERTY. I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. MISREPRESENTATION OR FALSIFICATION OF THE ABOVE INFORMATION WILL VOID THE PERMIT AND MAY RESULT IN CRIMINAL PROSECUTION.



OWNER/CONTRACTOR



BUILDING OFFICIAL

FIRE ALARM & SUPPRESSION SYSTEMS

OMS#	BUILDING NAME	STREET ADDRESS	CITY

Fees

Extinguishers	Qty	Inspect*	6yr Inspect*	12yr Hydro*	Recharge	Replace	Cost
ABC 2.5 lb							\$0.00
ABC 5 lb							\$0.00
ABC 10 lb							\$0.00
ABC 20lb							\$0.00
ABC 50 lb							\$0.00
ABC 150 lb							\$0.00
BC 10 lb							\$0.00
BC 50 lb							\$0.00
CO2 5lb							\$0.00
CO2 10lb							\$0.00
CO2 15lb							\$0.00
K 6L							\$0.00
PK 5lb							\$0.00
							\$0.00
							\$0.00
							\$0.00
<i>* These rates include consumables used to inspect</i>						Annual Fee to Inspect*	\$0.00

Fire Alarms

Inspected Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
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Sprinklers

Inspected Qtrs 1, 2, 3	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
Inspected Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>

Kitchen Hoods

Inspected Semi-Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
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FM200/FM400

Inspected Semi-Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
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Backflow

Inspected Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
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Fire Alarm Monitoring

Inspected Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
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Duress Alarm Monitoring

Inspected Annually	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
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Fire Pump Testing

Weekly Tests	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
Monthly Tests	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
6-month Test	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>
Annual Test	Qty <input style="width: 80%;" type="text"/>	Rate <input style="width: 80%;" type="text"/>	Annual Fee <input style="width: 80%;" type="text" value="\$0.00"/>

Total Estimated Annual Base* Service Fees	\$0.00
--	---------------

* Inspection total is based on annual inspection due on each device.

ANTI-COLLUSION STATEMENT: The below signed bidder has not divulged to, discussed or compared his bid with other bidders and has not **colluded with any other bidder or parties to bid whatever. Note: No premiums, rebates, or gratuities permitted either with, prior to, or after any** delivery of materials. Any such violation will result in the cancellation and/or return of material (as applicable) and the removal from bid list(s).

BFC Fire Safety Inc.
Bidder's Company Name

823 Navy St.
Address

FL. Walton Beach, FL 32547
Address

850-862-7812
Phone #

59-1641904
Federal ID # or SS #

Nicholas S. DeVore
Authorized Signature - Manual

Nicholas S. DeVore
Authorized Signature - Typed

Secretary
Title

850-863-1516
Fax #

**SWORN STATEMENT UNDER SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted for B & C Fire Safety

2. This sworn statement is submitted by Nicola S. DeVore

Whose business address is: 823 Navy St., Ft. Walton Beach, FL 32547

and (if applicable) its Federal Employer Identification Number (FEIN) is 59-1641904

(If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: 59-1641904)

3. My name is Nichola S DeVore and my relationship to the entity named above is Secretary

4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Section 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record, relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Section 287.133(1) (a), Florida Statutes, means: (1) A predecessor or successor of a person convicted of a public entity crime; or (2) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Section 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the

provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, that statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of public entity crime subsequent to July 1, 1989.

There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the Final Order.]

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the Final Order.]

The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date: 05/26/2020 Signature: Nicholas S. DeVore

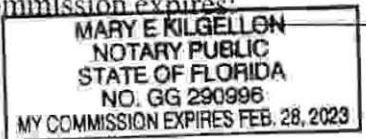
STATE OF: Florida

COUNTY OF: Okaloosa

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Nicholas S. DeVore who after first being sworn by me, affixed his/her signature in the space provided above on this the 26 day of May, in the year 2020.

Notary Public Mary E. Kilgallon
Signature

My commission expires: 02-28-2023



Print, Type, or Stamp of Notary Public

Personally known to me, or Produced Identification: Florida Drivers License
Type of ID

Government Debarment & Suspension

Instructions

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Orders 12549, at Subpart C of OMB 2 C.F.R. Part 180 and 3000.332. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is

suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Orders 12549, Debarment and Suspension, and OMB 2 C.F.R. Part 180, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

**[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING
CERTIFICATION]**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency;

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal

Nicholas S DeVore
Printed Name and Title of Authorized Representative

Nicholas S. DeVore
Signature

05/26/2020
Date

**BID SUMMARY
ITB FM 24-20**

Submitted By B&C Fire Safety, Inc

Respondent agrees to perform all work summarized below, based on current site requirements (see Attachments A & B). Quantities and locations are subject to change; therefore all billing shall be based on inventory at time of inspection, but utilizing pricing established herein, if possible.

<u>Component</u>	<u>Service</u>	<u>Total Fee</u>
Fire Extinguishers	Inspection * Annual **	\$ 1,708.00
Fire Alarm Inspections	Inspection Annual	\$ 6,686.50
Sprinklers	Inspection Total of 1st, 2nd, 3rd Quarters & Annual	\$ 10,928.50
Kitchen Hoods	Inspection Semi-annual	\$ 1,550.00
FM200/FM400	Inspection Semi-annual	\$ 9,200.00
Fire Line/Domestic Backflow	Inspection Annual	\$ 1,305.00
Fire Alarm	Monitoring Annual	\$ 4,320.00
Duress Alarm	Monitoring Annual	\$ 720.00
Fire Pump	Testing Total of Weekly, Monthly, at 6 Months, and Annual	\$ 10,075.00

TOTAL BASELINE ANNUAL FEE **\$ 46,493.00***

* Inspection rates include consumables used to inspect.

** The total fee for the inspection of fire extinguishers shall be derived using the annual inspection rate, despite the fact that some devices may require additional services (below) during the course of the contract.

* While the Baseline Annual Fee will be the primary factor in contractor selection, other costs (below) will be considered in contractor selection. Any disproportionate pricing will require explanation.

FIRE EXTINGUISHES FEES BY TYPE

Extinguishers	Qty	Inspect*	6yr Inspect*	12yr Hydro*	Recharge	Replace
ABC 2.5 lb	7	\$ 3.50	\$ 7.00	\$ 10.00	\$ 7.00	\$ 35.00
ABC 5 lb	230	\$ 3.50	\$ 10.50	\$ 10.00	\$ 10.00	\$ 50.00
ABC 10 lb	173	\$ 3.50	\$ 14.00	\$ 10.00	\$ 14.50	\$ 70.00
ABC 20lb	20	\$ 3.50	\$ 18.00	\$ 10.00	\$ 18.50	\$ 100.00
ABC 50 lb	0	N/A	N/A	N/A	N/A	N/A
ABC 150 lb	0	N/A	N/A	N/A	N/A	N/A
BC 2.5 lb	0	N/A	N/A	N/A	N/A	N/A
BC 5 lb	0	N/A	N/A	N/A	N/A	N/A
BC 10 lb	1	\$ 3.50	\$ 14.00	\$ 10.00	\$ 7.00	\$ 80.00
BC 15 lb	0	N/A	N/A	N/A	N/A	N/A
BC 50 lb	2	\$ 3.50	\$ 40.00	\$ 10.00	\$ 130.00	\$ 1,300.00
CO2 5lb	0	N/A	N/A	N/A	N/A	N/A
CO2 10lb	4	\$ 3.50	N/A	\$ 10.00	\$ 10.00	\$ 173.00
CO2 15lb	5	\$ 3.50	N/A	\$ 10.00	\$ 15.00	\$ 200.00
K 6L	1	\$ 3.50	N/A	\$ 10.00	\$ 85.00	\$ 195.00
PK 5 lb	1	\$ 3.50	\$ 10.50	\$ 10.00	\$ 18.00	\$ 50.00

ADDITIONAL SERVICE FEES AND FACTORS

Service Call Regular Hourly Rate	\$ 75.00	→	Minimum Hours Charged	1
Service Call OT Hourly Rate	\$ 75.00	→	Minimum Hours Charged	2
Markup on Charged Parts	7.50%			
Low Down of Entire System	\$ 250.00		Hood Fusible Links	\$ 10.00
Pyro-Chem Actuation Cartridge	\$ 12.00		Hood Head Blow Off Cap	\$ 3.00

OKALOOSA COUNTY FIRE PROTECTION EQUIPMENT SITES

OMS#	BUILDING NAME	STREET ADDRESS	CITY	Alarm	Sprinkler	Hood	FM200/400	Backflow	FA Monitor	Duress Mon	Fire Pump
035A	911 BUILDING	2110 PJ ADAMS PARKWAY	CRESTVIEW	1							
026E	BOB SIKES AIRPORT	5535 JOHN GIVENS RD	CRESTVIEW					2			1
034A	BRACKIN BUILDING	302 N WILSON ST	CRESTVIEW	1				1	1		
023I	CLERK RECORDS STORAGE	5489 OLD BETHEL RD	CRESTVIEW	1	1			2	1		
015A	CORRECTIONS	1200 E. JAMES LEE BLVD	CRESTVIEW	1	1	2		4			
008A	CRESTVIEW COURTHOUSE	101 JAMES LEE BLVD	CRESTVIEW	1				2	1		
011A	FIBER HUB - NORTH	602A N PEARL ST	CRESTVIEW				1				
013A	HEALTH DEPARTMENT	812 E JAMES LEE BLVD	CRESTVIEW	1	1		1	3	1		
016A	PUBLIC WORKS	1759 S. FERDON BLVD	CRESTVIEW			1		1			
036A	UF OKALOOSA EXTENSION	3098 AIRPORT ROAD	CRESTVIEW			1					
040A	W&S MAINTENANCE BUILDING	3050 AIRPORT ROAD	CRESTVIEW	1	1						
505E	NWF AIRPORT - AIRPORT CAR RENTAL	1701 STATE RD 85 N	EGLIN AFB	1							
505G	NWF AIRPORT - AIRPORT CARGO BLDG	1701 STATE RD 85 N	EGLIN AFB	1	1						
505D	NWF AIRPORT - CAR FUEL SITE	1701 STATE RD 85 N	EGLIN AFB	1							
505A	NWF AIRPORT - MAIN BUILDING	1701 STATE RD 85 N	EGLIN AFB	1	1						1
521A	ARBENNIE PRICHETT SEWER PLANT	250 ROBERTS BLVD	FWB	1					1		
532A	COORDINATED TRANSPORTATION	600 TRANSIT WAY	FWB	1	1			2	1		
526A	COURTHOUSE ANNEX EXT	1940 LEWIS TURNER BLVD	FWB	1	1		2	1	1		1
507A	EM. COAST CONVENTION CENTER	1250 MIRACLE STRIP PARKWAY SE	FWB	1	1	2		2	1		
531A	EMS ESSEX RD	714 ESSEX RD	FWB	1	1			2	1		
506A	EMS OKI	104 SANTA ROSA BLVD	FWB	1	1	1					
511A	EMS/SHERIFF	1450 MIRACLE STRIP PKWY	FWB		1						
533A	HAZMAT STORAGE	80 READY AVE	FWB			1					
525A	HEALTH DEPARTMENT	221 HOSPITAL DR, NE	FWB	1	1		2	2	1		
513A	TOURIST DEVELOPMENT	1540 MIRACLE STRIP PARKWAY	FWB	1					1		
522FC	W&S BUILDING	1808 LEWIS TURNER BLVD	FWB	1	1			2	1		
531J	W&S PUMP STATION	620 MANCHESTER RD	FWB	1					1		
564A	EOC BUILDING	90 COLLEGE BLVD EAST	NICEVILLE			1	1				
543A	FIBER HUB - SOUTH	18 9TH AVENUE	SHALIMAR	1			1				
545B	OCAB	1250 EGLIN PARKWAY	SHALIMAR	1	1		8	2	1		
541	SHERIFF'S OFFICE	50 2ND ST	SHALIMAR	1	1			2	1		
				24	16	9	16	30	15	0	3

ATTACHMENT B

Note - Components sizing and complexity varies.

OKALOOSA COUNTY FIRE EXTINGUISHER SITES

OMS				ABC				BC		CO2			K	PK		
				2.5 lb	5 lb	10 lb	20lb	50 lb	150 lb	10LB	50 lb	5lb	10lb	15lb	6L	5lb
001	1307 HWY 4	BAKER	BAKER EMT			1										
002	1415 CHARLIE DAY RD	BAKER	BAKER LANDFILL			3										
003	1450 CHARLIE DAY RD	BAKER	BAKER BALLFIELDS		5											
004A	5593 HWY 4, BAKER	BAKER	BAKER ARENA /COMMUNITY CTR		10											
016	1759 S FERDON BLVD	CRESTVIEW	PUBLIC WORKS/SIGNS/GM		17	5	2									
020	2798 GOODWIN AVE	CRESTVIEW	FLEET MAINTENANCE		13	12	1									
021	296 BRACKIN AVE	CRESTVIEW	NORTH SHERIFF & EMS		4											
022	5479 OLD BETHEL RD	CRESTVIEW	SOE, PURCHASING, GAL		10	2										
023	5489 OLD BETHEL RD	CRESTVIEW	FM, BONEYARD, CLERK ARCHIVES		14	2	5							1		
024	5581 FAIRCHILD RD	CRESTVIEW	FAIRCHILD		2											
026	5535 JOHN GIVENS RD	CRESTVIEW	BOB SIKES AIRPORT		1				2				1			
033	5261 CAVALIER DRI	CRESTVIEW	PARKS STORAGE & OCT EZRIDER		2											
008A	101 JAMES LEE BLVD	CRESTVIEW	COURTHOUSE			19										
008C	197 JAMES LEVE BLVD E	CRESTVIEW	LIVINGSTON BUILDING		3											
010B	601 PEARL ST	CRESTVIEW	601 PEARL ST		7								1			
011A	602A PEARL ST	CRESTVIEW	IS DEPT		1											
012A	602C PEARL ST	CRESTVIEW	STATE ATTORNEY NORTH		3											
013A	812 E. JAMES LEE BLVD	CRESTVIEW	HEALTH DEPT		7	6										
019A	6330 GARDEN CITY RD	CRESTVIEW	GARDEN CITY BALL PARK		1											
034A	302 N. WILSON ST	CRESTVIEW	BRACKIN BLDG			14										
036A	3098 AIRPORT RD	CRESTVIEW	UF OKALOOSA EXTENSION		10											
040A	3050 AIRPORT RD	CRESTVIEW	W&S MAINTENANCE BUILDING		4	1										
	5489 OLD BETHEL RD	CRESTVIEW	SPARES		27	22	6					1	1			
501A	1193 AIRPORT RD	DESTIN	DESTIN EMS #10		1	1										
503A	4012 COMMONS DR, UNIT 22	DESTIN	DESTIN TAX COLLECTOR		5	2										
525	221 HOSPITAL DR NE	FWB	HEALTH DEPT		18	1							1			
531	714 ESSEX RD	FWB	ESSEX EMS, PARKS & SUPPLY		9	2										
533	80 READY AVE	FWB	READY AVE COMPLEX	3	14	14	6		1			1				
506A	104 SANTA ROSA BLVD	FWB	OKALOOSA ISLE		1											
508A	127 NW HOLLYWOOD BLVD	FWB	AG ANNEX HOLLYWOOD			1										
511A	1450 MIRACLE STRIP PKWY	FWB	SHERIFF SUB STATION			1										
513A	1540 MIRACLE STRIP PKWY	FWB	VISITORS CENTER		1	2										
520B	1671 N. BEAL EXTENSION	FWB	WRIGHT LANDFILL		1	1										
521A	250 WS ROBERTS RD	FWB	ARBENNIE PRITCHETT	4	7	31										
522A	1808 LEWIS TURNER BLVD	FWB	OCWS		7	12						2	1			
532A	600 TRANSIT WAY	FWB	COUNTY TRANSIT		10	2									1	
538	3182 HWY 98	MARY ESTHER	RUSSELL STEPHENSON			6										
539A	104 BULLOCK BLVD	NICEVILLE	NICEVILLE EMT			1										
549A	1470 CEDAR ST	NICEVILLE	SEMINOLE COMM CTR		2											
564A	90 COLLEGE BLVD E	NICEVILLE	EOC			8										
542A	109 8TH AVE	SHALIMAR	PIC CENTER		3											
543A	1A 9TH AVE	SHALIMAR	PUBLIC DEFENDER/STATE ATTY		7	1										
544A	1250 N EGLIN PKWY	SHALIMAR	OCAB													
547A	1340 JOE MARTIN CIRCLE	SHALIMAR	SHALIMAR ELEMENTARY PARK		1											
548B	75 4TH AVE	SHALIMAR	SHALIMAR BALL PARK		2											
				7	230	173	20	0	0	1	2	0	4	5	1	1



Attachment "B"
Insurance Requirements

GENERAL SERVICES INSURANCE REQUIREMENTS

REVISED: 01/2/2019

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida. Insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. Where applicable the County shall be shown as an Additional Insured with a waiver of Subrogation on the Certificate of Insurance.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day prior written notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies (redacted if necessary) of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Contractor must be in compliance with all applicable State and Federal workers' compensation

laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.

3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
 - 1.) Premises & Operations Liability
 - 2.) Bodily Injury and Property Damage Liability
 - 3.) Independent Contractors Liability
 - 4.) Contractual Liability
 - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence for Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

INDEMNIFICATION & HOLD HARMLESS

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

CERTIFICATE OF INSURANCE

1. Certificates of insurance indicating the job site and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479-A Old Bethel Road, Crestview, Florida, 32536.
2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10) days' prior written notice if cancellation is for nonpayment of premium).
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by registered mail, return receipt requested, and addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, Florida, 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.



Attachment "C"
Civil Rights Clauses



Attachment “C”

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “Contractor”), as applicable, agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 USC § 2000d *et seq.*, 78 stat. 252) (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination in Federally-assisted programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 USC § 4601) (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973 (29 USC § 794 *et seq.*), as amended (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended (42 USC § 6101 *et seq.*) (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982 (49 USC § 471, Section 47123), as amended (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987 (PL 100-209) (broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 USC §§ 12131 – 12189) as implemented by U.S. Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Nondiscrimination statute (49 USC § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 USC 1681 *et seq.*)

Exhibit "B"

Standard Contract Clauses

Title VI Clauses for Compliance with Nondiscrimination Requirements

Compliance with Nondiscrimination Requirements

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor (hereinafter includes consultants) will comply with the Title VI List of Pertinent Nondiscrimination Acts And Authorities, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.
2. **Non-discrimination:** The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.
3. **Solicitations for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Nondiscrimination Acts And Authorities on the grounds of race, color, or national origin.
4. **Information and Reports:** The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the sponsor or the Federal Aviation Administration to be pertinent to ascertain compliance with such Nondiscrimination Acts And Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the sponsor or the Federal Aviation Administration, as appropriate, and will set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of a contractor's noncompliance with the Non-discrimination provisions of this contract, the sponsor will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:
 - a. Withholding payments to the contractor under the contract until the contractor complies; and/or
 - b. Cancelling, terminating, or suspending a contract, in whole or in part.

6. **Incorporation of Provisions:** The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the sponsor or the Federal Aviation Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the sponsor to enter into any litigation to protect the interests of the sponsor. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

Title VI List of Pertinent Nondiscrimination Acts and Authorities

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor”) agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*, 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 *et seq.*), as amended, (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 *et seq.*), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);

- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).

FEDERAL FAIR LABOR STANDARDS ACT (FEDERAL MINIMUM WAGE)

All contracts and subcontracts that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers.

The [*contractor* | *consultant*] has full responsibility to monitor compliance to the referenced statute or regulation. The [*contractor* | *consultant*] must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division

OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970

All contracts and subcontracts that result from this solicitation incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Contractor must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Contractor retains full responsibility to monitor its compliance and their subcontractor's compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Contractor must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.

E-VERIFY

Enrollment and verification requirements.

- (1) If the Contractor is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall-
 - a. Enroll. Enroll as a Federal Contractor in the E-Verify Program within thirty (30) calendar days of contract award;
 - b. Verify all new employees. Within ninety (90) calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Contractor, who are working in the United States,

whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); and,

- c. Verify employees assigned to the contract. For each employee assigned to the contract, initiate verification within ninety (90) calendar days after date of enrollment or within thirty (30) calendar days of the employee's assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

(2) If the Contractor is enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall use E-Verify to initiate verification of employment eligibility of

- a. All new employees.

- i. Enrolled ninety (90) calendar days or more. The Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

- b. Enrolled less than ninety (90) calendar days. Within ninety (90) calendar days after enrollment as a Federal Contractor in E-Verify, the Contractor shall initiate verification of all new hires of the contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

- ii. Employees assigned to the contract. For each employee assigned to the contract, the Contractor shall initiate verification within ninety (90) calendar days after date of contract award or within thirty (30) days after assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

(3) If the Contractor is an institution of higher education (as defined at 20 U.S.C. 1001(a)); a State of local government or the government of a Federally recognized Indian tribe, or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Contractor may choose to verify only employees assigned to the contract, whether existing employees or new hires. The Contractor shall follow the applicable verification requirements of (b)(1) or (b)(2), respectively, except that any requirement for verification of new employees applies only to new employees assigned to the contract.

(4) Option to verify employment eligibility of all employees. The Contractor may elect to verify all existing employees hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the contract. The Contractor shall initiate verification for each existing employee working in the United States who was hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within one hundred eighty (180) calendar days of-

- i. Enrollment in the E-Verify program; or

- ii. Notification to E-Verify Operations of the Contractor's decision to exercise this option, using the contract information provided in the E-Verify program Memorandum of Understanding (MOU)

(5) The Contractor shall comply, for the period of performance of this contract, with the requirements of the E-Verify program MOU.

i. The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Contractor's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Contractor, will be referred to a suspension or debarment official.

ii. During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the contractor is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Contractor, then the Contractor must reenroll in E-Verify.

iii. Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.

Individuals previously verified. The Contractor is not required by this clause to perform additional employment verification using E-Verify for any employee-

- (a) Whose employment eligibility was previously verified by the Contractor through the E-Verify program;
- (b) Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or
- (c) Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12. Policy for a Common Identification Standard for Federal Employees and Contractors.

Subcontracts. The Contractor shall include the requirements of this clause, including this paragraph € (appropriately modified for identification of the parties in each subcontract that-

- (1) Is for-(i) Commercial and noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or
(ii) Construction;
- (2) Has a value of more than \$3,500; and
- (3) Includes work performed in the United States.



Attachment "D"
Scrutinized Contractors Certificate

VENDORS ON SCRUTINIZED COMPANIES LISTS

By executing this Certificate BTC Fire Safety, Inc., the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 05/26/2020

SIGNATURE: Nicholas S. DeVore

COMPANY: BTC Fire Safety, Inc.

NAME: Nicholas S. DeVore
(Typed or Printed)

ADDRESS: 823 Navy St.
Ft. Walton Beach
FL, 32547

TITLE: Secretary

E-MAIL: nikki@bcfiresafety.com

PHONE NO.: 850-862-7812