Dinwiddie County Administration Office

14010 Boydton Plank Road
Dinwiddie, VA 23841
Phone: (804) 469-4500
Fax: (804) 469-4503
E-Mail: hcasey@dinwiddieva.us

ADDENDUM #1

Date: October 2, 2019

Request for Quotations # 19-091619

Fire Suppression System, Maintenance and Inspections

Deadline: Wednesday, October 9, 2019 at 2 pm

TO ALL POTENTIAL BIDDERS:

The following information is being provided for purposes of clarification or in response to questions received from potential bidders. In the event that any of these specifications conflict with previous specifications, the specifications in this addendum shall control. Prepare your bids accordingly:

Additional Information:

1. Pre-bid Meeting Attendance Sheet is attached.
2. Revised Bid Form is attached.
3. The Commercial Exhaust Hood at the Dinwiddie Sports Complex was last inspected on 8/26/19.
4. Fire Alarm Panel for the Government Center is a Notifer NFS2-640. Fire Alarm System drawings for Government Center and Public Safety Buildings are attached.
5. There is a small Fire Pump in the Courthouse.
6. The County's water supply comes from two interconnected wells.
7. Previous fire alarm inspection reports are attached.
8. Hoods shall be inspected twice a year.
9. Hoods may be inspected during normal business hours. All other inspections must be completed before or after the County's normal business hours, 8:30 am to 5:00 pm in order to not disrupt operations.
10. The County wishes to align most inspections at approximately the same times each year.

Note: A signed acknowledgement of this addendum must be received by this office prior to the due date and time, or must be attached to your bid. Signature on this addendum does not constitute signature on the original bid document. The original bid document must also be signed per bid instructions.

Company Name: _____

Signature: _____

Type/Print Name: _____

Title: _____

Date: _____

Mandatory Pre-Bid Meeting
RFQ #: 19-091619
Fire Suppression System, Maintenance and Inspections
Wednesday, October 1, 2019 at 9 a.m.

Company Name/Contact	Address	Phone	Email
Cintas Fire Protection R. Duke Rollins	2314 60th Street Hampton, VA 23661	703-864-9959	rollinsR2@cintas.com
FLSA Christine Brock	9927 Staples Mill Road Richmond, VA	540-494-8264	clbrock@flsamerica.com
Johnson Controls Colin Montgomery Ronald Talley	8555 Magellan Pkwy, Suite 1000 Richmond, VA 23227	804-217-2892 804-640-6298	Colin.montgomery@jci.com Ronald.talley@jci.com

BID FORM

Submission Date:_____

Federal Tax ID#:_____ DPOR License #: _____

Name of firm:_____ Phone #:_____

By (signature):_____ Fax #:_____

Type/Print Name:_____ Address:_____

Email Address: _____ _____

Please list all subcontractors, if any:

Company Name *DPOR License #*

_____

_____

Virginia State Corporation Commission (SCC) registration information. **The bidder:**

☐ is a corporation or other business entity with the following SCC identification number: _____
OR-

☐ is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-**

☐ is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder's out-of-state location) **-OR-**

☐ is an out-of-state business entity that is including with this bid an opinion of legal counsel which accurately and completely discloses the undersigned bidder's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

****NOTE** >>** Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver): ☐

Section 1 – Commercial Exhaust Hoods Inspections					
Item No.	**Description**	**Unit Price**	**Qty Hoods**	**Times per Yr**	**Total Price**
1.	Hood Fire Suppression Inspections		6	2	
2.	360 degree Fusible Link, if necessary		1	1	
3.	450 degree Fusible Link, if necessary		1	1	
				TOTAL SECTION 1	$

Section 2 – Fire Alarm Inspections				
Item No.	**Description**	**Unit Price**	**Times per Yr**	**Total Price**
4.	Government Center		1	
5.	Pump House		1	
6.	Public Safety		1	
7.	Courthouse		1	
8.	Information Technology		1	
9.	Dinwiddie Library		1	
10.	Eastside Community Enhancement Center		1	
11.	Ford Volunteer Fire Dept		1	
12.	Namozine Volunteer Fire Dept		1	
13.	Ragsdale Community Center		1	
			TOTAL SECTION 2	

Section 3 – Fire Pump and Sprinkler System Inspections				
Item No.	**Description**	**Unit Price**	**Times per Yr**	**Total Price**
14.	Government Center, Public Safety Building & Pump House		2	
15.	Ragsdale Community Center		2	
16.	Courthouse		2	

17.	Historic Courthouse		2	
18.	Namozine Volunteer Fire Dept		2	
			TOTAL SECTION 3	

Hourly Rates for Repairs		
Item No.	**Description**	**Hourly Rate**
19.	**Mechanical** Hourly Repair Rate during business hours (Monday-Friday 8:30 am – 5:00 pm)	
20.	**Mechanical** Hourly Repair Rate after hours including weekends	
21.	**Electrical** Hourly Repair Rate during business hours (Monday-Friday 8:30 am – 5:00 pm)	
22.	**Electrical** Hourly Repair Rate after hours including weekends	
23.	**Suppression System** Hourly Repair Rate during business hours (Monday-Friday 8:30 am – 5:00 pm)	
24.	**Suppression System** Hourly Repair Rate after hours including weekends	

GRAND TOTAL	
Description	**Total**
Total of Section 1	
Total of Section 2	
Total of Section 3	
GRAND TOTAL	

REFERENCES

Offerors shall supply three (3) references that list a brief description of the same type of work and requirements for area(s) of similar size or larger, satisfactorily completed with dates of service or contract period, location, names, addresses, and phone numbers of Owners. Offerors shall only indicate references they have worked with a minimum of two (2) year. A separate page of references is acceptable if needed for additional space.

Reference #1

Name of County, City, Agency or Firm: _____

Address: _____

Contact with Title: _____ Telephone: _____

Types of services provided: _____

_____

Contract Dates: From _____ To _____

Reference #2

Name of County, City, Agency or Firm: _____

Address: _____

Contact with Title: _____ Telephone: _____

Types of services provided: _____

_____

Contract Dates: From _____ To _____

Reference #3

Name of County, City, Agency or Firm: _____

Address: _____

Contact with Title: _____ Telephone: _____

Types of services provided: _____

_____

Contract Dates: From _____ To _____

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FIRE AND LIFE SAFETY AMERICA — PROTECTING AMERICA

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

Date: 2-22-16 Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

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

GENERAL INFORMATION

Property Name: DINWIDDIE COURT HOUSE Owner: COUNTY of DINWIDDIE

Address: 14005 BOYDTON PLANK RD Billing Address: _____

City: DINWIDDIE State: VA Zip: 23841 City: _____ State: ____ Zip: _____

Last Inspection Date: _____ By: _____

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

PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced 5 AM/PM; alarms restored _____ AM/PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 5 2" FLOOR SYSTEMS

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

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

PART C - TEST NOTIFICATIONS

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

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

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

ECFP....Simply the best!

ISO 9001:2000 Certified

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

Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: 2-22-18

Property Inspected DINWIDDIE COURT HOUSE
Address _____
City _____ State ____
Zip _____ Phone _____

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

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?			✓
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date _____)	✓		
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 2-22-18)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 2-22-18)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?	✓		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)			✓
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓	✓	
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		✓	
5. Are cold weather valves in the appropriate (open) ☐ / (closed) ☐ position?		✓	
6. Are antifreeze test results satisfactory? Test Results: Solution Type _____ Freeze Point _____			
C. Dry Systems (see trip test report dated _____)		✓	
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		✓	
4. Are air maintenance device(s) installed and operating properly?		✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		✓	
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)		✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		✓	
D. Special Systems (Deluge—Preaction) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?		✓	
2. Did the release/activation devices operate properly during detection testing?		✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		✓	
E. Alarms (Wet, Dry, Preaction & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?		✓	
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	✓	✓	✓
3. Did the central station/monitoring system receive all alarms?	✓	✓	
4. Did the low/high air alarms for the system piping/detection operate properly?	✓		
5. Did tamper devices operate properly?	✓		
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?	✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	✓	✓	
6. Are sprinklers near heating devices of proper temperature rating?		✓	
G. Control Valves (see item G.7)			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date 2-22-18)	✓		
3. Were all control valves operated through full range and returned to normal position? (Date 2-22-18)	✓		
4. Are valves free from external leaks?			✓
5. Are valves properly identified with signs?		✓	
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)			

Page ____ of ____

Fire Protection Systems Report of Inspection

Inspection Contract #: ____

Date: 2-22-18

7.

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

H. Water Supply Data

	YES	N.A.	NO
1. Was a water flow test of main drain made at sprinkler riser?			

2. Water supply pressures:
   a. City _____ psi
   b. Fire pump _____ psi
   c. Tank _____ psi
   d. _____ psi

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

	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.	RISER	1"	60	50	60
b.	RISER	1"	60	50	60
c.	RISER	1"	60	50	60

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

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

A-3 5YR INTERNAL PIPING & CHECK VALVE DUE
A-7 5YR GAUGE CALIBRATION DUE
E-2 FLOW SWITCH 2ND FLOOR STAIR 2 DID NOT OPERATE
B-5 NO CONTROL VALVE SIGNS

J. Adjustments or corrections made during this inspection: ____

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

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

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name	Signature	Technician	Date

ISO 9001: 2000 Certified

Annual Pump Test

Inspection Contract #:		Inspection #:	
Location:	DINWIDDIE COURT HOUSE	Date:	2-22-18
Address:		Technician(s):	B. WELLS / J. RUCKMAN
City:	State:	Zip:	
Contact Person:	Phone:	Fax Number:	

Actual Test Results

Hose Streams	No Flow	Rated Load	Peak Load
Number	N/A	1	1
Size of Hoses	N/A	2½	2½
Playpipe Tip Size	N/A	1¾	1¾
Pilot Pressure	N/A	11	25
Gallons Per Minute	N/A	300	450
Pump Discharge Pressure	75	73	65
Pump Suction Pressure	5	4	2
Net Head (psi)	70	69	63
% of Rated Capacity	Churn	100%	150%
Speed (RPM)	3587	3565	3556
Volts	482-481-482	480-480-480	483-482-482
Amps	10-10-10	16-17-17	19-19-20

Manufacture Data Plate Pump Information

Manufacture	A-C	Rated Churn	70	Rated Rpm	3510
Shaft		Rated Gpm	300	Rated psi	63
Serial No.	97-226283-01-01	150% psi	48	Rated 150% gpm	450
Model/Type	1580	Supply	Gpm at PSI	300	
Water Supply From	WELL	Tank Size		Tank Height	

Vertical Pump

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

Driver

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

Electric Motor

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

Controller

Manufacture	FIRETROL	Start PSI	50	Stop PSI	
Serial No.	1261607-01RE	Model Number	FTA1300-AM20B	Stop Method	MANUAL

Jockey Pump

Manufacture	GRUNDFOS	Start PSI		Stop PSI	
Serial No.	CR4-600-G-A-A-G	Model Number	C41006066 P1 9723		
Controller Make	FIRETROL		Model Number		

Comments: Jockey Pump in off Position) out of service

ISO 9001: 2008 Certified

Fire & Life Safety America, Inc
3017 Vernon Road; Richmond, VA 23228
(804) 222-1381

Work Order#: _____
Permit#: _____
Date: 2-22-18

BACKFLOW PREVENTION DEVICE INSPECTION & TEST REPORT

Location Name: DINWIDDIE COURT HOUSE
Service Address: _____
City: _____ County: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Email Address: _____

New Installation ☐
Existing ☒
Replacement ☐
Commercial ☑ Residential ☐

DEVICE INFORMATION:

Use and Location: FIRE LINE
Name/Make: FEBCO Model#: 805YD Size: 4"
Serial #: 970613M12

Type of Device:
Reduced Pressure Zone ☐
Dual Check ☑
Pressure Vacuum Breaker ☐
_____ ☐

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER	
	Double Check Devices			Differential Pressure Relief Valve	Air Inlet Valve	Check Valve
	Check Valve No. 1	Gate Valve No. 2	Check Valve No. 2		Opened at	
INITIAL TEST PASSED ☐ FAILED ☑	Leaked ☐ Closed Tight ☑ 1,4	Leaked ☐ Closed Tight ☒	Leaked ☑ Closed Tight ☐	Opened at* _____ PSID	_____ PSID Did Not Open ☐	Leaked ☐ Closed Tight ☐
REPAIRS AND MATERIALS USED						
TEST AFTER REPAIR	Closed Tight ☐	Closed Tight ☐	Closed Tight ☐	Opened at* _____ PSID	Opened at _____ PSID	Closed Tight ☐

* Required Only On Reduced Pressure Principle Devices.

REMARKS:

CERTIFICATION:

I hereby certify that the foregoing data to be correct and the following statement to be true:

The device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of the device were satisfactorily corrected without delay.

Tester's Signature: _____ Date 2-22-18
Printed Name G. WELLS Phone: _____
Tester's Certification #: 2217057816 City of Certification: STATE Expiration Date: 5-31-19
State Recognition: _____
Test Meter Make and Model: MIDWEST 845 Calibration Date: 4-18-17
If checked, required corrections, suggestions and comments are inclued on Form "Addendum to Inspection" ☐
Initials of Inspector (if different from Tester) _____ Initials of Owner (Owner Rep.) _____

ISO 9001: 2008 Certified

Fire & Life Safety America, Inc

- 3017 Vernon Road; Richmond, VA 23228

(804) 222-1381

Work Order#: _____

Permit#: _____

Date: 2-21-18

BACKFLOW PREVENTION DEVICE INSPECTION & TEST REPORT

Location Name: DINWIDDIE HISTORICAL COURTHOUSE

New Installation ☐
Existing ☒
Replacement ☐

Service Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____ Commercial ☒ Residential ☐

DEVICE INFORMATION:

Use and Location: _____

Type of Device:
Reduced Pressure Zone ☒
Dual Check ☐
Pressure Vacuum Breaker ☐
_____ ☐

Name/Make: CONBRACO Model#: 40207AZ Size: 2"

Serial #: MY 370

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER	
	Double Check Devices			Differential Pressure Relief Valve	Air Inlet Valve	Check Valve
	Check Valve No. 1	Gate Valve No. 2	Check Valve No. 2		Opened at	
INITIAL TEST PASSED ☒ FAILED ☐	Leaked ☐ Closed Tight ☒ 7.7	Leaked ☐ Closed Tight ☒	Leaked ☐ Closed Tight ☒ 2.7	Opened at* 2.1 PSID	_____ PSID Did Not Open ☐	Leaked ☐ Closed Tight ☐
REPAIRS AND MATERIALS USED						
TEST AFTER REPAIR	Closed Tight ☐	Closed Tight ☐	Closed Tight ☐	Opened at* _____ PSID	Opened at _____ PSID	Closed Tight ☐

* Required Only On Reduced Pressure Principle Devices.

REMARKS:

CERTIFICATION:

I hereby certify that the foregoing data to be correct and the following statement to be true:

The device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of the device were satisfactorily corrected without delay.

Tester's Signature: _____ Date 2-21-18

Printed Name G. GALLS Phone: _____

Tester's Certification #: 2717057816 City of Certification: STATE Expiration Date: 6-31-19

State Recognition: _____

Test Meter Make and Model: MIDWEST 845 Calibration Date: 4-18-17

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

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

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

Date: 2-21-18 Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

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

GENERAL INFORMATION

Property Name: DINWIDDIE COUNTY HISTORICAL COURT HOUSE Owner: COUNTY OF DINWIDDIE

Address: 14101 BOYDTON PLANK RD Billing Address: _____

City: DINWIDDIE State: VA Zip: 23841 City: _____ State: ____ Zip: _____

Last Inspection Date: _____ By: _____

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

PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced N/A AM/PM; alarms restored N/A AM/PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 2" DOMESTIC 3GRBJJ SYSTEM

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

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

PART C - TEST NOTIFICATIONS

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

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

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

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Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: _____

Property Inspected _____ Owner _____

Address _____ Address _____

City _____ State ____ City _____ State ____

Zip _____ Phone _____ Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?			✓
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		✓	
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date _____)		✓	
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 2-21-18)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 2-21-18)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?		✓	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		✓	
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓	✓	
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		✓	
5. Are cold weather valves in the appropriate (open) ☐ / (closed) ☐ position?		✓	
6. Are antifreeze test results satisfactory?		✓	
Test Results: Solution Type _____ Freeze Point _____			
C. Dry Systems (see trip test report dated _____)			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		↕	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		↕	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		↕	
4. Are air maintenance device(s) installed and operating properly?		↕	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		↕	
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)		↕	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		↕	
D. Special Systems (Deluge—Preaction) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?		↕	
2. Did the release/activation devices operate properly during detection testing?		↕	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		↕	
E. Alarms (Wet, Dry, Preaction & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?		↕	
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?		↕	
3. Did the central station/monitoring system receive all alarms?		↕	
4. Did the low/high air alarms for the system piping/detection operate properly?		↕	
5. Did tamper devices operate properly?		↕	
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?		✓	
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?		✓	✓
6. Are sprinklers near heating devices of proper temperature rating?		✓	
G. Control Valves (see item G.7)			
1. Are sprinkler system control valves in the appropriate position?	✓	✓	
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)	✓		
3. Were all control valves operated through full range and returned to normal position? (Date _____)	✓		
4. Are valves free from external leaks?	✓		✓
5. Are valves properly identified with signs?			✓
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)			

Page ____ of ____

Fire Protection Systems Report of Inspection

Inspection Contract #: ____

Date: 1-31-18

7.

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

H. Water Supply Data

	YES	N.A.	NO
1. Was a water flow test of main drain made at sprinkler riser?		✓	

2. Water supply pressures:
   a. City _____ psi
   b. Fire pump _____ psi
   c. Tank _____ psi
   d. _____ psi

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

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

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

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

J. Adjustments or corrections made during this inspection: ____

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

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

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name	Signature	Technician	Date

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Date: 2-21-18 Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

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

GENERAL INFORMATION

Property Name: NAMOZINE FIRE DEPT Owner: COUNTY OF DINWIDDIE
Address: 3913 PEITHAM RD Billing Address: _____
City: PETERSBURG State: VA Zip: 23803 City: _____ State: ____ Zip: _____
Last Inspection Date: _____ By: _____

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

PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced _____ AM/PM; alarms restored _____ AM/PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 1 DOMESTIC SYS. 1½"

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

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

PART C - TEST NOTIFICATIONS

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

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

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

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Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: 2-21-18

Property Inspected NAMOZINE FIRE DEPT — Owner COUNTY OF DINWIDDIE

Address _____ — Address _____

City _____ State ____ — City _____ State ____

Zip _____ Phone _____ — Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?			✓
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		✓	
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date _____)		✓	
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 2-21-18)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 2-21-18)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?		✓	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		✓	
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?		✓	
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		✓	
5. Are cold weather valves in the appropriate (open) ☐ / (closed) ☐ position?		✓	
6. Are antifreeze test results satisfactory? Test Results: Solution Type _____ Freeze Point _____		✓	
C. Dry Systems (see trip test report dated _____)			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		✓	
4. Are air maintenance device(s) installed and operating properly?		✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		✓	
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)		✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		✓	
D. Special Systems (Deluge—Preaction) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?		✓	
2. Did the release/activation devices operate properly during detection testing?		✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		✓	
E. Alarms (Wet, Dry, Preaction & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?		✓	
3. Did the central station/monitoring system receive all alarms?		✓	
4. Did the low/high air alarms for the system piping/detection operate properly?		✓	
5. Did tamper devices operate properly?		✓	
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?		✓	
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?		✓	✓
6. Are sprinklers near heating devices of proper temperature rating?		✓	
G. Control Valves (see item G.7)			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)	✓	✓	
3. Were all control valves operated through full range and returned to normal position? (Date 2-21-18)	✓	✓	
4. Are valves free from external leaks?		✓	
5. Are valves properly identified with signs?		✓	✓
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		✓	

Page ____ of ____

Fire Protection Systems Report of Inspection

Inspection Contract #: ____

Date: 2-21-18

7.

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

H. Water Supply Data

YES	N.A.	NO
	✓	

1. Was a water flow test of main drain made at sprinkler riser? ____
2. Water supply pressures:
   a. City _____ psi
   b. Fire pump _____ psi
   c. Tank _____ psi
   d. _____ psi
3. Water flow test at sprinkler riser (in psi):

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

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

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

J. Adjustments or corrections made during this inspection: ____

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

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

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name	Signature	Technician	Date

ISO 9001:2008 Certified

Fire & Life Safety America, Inc

- 3017 Vernon Road; Richmond, VA 23228

(804) 222-1381

Work Order#: _____

Permit#: _____

Date: 2-21-18

BACKFLOW PREVENTION DEVICE INSPECTION & TEST REPORT

Location Name: COUNTY OF DINWIDDIE NAMOZINE FIRE DEPT.

New Installation ☐
Existing ☒
Replacement ☐

Service Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____ Commercial ☐ Residential ☐

DEVICE INFORMATION:

Use and Location: FIRE LINE

Name/Make: CONBRACO Model#: 4010TT2 Size: 1½

Serial #: TW890

Type of Device:
Reduced Pressure Zone ☐
Dual Check ☒
Pressure Vacuum Breaker ☐
_____ ☐

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER	
	Double Check Devices			Differential Pressure Relief Valve	Air Inlet Valve	Check Valve
	Check Valve No. 1	Gate Valve No. 2	Check Valve No. 2		Opened at	
INITIAL TEST PASSED ☑ FAILED ☐	Leaked ☐ Closed Tight ☑ 2.2	Leaked ☐ Closed Tight ☑	Leaked ☐ Closed Tight ☑ 1.7	Opened at* _____ PSID	_____ PSID Did Not Open ☐	Leaked ☐ Closed Tight ☐
REPAIRS AND MATERIALS USED						
TEST AFTER REPAIR	Closed Tight ☐	Closed Tight ☐	Closed Tight ☐	Opened at* _____ PSID	Opened at _____ PSID	Closed Tight ☐

* Required Only On Reduced Pressure Principle Devices.

REMARKS:

CERTIFICATION:

I hereby certify that the foregoing data to be correct and the following statement to be true:

The device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during test of the device were satisfactorily corrected without delay.

Tester's Signature: _____ Date 2-21-18

Printed Name G. WELLS Phone: _____

Tester's Certification #: 2717057 City of Certification: STATE Expiration Date: 5-31-19

State Recognition: _____

Test Meter Make and Model: MIDWEST 845 Calibration Date: 4-18-17

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

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

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Date: 2-20-18 Inspection Contract #: _____

Fire Protection System Summary Inspection and Testing Form

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

GENERAL INFORMATION

Property Name: RAGSDALE COMMUNITY CENTER Owner: COUNTY OF DINWIDDIE

Address: 20916 OLD SCHOOL RD Billing Address: _____

City: McKenney State: VA Zip: 23872 City: _____ State: ____ Zip: _____

Last Inspection Date: _____ By: _____

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

PART A EQUIPMENT AND ALARMS

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

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

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

PART C - TEST NOTIFICATIONS

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

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

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

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Fire Protection Systems Report of Inspections

Inspection Contract #: _____

Page ____ of ____

Date: 2-20-18

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

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

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?			✓
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	✓		
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date _____)		✓	
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 2-20-18)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 2-20-18)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?	✓		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		✓	
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓		
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?	✓		
5. Are cold weather valves in the appropriate (open) ☐ / (closed) ☐ position?		✓	
6. Are antifreeze test results satisfactory?		✓	
Test Results: Solution Type _____ Freeze Point _____			
C. Dry Systems (see trip test report dated _____)			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		✓	
4. Are air maintenance device(s) installed and operating properly?		✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		✓	
6. Were low points drained during this inspection? (Quantity Drained _____)(see Part III.J)		✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		✓	
D. Special Systems (Deluge—Preaction) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?		✓	
2. Did the release/activation devices operate properly during detection testing?		✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		✓	
E. Alarms (Wet, Dry, Preaction & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?		✓	
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	✓		
3. Did the central station/monitoring system receive all alarms?	✓		
4. Did the low/high air alarms for the system piping/detection operate properly?		✓	
5. Did tamper devices operate properly?			✓
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			✓
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?	✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?			✓
6. Are sprinklers near heating devices of proper temperature rating?		✓	
G. Control Valves (see item G.7)			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)		✓	
3. Were all control valves operated through full range and returned to normal position? (Date 2-20-18)	✓		
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?			✓
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		✓	

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Page ____ of ____

Fire Protection Systems Report of Inspection

Inspection Contract #: ____

Date: 2-20-18

7.

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

H. Water Supply Data

	YES	N.A.	NO
1. Was a water flow test of main drain made at sprinkler riser?	✓		

2. Water supply pressures:
   a. City _____ psi
   b. Fire pump 90 psi
   c. Tank _____ psi
   d. _____ psi

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

	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.	RISER	1"	90	65	90
b.	RISER	1"	90	N/A	N/A
c.					

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

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

A1 - NO DATA PLAQUE

E5 - TEST HEADER TAMPER WIRED INCORRECTLY WIRED LIKE NORMAL CONTROL VALVE TAMPER COMES IN WHEN CLOSING VALVE

F2 - TAPED SPRINKLER ABOVE ENTRANCE TO BALL ROOM
PAINTED SPRINKLER BY VENDING MACHINE AT LIBRARY

PUMP HOUSE SYSTEM DRAIN NOT PIPED OUT

J. Adjustments or corrections made during this inspection: ____

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

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

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Print Name	Signature	Technician	Date
		G. Walls / J. Ruckman	2-20-18

ISO 9001: 2000 Certified

Annual Pump Test

Inspection Contract #:				Inspection #:	
Location:	CO. of DINWIDDIE RAGSDALE COMMUNITY CENTER			Date:	2-20-15
Address:	20916 OLD SCHOOL RD [redacted]			Technician(s):	C. WELLS / J. RUCKMAN
City:	MA[redacted]	State:	VA	Zip:	23872
Contact Person:		Phone:		Fax Number:	

Actual Test Results

Hose Streams		No Flow		Rated Load		Peak Load
Number		N/A		1		1
Size of Hoses		N/A		2½		2½
Playpipe Tip Size		N/A		1 3/4		1 3/4
Pilot Pressure		N/A		8		18
Gallons Per Minute		N/A		250		375
Pump Discharge Pressure		80		66		50
Pump Suction Pressure		—		—		—
Net Head (psi)		80		66		50
% of Rated Capacity		Churn		100%		150%
Speed (RPM)		1830		1798		1793
Volts		N/A		N/A		N/A
Amps		N/A		N/A		N/A

Manufacture Data Plate Pump Information

Manufacture	AC FIRE	Rated Churn	78.3	Rated Rpm	1775
Shaft		Rated Gpm	250	Rated psi	65.0
Serial No. 1676684/4010-DK197		150% psi	50.7	Rated 150% gpm	325
Model/Type	VITCT	Supply	Gpm at PSI	250	
Water Supply From	WELL	Tank Size		Tank Height	

Vertical Pump

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

Driver

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

Electric Motor

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

Controller

Manufacture	EATON	Start PSI	60	Stop PSI	
Serial No.	1600979D	Model Number	FD120-L1	Stop Method	MANUAL

Jockey Pump

Manufacture	GOULDS	Start PSI	80	Stop PSI	90
Serial No. 15V7GA30		Model Number			
Controller Make	TORNATECH		Model Number	JPI-120/05/1/60	

Comments:

ISO 9001:2008 Certified

FLSA FIRE & LIFE SAFETY AMERICA PROTECTING AMERICA

Fire & Life Safety America, Inc
3017 Vernon Road, Richmond, VA 23228
Tel: (804) 222-1381 Fax: (804) 222-4393
http://flsamerica.com

FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 2-20-18 Work Order #: 472551

GENERAL INFORMATION

Site Name: FORD VOLUNTEER FIRE / EMS Owner: DINWIDDIE COUNTY
Address: 13402 COX RD Address:
City: CHURCH RD State: VA City: State:

Last Inspection Date: By:

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☑ annual Report to:

PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 9:57 (AM) / PM Alarms restored 10:56 (AM) / PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) SIMPLEX 4010

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

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

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓		9:57			
Building Management	✓					
Building O ccupant	✓					
AHJ/FD	✓					
Other (specify)						
Did alarm central station receive signal properly?						
Did alarm panel reset properly?						

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

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

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments
1	SM	M1-1	✓		ABOVE FACP	
1	SM	M1-6	✓		Dining / DAY Room 107	
1	MPS	M1-10	✓		corridor 101 Exit	
1	SM	M1-9	✓		Meeting / Trainining room 104	
1	MPS	M1-13	✓		Apparatus Bay 121 exit	
1	SM	M1-12	✓		Corridor 101 @ office 119	
1	MPS	M1-2	✓		Dining / Day Room 107	
1	~~SM~~	~~M1-6~~	~~✓~~		~~Dining / Day Room 107~~	
1	SM	M1-5	✓		Corridor 106 @ Bunks Rooms	
1	SM	M1-4	✓		Bunk #2 Room	
1	SM	M1-3	✓		Bunk #1 ROOM	
1	~~SMS~~ MPS	M1-8	✓		TRAINING RM EXIT	
1	SM	M1-11	✓		CORRIDORE @ RM 104	

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments

Date Location: Contract #

Section 1 Functional Tests

Part A: Control Panel

Panel Manufacture: SIMPLEX	Model: 4010	☐ Conventional	☒ Addressable
Circuit Style: Class: B	Active zones of Detection	Signal Circuits	

Part B: Supervisory Signal Initiating Devices

Device Type	Qty	"A"	"B"
Water Flow (Vane)			
Water Flow (Pressure)			
Tamper Switch			
Fire Pump AC Failure			
Fire Pump Running			
Fire Pump Trouble			
Generator Running			
Gen. Controller trouble			
Transfer Switch			
Elevator Recall			
Door Relase			
Low Water			

Part C: Visual and Functional Test

Device/Circuit	Yes	No	N/A	Notes
Power lamp lite	✓			
Panel normal	✓			
Lamp test	✓			
Trouble Signal (Buzzer)	✓			
Silence disconnect operate	✓			
Battery backup				
Battery charger				
Fuses checked				
Ground fault				
End of line device check	✓			
Signal ckts. operating	✓			H/S IN COMMONS NON-OP
Remote ann. operating	✓			4906-9127

Annunciator Panel Only Functional and Visual Testing

	Yes	No	N/A
Power Light On	✓		
Annunciator Normal	✓		
Alarm signal	✓		
Trouble Signal	✓		

	Yes	No	N/A	Notes
Lamp Test	✓			
Trouble Silence	✓			
Fuse Check			✓	
Remote Reset	✓			

Part D: Initiating and Supervisory Device Test and Inspection - (Use Addendum)

Part E: On Off Premises Monitoring

	Yes	No	Time	Comments
Alarm Condition				
Alarm Restoral				
Supervisory Signal				
Supervisory Restoral				

Date: Location: Contact #

SECTION II - SYSTEM INSPECTION

Part A: Signaling Line Circuits

Number of signal circuits connected to FACP: 1 2 Style: ☐ "A ☑ "B

Part B: System Power Supplies

1. Primary (main): 120 Volts 10 k Amp breaker | Service panel label: LB | Breaker #: 27

Service panel location:

Disconnect means location:

2. Secondary (Standby)

Storage Battery: 12V | Amp -hr rating: ~~7AH~~ 12AH

Calculated capacity to operate system (hours):

Battery Type:	Dry cell			Nickel Cad			Sealed LA			Lead Acid		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Battery discharge test functinal?			✓			✓	✓					✓
Battery charger test funcional?			✓			✓	✓					✓
Battery spec. gravity functional?			✓			✓						✓

Engine -driven generator fire alarm system dedicated ?

Location of fuel storage:

3. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

	Yes	No	N/A
Emergency system described in NFPA 70, Article 700			
Legally required standby described in NFPA 70, Article 70			
Optional standby system described in NFPA 70, Article 70			

Part C: Alarm & Supervisory Signal Initiating Device / Notification Appliances and Circuit Information

1. Initiating Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Manual Station (coded)	3			
Manual Station (non coded)	3			✓
Ion Detector				
Photo Detector	9			✓
Duct Detector				
Heat Detector				
Flame Detector				
Water Flow Switch (vane)				
Water Flow Switch (pressure)				
Tamper Switch				
Supervisory Switch				

2. Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Bell				
Bell Strobe				
Horn				
Horn Strobe	13			✓
Strobe	4			✓
Chime				
Chime Strobe				
Speaker				

SECTION III - MAINTENANCE

Initiating and Supervisry Device Calibration (Use Addendum II)

SECTION IV - OTHER EQUIPMENT

Part A: Emergency Communication Equipment

	Visual	Functional
Phone Set		
Phone Jacks		
Off Hook Indicator		
Amplifier(s)		

	Visual	Functional
Tone Generator(s)		
Call in Signal		
System Performance		

Part B: Interface Equipment

	Visual	Device operation	Simulated operation
1.(specify)			
2.(specify)			
3.(specify)			

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify) _____

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ❑ Annually
- ❑ Other (Specify) _____

Control Unit Manufacturer: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes
Ion Detectors
Photo Detectors
Duct Detectors
Heat Detectors
Waterflow Switches
Supervisory Switches
Other (Specify): _____

Alarm verification feature is disabled ____ enabled ____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ❑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

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

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 ***Continued***

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑		
Building Occupants	❑	❑		
Building Management	❑	❑		
Other (Specify)	❑	❑		
AHJ Notified of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	❑	❑		
Alarm Restoration	❑	❑		
Trouble Signal	❑	❑		
Supervisory Signal	❑	❑		
Supervisory Restoration	❑	❑		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	❑	❑		
Monitoring Agency	❑	❑		
Building Occupants	❑	❑		
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Butch Ray Date: 2-20-17 Time: _____

Signature: Butch Ray

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

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FLSA FIRE & LIFE SAFETY AMERICA PROTECTING AMERICA

Fire & Life Safety America, Inc
3017 Vernon Road, Richmond, VA 23228
Tel: (804) 222-1381 Fax: (804) 222-4393
http://flsamerica.com

FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 2-23-18 Work Order #:

GENERAL INFORMATION

Site Name: DINWIDDIE CO. COURTHOUSE Owner: DINWIDDIE COUNTY
Address: 14008 BOYDTON PLANK RD Address:
City: DINWIDDIE State: VA City: State:

Last Inspection Date: By:

This inspection is (check one): ☐monthly ☐bi-monthly ☐quarterly ☐semi-annual ☒annual Report to: RICHMOND ALARM CO

PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 5:00 (AM) / PM Alarms restored 0900 (AM) / PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) NOTIFIER ~~AFP~~ AFP400

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

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

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station	✓		5:00	✓		0900
Building Management	✓		5:00	✓		0900
Building O ccupant	✓		5:00	✓		0900
AHJ/FD	✓		5:00	✓		0900
Other (specify)						0
Did alarm central station receive signal properly?				✓		0900
Did alarm panel reset properly?				✓		0900

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

☐Sprinkler System Form
☐Dry Valve Trip Test Report
☐Sprinkler Piping Condition Form
☐Fire Pump Inspection Form
☐_____

☐Standpipe Inspection Form
☐Hydrant Flow Test Form
☐Fire Alarm Detection Form
☐Deluge/Pre-Action Trip Test Report
☐_____

☐Water Storage Tanks Form
☐Private Fire Service Mains Form
☐Backflow Test Form
☐Addendum to Report of Inspection

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments
1	SD	D145	✓		FACP Electric Room	
	PS	M129	✓		Kitchen Pull station	
	SD	D130	✓		Elev lobby 2nd Floor	
	PS	M122	✓		Stair #1	
	PS	M121	✓		Stair #3	
	PS	M118	✓		stair #4 / Lower level failed	
	SD	D121	✓		AHU AREA / Attic	
	SD	D120	✓		Over RAF / Attic	
	SD	D115	✓		AHU Area / Attic	
	PS	M125	✓		Stair #2	
	PS	M132	✓		Stair #3	
		M150			Waterflow 2nd floor failed	
	SD	D153	✓		Elev closet	
					Stair ground floor failed / waterflow	
	SD	D155	✓		Elev lobby	
	PS	M133	✓		stair #2	
					~~Pull station~~	
	SD	D146	✓		Smoke tele closet	
	SD	D147	✓		Common closet 1st floor	
	SD	D164	✓		Ground Floor	
	PS	M145	✓		Lobby	
	PS	M144	✓		Lobby	
	PS	M143	✓		Rear stairwell exit	
	PS	M147	✓		Side exit	
	PS	M146	✓		Stairwell #3	
	SD	D137	✓		DATA Closet 3rd floor	
	SD	D175	✓		3rd Elec room C/23	
	SD	D129	✓		C/21 3rd floor	
	DD	D104	✓		AHU 3 supply	
	DD	D105	✓		AHU 6 return	
	DD	D103	✓		AHU 3 return	
	DD				AHU 4 return / Fail / would not trip	
	DD				AHU 5 return / Fail / did not report to panel	
	DD				AHU 1 return / fail / did not report to panel	
	DD	D110	✓		AHU 1 supply	
	DD	D112	✓		AHU 2 supply	

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments

Date Location: Contract #

Section 1 Functional Tests

Part A: Control Panel

Panel Manufacture:	Model:	☐ Conventional ☐ Addressable
Circuit Style: Class:	Active zones of Detection	Signal Circuits

Part B: Supervisory Signal Initiating Devices

Device Type	Qty	"A"	"B"
Water Flow (Vane)			
Water Flow (Pressure)			
Tamper Switch			
Fire Pump AC Failure			
Fire Pump Running			
Fire Pump Trouble			
Generator Running			
Gen. Controller trouble			
Transfer Switch			
Elevator Recall			
Door Relase			
Low Water			

Part C: Visual and Functional Test

Device/Circuit	Yes	No	N/A	Notes
Power lamp lite				
Panel normal				
Lamp test				
Trouble Signal (Buzzer)				
Silence disconnect operate				
Battery backup				
Battery charger				
Fuses checked				
Ground fault				
End of line device check				
Signal ckts. operating				
Remote ann. operating				

Annunciator Panel Only Functional and Visual Testing

	Yes	No	N/A
Power Light On			
Annunciator Normal			
Alarm signal			
Trouble Signal			

	Yes	No	N/A	Notes
Lamp Test				
Trouble Silence				
Fuse Check				
Remote Reset				

Part D: Initiating and Supervisory Device Test and Inspection - (Use Addendum)

Part E: On Off Premises Monitoring

	Yes	No	Time	Comments
Alarm Condition				
Alarm Restoral				
Supervisory Signal				
Supervisory Restoral				

Date: Location: Contact #

SECTION II - SYSTEM INSPECTION

Part A: Signaling Line Circuits

Number of signal circuits connected to FACP: 2 Style: ☐ "A ☐ "B

Part B: System Power Supplies

1. Primary (main):	Volts	Amp breaker	Service panel label	Breaker #
Service panel location:				
Disconnect means location:				

2. Secondary (Standby)

Storage Battery:	Amp -hr rating:	7.0Ah
Calculated capacity to operate system (hours):		

Battery Type:	Dry cell			Nickel Cad			Sealed LA			Lead Acid		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Battery discharge test functinal?												
Battery charger test funcional?												
Battery spec. gravity functional?												

Engine -driven generator fire alarm system dedicated ?

Location of fuel storage:

3. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

	Yes	No	N/A
Emergency system described in NFPA 70, Article 700			
Legally required standby described in NFPA 70, Article 70			
Optional standby system described in NFPA 70, Article 70			

Part C: Alarm & Supervisory Signal Initiating Device / Notification Appliances and Circuit Information

1. Initiating Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Manual Station (coded)				
Manual Station (non coded)				
Ion Detector				
Photo Detector				
Duct Detector				
Heat Detector				
Flame Detector				
Water Flow Switch (vane)				
Water Flow Switch (pressure)				
Tamper Switch				
Supervisory Switch				

2. Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Bell				
Bell Strobe				
Horn				
Horn Strobe				
Strobe				
Chime				
Chime Strobe				
Speaker				

SECTION III - MAINTENANCE

Initiating and Supervisry Device Calibration (Use Addendum II)

SECTION IV - OTHER EQUIPMENT

Part A: Emergency Communication Equipment

	Visual	Functional
Phone Set		
Phone Jacks		
Off Hook Indicator		
Amplifier(s)		

	Visual	Functional
Tone Generator(s)		
Call in Signal		
System Performance		

Part B: Interface Equipment

	Visual	Device operation	Simulated operation
1.(specify)			
2.(specify)			
3.(specify)			

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify) _____

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ❑ Annually
- ❑ Other (Specify) _____

Control Unit Manufacturer: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ❑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

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

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 *Continued*

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑		
Building Occupants	❑	❑		
Building Management	❑	❑		
Other (Specify)	❑	❑		
AHJ Notified of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	❑	❑		
Alarm Restoration	❑	❑		
Trouble Signal	❑	❑		
Supervisory Signal	❑	❑		
Supervisory Restoration	❑	❑		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	❑	❑		
Monitoring Agency	❑	❑		
Building Occupants	❑	❑		
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Butch Boyd Date: 2-23-16 Time: _____

Signature: Butch Boyd

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

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FLSA FIRE & LIFE SAFETY AMERICA PROTECTING AMERICA

Fire & Life Safety America, Inc
3017 Vernon Road, Richmond, VA 23228
Tel: (804) 222-1381 Fax: (804) 222-4393
http://flsamerica.com

FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 2/21/18 Work Order #:

GENERAL INFORMATION

Site Name: DINWIDDIE LIBRARY Owner: DINWIDDIE COUNTY
Address: Address:
City: DINWIDDIE State: VA City: State:

Last Inspection Date: By:

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to:

PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced AM / PM Alarms restored AM / PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) SIMPLEX 4001

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

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

PART C - TEST NOTIFICATIONS

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

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

☐ Sprinkler System Form
☐ Dry Valve Trip Test Report
☐ Sprinkler Piping Condition Form
☐ Fire Pump Inspection Form
☐ _____

☐ Standpipe Inspection Form
☐ Hydrant Flow Test Form
☐ Fire Alarm Detection Form
☐ Deluge/Pre-Action Trip Test Report
☐ _____

☐ Water Storage Tanks Form
☐ Private Fire Service Mains Form
☐ Backflow Test Form
☐ Addendum to Report of Inspection

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments
3	PS		✓		FRONT DOOR	
1	SD		✓		YOUTH ROOM	
2	SD		✓		RECEPTION AREA	
3	SD		✓		REFERENCE AREA	
4	SD		✓		READING AREA	
1	SD		✓		YOUTH ROOM (ABOVE CEILING) *	
2	SD		✓		Reception Area (above ceiling) *	
3	SD		✓		Reading room (above ceiling) *	
4	SD		✓		~~Squeeze~~ Reference Room (above ceiling *	
					* NO ACCESS	
					ALL SMOKES NEED SENSITIVITY TESTING	

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments

Date Location: Contract #

Section I Functional Tests

Part A: Control Panel

Panel Manufacture: Simplex	Model: 4001	☒ Conventional	☐ Addressable
Circuit Style: Class: B	4 Active zones of Detection	Signal Circuits	

Part B: Supervisory Signal Initiating Devices

Device Type	Qty	"A"	"B"
Water Flow (Vane)			
Water Flow (Pressure)			
Tamper Switch			
Fire Pump AC Failure			
Fire Pump Running			
Fire Pump Trouble			
Generator Running			
Gen. Controller trouble			
Transfer Switch			
Elevator Recall			
Door Relase			
Low Water			

Part C: Visual and Functional Test

Device/Circuit	Yes	No	N/A	Notes
Power lamp lite				
Panel normal				
Lamp test				
Trouble Signal (Buzzer)				
Silence disconnect operate				
Battery backup				
Battery charger				
Fuses checked				
Ground fault				
End of line device check				
Signal ckts. operating				
Remote ann. operating				

Annunciator Panel Only Functional and Visual Testing

	Yes	No	N/A
Power Light On	✓		
Annunciator Normal	✓		
Alarm signal	✓		
Trouble Signal	✓		

	Yes	No	N/A	Notes
Lamp Test	✓			
Trouble Silence	✓			
Fuse Check	✓			
Remote Reset			✓	

Part D: Initiating and Supervisory Device Test and Inspection - (Use Addendum)

Part E: On Off Premises Monitoring

	Yes	No	Time	Comments
Alarm Condition				
Alarm Restoral				
Supervisory Signal				
Supervisory Restoral				

SECTION II - SYSTEM INSPECTION

Part A: Signaling Line Circuits

Number of signal circuits connected to FACP: 2 Style: ☐ "A ☒ "B

Part B: System Power Supplies

1. Primary (main):	Volts	Amp breaker	Service panel label	Breaker #
Service panel location:				
Disconnect means location:				

2. Secondary (Standby)

Storage Battery:	Amp -hr rating:	7.0Ah
Calculated capacity to operate system (hours):		

Battery Type:	Dry cell			Nickel Cad			Sealed LA			Lead Acid		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Battery discharge test functinal?							✓					
Battery charger test funcional?							✓					
Battery spec. gravity functional?									✓			

Engine -driven generator fire alarm system dedicated ?

Location of fuel storage:

3. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

	Yes	No	N/A
Emergency system described in NFPA 70, Article 700			
Legally required standby described in NFPA 70, Article 70			
Optional standby system described in NFPA 70, Article 70			

Part C: Alarm & Supervisory Signal Initiating Device / Notification Appliances and Circuit Information

1.Initiating Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Manual Station (coded)				
Manual Station (non coded)	1			✓
Ion Detector	8			✓
Photo Detector				
Duct Detector				
Heat Detector				
Flame Detector				
Water Flow Switch (vane)				
Water Flow Switch (pressure)				
Tamper Switch				
Supervisory Switch				

2. Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Bell				
Bell Strobe				
Horn				
Horn Strobe	1			✓
Strobe				
Chime				
Chime Strobe				
Speaker				

SECTION III - MAINTENANCE

Initiating and Supervisry Device Calibration (Use Addendum II)

SECTION IV - OTHER EQUIPMENT

Part A: Emergency Communication Equipment

	Visual	Functional
Phone Set		
Phone Jacks		
Off Hook Indicator		
Amplifier(s)		

	Visual	Functional
Tone Generator(s)		
Call in Signal		
System Performance		

Part B: Interface Equipment

	Visual	Device operation	Simulated operation
1.(specify)			
2.(specify)			
3.(specify)			

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify) _____

_____

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ❑ Annually
- ❑ Other (Specify) _____

_____

Control Unit Manufacturer: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____
		_____

Alarm verification feature is disabled _____ enabled _____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ❑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

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

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 ***Continued***

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑		
Building Occupants	❑	❑		
Building Management	❑	❑		
Other (Specify)	❑	❑		
AHJ Notified of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	❑	❑		
Alarm Restoration	❑	❑		
Trouble Signal	❑	❑		
Supervisory Signal	❑	❑		
Supervisory Restoration	❑	❑		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	❑	❑		
Monitoring Agency	❑	❑		
Building Occupants	❑	❑		
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Butch Boyd Date: 2-21-18 Time: _____

Signature: Butch Boyd

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

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FLSA Fire & Life Safety America — Protecting America

Fire & Life Safety America, Inc
3017 Vernon Road, Richmond, VA 23228
Tel: (804) 222-1381 Fax: (804) 222-4393
http://flsamerica.com

FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 2/21/18 Work Order #:

GENERAL INFORMATION

Site Name: Dinwiddie Public Safety Owner:
Address: 13910 Courthouse Rd Address:
City: Dinwiddie State: VA City: State:

Last Inspection Date: By:

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to:

PART A EQUIPMENT AND ALARMS

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

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

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

PART C - TEST NOTIFICATIONS

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

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

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

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments
1	PS		✓		Front of Building	
2	PS		✓		Exit in Chiefs Office	
3	SD		✓		Electrical Rm	
4	DSD		✓		Electrical Rm	
5	SD		✓		Janitors Closet	
6	HD		✓		Kitchen	- Visually tested
7	SD		✓		Computer Rm	
8	SD		✓		Conference Rm	- No Access
9	SD		✓		Dispatch	
10	DSD		✓		Chiefs Closet	

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments

Date | Location: | Contract #

Section 1 Functional Tests

Part A: Control Panel

Panel Manufacture: Silent Knight	Model: 5207	☒ Conventional ☐ Addressable	
Circuit Style: Class:	Active zones of Detection 10	Signal Circuits 2	

Part B: Supervisory Signal Initiating Devices

Device Type	Qty	"A"	"B"
Water Flow (Vane)			
Water Flow (Pressure)			
Tamper Switch			
Fire Pump AC Failure			
Fire Pump Running			
Fire Pump Trouble			
Generator Running			
Gen. Controller trouble			
Transfer Switch			
Elevator Recall			
Door Relase			
Low Water			

Part C: Visual and Functional Test

Device/Circuit	Yes	No	N/A	Notes
Power lamp lite	X			
Panel normal	X			
Lamp test	X			
Trouble Signal (Buzzer)	X			
Silence disconnect operate	X			
Battery backup	X			
Battery charger	X			
Fuses checked			X	
Ground fault			X	
End of line device check			X	
Signal ckts. operating	X			
Remote ann. operating	X			

Annunciator Panel Only Functional and Visual Testing

	Yes	No	N/A
Power Light On	X		
Annunciator Normal	X		
Alarm signal	X		
Trouble Signal	X		

	Yes	No	N/A	Notes
Lamp Test	X			
Trouble Silence	X			
Fuse Check		X		
Remote Reset	X			

Part D: Initiating and Supervisory Device Test and Inspection - (Use Addendum)

Part E: On Off Premises Monitoring

	Yes	No	Time	Comments
Alarm Condition				NOT Monitored
Alarm Restoral				
Supervisory Signal				
Supervisory Restoral				

Date: Location: Contact #

SECTION II - SYSTEM INSPECTION

Part A: Signaling Line Circuits

Number of signal circuits connected to FACP: 2 Style: ☒ "A ☐ "B

Part B: System Power Supplies

1. Primary (main):	120 Volts	Amp breaker	Service panel label	Breaker #
Service panel location:				
Disconnect means location:				

2. Secondary (Standby)

Storage Battery: 12V	Amp -hr rating: 7.0Ah
Calculated capacity to operate system (hours):	

Battery Type:	Dry cell			Nickel Cad			Sealed LA			Lead Acid		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Battery discharge test functinal?							X					
Battery charger test funcional?							X					
Battery spec. gravity functional?									X			

Engine -driven generator fire alarm system dedicated ?

Location of fuel storage:

3. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

	Yes	No	N/A
Emergency system described in NFPA 70, Article 700			
Legally required standby described in NFPA 70, Article 70			
Optional standby system described in NFPA 70, Article 70			

Part C: Alarm & Supervisory Signal Initiating Device / Notification Appliances and Circuit Information

1. Initiating Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Manual Station (coded)				
Manual Station (non coded)	3			
Ion Detector				
Photo Detector	5			
Duct Detector	2			
Heat Detector				
Flame Detector				
Water Flow Switch (vane)				
Water Flow Switch (pressure)				
Tamper Switch				
Supervisory Switch				

2. Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Bell				
Bell Strobe				
Horn				
Horn Strobe	7			
Strobe				
Chime				
Chime Strobe				
Speaker				

SECTION III - MAINTENANCE

Initiating and Supervisry Device Calibration (Use Addendum II)

SECTION IV - OTHER EQUIPMENT

Part A: Emergency Communication Equipment

	Visual	Functional
Phone Set		
Phone Jacks		
Off Hook Indicator		
Amplifier(s)		

	Visual	Functional
Tone Generator(s)		
Call in Signal		
System Performance		

Part B: Interface Equipment

	Visual	Device operation	Simulated operation
1.(specify)			
2.(specify)			
3.(specify)			

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify) _____

_____

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ❑ Annually
- ❑ Other (Specify) _____

_____

Control Unit Manufacturer: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____
_____	_____	_____

Alarm verification feature is disabled _____ enabled _____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ❑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

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

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 ***Continued***

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑		
Building Occupants	❑	❑		
Building Management	❑	❑		
Other (Specify)	❑	❑		
AHJ Notified of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	❑	❑		
Alarm Restoration	❑	❑		
Trouble Signal	❑	❑		
Supervisory Signal	❑	❑		
Supervisory Restoration	❑	❑		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	❑	❑		
Monitoring Agency	❑	❑		
Building Occupants	❑	❑		
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Brett Boyd Date: 2-21-18 Time: _____

Signature: Brett Boyd

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

ISO 9001:2008 Certified

FLSA FIRE & LIFE SAFETY AMERICA PROTECTING AMERICA

Fire & Life Safety America, Inc
3017 Vernon Road, Richmond, VA 23228
Tel: (804) 222-1381 Fax: (804) 222-4393
http://flsamerica.com

FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: _____ Work Order #: _____

GENERAL INFORMATION

Site Name: MANOZINE VOL FIRE/EMS Owner: DINWIDDIE CO.

Address: 3913 PELHAM AVE Address: _____

City: PETERSBURG State: VA City: _____ State: _____

Last Inspection Date: _____ By: _____

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☑ annual Report to: _____

PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced N/A AM / PM Alarms restored N/A AM / PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) FIRE LITE MS9200UD

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

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

PART C - TEST NOTIFICATIONS

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

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

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

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments
1	PS	1M016	✓		DINING AREA RIGHT	
1	PS	1M05	✓		DINING AREA LEFT	
1	PS	1M01	✓		FRONT DOOR	
1	PS	1M[redacted]37	✓		UPSTAIRS DAY ROOM	
1	PS	1M18	✓		UPSTAIRS BERTHING	
	SD	1D96	✓		STORAGE RM	
	SD	1D02	✓		1ST FLOOR CORRIDOR	
	SD	1D03	✓		RADIO RM	
	SD	1D04	✓		KITCHEN	
	SD	1D08	✓		1ST FL BUNK RM	
	HD	1D07	✓		1ST FL BUNK RM	
	SD	1D09	✓		" " "	
	SD	1D10	✓		1ST FL MECH RM	
	HD	1D11	✓		" " " "	
	SD	1D12	✓		2ND DAY RM	
	SD	1D13	✓		" " "	
	HD	1D14	✓		2ND FL MECH RM	
	SD	1D15	✓		" " " "	
	SD	1D16	✓		2ND FL BUNK RM	
	SD	1D17	✓		" " " "	
	SD	1D33	✓		ANNEX KITCHEN	
	HD	1D43	✓		" "	
	SD	1D50	✓		ANNEX ELEC CLOSET	
	SD	1D62	✓		ANNEX HALLWAY	
	SD	1D70	✓		ANNEX LOUNGE	
	SD	1D71	✓		" "	
	SD	1D72	✓		ANNEX HALL	
	SD	1D73	✓		ANNEX LOUNGE	
	SD	1D77	✓		ANNEX CLASSRM	
	SD	1D82	✓		" "	
	SD	1D84	✓		" "	
	SD	1D85	✓		" "	
	SD	1D 86	✓		" "	
	SD	1D 87	✓		" "	
	HD	1D93	✓		ANNEX MECH RM	
	SD	1D94	✓		MECH ROOM	
	~~PS~~	~~1M37~~			~~DAY ROOM SECOND FLOOR~~	
*	PS	1M80	✓	✓	TRAINING ROOM - [redacted] BG12LX	
	PS	1M81	✓	✓	" "	
	PS	1M95	✓	✓	STORAGE EXIT	
	PS	1M98	✓	✓	STORAGE	

* 1M80 - FAILED NEEDS TO BE REPLACED W/ BG12LX

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments

Date Location: Contract #

Section 1 Functional Tests

Part A: Control Panel

Panel Manufacture: FIRE	Model:	☐ Conventional ☒ Addressable
Circuit Style: Class: B	Active zones of Detection	Signal Circuits

Part B: Supervisory Signal Initiating Devices

Device Type	Qty	"A"	"B"
Water Flow (Vane)			
Water Flow (Pressure)			
Tamper Switch			
Fire Pump AC Failure			
Fire Pump Running			
Fire Pump Trouble			
Generator Running			
Gen. Controller trouble			
Transfer Switch			
Elevator Recall			
Door Relase			
Low Water			

Part C: Visual and Functional Test

Device/Circuit	Yes	No	N/A	Notes
Power lamp lite				
Panel normal				
Lamp test				
Trouble Signal (Buzzer)				
Silence disconnect operate				
Battery backup				
Battery charger				
Fuses checked				
Ground fault				
End of line device check				
Signal ckts. operating				
Remote ann. operating				

Annunciator Panel Only Functional and Visual Testing

	Yes	No	N/A
Power Light On	✓		
Annunciator Normal	✓		
Alarm signal	✓		
Trouble Signal	✓		

	Yes	No	N/A	Notes
Lamp Test	✓			
Trouble Silence	✓			
Fuse Check			✓	
Remote Reset			✓	

Part D: Initiating and Supervisory Device Test and Inspection - (Use Addendum)

Part E: On Off Premises Monitoring

	Yes	No	Time	Comments
Alarm Condition				
Alarm Restoral				
Supervisory Signal				
Supervisory Restoral				

Date: Location: Contact #

SECTION II - SYSTEM INSPECTION

Part A: Signaling Line Circuits

Number of signal circuits connected to FACP: 2 Style: ☐ "A ☐ "B

Part B: System Power Supplies

1. Primary (main):	Volts	Amp breaker	Service panel label	Breaker #
Service panel location:				
Disconnect means location:				

2. Secondary (Standby)

Storage Battery: 12V	Amp -hr rating: 7.0Ah
Calculated capacity to operate system (hours):	

Battery Type:	Dry cell			Nickel Cad			Sealed LA			Lead Acid		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Battery discharge test functinal?							✓					
Battery charger test funcional?							✓					
Battery spec. gravity functional?									✓			

Engine -driven generator fire alarm system dedicated ?

Location of fuel storage:

3. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

	Yes	No	N/A
Emergency system described in NFPA 70, Article 700			
Legally required standby described in NFPA 70, Article 70			
Optional standby system described in NFPA 70, Article 70			

Part C: Alarm & Supervisory Signal Initiating Device / Notification Appliances and Circuit Information

1.Initiating Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Manual Station (coded)				
Manual Station (non coded)	[redacted]9			✓
Ion Detector				
Photo Detector	[redacted]26			✓
Duct Detector				
Heat Detector	5			✓
Flame Detector				
Water Flow Switch (vane)				
Water Flow Switch (pressure)				
Tamper Switch				
Supervisory Switch				

2. Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Bell				
Bell Strobe				
Horn	4			✓
Horn Strobe				
Strobe				
Chime				
Chime Strobe				
Speaker				

SECTION III - MAINTENANCE

Initiating and Supervisry Device Calibration (Use Addendum II)

SECTION IV - OTHER EQUIPMENT

Part A: Emergency Communication Equipment

	Visual	Functional
Phone Set		
Phone Jacks		
Off Hook Indicator		
Amplifier(s)		

	Visual	Functional
Tone Generator(s)		
Call in Signal		
System Performance		

Part B: Interface Equipment

	Visual	Device operation	Simulated operation
1.(specify)			
2.(specify)			
3.(specify)			

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify) _____

_____

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ❑ Annually
- ❑ Other (Specify) _____

_____

Control Unit Manufacturer: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

_____

Alarm verification feature is disabled _____ enabled _____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ❑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

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

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 ***Continued***

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑		
Building Occupants	❑	❑		
Building Management	❑	❑		
Other (Specify)	❑	❑		
AHJ Notified of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	❑	❑		
Alarm Restoration	❑	❑		
Trouble Signal	❑	❑		
Supervisory Signal	❑	❑		
Supervisory Restoration	❑	❑		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	❑	❑		
Monitoring Agency	❑	❑		
Building Occupants	❑	❑		
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Butch Boyd Date: 2-21-18 Time: _____

Signature: Butch Boyd

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

ISO 9001:2008 Certified

FLSA FIRE & LIFE SAFETY AMERICA PROTECTING AMERICA

Fire & Life Safety America, Inc
3017 Vernon Road, Richmond, VA 23228
Tel: (804) 222-1381 Fax: (804) 222-4393
http://flsamerica.com

FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 2-20-18 Work Order #: 472551

GENERAL INFORMATION

Site Name: RAGSDALE COMMUNITY CENTER Owner: DINWIDDIE COUNTY
Address: 20916 OLD SCHOOL RD Address:
City: MCKENNEY State: VA City: State:

Last Inspection Date: By:

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☑ annual Report to:

PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced AM / PM Alarms restored AM / PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) FIRE-LITE MS-9200UDLS

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

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

PART C - TEST NOTIFICATIONS

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

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

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

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments
1	PS	1M01	✓		FRONT ENTRANCE	
1	PS	1M02	✓		" "	
1	PS	1M11	✓		KID ZONE	
1	PS	1M08	✓		BACK EXIT	
1	PS	1M07	✓		LIBRARY VESTIBULE	
1	PS	1M05	✓		LIBRARY EXIT	
1	SD	1D01	✓		ABOVE FACP	
1	SD	1D02	✓		DATA ROOM	
1	SD	1D04	✓		ELECTRICAL ROOM 115	
1	DD	1D03	✓		RTHP#6 RETURN	
1	DD	1D06			UNABLE TO LOCATE (IN PROGRAMMING)	
1	DD	1D09			" " " (" " ")	
1	MOD	1M03		✓	RTHP#6 SHUTDOWN	
1	MOD	1M06		✓		
1	MOD	1M09		✓		
1	PS	1M022	✓		PUMP HOUSE	
	PS	1M012	✓		SUNNYSIDE CRAFT ROOM	

INITIATING / SIGNALING DEVICES TEST SURVEY

Addendum I to Fire Alarm and Detection System Inspection and Testing Form

Date:

Zone	Device	Serial Number	Alarm	Supv	Location	Comments

Date Location: Contract #

Section I Functional Tests

Part A: Control Panel

Panel Manufacture: FIRE LITE	Model: M5-9200ULDS	☐ Conventional	☑ Addressable
Circuit Style: Class: B	Active zones of Detection	Signal Circuits	

Part B: Supervisory Signal Initiating Devices

Device Type	Qty	"A"	"B"
Water Flow (Vane)			
Water Flow (Pressure)			
Tamper Switch			
Fire Pump AC Failure			
Fire Pump Running			
Fire Pump Trouble			
Generator Running			
Gen. Controller trouble			
Transfer Switch			
Elevator Recall			
Door Relase			
Low Water			

Part C: Visual and Functional Test

Device/Circuit	Yes	No	N/A	Notes
Power lamp lite	✓			
Panel normal	✓			
Lamp test	✓			
Trouble Signal (Buzzer)	✓			
Silence disconnect operate				
Battery backup	✓			
Battery charger	✓			
Fuses checked	✓			
Ground fault	✓			
End of line device check	✓			
Signal ckts. operating	✓			
Remote ann. operating			✓	

Annunciator Panel Only Functional and Visual Testing

	Yes	No	N/A
Power Light On	✓		
Annunciator Normal	✓		
Alarm signal	✓		
Trouble Signal	✓		

	Yes	No	N/A	Notes
Lamp Test				
Trouble Silence				
Fuse Check				
Remote Reset				

Part D: Initiating and Supervisory Device Test and Inspection - (Use Addendum)

Part E: On Off Premises Monitoring

	Yes	No	Time	Comments
Alarm Condition				
Alarm Restoral				
Supervisory Signal				
Supervisory Restoral				

Date: Location: Contact #

SECTION II - SYSTEM INSPECTION

Part A: Signaling Line Circuits

Number of signal circuits connected to FACP: 2 Style: ☐ "A ☑ "B

Part B: System Power Supplies

1. Primary (main):	Volts	Amp breaker	Service panel label: L1-2	Breaker # 40
Service panel location:				
Disconnect means location:				

2. Secondary (Standby)

Storage Battery: 12V	Amp -hr rating: 7.0Ah
Calculated capacity to operate system (hours):	

Battery Type:	Dry cell			Nickel Cad			Sealed LA			Lead Acid		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Battery discharge test functinal?							✓					
Battery charger test funcional?							✓					
Battery spec. gravity functional?									✓			

Engine -driven generator fire alarm system dedicated ?

Location of fuel storage:

3. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply

	Yes	No	N/A
Emergency system described in NFPA 70, Article 700			
Legally required standby described in NFPA 70, Article 70			
Optional standby system described in NFPA 70, Article 70			

Part C: Alarm & Supervisory Signal Initiating Device / Notification Appliances and Circuit Information

1. Initiating Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Manual Station (coded)				
Manual Station (non coded)	28			
Ion Detector				
Photo Detector	3			
Duct Detector	3			
Heat Detector				
Flame Detector				
Water Flow Switch (vane)				
Water Flow Switch (pressure)				
Tamper Switch				
Supervisory Switch				

2. Appliances: Devices / Circuit:

	Qty	Style:	"A"	"B"
Bell				
Bell Strobe				
Horn	1			✓
Horn Strobe	39			✓
Strobe	6			✓
Chime				
Chime Strobe				
Speaker				

SECTION III - MAINTENANCE

Initiating and Supervisry Device Calibration (Use Addendum II)

SECTION IV - OTHER EQUIPMENT

Part A: Emergency Communication Equipment

	Visual	Functional
Phone Set		
Phone Jacks		
Off Hook Indicator		
Amplifier(s)		

	Visual	Functional
Tone Generator(s)		
Call in Signal		
System Performance		

Part B: Interface Equipment

	Visual	Device operation	Simulated operation
1.(specify)			
2.(specify)			
3.(specify)			

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify) _____

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ☑ Annually
- ❑ Other (Specify) _____

Control Unit Manufacturer: FIRE LITE

Model No.: 9200 UD LS

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
7	B	Manual Fire Alarm Boxes
		Ion Detectors
3	B	Photo Detectors
3	B	Duct Detectors
		Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

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

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

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

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 ***Continued***

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑		
Building Occupants	❑	❑		
Building Management	❑	❑		
Other (Specify)	❑	❑		
AHJ Notified of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	❑	❑		
Alarm Restoration	❑	❑		
Trouble Signal	❑	❑		
Supervisory Signal	❑	❑		
Supervisory Restoration	❑	❑		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	❑	❑		
Monitoring Agency	❑	❑		
Building Occupants	❑	❑		
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Butch Boyd Date: 2-20-18 Time: _____

Signature: Butch Boyd

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*