

14-047 Addendum 4 EXHIBIT B - 2013 Fire Inspection Reports PART 1

Location / Buildings include:

- City Dock
- Warehouse
- Facility Maintenance
- Police and Fire
- Community Services department
- Community Development
- Utilities Maintenance
- Car Wash
- Tennis Center
- 8th Ave Garage

IMPORTANT MESSAGE

PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE BID COVER SHEET.

COMPANY

City Boat Dock

INVOICE# 522153

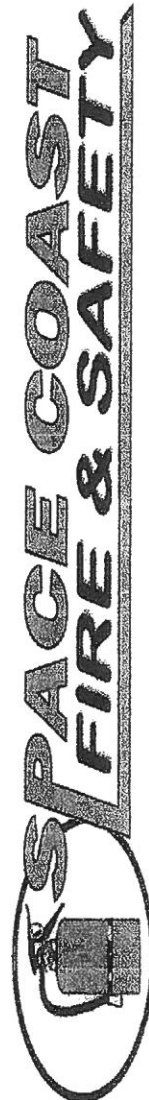
Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 373364	ENGINE ROOM	01/09	01/09	ABL	Budger	TAC
2 317049	DOCK	2008	N/A	Dry Chem	Ansol Sentry	TAC
3 930711	Fire Cabinet 1	08/02 08/08	08/08	ABC	Ansol Sentry	TAC
4 00166631	Fire Cabinet 2	11/13	11/13	ABC	Buckeye	6-Yr
5 690308	Fire Cabinet 3	2008	N/A	ABC	Ametek	TAC
6 502382	Fire Cabinet 4	11/13	11/13	ABC	Buckeye	6-Yr
7 256037	Fire Cabinet 5	11/13	11/13	ABC	Ansol Sentry	6-Yr
8 861887	Fire Cabinet 6	6/08	6/08	ABC	Budger	TAC
9 373482	Fire Cabinet 7	10/11	10/11	ABC	Ametek	Tac
10 205849	Fire Cabinet 8	11/13	11/13	ABL	Buckeye	6-Yr
11 266941	Washer/Dryer Area	2008	N/A	Dry Chem	Ansol Sentry	TAC
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Job Site:

Invoice Number:

Date:

Location	Type	Battery Size	Pass/Fail	Condition
1 Mens RR	Safety light		Pass	Good
2 Mens RL	Exit light		Pass	Good
3 Womens RR	Exit light		Pass	Good
4 Womens RL	Safety light		Pass	Good
5		4		
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Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



Inspecting Firm (Contractor): Space Coast Fire & Safety Inspector: D. Bullock Inspection Contract# _____
 Date of This Inspection: 11/21/13 Completed by: D. Bullock
 Name of Property: City Boat Dock
 Street Address: _____
 City: Naples FL State: _____ Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: _____
 Position: _____ Authority to Approve Work?

Y	N/A	N
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 Property Owner: City of Naples
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Responsible Party Name: _____ Position: _____
 Name of Supervisory Alarm Company: _____ Phone: _____
 Date of Last Inspection: _____ Prior Inspector's Name: _____

General Information Section

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: THIS IS NOT AN ENGINEERING REVIEW

All equipment in place. All hoses due for hydrostatic test

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: _____
 INSPECTOR'S SIGNATURE: [Signature] DATE: 11/21/13



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Describe special procedures:

- System tested 100%
- System partially tested (specify):

Completion notification after testing:

Time: _____ a.m. By: _____

- Monitoring entity
- Building occupants:
- Building management
- Others (specify)

The following did not operate properly:

System was restored to normal operation and taken off test status at:

Times: 12:30 ^{PM}_{a.m.} By: D.B. Mod

This testing was performed in accordance with applicable NFPA standards.

Inspected by: D. B. Mod
Signature: *[Handwritten Signature]*

Owner of representative:
Signature:

A.H.J. or representative:
Signature:

Systems Tests and Inspections:

	Visual	Functional
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Interface / shutdown equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Indicator lamps / LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disconnect means	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ground fault monitor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		12.8 Load voltage: 12.6 Discharge test 12.2 Charger test n/A Specific gravity
Surge suppression	<input type="checkbox"/>	<input type="checkbox"/>
Remote annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notification Appliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Audible Visual Volume Message clarity
(Emergency communications equip)	<input checked="" type="checkbox"/> Not applicable	
Phone set	<input type="checkbox"/>	<input type="checkbox"/>
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>
Off-hook indication	<input type="checkbox"/>	<input type="checkbox"/>
Amplifiers	<input type="checkbox"/>	<input type="checkbox"/>
Tone generators	<input type="checkbox"/>	<input type="checkbox"/>
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring (on or off premises)	<input type="checkbox"/> Not applicable	
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisory alarm	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory restoral	<input type="checkbox"/>	<input type="checkbox"/>
System Performance	<input type="checkbox"/> Non Functional	<input checked="" type="checkbox"/> Functional

Comments:

Initiating Device and Circuit Information:

Initiating Device Circuits (See NFPA 72, Table 3-5)

Total number of Initiating Device Circuits (I.D.C.'s) on system: 3

Circuit Styles: Style D (Class A) circuits

Style B (Class B) circuits

Signal Line Circuits (See NFPA 72, Table 3-6)

Total number of Signal Line Circuits (I.D.C.'s) on system:

Circuit Styles: Style 6a (Class A) circuits

Style 4 (Class B) circuits

Quantity	Circuit Style	Devices
<u>2</u>	<u>B</u>	Manual Stations
		Ionization smoke detectors
		Photo electric smoke detectors
		Duct smoke detectors, ionization
		Duct smoke detectors, photoelectric
<u>1</u>	<u>B</u>	Heat detectors, temp, R/R _____
		Waterflow switches: _____ pres. _____ vane
		Other, specify:
		Supervisory tamper switches
		Generator condition:
		Fire pump condition:
		Other, specify

Alarm Notification Appliance and Circuit Information

Total number of Notification Appliance Circuits (N.A.C.'s) on system:

Circuit Styles: Style Z (Class A) circuits

Style Y (Class B) circuits

Quantity	Circuit Style	Notification Appliances
<u>1</u>	<u>Y</u>	Bells
<u>1</u>	<u>Y</u>	Horns + Strobe
		Chimes
<u>1</u>	<u>Y</u>	Strobes
		Speakers
		Apartment Sounders
		Other, specify:

Fire Alarm Test and Inspection Record

Space Coast Fire and Safety, Inc.
420 Manor Drive
Merritt Island, FL 32952

Phone: (321) 783-1040
Fax: (321) 783-1516
License # EC-13001156
EF-20000623

Property: Naples Dock
Address: 880 12th Ave S
Naples
Contact:
Phone:
Owner/Mgr:
Phone:
Contact:
Phone:

Date: 11/21/13 Time: 12 am
Monitored by: All American
Phone: 800 318 9486
Account Number: 4443-6D
On test until: am
Jurisdiction: Naples FIRE
Phone:
Inspection Interval:

Inspection Conducted by:
D. Bullock

Annual

Testing notification prior to testing:
Time: 12 am By: D. Bullock
 Monitoring Entity
 Building Occupants
 Building Management
 Others (Specify)

System Description:
Transmission Type: Digital
Communication Model: DACT
Panel Mfgr: Napco
Model number: Magnum 6000
Software:
Date of last service:
Date / scope of last software change:

Primary Power Voltage: 120V
Rated Current:
Over Current Protection: BREAKER
Capacity: 20
Panel: C
Breaker Number: 18
Secondary (standby) power supply
24 Hour stby/5 min. alarm
Batteries: 1 12V 7AH
Type & location: Panel Sealed

COMPANY

City Warehouse / Records

INVOICE# 522618

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 258317	office	04	05	^{10 #} ABC	Badger	Tag
2 428173	Bay door	08		^{20 #} Halation	ANSUL	Tag
3 772614	office	12	12	^{10 #} ABC	BUCK	Tag
4 638365	UP STAIRS	11	11	^{10 #} ABC	AX	Tag
5 465331	Bay door	09		^{10 #} AX	AX	Tag
6 420283	Bay door	13	13	^{10 #} ABC	AX	HYDRO
7 137441	Back Bay	07	13	^{10 #} ABC	ANSUL	Tag
8 441135	Office	13	13	^{10 #} ABC	Badger	Hydro
9 73515	Office	13	13	^{10 #} ABC	Badger	Hydro
10 722						
11 14294	lockup	12	12	¹⁰ ABC	BUCK	Tag
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Fire Alarm Test and Inspection Record

Space Coast Fire and Safety, Inc.
420 Manor Drive
Merritt Island, FL 32952

Phone: (321) 783-1040
Fax: (321) 783-1516
License # EC-13001156
EF-20000623

Property: City of Naples City Warehouse
Address: 270 Riverside Dr

Date: 11/18/13 Time: 1 ^{pm}~~am~~

Naples, FL

Monitored by: All America

Contact:

Phone: 1-800-318-9456

Phone:

Account Number: 4439-60

Owner/Mgr:

On test until: 3 ~~am~~ ^{pm}

Phone:

Jurisdiction: Naples

Contact:

Phone:

Phone:

Inspection Interval: Annually

Inspection Conducted by:

Robbie

Testing notification prior to testing:

Time: 1 ^{pm}~~am~~ By: RC

- Monitoring Entity
- Building Occupants
- Building Management
- Others (Specify)

System Description:

Transmission Type: Direct

Communication Model:

Panel Mfr: B Radonier

Model number: D7024

Software:

Date of last service: 11/12

Date / scope of last software change:

Primary Power Voltage: 120vac

Rated Current: 5

Over Current Protection: Breaker

Capacity: 20

Panel: 01

Breaker Number: 41

Secondary (standby) power supply

24 Hour stby/5 min. alarm

Batteries: 2 x 12V 7 Ah

Type & location: Sealed / panel

Initiating Device and Circuit Information:

Initiating Device Circuits (See NFPA 72, Table 3-5)

Total number of Initiating Device Circuits (I.D.C.'s) on system: 4

Circuit Styles: B Style D (Class A) circuits Style B (Class B) circuits

Signal Line Circuits (See NFPA 72, Table 3-6)

Total number of Signal Line Circuits (I.D.C.'s) on system: 1

Circuit Styles: Style 6a (Class A) circuits Style 4 (Class B) circuits

Quantity	Circuit Style	Devices
1	B	Manual Stations
1	B	Ionization smoke detectors
		Photo electric smoke detectors
		Duct smoke detectors, ionization
		Duct smoke detectors, photoelectric
		Heat detectors, temp, R/R _____
1	F	Waterflow switches: _____ pres. <input checked="" type="checkbox"/> vane
		Other, specify:
1	B	Supervisory tamper switches
		Generator condition:
		Fire pump condition:
		Other, specify

Alarm Notification Appliance and Circuit Information

Total number of Notification Appliance Circuits (N.A.C.'s) on system: 1

Circuit Styles: Style Z (Class A) circuits Style Y (Class B) circuits

Quantity	Circuit Style	Notification Appliances
1	Y	Bells
		Horns / siren
		Chimes
		Strobes
		Speakers
		Apartment Sounders
		Other, specify:

Systems Tests and Inspections:

	Visual	Functional
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> pulled MFS
Interface / shutdown equipment	<input type="checkbox"/>	<input type="checkbox"/>
Indicator lamps / LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> visual
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> visual
Primary Power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> metered 120VAC
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Disconnect MFC
Disconnect means	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Flipped Breaker
Ground fault monitor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Load voltage: 24.5VDC <input checked="" type="checkbox"/> Discharge test <input checked="" type="checkbox"/> Charger test 27.7VDC <input type="checkbox"/> Specific gravity
Surge suppression	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote annunciators	<input type="checkbox"/> N/A	<input type="checkbox"/>
Notification Appliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> pulled MFS <input checked="" type="checkbox"/> Audible <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Volume <input type="checkbox"/> Message clarity
(Emergency communications equip)	<input checked="" type="checkbox"/> Not applicable	
Phone set	<input type="checkbox"/>	<input type="checkbox"/>
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>
Off-hook indication	<input type="checkbox"/>	<input type="checkbox"/>
Amplifiers	<input type="checkbox"/>	<input type="checkbox"/>
Tone generators	<input type="checkbox"/>	<input type="checkbox"/>
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring (on or <u>off</u> premises)	<input type="checkbox"/> Not applicable	
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisory alarm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisory restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/> Non Functional	<input checked="" type="checkbox"/> Functional

Comments:

Describe special procedures:

- System tested 100%
- System partially tested (specify):

Completion notification after testing:

Time: 1:30 ^{pm} By: R

- Monitoring entity
- Building occupants:
- Building management
- Others (specify)

The following did not operate properly:

Fire Alarm and electrical boxes need 3ft of clearance around them

System was restored to normal operation and taken off test status at:

Times: 1:30 ^{pm} By: R

This testing was performed in accordance with applicable NFPA standards.

Inspected by: R. Chonbat

Signature: 

Owner of representative:

Signature:

A.H.J. or representative::

Signature:

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: *M. D. [Signature]* Inspection Contract# _____
 Date of This Inspection: *11/18/13* Completed by: *M. D. [Signature]*
 Name of Property: *City Warehouse / Second Storage*
 Street Address: *270 Riverside Circle*
 City: *Naples* State: *FL* Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: *Heather*
 Position: *Contract Services Mgr* Authority to Approve Work? Y N/A N
 Property Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Responsible Party Name: _____ Position: _____
 Name of Supervisory Alarm Company: *AA American* Phone: _____
 Date of Last Inspection: *8/2013* Prior Inspector's Name: *M. D. [Signature]*

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: THIS IS NOT AN ENGINEERING REVIEW

New change on 1. ser.

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: *[Signature]* DATE: _____
 INSPECTOR'S SIGNATURE: *[Signature]* DATE: *11/18/13*



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REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: Space Coast Fire & Safety Inspection Contract# _____
 Name of Inspected Property: City Warehouse / Record Storage
 Inspector Name: M. D. B... Date: 11/12/13
 Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems				Y	N/A	N
E.1.0	System in service on inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.2.0	Hangers and seismic bracing appears undamaged and tightly attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.0	Piping appears free of mechanical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.1	Piping appears free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.2	Piping appears free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.3	Piping appears properly aligned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.4	Piping appears free of external loading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.0	Sprinklers appear free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.1	Sprinklers appear free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.2	Sprinklers appear free of foreign materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.3	Sprinklers appear free of paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.4	Sprinklers appear free of physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.5	Sprinklers appear properly oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.6	Sprinkler spray patterns appear free of unacceptable obstructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.7	Glass bulbs appear full of liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.8	Spare sprinklers are of proper number (at least 6), type and temperature rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.9	Spare sprinklers stored where temperature maximum is 100°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.10	Wrench available for each type of sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PRIOR TO FREEZING WEATHER:						
E.5.0	Building is secure such as not to expose piping to freezing conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.5.1	Adequate heat is provided maintaining temperatures at 40°F or higher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.6.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.7.0	COMMENTS:	<u>Note: New Gang on Use</u>				

Annual Testing for Wet Pipe Sprinkler Systems				Y	N/A	N
F.1.0	System in service before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.1.1	Pertinent parties notified before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.1.2	Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.2.0	Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.2.1	Supply water gauge reading before flow (static)	<u>60</u>	psi			
F.2.2	Gauge reading during stable flow (residual)	<u>50</u>	psi			
F.2.3	Time for supply pressure to return to normal	<u>1</u>	sec			
F.3.0	Antifreeze solution tested and freezing point determined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.3.1	Antifreeze solution freezing point		°F			
F.3.2	Antifreeze solution freezing point after adjustment		°F			
F.4.0	Control valves (including backflow and PIVs) operated through full range and returned to normal position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.4.1	PIVs opened until spring or torsion felt in rod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.4.2	PIVs and OS&Ys backed 1/4 turn from full open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.4.3	Main drain test conducted (see F.2.0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.0	Backflow prevention assembly forward flow test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.1	System demand flow was achieved through the device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.2	Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.3	Forward flow test conducted without measuring flow (device $\leq 2\text{''}$ and outlet sized to flow system demand)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.4	Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.5.5	Forward flow test satisfied by annual fire pump flow test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.5.6	Backflow preventer performance test conducted as required by the AHJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.6.0	PRV control valves partial flow test conducted and adequate to unseat valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.7.0	Pertinent parties notified of test conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.8.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.9.0	SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.10.0	COMMENTS:					

Annual Maintenance for Wet Pipe Sprinkler Systems				Y	N/A	N
G.1.0	System in service before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.2.0	Pertinent parties notified before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.3.0	Operating stems of OS&Y (including backflow) valves lubricated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.3.1	Valve completely closed and reopened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.4.0	Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.4.1	Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.4.2	Supply water gauge reading before flow (static)	<u>60</u>	psi			
G.4.3	Gauge reading during stable flow (residual)	<u>50</u>	psi			
G.4.4	Time for supply pressure to return to normal		sec			
G.5.0	Pertinent parties notified after conclusion of maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.6.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.7.0	SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.8.0	COMMENTS:					

INSPECTOR'S INITIAL MD (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 11/12/13 (AFSA Form 106A) Page 3 of 4

Job Site:

Invoice Number:

Date:

Location	Type	Battery Size	Pass/Fail	Condition
10 th St Back Yard	COMBO		PASS	BI'S KEEN Emergency
2 Back Bay	EXIT		PASS	GOOD
3 Warehouse	EM.	GV 79A	Pass	Good
4 Warehouse over H	EM		Failed	Corroded
5 Warehouse	EXIT			
6 Warehouse office	EXIT		Fail	No fear button
7 Warehouse	EM			
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REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: **Space Coast Fire & Safety**

Inspection Contract# **522483**

Name of Inspected Property: **FAC. MAINT**

Inspector Name: **D.B. Wood**

Date: **11/20/13**

Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
E.1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR TO FREEZING WEATHER:			
E.5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.5.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.7.0	COMMENTS:		

Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
F.1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.8.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.9.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.10.0	COMMENTS:		

Annual Maintenance for Wet Pipe Sprinkler Systems			
	Y	N/A	N
G.1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.8.0	COMMENTS:		

INSPECTOR'S INITIAL **D.B.W.** (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE **11/20/13**

Job Site: *Face Maint*

Invoice Number:
Date:

	Location	Type	Battery Size	Pass/Fail	Condition
1	Warehouse Exit	Exit light		Pass	Good
2	Back Warehouse Exit	Exit light		Pass	Good
3	Back Warehouse Exit	Safety light		Fail	Broken 120 Cip
4	Warehouse Exit	Safety light		Fail	No 120 power
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6					
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25					



COMPANY

Fac Maint

INVOICE#

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 XL 781562	By F.P. Liscer	10/11	10/11	ABC	Cosmic	TAC
2 213220	Warehouse back Exit	2/9	2/9	ABC	Amerex	TAC
3 883870	Warehouse rollup door	8/9	8/9	ABC	Badger	TAG
4	Park Warehouse	8/9	8/9	ABC	Amerex	TAC
5 605979	Park Warehouse	2/8	2/8	ABC	Chad Scentry	TAC
6 N42787	Park Warehouse	2/10	2/10	ABC	BARBER	TAC
7 701165	Park Warehouse	8/13	8/13	Co ²	Amerex	HYDRO
8						
9						
10	2016 CO2 - Needs 6YR					
11						
12						
13						
14						
15						
16						
17						
18						
19	Extra					
20 104276	Warehouse	4/11	4/11	ABC	Amerex	TAC
21 817872	Warehouse	8/9	8/9	ABC	Buckeye	TAC
22 514117	Warehouse	7/9	8/9	ABC	Amerex	TAC
23 720993	Warehouse	11/8	4/8	ABC	Buckey	6-YR
24 363670	Park Warehouse	2009	N/A	ABC	Amerex	TAC
25 N42787	Park Warehouse	2/10	2/10	ABC	BARBER	
26 305007	Park Warehouse	2009	N/A	ABC	Amerex	TAC
27 367114	Park Warehouse	2009	N/A	ABC	Amerex	TAC
28						
29						

COMPANY

Naples Police + FD

INVOICE#

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 KE 711034	2 nd floor Hallway South	99	11/11	ABC	Buckeye	TAG
2 PX 706855	2 nd floor Hallway North	98	11/11	ABC	Pyro Chem	TAG
3 NY 779606	2 nd floor stairwell	97	8/2009	ABC	Amerex	TAG
4 S10430	2 nd floor FACP Room	1/2013	1/2013	S1B ABC	General CO2	Hydro
5 NY 767092	2 nd flr 911 Call Ctr	8/09	8/09	S1B ABC	Amerex	Tag
*6 X 427750	3 rd flr Show Room	2007	Needed	201b	Ansul Clean agent	Cyr *
7 266547	2 nd floor	2008	1/11	S1B CO2	Ansul Sentry	TAG
8 894972	1 st floor Central Stair Entrance	11/11	1/11	ABC	Buckeye	TAG
9 894944	1 st flr Elev. Mech Room	1/11	1/11	ABC	Buckeye	TAG
10 905086	1 st flr Back Hall North	1/11	1/11	ABC	Buckeye	TAG
11 266623	1 st floor water heater room	08	N/A	CO2	Ansul Sentry	TAG
12 443297	1 st floor cid	1/11	1/11	ABC	Ansul Sentry	TAG
13 923736	1 st floor Back Entrance	1/11	1/11	ABC	Buckeye	TAG
14 946989	1 st floor Fire Operations	1/11	1/11	ABC	Ansul Sentry	TAG
15 422906	1 st floor Fire Rpt Hallway	1/11	1/11	ABC	Ansul Sentry	TAG
16 916943	1 st floor Back Kitchen	1/11	1/11	ABC	Ansul Sentry	TAG
17 YM 597348	1 st floor Equipment Room	8/08	8/08	ABC	Amerex	TAG
18 Y691427	2 nd flr Gen Room	07	13	Purple K	Sentry	6 year
19 YW860484	1 st flr Mech Room	07	13	ABC 103	Sentry	6 year
20						
21						
22						
23						
24						
25						
26	1 st floor Mech Room	2007			101b ABC	
27	2 nd floor Gen Room 201b purple K	2007				
28						
29						

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: *M. O. Bayl* Inspection Contract# _____
 Date of This Inspection: *11/18/13* Completed by: *M. O. Bayl*
 Name of Property: *Naples Police and Fire Station*
 Street Address: *355 Riverside Circle*
 City: *Naples* State: *FL* Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: *Heather*
 Position: *Contract Services Mgr* Authority to Approve Work?

Y	N/A	N
---	-----	---

 Property Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Responsible Party Name: _____ Position: _____
 Name of Supervisory Alarm Company: *N/A* Phone: _____
 Date of Last Inspection: *8/2013* Prior Inspector's Name: *M. O. Bayl*

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: **THIS IS NOT AN ENGINEERING REVIEW**
No Annual Deficiencies Noted
Note: Silenced troubles on PACP upon arrival + departure

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: *11/18/13*
 INSPECTOR'S SIGNATURE: *[Signature]* DATE: *11/18/13*



ATTENTION: The American Fire Sprinkler Association (AFSA) is a non-profit trade association. AFSA does not guarantee, certify, underwrite, or pre-approve any services provided by those who use forms produced by AFSA. Our logo is only an advertisement. Warnings, disclaimers, and update information exist on the back of the form. It is your responsibility to read these statements.

REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: **Space Coast Fire & Safety** Inspection Contract# _____
 Name of Inspected Property: Naples Police and Fire Station
 Inspector Name: M. O'Boyle Date: 11/15/13
 Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
E.1.0 System in service on inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.0 Piping appears free of mechanical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.1 Piping appears free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.2 Piping appears free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.3 Piping appears properly aligned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.4 Piping appears free of external loading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.0 Sprinklers appear free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.1 Sprinklers appear free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.2 Sprinklers appear free of foreign materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.3 Sprinklers appear free of paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.4 Sprinklers appear free of physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.5 Sprinklers appear properly oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.7 Glass bulbs appear full of liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.9 Spare sprinklers stored where temperature maximum is 100°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.10 Wrench available for each type of sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR TO FREEZING WEATHER:			
E.5.0 Building is secure such as not to expose piping to freezing conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.6.0 ALARM PANEL CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E.7.0 COMMENTS:	<u>Silenced troubles on FACP upon arrival + departure</u>		

Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
F.1.0 System in service before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.1 Pertinent parties notified before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.2 Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.0 Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.1 Supply water gauge reading before flow (static)	<u>75</u>	psi	
F.2.2 Gauge reading during stable flow (residual)	<u>55</u>	psi	
F.2.3 Time for supply pressure to return to normal	<u>1</u>	sec	
F.3.0 Antifreeze solution tested and freezing point determined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.3.1 Antifreeze solution freezing point		°F	
F.3.2 Antifreeze solution freezing point after adjustment		°F	
F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.1 PIVs opened until spring or torsion felt in rod	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.3 Main drain test conducted (see F.2.0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.0 Backflow prevention assembly forward flow test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.1 System demand flow was achieved through the device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.3 Forward flow test conducted without measuring flow (device <= 2" and outlet sized to flow system demand)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.5.5 Forward flow test satisfied by annual fire pump flow test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.5.6 Backflow preventer performance test conducted as required by the AHJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.7.0 Pertinent parties notified of test conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.8.0 ALARM PANEL CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F.9.0 SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.10.0 COMMENTS:			

Annual Maintenance for Wet Pipe Sprinkler Systems			
	Y	N/A	N
G.1.0 System in service before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.2.0 Pertinent parties notified before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.1 Valve completely closed and reopened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.0 Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.1 Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.2 Supply water gauge reading before flow (static)	<u>75</u>	psi	
G.4.3 Gauge reading during stable flow (residual)	<u>55</u>	psi	
G.4.4 Time for supply pressure to return to normal	<u>1</u>	sec	
G.5.0 Pertinent parties notified after conclusion of maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.6.0 ALARM PANEL CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.7.0 SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.8.0 COMMENTS:			

INSPECTOR'S INITIAL MO (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL JJ DATE 11/15/13

Job Site:

Invoice Number:

Date:

	Location	Type	Battery Size	Pass/Fail	Condition
1	1st FL Front door	EXIT (BLACK)		PASS	
2	2nd FL Stairs	EXIT (BLACK)		PASS	
3	1st FL Breakrm	EXIT (BLACK)		PASS	
4	1st FL Cid	EXIT		PASS	
5	1st FL cid	EXIT		PASS	
6	1st FL Fire Hw	EXIT		PASS	
7	1st FL Breakrm	EXIT		PASS	
8	1st FL weight	EXIT		PASS	
9	1st FL Hw	EXIT		PASS	
10	1st FL Backdoor	EXIT		PASS	
11	1st FL equip.	EXIT		PASS	
12	2nd FL Training	Emergency		PASS	
13					
14					
15					
16					
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24					
25					



07 13 ANSWER

780484

Job Site:

Invoice Number:

Date:

Location	Type	Battery Size	Pass/Fail	Condition
1 2nd Flr S	Exit Light		Pass	Good
2 2nd Flr N	Exit Light		Pass	Good
3 1st Flr S Skirts	Exit Light		Pass	Good
4 1st Flr Backent	Exit Light		Pass	Good
5 1st Flr N Backwall	Exit Light	*	Pass	Good
6 1st Flr N Exit	Exit Light		Pass	Good
7				
8				
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Fire Alarm Test and Inspection Record

Space Coast Fire and Safety, Inc.
420 Manor drive
Merritt Island, FL 32952

Phone: (321) 783-1040
Fax: (321) 783-1516
License # EC-13001156
EF-20000623

DATE: 11-18-13

TIME: 8 AM

CUSTOMER: Naples PD
ADDRESS: 355 Riverside Circle
CITY: Naples FL ZIP: _____
CONTACT: Heather

OWNER: _____
ADDRESS: _____
CITY: _____ ZIP: _____
CONTACT: _____

MONITORING ENTITY

CONTACT: At American
TELEPHONE: Local

APPROVING AGENCY

CONTACT: _____
TELEPHONE: _____

MONITORING ACCOUNT REF. NO.: _____

TYPE TRANSMISSION

McCullough Multiplex Digital Reverse Polarity
 RF Other (Specify) Local

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other (Specify) _____

PANEL MANUFACTURER: Simplex

MODEL NO.: 4005

CIRCUIT STYLES: B Y

LAST DAY OF SENSITIVITY TESTING: _____

NO. OF CIRCUITS: 16 4

SOFTWARE REV.: _____

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 11-12

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: _____

NOTIFICATIONS ARE MADE:

MONITORING ENTITY
BUILDING OCCUPANTS
BUILDING MANAGEMENT
OTHER (SPECIFY) _____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS

PRIOR TO ANY TEST-

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

WHO

Jim

1

TIME

8 AM

1

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY. OF	CIRCUIT STYLE
<u>13</u>	<u>B</u>
<u>1</u>	<u>D</u>
<u>5</u>	<u>B</u>

MANUAL STATIONS
ION DETECTORS
PHOTO DETECTORS
DUCT DETECTORS

QTY. OF	CIRCUIT STYLE
<u>7</u>	<u>B</u>
<u>1</u>	<u>B</u>

HEAT DETECTORS
WATERFLOW SWITCHES
OTHER (SPECIFY) _____

QTY. OF	CIRCUIT STYLE
<u>19</u>	<u>Y</u>
<u>6</u>	<u>Y</u>

BELLS
HORNS 5 Strobes
CHIMES
STROBES
SPEAKERS

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY. OF	CIRCUIT STYLE
<u>4</u>	

OTHER (SPECIFY) _____

NO. OF ALARMS INDICATING _____

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY. OF	CIRCUIT STYLE
_____	_____
_____	_____
_____	_____
_____	_____

CO² DET
CO DET
LOW AIR PSL
HI AIR PSL
FIRE PUMP OR PUMP CONTROLLER TROUBLE

QTY. OF	CIRCUIT STYLE
<u>3</u>	<u>B</u>

SUPERVISORY SWITCHES
OTHER _____
GENERATOR ENGINE RUNNING
OTHER _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6.1 of signaling line circuits connected to system):
Quantity N/A Style (S) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Normal Voltage 120VAC Amps 5
Overcurrent Protection: Type Breaker Amps 20
Location (Panel Number): 2B
Disconnecting Means Location: 17
b. Secondary (Standby):
24VDC Storage Battery: Amp-Hr. Rating 10.5
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 of 701.

Customer Signature: _____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS	SECONDARY POWER		COMMENTS/QUALITY
				TYPE	FUNCTIONAL	
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Pulled mps</u>	Battery Condition	<input checked="" type="checkbox"/>	<u>Dated 08</u>
Interface Eq.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Mag door Release</u>	Load Voltage	<input checked="" type="checkbox"/>	
Lamps/Leds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Visual</u>	Discharge Test	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Metered 120VAC</u>	Charger Test	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Disconnected NTC</u>	Specific Gravity	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Flipped Breaker</u>	TRANSIENT SUPPRESSORS	<input type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NTC to Ground</u>	REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		NOTIFICATION APPLIANCES		
Power Supply Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Audible	<input checked="" type="checkbox"/>	<u>Pulled</u>
Power Supply Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Visual	<input checked="" type="checkbox"/>	<u>mps</u>
				Speakers	<input type="checkbox"/>	
				Voice Clarity	<input type="checkbox"/>	

INITIATING AND SUPERVISORY TESTS AND INSPECTIONS

LOC & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Panel in trouble upon arrival. Batteries out of date, 1st FIR N Pucts, Existing Building Horns not firing as of Date.
still in trouble upon departure.

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS	INTERFACE EQUIPMENT (Specify)	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>Mag Door</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____	(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amplifier (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	SPECIAL HAZARD SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone Generator (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____	(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES: _____

COMMENTS: _____

ON/OFF PREMISES MONITORING:

	YES	NO	TIME	COMMENTS
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
NOTIFICATIONS THAT TEST IS COMPLETE:				
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: Batteries out of Date 10:5AM

SYSTEM RESTORES TO NORMAL OPERATION: DATE: 11-18-13 TIME: 10 AM NAME OF OWNER OR REPRESENTATIVE: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS. DATE: _____ TIME: _____

NAME OF INSPECTOR: R. Chambers SIGNATURE: _____

DATE: 11-18-13 TIME: 10 AM

SIGNATURE: [Signature]

COMPANY

Comm Serv

INVOICE# 522 ~~628~~ 463

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 653042	Front Door	13	13	ABC	ABC Amer	Annual
2 248466	Back Door	12	12	ABC	Buck	Annual
3 309049	Back Door	12	12	ABC	Amer	Annual
4						
5						
6						
7						
8						
9						
10						
11						
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29						

Job Site: *Common Deck*

Invoice Number: *522* ~~463~~ *463*
 Date: *11/19/13*

Location	Type	Battery Size	Pass/Fail	Condition
1 Outside room door	Exit light		Lights are on pass	No Push Button
2 South Exit	Exit light		Lights are on pass	No Push Button
3 Exit to South 1st floor	Exit light		Lights are on pass	No Push Button
4 Back South Exit	Exit light		Lights are on pass	No Push Button
5 Back North Exit	Exit light		Lights are on pass	No Push Button
6 Entrance to N 12th	Exit light		Lights are on pass	No Push Button
7 2nd floor N-Entrance stairs	Exit light		Lights are on pass	No Push Button
8 2nd floor D Hallway	Exit light		Lights are on pass	No Push Button
9 2nd floor D Veranda	Exit light		Lights are on pass	No Push Button
10 2nd floor S Veranda	Exit light		Lights are on pass	No Push Button
11 2nd floor S Hallway	Exit light		Lights are on pass	No Push Button
12 2nd floor S Exit to stairs	Exit light		Lights are on pass	No Push Button
13				
14				
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25				



REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: **Space Coast Fire & Safety**

Inspection Contract# **S22 463**

Name of Inspected Property: **Comm Dev.**

Inspector Name: **D. Bullock**

Date: **11/19/13**

Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
E.1.0 System in service on inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.0 Piping appears free of mechanical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.1 Piping appears free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.2 Piping appears free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.3 Piping appears properly aligned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.4 Piping appears free of external loading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.0 Sprinklers appear free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.1 Sprinklers appear free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.2 Sprinklers appear free of foreign materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.3 Sprinklers appear free of paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.4 Sprinklers appear free of physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.5 Sprinklers appear properly oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N/A	N
E.4.7 Glass bulbs appear full of liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.9 Spare sprinklers stored where temperature maximum is 100°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.10 Wrench available for each type of sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR TO FREEZING WEATHER:

	Y	N/A	N
E.5.0 Building is secure such as not to expose piping to freezing conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.6.0 ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.7.0 COMMENTS:			

Annual Testing for Wet Pipe Sprinkler Systems

F.1.0 System in service before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.1 Pertinent parties notified before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.2 Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.0 Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.1 Supply water gauge reading before flow (static) 80 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.2 Gauge reading during stable flow (residual) 68 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.3 Time for supply pressure to return to normal 1 sec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.0 Antifreeze solution tested and freezing point determined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.3.1 Antifreeze solution freezing point 2 °F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.2 Antifreeze solution freezing point after adjustment 2 °F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.1 PIVs opened until spring or torsion felt in rod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.4.3 Main drain test conducted (see F.2.0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.0 Backflow prevention assembly forward flow test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.1 System demand flow was achieved through the device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.3 Forward flow test conducted without measuring flow (device <= 2" and outlet sized to flow system demand)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.5.5 Forward flow test satisfied by annual fire pump flow test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.5.6 Backflow preventer performance test conducted as required by the AHJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.7.0 Pertinent parties notified of test conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.8.0 ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.9.0 SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.10.0 COMMENTS:			

Annual Maintenance for Wet Pipe Sprinkler Systems

G.1.0 System in service before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.2.0 Pertinent parties notified before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.1 Valve completely closed and reopened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.0 Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.1 Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.2 Supply water gauge reading before flow (static) 80 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.3 Gauge reading during stable flow (residual) 68 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.4.4 Time for supply pressure to return to normal 2 sec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.5.0 Pertinent parties notified after conclusion of maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.6.0 ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.7.0 SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.8.0 COMMENTS:			

INSPECTOR'S INITIAL **DB**

(All "NO" answers to be explained.)
OWNER/DESIGNATED REP. INITIAL _____

DATE **11/19/13**

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): Space Coast Fire & Safety Inspector: D. Bullock Inspection Contract# 522463 ⁶⁴³
 Date of This Inspection: 11/19/13 Completed by: D. Bullock
 Name of Property: Comm Dev
 Street Address: Riverside Cir
 City: Naples State: FL Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: Heather Shields
 Position: Parks + Rec Authority to Approve Work? Y N/A N
 Property Owner: City of Naples
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Responsible Party Name: _____ Position: _____
 Name of Supervisory Alarm Company: _____ Phone: _____
 Date of Last Inspection: _____ Prior Inspector's Name: _____

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: **THIS IS NOT AN ENGINEERING REVIEW**

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: _____
 INSPECTOR'S SIGNATURE: [Signature] DATE: 11/19/13



ATTENTION: The American Fire Sprinkler Association (AFSA) is a non-profit trade association. AFSA does not guarantee, certify, underwrite, or pre-approve any services provided by those who use forms produced by AFSA. Our logo is only an advertisement. Warnings, disclaimers, and update information exist on the back of the form. It is your responsibility to read these statements.

COMPANY

Comm Dey

INVOICE#

522643

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 939359	Generator Room	2/2013	2/2013	ABC	PYRO Chem	TAG
2 Y 939417	South 1st flr Hallway	2/2013	2/2013	ABC	PYRO Chem	TAG
3 43571	1st Flr Mech Room	2/2013	2/2013	ABC	PYRO Chem	TAG
4 939308	North 1st flr Hallway - back	2/2013	2/2013	ABC	PYRO Chem	TAG
5 939375	North 1st flr Hallway	2/2013	2/2013	ABC	PYRO Chem	TAG
6 939376	North 2nd flr Hallway	2/2013	2/2013	ABC	PYRO Chem	TAG
7 574688	South 2nd flr Hallway	2010	N/A	ABC	Ansil Sentry	TAG
8 528457	Comp Rm	10	✓	CO2	Amx	Tag
9 528458	Comp Rm	10	✓	CO2	Amx	Tag
10 355728	Server	10		CO2	Amx	Tag
11 784876	Server	10	✓	Hal	Badger	TAG
12 748018	Maint	11	✓	ABC	Buck	Tag
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Job Site: Comm. Det.

Invoice Number: 522643
Date: 11/19/13

	Location	Type	Battery Size	Pass/Fail	Condition
1	FRnt Door	Exit		Pass	GOOD
2	Receps	Exit		Pass	GOOD
3	Bath	Exit		Pass	GOOD
4	Contract	Exit		Pass	GOOD
5	Contract Office Exit	Exit	6	Pass	GOOD
6	PK + PKwys off	Exit		Pass	GOOD
7	NE Exit	Exit		Pass	GOOD
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25					



~~Waste Water Collections (Bldg 900)~~

Company: VH1 Maint.

Inv: ~~522647~~ 522468

Cnt	Serial #	Location	DOM	6yr	Type	Manufacture	Service
1	RL 167090	Front Door	10/11	10/11	ABC	Cosmic	TAG
2	XL 799314	Back Door	11/11	11/11	ABC	Budger	TAG
3	991088	WHSB	07	13	ABC	Budger	Recharge 10lbs
4	633690	WHSF	13	13	ABC	Amerex	Tag
5	737128	WHSF	11/13	11/13	ABC	Amerex	5lb Recharge
6							
7							
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REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: **Space Coast Fire & Safety**

Inspection Contract#

Name of Inspected Property: Waste Hubster Collections Bldg 900 (Util Maint)

Inspector Name: M. O'Sangh

Date:

Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems				Y	N/A	N
E.1.0	System in service on inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.2.0	Hangers and seismic bracing appears undamaged and tightly attached	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.3.0	Piping appears free of mechanical damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.3.1	Piping appears free of leakage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.3.2	Piping appears free of corrosion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.3.3	Piping appears properly aligned	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.3.4	Piping appears free of external loading	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.0	Sprinklers appear free of leakage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.1	Sprinklers appear free of corrosion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.2	Sprinklers appear free of foreign materials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.3	Sprinklers appear free of paint	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.4	Sprinklers appear free of physical damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.5	Sprinklers appear properly oriented	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.6	Sprinkler spray patterns appear free of unacceptable obstructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.7	Glass bulbs appear full of liquid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.8	Spare sprinklers are of proper number (at least 6), type and temperature rating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.9	Spare sprinklers stored where temperature maximum is 100°F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.4.10	Wrench available for each type of sprinkler	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRIOR TO FREEZING WEATHER:						
E.5.0	Building is secure such as not to expose piping to freezing conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.5.1	Adequate heat is provided maintaining temperatures at 40°F or higher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.6.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E.7.0	COMMENTS: <u>No Deficiencies Noted</u>					

Annual Testing for Wet Pipe Sprinkler Systems				Y	N/A	N
F.1.0	System in service before testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.1.1	Pertinent parties notified before testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.1.2	Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.2.0	Main drain test conducted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.2.1	Supply water gauge reading before flow (static)		<u>90</u> psi			
F.2.2	Gauge reading during stable flow (residual)		<u>70</u> psi			
F.2.3	Time for supply pressure to return to normal		<u>1</u> sec			
F.3.0	Antifreeze solution tested and freezing point determined	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.3.1	Antifreeze solution freezing point					
F.3.2	Antifreeze solution freezing point after adjustment					
F.4.0	Control valves (including backflow and PIVs) operated through full range and returned to normal position	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.4.1	PIVs opened until spring or torsion felt in rod	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.4.2	PIVs and OS&Ys backed 1/4 turn from full open	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.4.3	Main drain test conducted (see F.2.0)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.0	Backflow prevention assembly forward flow test conducted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.1	System demand flow was achieved through the device	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.2	Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.3	Forward flow test conducted without measuring flow (device <= 2" and outlet sized to flow system demand)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.4	Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.5	Forward flow test satisfied by annual fire pump flow test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.5.6	Backflow preventer performance test conducted as required by the AHJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.6.0	PRV control valves partial flow test conducted and adequate to unseat valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.7.0	Pertinent parties notified of test conclusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.8.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.9.0	SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F.10.0	COMMENTS:					

Annual Maintenance for Wet Pipe Sprinkler Systems				Y	N/A	N
G.1.0	System in service before conducting maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.2.0	Pertinent parties notified before conducting maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.3.0	Operating stems of OS&Y (including backflow) valves lubricated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.3.1	Valve completely closed and reopened	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.4.0	Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.4.1	Main drain test conducted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.4.2	Supply water gauge reading before flow (static)		<u>90</u> psi			
G.4.3	Gauge reading during stable flow (residual)		<u>70</u> psi			
G.4.4	Time for supply pressure to return to normal		<u>1</u> sec			
G.5.0	Pertinent parties notified after conclusion of maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.6.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.7.0	SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G.8.0	COMMENTS:					

INSPECTOR'S INITIAL MSO (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 11/18/13

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: *M. Del* Inspection Contract# _____
 Date of This Inspection: _____ Completed by: *MOB*
 Name of Property: *Waste Water Collection (Bldg 900) Util Maint*
 Street Address: *1450 4th Ave N*
 City: *Naples* State: *FL* Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: *Heather*
 Position: *Contract Services Mgr* Authority to Approve Work? Y N/A N
 Property Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Responsible Party Name: _____ Position: _____
 Name of Supervisory Alarm Company: *N/A* Phone: *LOCAL*
 Date of Last Inspection: *8/2013* Prior Inspector's Name: *M. Del*

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: **THIS IS NOT AN ENGINEERING REVIEW**
No Deficiencies Noted

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: _____
 INSPECTOR'S SIGNATURE: *[Signature]* DATE: *11/18/13*



ATTENTION: The American Fire Sprinkler Association (AFSA) is a non-profit trade association. AFSA does not guarantee, certify, underwrite, or pre-approve any services provided by those who use forms produced by AFSA. Our logo is only an advertisement. Warnings, disclaimers, and update information exist on the back of the form. It is your responsibility to read these statements.

REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: Space Coast Fire & Safety Inspection Contract# _____
 Name of Inspected Property: Carl Wash
 Inspector Name: W. D. Samy Date: 11/18/13
 Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems				Y	N/A	N
E.1.0	System in service on inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.2.0	Hangers and seismic bracing appears undamaged and tightly attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.0	Piping appears free of mechanical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.1	Piping appears free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.2	Piping appears free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.3	Piping appears properly aligned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.3.4	Piping appears free of external loading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.0	Sprinklers appear free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.1	Sprinklers appear free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.2	Sprinklers appear free of foreign materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.3	Sprinklers appear free of paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.4	Sprinklers appear free of physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.5	Sprinklers appear properly oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.6	Sprinkler spray patterns appear free of unacceptable obstructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.7	Glass bulbs appear full of liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.8	Spare sprinklers are of proper number (at least 6), type and temperature rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.9	Spare sprinklers stored where temperature maximum is 100°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.4.10	Wrench available for each type of sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PRIOR TO FREEZING WEATHER:						
E.5.0	Building is secure such as not to expose piping to freezing conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.5.1	Adequate heat is provided maintaining temperatures at 40°F or higher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.6.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.7.0	COMMENTS:					

Annual Testing for Wet Pipe Sprinkler Systems				Y	N/A	N
F.1.0	System in service before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.1.1	Pertinent parties notified before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.1.2	Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.2.0	Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.2.1	Supply water gauge reading before flow (static)		70	psi		
F.2.2	Gauge reading during stable flow (residual)		40	psi		
F.2.3	Time for supply pressure to return to normal		1	sec		
F.3.0	Antifreeze solution tested and freezing point determined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.3.1	Antifreeze solution freezing point			°F		
F.3.2	Antifreeze solution freezing point after adjustment			°F		
F.4.0	Control valves (including backflow and PIVs) operated through full range and returned to normal position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.4.1	PIVs opened until spring or torsion felt in rod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.4.2	PIVs and OS&Ys backed 1/4 turn from full open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.4.3	Main drain test conducted (see F.2.0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.0	Backflow prevention assembly forward flow test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.1	System demand flow was achieved through the device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.5.2	Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.5.3	Forward flow test conducted without measuring flow (device <= 2" and outlet sized to flow system demand)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.5.4	Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.5.5	Forward flow test satisfied by annual fire pump flow test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.5.6	Backflow preventer performance test conducted as required by the AHJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.6.0	PRV control valves partial flow test conducted and adequate to unseat valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F.7.0	Pertinent parties notified of test conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.8.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.9.0	SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.10.0	COMMENTS:					

Annual Maintenance for Wet Pipe Sprinkler Systems				Y	N/A	N
G.1.0	System in service before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.2.0	Pertinent parties notified before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.3.0	Operating stems of OS&Y (including backflow) valves lubricated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.3.1	Valve completely closed and reopened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.4.0	Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.4.1	Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.4.2	Supply water gauge reading before flow (static)		10	psi		
G.4.3	Gauge reading during stable flow (residual)		40	psi		
G.4.4	Time for supply pressure to return to normal			sec		
G.5.0	Pertinent parties notified after conclusion of maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.6.0	ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.7.0	SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G.8.0	COMMENTS:					

INSPECTOR'S INITIAL CMS (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 11/18/13 (AFSA Form 106A) Page 3 of 4

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: *M. D. B...* Inspection Contract# **522640**
 Date of This Inspection: **11/18/13** Completed by: *M. D. B...*
 Name of Property: **CAR WASH**
 Street Address:
 City: **Naples** State: **FL** Zip:
 Phone: Fax:
 Contact Person Name:
 Position: Authority to Approve Work?

Y	N/A	N
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 Property Owner:
 Address:
 City: State: Zip:
 Phone: Fax:
 Responsible Party Name: Position:
 Name of Supervisory Alarm Company: **N/A** Phone:
 Date of Last Inspection: **8/2013** Prior Inspector's Name: *M. D. B...*

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: **THIS IS NOT AN ENGINEERING REVIEW**

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: _____
 INSPECTOR'S SIGNATURE: *[Signature]* DATE: _____



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REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued ⁴⁶⁷

Inspecting Firm: **Space Coast Fire & Safety**

Inspection Contract# **522** ~~523~~

Name of Inspected Property: **Tennis Center**

Inspector Name: **D. B. Brock**

Date: **11/19/13**

Inspection Frequency: Monthly Quarterly Annually Other

Annual Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N		Y	N/A	N
E.1.0 System in service on inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.4.7 Glass bulbs appear full of liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.0 Piping appears free of mechanical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.4.9 Spare sprinklers stored where temperature maximum is 100°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.1 Piping appears free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.4.10 Wrench available for each type of sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.2 Piping appears free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRIOR TO FREEZING WEATHER:			
E.3.3 Piping appears properly aligned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.5.0 Building is secure such as not to expose piping to freezing conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.3.4 Piping appears free of external loading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.0 Sprinklers appear free of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.6.0 ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.4.1 Sprinklers appear free of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.7.0 COMMENTS:			
E.4.2 Sprinklers appear free of foreign materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E.4.3 Sprinklers appear free of paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E.4.4 Sprinklers appear free of physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E.4.5 Sprinklers appear properly oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Annual Testing for Wet Pipe Sprinkler Systems

F.1.0 System in service before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.1 Pertinent parties notified before testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.5.3 Forward flow test conducted without measuring flow (device <= 2" and outlet sized to flow system demand)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.1.2 Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.2.0 Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.5.5 Forward flow test satisfied by annual fire pump flow test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.2.1 Supply water gauge reading before flow (static) 70 psi				F.5.6 Backflow preventer performance test conducted as required by the AHJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.2.2 Gauge reading during stable flow (residual) 59 psi				F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.2.3 Time for supply pressure to return to normal 2 sec				F.7.0 Pertinent parties notified of test conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.0 Antifreeze solution tested and freezing point determined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F.8.0 ALARM PANEL CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.1 Antifreeze solution freezing point — °F				F.9.0 SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.2 Antifreeze solution freezing point after adjustment — °F				F.10.0 COMMENTS:			
F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F.4.1 PIVs opened until spring or torsion felt in rod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F.4.3 Main drain test conducted (see F.2.0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F.5.0 Backflow prevention assembly forward flow test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F.5.1 System demand flow was achieved through the device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Annual Maintenance for Wet Pipe Sprinkler Systems

G.1.0 System in service before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.4.4 Time for supply pressure to return to normal 2 sec			
G.2.0 Pertinent parties notified before conducting maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.5.0 Pertinent parties notified after conclusion of maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.0 Operating stems of OS&Y (including backflow) valves lubricated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.6.0 ALARM PANEL CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3.1 Valve completely closed and reopened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.7.0 SYSTEM RETURNED TO SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.0 Adequate drainage provided before flow testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.8.0 COMMENTS:			
G.4.1 Main drain test conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
G.4.2 Supply water gauge reading before flow (static) 70 psi							
G.4.3 Gauge reading during stable flow (residual) 59 psi							

INSPECTOR'S INITIAL **DB** (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE **11/19/13**

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: D. Bellard Inspection Contract# 522 ⁴⁶⁷

Date of This Inspection: _____ Completed by: D. Bellard

Name of Property: Tennis PRO SHOP

Street Address: CAMBIEP PARK

City: Naples State: FL Zip: _____

Phone: (239) 213-7120 Fax: _____

Contact Person Name: H. Shields

Position: _____ Authority to Approve Work?

Y	N/A	N
---	-----	---

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Responsible Party Name: _____ Position: _____

Name of Supervisory Alarm Company: _____ Phone: _____

Date of Last Inspection: _____ Prior Inspector's Name: _____

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: **THIS IS NOT AN ENGINEERING REVIEW**

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: _____

INSPECTOR'S SIGNATURE: D. Bellard DATE: 11/19/13



ATTENTION: The American Fire Sprinkler Association (AFSA) is a non-profit trade association. AFSA does not guarantee, certify, underwrite, or pre-approve any services provided by those who use forms produced by AFSA. Our logo is only an advertisement. Warnings, disclaimers, and update information exist on the back of the form. It is your responsibility to read these statements.

Describe special procedures:

- System tested 100%
- System partially tested (specify):

Completion notification after testing:

Time: a.m. By:

- Monitoring entity
- Building occupants:
- Building management
- Others (specify)

The following did not operate properly:

Bell Power Supply Batteries changed before testing.

System was restored to normal operation and taken off test status at:

Times: a.m. By:

This testing was performed in accordance with applicable NFPA standards.

Inspected by:
Signature:

Owner of representative:
Signature:

A.H.J. or representative:
Signature:

Systems Tests and Inspections:

	Visual	Functional
Control Panel	/	/
Interface / shutdown equipment	/	/
Indicator lamps / LEDs	/	/
Fuses	/	/
Primary Power	/	/
Trouble signals	/	/
Disconnect means	/	/
Ground fault monitor	/	/
Batteries	/	/
		27.1 Load voltage:
		27.6 Discharge test
		26.9 Charger test
		N/A Specific gravity
Surge suppression	/	
Remote annunciators	/	✓
Notification Appliance	/	✓
		✓ Audible
		✓ Visual
		✓ Volume
		___ Message clarity
(Emergency communications equip)	/ Not applicable	
Phone set	/	/
Phone jacks	/	/
Off-hook indication	/	/
Amplifiers	/	/
Tone generators	/	/
Call-in signal	/	/
Monitoring (on or off premises)	___ Not applicable	
Alarm signal	/	/
Alarm restoral	/	/
Trouble signal	/	/
Trouble restoral	/	/
Supervisory alarm	/	/
Supervisory restoral	/	/
System Performance	___ Non Functional	✓ Functional

Comments:

Initiating Device and Circuit Information:

Initiating Device Circuits (See NFPA 72, Table 3-5)

Total number of Initiating Device Circuits (I.D.C.'s) on system: ~~1~~ 1

Circuit Styles: Style D (Class A) circuits Style B (Class B) circuits

Signal Line Circuits (See NFPA 72, Table 3-6)

Total number of Signal Line Circuits (I.D.C.'s) on system: 1

Circuit Styles: 4 Style 6a (Class A) circuits Style 4 (Class B) circuits

Quantity	Circuit Style	Devices
5	B	Manual Stations
*2	B	Ionization smoke detectors Photo electric smoke detectors Duct smoke detectors, ionization Duct smoke detectors, photoelectric Heat detectors, temp, R/R _____
1	B	Waterflow switches: _____ pres. <input checked="" type="checkbox"/> vane Other, specify: Supervisory tamper switches Generator condition: Fire pump condition: Other, specify

Alarm Notification Appliance and Circuit Information

Total number of Notification Appliance Circuits (N.A.C.'s) on system:

Circuit Styles: Style Z (Class A) circuits Style Y (Class B) circuits

Quantity	Circuit Style	Notification Appliances
3	Y	Bells Horns Chimes
3	Y	Strobes Speakers Apartment Sounders Other, specify:

Fire Alarm Test and Inspection Record

Space Coast Fire and Safety, Inc.
420 Manor Drive
Merritt Island, FL 32952

Phone: (321) 783-1040
Fax: (321) 783-1516
License # EC-13001156
EF-20000623

Property: City of Naples - Allan Tennis
Address: 735 8th St
Naples
Contact: Heather
Phone:
Owner/Mgr:
Phone:
Contact:
Phone:

Date: 11/19/13 Time: am

Monitored by: All Area
Phone: 800 318-9486
Account Number: 4434-6D
On test until: am

Jurisdiction: City of Naples
Phone:

Inspection Interval: Annual

Inspection Conducted by:
R. Chambers

Testing notification prior to testing:

Time: ^{pm} am By: Robbie

- Monitoring Entity
- Building Occupants
- Building Management
- Others (Specify)

System Description:

Transmission Type: Voice
Communication Model:
Panel Mfr: Radionics
Model number: D94126
Software:
Date of last service: 8/19/09
Date / scope of last software change:

Primary Power Voltage: 120V
Rated Current: 20
Over Current Protection: Breaker
Capacity: 20
Panel: LP
Breaker Number: 24

Secondary (standby) power supply
24 Hour stby/5 min. alarm
Batteries: 12V-7AH (x4)
Type & location:
Panel

Job Site: Tennis

Invoice Number: 522467
Date: 11/19/13

Location	Type	Battery Size	Pass/Fail	Condition
1 Front door	Emerg. Light		Pass	Good
2 Back door	EMERG LIGHT		Pass	Good
3 Front door	EXIT LIGHT		Lights are on Pass	No push button
4 Back door	EXIT LIGHT		Pass	Good
5 Women's RL	Emerg. Light	4	Pass	Good
6 Mens. RL	Emerg. Light		Pass	Good
7 1st flr Entrance	EXIT LIGHT		Pass	Good
8 1st flr Back Exit	EXIT LIGHT		Lights are on Pass	No push button
9 1st flr by Elev. Room	Emergency light		Pass	Good
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				



COMPANY

Tennis

INVOICE# 522467

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 372021	Pro Shop Back Door	11/11	11/11	ABC	Amerex	TAG
2 672574	Pro Shop front walkway	11/11	11/11	ABC	Amerex	TAG
3 995923	FAC P room	11/12	11/12	COZ	Amerex	TAG
4 274919	Pro Shop Back Hallway	2010	N/A	ABC	Buckeye	TAG
5 234887	1st Floor Elev Mach room	2008	N/A	ABC	Amerex	TAG
6 2000230	1st floor	2008	N/A	ABC	Buckeye	TAG
7 924728	1st floor	11/2013	11/2013	ABC	Simplex Grinnel	6-yr Mntnc e
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
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26						
27						
28						
29						

COMPANY _____

8th Ave INVOICE# 522477
Garage

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 094731	1st flr FACP Room	11/11	11/11	CO2	Sentinel	TAG
2 281152	12th flr S Elev Room	2010	N/A	ABL	Buckey	TAG
3 833696	12th flr SE Cabinet	10/10	10/10	ABL	Amerex	TAG
4 281152	12th flr S Cabinet	11/13	11/13	ABL	Amerex Exteye	New Ext Missing X516
5 833650	1st flr NE Cabinet	10/10	10/10	ABL	Amerex	TAG
6 370108	2nd flr N Cabinet	11/11	11/11	ABL	Amerex	TAG
7 833647	2nd flr SW ^{SW} Cabinet	10/10	10/10	ABL	Amerex	TAG
8 833674	2nd flr NW Cabinet	10/10	10/10	ABL	Amerex	TAG
9 118908	2nd flr S Cabinet	2/9	2/9	ABL	Amerex	TAG
10 833674	2nd flr SE Cabinet	10/10	10/10	ABL	Amerex	TAG
11 771431	2nd flr NE Cabinet	11/11	11/11	ABL	Ansoi Secur	TAG
12 833645	3rd flr W Cabinet	10/10	10/10	ABL	Amerex	TAG
13 833456	3rd flr NE Cabinet	10/10	10/10	ABL	Amerex	TAG
14 937279	3rd flr SE Cabinet	2011	N/A	ABL	Amerex	TAG
15 237282	3rd flr S cabinet	2008	N/A	ABL	Amerex	TAG
16 025855	3rd flr SW Cabinet	3/08	3/08	ABL	Amerex	TAG
17 686107	3rd flr NW Cabinet	2008	N/A	ABL	Amerex	TAG
18 274934	4th flr W Elev cabinet	2010	N/A	ABL	Buckey	TAG
19 833636	4th flr S Elev cabinet	10/10	10/10	ABL	Amerex	TAG
20 326086	1st FL W CAB	10/10	10/10	ABL	Padger	TAG
21 328348	1st FL Park	04	10	ABL	JL	TAG
22 281143	Elev Rm	10	10	ABL	Buck	TAG
23						
24						
25						
26						
27						
28						
29						

Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): Space Coast Fire & Safety Inspector: D. Bullock Inspection Contract# 522477
 Date of This Inspection: 11/21/13 Completed by:
 Name of Property: 8th St Parking Garage
 Street Address: 400 8th St
 City: Naples State: FL Zip:
 Phone: Fax:
 Contact Person Name:
 Position: Authority to Approve Work?

Y	N/A	N
---	-----	---

 Property Owner: City of Naples
 Address:
 City: State: Zip:
 Phone: Fax:
 Responsible Party Name: Position:
 Name of Supervisory Alarm Company: All American Phone:

Date of Last Inspection: Prior Inspector's Name: M. O'Boyle

	Y	N/A	N
1. Prior inspection reports, logs and test data are available for review:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans of systems on site for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Modifications made to systems reviewed and documented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Reports of sprinkler activation reviewed and documented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Copy of NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weekly logs of inspections required by NFPA #25 on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner/Owner's Representative verifies that the occupancy and hazard are the same as reported on last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All deficiencies reported at last inspection corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets reviewed and hazards to inspector removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use separate sheet for additional information as may be needed. All "NO" answers to be explained.)
 AFSA Form 104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

COMMENTS: **THIS IS NOT AN ENGINEERING REVIEW**

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

OWNER/DESIGNATED REPRESENTATIVE: _____ DATE: _____
 INSPECTOR'S SIGNATURE: [Signature] DATE: 11/21/13



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REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: Space Coast Fire & Safety

Inspection Contract# 522477

Name of Inspected Property: 8th St Park Garage

Inspector Name: D.B. Work

Date: 11/21/13

Inspection Frequency: Monthly

Quarterly

Annually

Other

Annual Inspection for Wet Pipe Sprinkler Systems

Table with 3 columns: Y, N/A, N. Rows include E.1.0 System in service on inspection, E.2.0 Hangers and seismic bracing appears undamaged and tightly attached, E.3.0 Piping appears free of mechanical damage, E.3.1 Piping appears free of leakage, E.3.2 Piping appears free of corrosion, E.3.3 Piping appears properly aligned, E.3.4 Piping appears free of external loading, E.4.0 Sprinklers appear free of leakage, E.4.1 Sprinklers appear free of corrosion, E.4.2 Sprinklers appear free of foreign materials, E.4.3 Sprinklers appear free of paint, E.4.4 Sprinklers appear free of physical damage, E.4.5 Sprinklers appear properly oriented, E.4.6 Sprinkler spray patterns appear free of unacceptable obstructions.

Table with 3 columns: Y, N/A, N. Rows include E.4.7 Glass bulbs appear full of liquid, E.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating, E.4.9 Spare sprinklers stored where temperature maximum is 100°F, E.4.10 Wrench available for each type of sprinkler.

PRIOR TO FREEZING WEATHER:

Table with 3 columns: Y, N/A, N. Rows include E.5.0 Building is secure such as not to expose piping to freezing conditions, E.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher, E.6.0 ALARM PANEL CLEAR, E.7.0 COMMENTS:

Annual Testing for Wet Pipe Sprinkler Systems

Table with 3 columns: Y, N/A, N. Rows include F.1.0 System in service before testing, F.1.1 Pertinent parties notified before testing, F.1.2 Adequate drainage provided before flow testing, F.2.0 Main drain test conducted, F.2.1 Supply water gauge reading before flow (static) 105 psi, F.2.2 Gauge reading during stable flow (residual) 89 psi, F.2.3 Time for supply pressure to return to normal 2 sec, F.3.0 Antifreeze solution tested and freezing point determined, F.3.1 Antifreeze solution freezing point °F, F.3.2 Antifreeze solution freezing point after adjustment °F, F.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position, F.4.1 PIVs opened until spring or torsion felt in rod, F.4.2 PIVs and OS&Ys backed 1/4 turn from full open, F.4.3 Main drain test conducted (see F.2.0), F.5.0 Backflow prevention assembly forward flow test conducted, F.5.1 System demand flow was achieved through the device.

Table with 3 columns: Y, N/A, N. Rows include F.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test), F.5.3 Forward flow test conducted without measuring flow (device ≤ 2" and outlet sized to flow system demand), F.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ), F.5.5 Forward flow test satisfied by annual fire pump flow test, F.5.6 Backflow preventer performance test conducted as required by the AHJ, F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve, F.7.0 Pertinent parties notified of test conclusion, F.8.0 ALARM PANEL CLEAR, F.9.0 SYSTEM RETURNED TO SERVICE, F.10.0 COMMENTS:

Annual Maintenance for Wet Pipe Sprinkler Systems

Table with 3 columns: Y, N/A, N. Rows include G.1.0 System in service before conducting maintenance, G.2.0 Pertinent parties notified before conducting maintenance, G.3.0 Operating stems of OS&Y (including backflow) valves lubricated, G.3.1 Valve completely closed and reopened, G.4.0 Adequate drainage provided before flow testing, G.4.1 Main drain test conducted, G.4.2 Supply water gauge reading before flow (static) 105 psi, G.4.3 Gauge reading during stable flow (residual) 89 psi.

Table with 3 columns: Y, N/A, N. Rows include G.4.4 Time for supply pressure to return to normal 2 sec, G.5.0 Pertinent parties notified after conclusion of maintenance, G.6.0 ALARM PANEL CLEAR, G.7.0 SYSTEM RETURNED TO SERVICE, G.8.0 COMMENTS:

INSPECTOR'S INITIAL: [Signature]

(All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL

DATE 11/21/13

TEST AND MAINTENANCE REPORT

CUSTOMER: City of Naples
 STREET ADDRESS: _____
 MAILING ADDRESS: _____
 LOCATION OF ASSEMBLY: Street - Bypass
 TYPE OF ASSEMBLY: RP DC PVB SVB 0 SIZE: 3/4
 MANUFACTURER: Wilkins MODEL: 8054B SERIAL NO: 087328
 GAUGE MANUF _____ SERIAL # _____ DATE CALIBRATED: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
leaked or closed tight	opened at: _____ psi or did not open	leaked or closed tight	<i>Air Inlet:</i> did not open or opened at _____ psi
gauge pressure across check valve _____ psi	<i>Outlet shut-off valve:</i> leaked closed tight	gauge pressure across check valve _____ psi	<i>Check Valve:</i> leaked or held at _____ psi
cleaned only Replaced: rubber kit CV assembly or disc O-rings Seat spring stem/guide retainer lock nuts Other	RV cleaned only Replaced: RV rubber kit RV assembly or disc diaphragm (s) seat spring guide O-rings Other	cleaned only Replaced: rubber kit CV assembly or disc O-rings seat spring stem/guide retainer lock nuts Other	cleaned only Replaced: rubber kit CV assembly disc, air inlet disk, CV seat, CV spring, air inlet spring, CV retainer guide • O-rings Other
Gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

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

TESTER: Mike O' Baugh CERT. No: L-08-11-9353 DATE: _____
 TIME: _____

This Assembly: PASSED FAILED BUFFER: _____ Psi

TEST AND MAINTENANCE REPORT

CUSTOMER: City of Naples
 STREET ADDRESS: 8th St Park Garage
 MAILING ADDRESS: _____
 LOCATION OF ASSEMBLY: Street
 TYPE OF ASSEMBLY: RP DC PVB SVB 0 SIZE: 6
 MANUFACTURER: ZURN MODEL: 376 SERIAL NO: 9805131303
 GAUGE MANUF _____ SERIAL # _____ DATE CALIBRATED: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
leaked or <u>closed tight</u>	opened at _____ psi or did not open	leaked or <u>closed tight</u>	<i>Air Inlet:</i> did not open or opened at _____ psi
gauge pressure across check valve <u>2.1</u> psi	<i>Outlet shut-off valve:</i> leaked closed tight	gauge pressure across check valve <u>3.0</u> psi	<i>Check Valve:</i> leaked or held at _____ psi
cleaned only Replaced: rubber kit CV assembly or disc O-rings Seat spring stem/guide retainer lock nuts Other	RV cleaned only Replaced: RV rubber kit RV assembly or disc diaphragm (s) seat spring guide O-rings Other	cleaned only Replaced: rubber kit CV assembly or disc O-rings seat spring stem/guide retainer lock nuts Other	cleaned only Replaced: rubber kit CV assembly disc, air inlet disk, CV seat, CV spring, air inlet spring, CV retainer guide O-rings Other
Gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

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

TESTER: Mike O' Baugh CERT. No: L-08-11-9353 DATE: 11/21/13

TIME: 9:30am

This Assembly: PASSED FAILED BUFFER: _____ Psi

Fire Alarm Test and Inspection Record

Space Coast Fire and Safety, Inc.
420 Manor Drive
Merritt Island, FL 32952

Phone: (321) 783-1040
Fax: (321) 783-1516
License # EC-13001156
EF-20000623

Property: City of Naples / 8th St Parking
Address: 400 8th St S
Naples 34102
Contact: H. Shields
Phone:
Owner/Mgr:
Phone:
Contact:
Phone:

Date: 11/21/13 Time: 9:30 am
Monitored by: All American
Phone: 800 783-1040
Account Number: 90506D
On test until: 12:00 am
Jurisdiction: Naples Fire
Phone:
Inspection Interval: Annual

Inspection Conducted by:
D. Sullock

Testing notification prior to testing:

- Time: am By:
- Monitoring Entity
 - Building Occupants
 - Building Management
 - Others (Specify)

System Description:

Transmission Type:
Communication Model:
Panel Mfr: Firelite
Model number:
Software:
Date of last service: 8/13
Date / scope of last software change:
8/13 New Panel

Primary Power Voltage: 110V
Rated Current: 15
Over Current Protection: Breaker
Capacity: 20
Panel: House
Breaker Number:
Secondary (standby) power supply
24 Hour stby/5 min. alarm
Batteries: 2
Type & location:
12V 12A/Hr

Systems Tests and Inspections:

	Visual	Functional
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Interface / shutdown equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Indicator lamps / LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disconnect means	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ground fault monitor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		24.1 Load voltage: Discharge test Charger test Specific gravity
Surge suppression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notification Appliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Audible Visual Volume n/A Message clarity
(Emergency communications equip)	<input checked="" type="checkbox"/> Not applicable	
Phone set	<input type="checkbox"/>	<input type="checkbox"/>
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>
Off-hook indication	<input type="checkbox"/>	<input type="checkbox"/>
Amplifiers	<input type="checkbox"/>	<input type="checkbox"/>
Tone generators	<input type="checkbox"/>	<input type="checkbox"/>
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring (on or off premises)	<input type="checkbox"/> Not applicable	
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisory alarm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisory restoral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/> Non Functional	<input checked="" type="checkbox"/> Functional
Comments:		

Initiating Device and Circuit Information:

Initiating Device Circuits (See NFPA 72, Table 3-5)

Total number of Initiating Device Circuits (I.D.C.'s) on system:

Circuit Styles: ~~Style D (Class A) circuits~~ Style B (Class B) circuits

Signal Line Circuits (See NFPA 72, Table 3-6)

Total number of Signal Line Circuits (I.D.C.'s) on system:

Circuit Styles: Style 6a (Class A) circuits Style 4 (Class B) circuits

Quantity	Circuit Style	Devices
<u>8</u>	<u>B</u>	Manual Stations
<u>3</u>	<u>B</u>	Ionization smoke detectors
		Photo electric smoke detectors
		Duct smoke detectors, ionization
<u>8</u>	<u>B</u>	Duct smoke detectors, photoelectric
		Heat detectors, temp, R/R
<u>3</u>	<u>B</u>	Waterflow switches: ___ pres. <u>3</u> vane
		Other, specify.
<u>7</u>	<u>B</u>	Supervisory tamper switches
		Generator condition:
		Fire pump condition:
		Other, specify

Alarm Notification Appliance and Circuit Information

Total number of Notification Appliance Circuits (N.A.C.'s) on system:

Circuit Styles: Style Z (Class A) circuits Style Y (Class B) circuits

Quantity	Circuit Style	Notification Appliances
<u>8</u>	<u>B</u>	Bells
		Horns + <u>Strobe</u>
		Chimes
		Strobes
		Speakers
		Apartment Sounders
		Other, specify:

Describe special procedures:

- System tested 100%
- System partially tested (specify):

Completion notification after testing:

Time: a.m. By:

- Monitoring entity
- Building occupants:
- Building management
- Others (specify)

The following did not operate properly:

N/A

System was restored to normal operation and taken off test status at:

Times: a.m. By: *D. Bullock*

This testing was performed in accordance with applicable NFPA standards.

Inspected by: *D. Bullock*
Signature: *D. Bullock*

Owner of representative:
Signature:

A.H.J. or representative:
Signature:

8th St PK Garage

Job Site:

Invoice Number:
Date:

Location	DB33 Type	Battery Size	Pass/Fail		Condition
1 El Shaft W	DB33	Smoke	2nd FL W	MD23	Waterflow
2 2nd FACP DB33	DB33	Smoke	3rd FL W	MD24	Tamper
3 El Shaft E	DB33	Smoke	3rd FL W	MD25	Waterflow
4 1st FLE	MD01	Pull	Recall E Rim	MD26	Elev Recall
5 2nd FLE	MD02	Pull *	Recall E Second	MD27	Elev Recall
6 3rd FLE	MD03	Pull	Recall W Rim	MD29	Elev Recall
7 4th FLE	MD04	Pull	Recall W Second	MD30	Elev Recall
8 1st FL W	MD05	Pull			
9 2nd FC W	MD06	Pull			
10 3rd FL W	MD07	Pull			
11 4th FL W	MD08	Pull			
12 Elev Tamp W	MD09	Tamp			
13 Elev Tamp E	MD10	Tamp			
14 Elev Rim W	MD11	Tamp			
15 Elev Shaft W	MD12	Tamp			
16 1st FLE	MD13	Heat			
17 2nd FLE	MD14	Heat			
18 3rd FLE	MD15	Heat			
19 1st FL W	MD16	Heat			
20 2nd FL W	MD17	Heat			
21 3rd FL W	MD18	Heat			
22 1st FL W	MD19	Tamp			
23 1st FL W	MD20	Tamp			
24 1st FL W	MD21	Waterflow			
25 2nd FL W	MD22	Tamper			

