

14-047 Addendum 4 EXHIBIT C - 2013 Fire Inspection Reports PART 2

Location / Buildings include:

- Fire Station 2
- Little League Park Concession
- Equipment Services
- Fire Training
- Naples Preserve
- Utilities Administration
- Waste Water Collection Warehouse
- Fire Support Services & Fire Station 1
- Cambier Park

IMPORTANT MESSAGE

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

COMPANY

FS#2

INVOICE#

522586

Fire Station #2

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 WZ 654903	Bunk Area	12/11	12/11	ABC	Badger	TAG
2 XL 781588	Weight room	12/11	12/11	ABC	Cosmic	TAG
3 WY 783673	Weight room	12/11	12/11	ABC	Badger	TAG
4 XB 969333	Day room	12/11	12/11	ABC	Simplex Grinnel	TAG
5 AA-092857	Kitchen	11/11	11/11	K	Badger	TAG
6 XB-153691	Office Area	12/11	12/11	ABC	Badger	TAG
7 Z 363120	Mech room	11/11	11/11	CO2	Amerjet	TAG
8 WE 251230	Ambulance Bay	11/13	11/13	ABC	BARBER	Tag
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Job Site: F3 2

Invoice Number: 522586
Date: 11/19/13

Location	Type	Battery Size	Pass/Fail	Condition
1 Weight Room	Combo light		Pass	Good
2 Weight Room	Exit light		Pass	Good
3 Break Room	Exit light		Pass	Good
4 Break Room	Exit light		Pass	Good
5 Day Room	Exit light		Pass	Good
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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: Naples Fire station #2
Address: 977 26th Ave
Naples, FL

Contact:
Phone:

Owner/Mgr:
Phone:

Contact: Heamer
Phone:

Inspection Conducted by:

Robbie / Mike

Testing notification prior to testing:

Time: 9 am By: RE

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

System Description:

Transmission Type: ~~TD~~ Digital
Communication Model:

Panel Mfr: Silent Knight

Model number: 5808

Software:

Date of last service:

Date / scope of last software change:

Date: 11/20/13 Time: 9 am

Monitored by: All American

Phone: 1-800-318-9486

Account Number: 4449-6D

On test until: 11 am

Jurisdiction: City of Naples

Phone:

Inspection Interval: Annual

Primary Power Voltage: 120VAC

Rated Current: 5

Over Current Protection: Breaker

Capacity: 20

Panel: House

Breaker Number: #20

Secondary (standby) power supply

24 Hour stby/5 min. alarm

Batteries: 2 x 7Ah 12VDC

Type & location: AT panel

Sealed Acid

Systems Tests and Inspections:

	Visual	Functional
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> - Pulled MRS
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"/> - 120VAC
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> - Disconnect NAC
Disconnect means	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> - Flipped Breaker
Ground fault monitor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> - NAC to Ground
Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Load voltage: 24.4VDC
		<input checked="" type="checkbox"/> Discharge test
		<input checked="" type="checkbox"/> Charger test 27.7VDC
		<input type="checkbox"/> Specific gravity
Surge suppression	<input type="checkbox"/>	<input type="checkbox"/>
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>
Notification Appliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Audible - Pulled MRS
		<input checked="" type="checkbox"/> Visual
		<input checked="" 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 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:		

Describe special procedures:

- System tested 100%
- System partially tested (specify): *visual on Heats*

Completion notification after testing:

Time: *11* a.m. By: *pc*

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

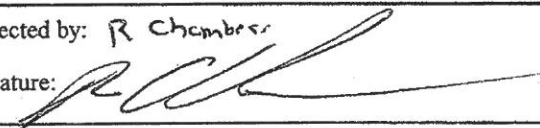
The following did not operate properly:

PIV has no tamper

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

Times: *11* a.m. By: *pc*

This testing was performed in accordance with applicable NFPA standards.

Inspected by: *R Chambers*
Signature: 

Owner of representative:
Signature:

A.H.J. or representative:
Signature:

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: *Fire Station #2*

Inspector Name: *M. O. Smith*

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:

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

E.7.0 COMMENTS:

Electric Bell did not activate with Alarm

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) <i>70</i> psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.2 Gauge reading during stable flow (residual) <i>60</i> psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.3 Time for supply pressure to return to normal <i>1</i> 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 °F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.3.2 Antifreeze solution freezing point after adjustment °F	<input type="checkbox"/>	<input checked="" 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 $\leq 2\text{''}$ 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 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:

Note: Gauge is new

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 type="checkbox"/>	<input checked="" 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) <i>70</i> psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.3 Gauge reading during stable flow (residual) <i>60</i> psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.4.4 Time for supply pressure to return to normal <i>1</i> 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 *MS*

(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: *M. O'Brien* Inspection Contract# _____
 Date of This Inspection: **11/19/13** Completed by: *M. O'Brien*
 Name of Property: **File Station #2**
 Street Address: _____
 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: **All American** Phone: _____
 Date of Last Inspection: **8/20/13** 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 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 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

Electric Bell by fire did not activate with alarm
Note: gauge is new

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: *M. O'Brien* DATE: **11/19/13**



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COMPANY _____

INVOICE# 522649

Little League Park Concession

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 646022	upstairs	2008	08	ABC	Amerex	TAG
2 690567	1 st floor	2008	N/A	ABC	Amerex	TAC
3						
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# 522650
 Date of This Inspection: 11/25/13 Completed by: _____
 Name of Property: Equip Services
 Street Address: 370 Riverside Cir
 City: Naples State: FL Zip: 34102
 Phone: _____ Fax: _____
 Contact Person Name: Heather
 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: _____

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**

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. Bullock DATE: 11/25/13



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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# **522650**

Name of Inspected Property: **Equip Services**

Inspector Name: **D. Bullock**

Date: **11/25/13**

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 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) 78 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.2 Gauge reading during stable flow (residual) 63 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.3 Time for supply pressure to return to normal 3 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 — °F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F.3.2 Antifreeze solution freezing point after adjustment — °F	<input type="checkbox"/>	<input checked="" 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 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"/>

	Y	N/A	N
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 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

	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) 78 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.4.3 Gauge reading during stable flow (residual) 63 psi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N/A	N
G.4.4 Time for supply pressure to return to normal 3 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 **DBB**

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

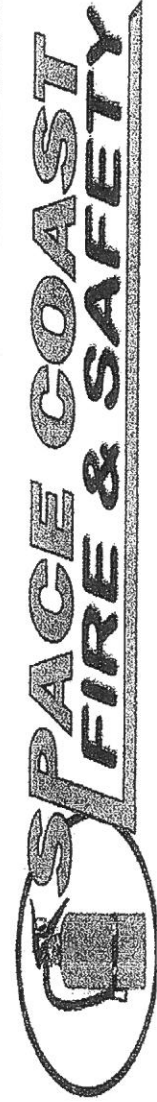
DATE **11/25/13**

Job Site:

Invoice Number:

Date:

Location	Type	Battery Size	Pass/Fail	Condition
1 Front Door	Exit		Pass	OK
2 Office	Em. Light		Pass	OK
3 Hall	Exit		Pass	OK
4 Back Door	Exit		Pass	OK - No Push Button
5 WHSE	Exit	4	Pass	OK
6 WHSE	Compo		Pass	OK
7 WHSE	Exit		Pass	OK
8 Maint Bay	Exit		Pass	OK No Push Button
9 Maint Bay	Exit		Pass	OK No Push Button
10 Class Control	Exit		Pass	OK No Push Button
11 Cross Control	Exit		Pass	OK
12 Maint Bay	Em Light		Pass	OK
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				



TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Eq.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/Leds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supply Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supply Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS/ QUALITY
SECONDARY POWER			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input 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"/>

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS	INTERFACE EQUIPMENT (Specify)	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>		(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>		(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 checked="" type="checkbox"/>		
Alarm Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
NOTIFICATIONS THAT TEST IS COMPLETE:				
	YES	NO	TIME	COMMENTS
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: _____

SYSTEM RESTORES TO NORMAL OPERATION: DATE: 11/25/13 TIME: _____ NAME OF OWNER OR REPRESENTATIVE: _____
 THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS. DATE: 11/25/13 TIME: _____
 NAME OF INSPECTOR: D. Bulluck SIGNATURE: _____
 DATE: _____ TIME: _____
 SIGNATURE: _____

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: 11/25/13
TIME: _____

CUSTOMER: City of Naples
ADDRESS: 370 Riverside Circle
CITY: Naples ZIP: 34102
CONTACT: Naples

OWNER: City of Naples
ADDRESS: _____
CITY: _____ ZIP: _____
CONTACT: _____

MONITORING ENTITY
CONTACT: Criticom
TELEPHONE: 800 872 2371
MONITORING ACCOUNT REF. NO.: RMBM9343

APPROVING AGENCY
CONTACT: City of Naples
TELEPHONE: _____

TYPE TRANSMISSION
 McCullough Multiplex Digital Reverse Polarity
 RF Other (Specify) _____
PANEL MANUFACTURER: Silent
CIRCUIT STYLES: _____
NO. OF CIRCUITS: _____
SOFTWARE REV.: 10/1/2010
LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 11/8/13
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: 10/1/2010

SERVICE
 Weekly Monthly Quarterly Semi-Annually
 Annually Other (Specify) _____
MODEL NO.: SK 5200
LAST DAY OF SENSITIVITY TESTING: _____

NOTIFICATIONS ARE MADE:
MONITORING ENTITY
BUILDING OCCUPANTS
BUILDING MANAGEMENT
OTHER (SPECIFY)
AHJ (NOTIFIED) OF ANY IMPAIRMENTS

PRIOR TO ANY TEST-		WHO	TIME
YES	NO	<u>Brian</u>	<u>11:58 am</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

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

MANUAL STATIONS
ION DETECTORS
PHOTO DETECTORS
DUCT DETECTORS

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

HEAT DETECTORS
WATERFLOW SWITCHES
OTHER (SPECIFY) Tamper Butterfly

QTY. OF	CIRCUIT STYLE
<u>12</u>	<u>4</u>
<u>2</u>	<u>4</u>

BELLS
HORNS Strobe
CHIMES
STROBES
SPEAKERS

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION
QTY. OF _____ CIRCUIT STYLE _____
OTHER (SPECIFY) _____
NO. OF ALARMS INDICATING _____

ARE CIRCUITS SUPERVISED? YES NO

QTY. OF	CIRCUIT STYLE
_____	_____
_____	_____
_____	_____

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION
CO² DET
CO DET
LOW AIR PSL
HI AIR PSL
FIRE PUMP OR PUMP CONTROLLER TROUBLE

QTY. OF	CIRCUIT STYLE	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 0 Style (S) _____

SYSTEM POWER SUPPLIES
a. Primary (Main): Normal Voltage 120 Amps 15
Overcurrent Protection: Type Breaker Amps 20
Location (Panel Number): Neuss 43
Disconnecting Means Location: _____
b. Secondary (Standby): 2 Storage Battery: Amp-Hr. Rating 12v 7AH
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: _____

COMPANY

Equipment Services.

INVOICE#

552650

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 488885	Fuel Storage	08	08	ABC	Budger	Tag
2 972011	Whs Door	13	13	ABC	F.Mast	6YR
3 81027	PARTS Rm	08	08	ABC	Amerex	Tag
4 812545	Office Door	12	12	ABC	JL	Tag
5 196798	WHSE by Main Office	10	10	ABC	Buck	Tag
6 610331	By Riser	11	11	ABC	Amerex	Tag
7 580386	Back of WHSE	13	13	ABC	Buck	Hydro
8 039075	WHSE	08	08	ABC	Budger	Tag
9 973202	WHSE	13	13	ABC	Buck	Hydro
10 886133	WHSE	13	13	ABC	Amerex	Hydro
11 495468	Break Rm	08	08	ABC	Ansul	Tag
12 605807	Upstairs	11	11	ABC	Amerex	Tag
13 79883	Parts Rm	08	08	ABC	Amerex	Tag
14 411719	Rear Tool	08	08	ABC	Budger	Tag
15 173917	FRnt Office	11	11	ABC	Ansul	Tag
16 553404	WHSE	12	12	ABC	Kidde	Tag
17 790604	Comp Rm	08	08	ABC	Budger	Tag
18 166909	WHSE	13	13	CO2	Buck	Hydro
19 111791	WHSE	08	08	ABC	Amerex	Tag
20 153692	WHSE	12	12	ABC	Budger	Tag
21						
22						
23						
24						
25						
26						
27						
28						
29						

REV. 3/03

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

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

Inspection Contract# **522 473**

Name of Inspected Property: **Fire Training**

Inspector Name: **Dennis Bullock**

Date: **11/25/13**

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 type="checkbox"/>	<input checked="" 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 $\leq 2\text{''}$ and outlet sized to flow system demand)	<input type="checkbox"/>	<input checked="" 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) 80 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) 72 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 1 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
F.5.1 System demand flow was achieved through the device	<input type="checkbox"/>	<input checked="" 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 1 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) 80 psi							
G.4.3 Gauge reading during stable flow (residual) 72 psi							

INSPECTOR'S INITIAL **DB**

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

DATE _____

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



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: D. Bullak Inspection Contract# 522473
 Date of This Inspection: 11/25/13 Completed by: _____
 Name of Property: Fire Training
 Street Address: 1550 10th St
 City: Naples State: FL Zip: 34102
 Phone: _____ 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. Bullak DATE: 11/25/13



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.

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: 11/25/13
TIME: _____

CUSTOMER: Naples Preserve
ADDRESS: 1690 9th St N
CITY: Naples ZIP: _____
CONTACT: Heather

OWNER: City of Naples
ADDRESS: _____
CITY: _____ ZIP: _____
CONTACT: _____

MONITORING ENTITY
CONTACT: All American
TELEPHONE: 800 318 9486
MONITORING ACCOUNT REF. NO.: 4438-6D

APPROVING AGENCY
CONTACT: _____
TELEPHONE: _____

TYPE TRANSMISSION
 McCullough Multiplex Digital Reverse Polarity
 RF Other (Specify) _____
PANEL MANUFACTURER: Radionics
CIRCUIT STYLES: _____
NO. OF CIRCUITS: _____
SOFTWARE REV.: _____
LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: _____
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: _____

SERVICE
 Weekly Monthly Quarterly Semi-Annually
 Annually Other (Specify) _____
MODEL NO.: D7412G
LAST DAY OF SENSITIVITY TESTING: _____

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION		QTY. OF	CIRCUIT STYLE	HEAT DETECTORS
MANUAL STATIONS	_____	_____	_____	_____
ION DETECTORS	_____	_____	_____	_____
PHOTO DETECTORS	_____	_____	_____	_____
DUCT DETECTORS	_____	_____	_____	_____
QTY. OF	CIRCUIT STYLE	_____	_____	WATERFLOW SWITCHES
<u>2</u>	<u>B</u>	_____	_____	OTHER (SPECIFY)
<u>1</u>	<u>3</u>	_____	_____	_____

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION		QTY. OF	CIRCUIT STYLE	OTHER (SPECIFY)
BELLS	_____	_____	_____	_____
HORNS	<u>Strobe</u>	_____	_____	_____
CHIMES	_____	_____	_____	_____
STROBES	_____	_____	_____	_____
SPEAKERS	_____	_____	_____	_____
QTY. OF	CIRCUIT STYLE	_____	_____	NO. OF ALARMS INDICATING
<u>3</u>	<u>1</u>	_____	_____	_____
<u>1</u>	<u>4</u>	_____	_____	_____

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION		QTY. OF	CIRCUIT STYLE	SUPERVISORY SWITCHES
CO ² DET	_____	_____	_____	_____
CO DET	_____	_____	_____	OTHER
LOW AIR PSL	_____	_____	_____	_____
HI AIR PSL	_____	_____	_____	GENERATOR ENGINE RUNNING
FIRE PUMP OR PUMP CONTROLLER TROUBLE	_____	_____	_____	OTHER
QTY. OF	CIRCUIT STYLE	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNALING LINE CIRCUITS
Quantity and style (See NFPA 72, Table 3-6.1 of signaling line circuits connected to system):
Quantity 1 Style (S) B

SYSTEM POWER SUPPLIES
a. Primary (Main): Normal Voltage _____ Amps 20
Overcurrent Protection: Type Breaker Amps 20
Location (Panel Number): House
Disconnecting Means Location: 16
b. Secondary (Standby):
4 Storage Battery: Amp-Hr. Rating 12V/7AH
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: _____

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Eq.	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/Leds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supply Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supply Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS/QUALITY
SECONDARY POWER			
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input 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: _____

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS	INTERFACE EQUIPMENT (Specify)	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amplifier (s)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone Generator (s)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call in Signal	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				SPECIAL HAZARD SYSTEMS			
				(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				(Specify)	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
NOTIFICATIONS THAT TEST IS COMPLETE:				
	YES	NO	TIME	COMMENTS
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 checked="" type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORES TO NORMAL OPERATION: DATE: _____ TIME: _____ NAME OF OWNER OR REPRESENTATIVE: _____
 THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS. DATE: 11/25/13 TIME: _____
 NAME OF INSPECTOR: Dennis Bullard SIGNATURE: [Signature]
 DATE: _____ TIME: _____
 SIGNATURE: _____

COMPANY

PRESERVE

INVOICE#

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 562394	FRNT DOOR	08	08	ABC	JL	TAG
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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16						
17						
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19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						

Job Site:

Invoice Number:

Date:

Location	Type	Battery Size	Pass/Fail	Condition
1 Front Door	Exit		Pass	OK
2 Rear Door	Exit		Pass	OK
3 Rear Door	Exit		Pass	OK
4 Front Lobby	Em Lt		Pass	OK
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				



COMPANY

Utilities Admin

INVOICE# 522657

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 433898	FACP Room	08	W/A	Clean Agent	14 nos / Clean Guard	TAG
2 908330	1st flr Back Emer Exit Hall	10/11	10/11	ABL	Amerex	TAG
3 129625	1st flr Elev Mech Room	5/11	5/11	ABC	Amerex	TAG
4 166844	1st flr Elev Hallway	10/10	10/10	ABC	Cosmic	TAG
5 166845	1st flr Hallway / Break Area	10/10	10/10	ABL	Cosmic	TAG
6 164117	2nd floor Hallway by S-11	10/10	10/10	ABL	Cosmic	TAG
7						
8						
9						
10						
11						
12						
13						
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22						
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24						
25						
26						
27						
28						
29						

Job Site: Utilities Admin

Invoice Number: 52267
Date:

Location	Type	Battery Size	Pass/Fail	Condition
1 1st Fl Back Room Exit	Exit light		Lights are on / Pass	No push Button
2 1st Fl Conf Room	Exit light		Lights are on / Pass	No push Button
3 2nd Fl N Exit	Exit light		Lights are on / Pass	No push Button
4 1st Fl South Exit	Exit light		Pass	Good
5 1st Fl S	Exit light		Lights are on / Pass	No Push Button
6 2nd Fl S	Exit light		Repaired lights / Pass	No Push Button
7				
8				
9				
10				
11				
12				
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22				
23				
24				
25				



Waste Water Collections Warehouse

Company: _____

Inv: _____

Cnt	Serial #	Location	DOM	Yr	Type	Manufacture	Service
1	L- 662213	By Riser	09	N/A	ABC	Ansul Sentry	TAG
2	2T 830417	Back Door	7/10	7/10	ABC	Ansul Sentry	TAG
3							
4							
5							
6							
7							
8							
9							
10							
11							
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22							
23							
24							
25							
26							
27							
28	10 16ABC needs recharge						
29							
30							

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 Water Collections Warehouse

Inspector Name: M. J. [Signature]

Date: 11/18/13

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 type="checkbox"/>	<input checked="" 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"/>	<u>Note: Gauges are new</u>			
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 $\leq 2\text{''}$ and outlet sized to flow system demand)	<input type="checkbox"/>	<input checked="" 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) <u>85</u> 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) <u>70</u> 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 <u>1</u> 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
F.4.2 PIVs and OS&Ys backed 1/4 turn from full open	<input type="checkbox"/>	<input checked="" 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 <u>1</u> 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) <u>85</u> psi							
G.4.3 Gauge reading during stable flow (residual) <u>70</u> psi							

INSPECTOR'S INITIAL MS

(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. O'Neil* Inspection Contract# _____
 Date of This Inspection: *11/18/13* Completed by: *M. O'Neil*
 Name of Property: *Utilities Waste Water Collections*
 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: *NIA* Phone: *1044*
 Date of Last Inspection: *8/2013* Prior Inspector's Name: *M. O'Neil*

	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 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**
Note: Coops are new

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*



Job Site:

Fire Support Services

Invoice Number:

Date:

	Location	Type	Battery Size	Pass/Fail	Condition
1	Exit to Bank Area	Exit Light		Pass	Good
2	Exit to kitchen	Safety light		Pass	Good
3	Side door Exit	Exit Light		Pass	Good
4	Dunkin' Hallway	Safety light		Pass	Good
5	Weight Room	Safety light	"	Pass	Good
6	Front Door	Exit Light		Pass	Good
7					
8					
9					
10					
11					
12					
13					
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22					
23					
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25					



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: 11/21/13
TIME: _____

CUSTOMER: FSI
ADDRESS: 855 8th AVE
CITY: Naples ZIP: _____
CONTACT: Katly/Heather

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

MONITORING ENTITY
CONTACT: _____
TELEPHONE: _____
MONITORING ACCOUNT REF. NO.: _____

APPROVING AGENCY
CONTACT: _____
TELEPHONE: _____

TYPE TRANSMISSION
 McCullough Multiplex Digital Reverse Polarity
 RF Other (Specify) N/A
PANEL MANUFACTURER: Simplex
CIRCUIT STYLES: Class B
NO. OF CIRCUITS: 4
SOFTWARE REV.: N/A
LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 11/12
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

SERVICE
 Weekly Monthly Quarterly Semi-Annually
 Annually Other (Specify) _____
MODEL NO.: 4001
LAST DAY OF SENSITIVITY TESTING: N/A

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION					
QTY. OF	CIRCUIT STYLE		QTY. OF	CIRCUIT STYLE	
<u>5</u>	<u>B</u>	MANUAL STATIONS	<u>1</u>	<u>B</u>	HEAT DETECTORS
<u>6</u>	<u>B</u>	ION DETECTORS			WATERFLOW SWITCHES
		PHOTO DETECTORS			OTHER (SPECIFY)
		DUCT DETECTORS			

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION			
QTY. OF	CIRCUIT STYLE		OTHER (SPECIFY)
<u>10</u>	<u>Y</u>	BELLS	
		HORNS	
		CHIMES	
<u>9</u>	<u>Y</u>	STROBES	
		SPEAKERS	
NO. OF ALARMS INDICATING _____			

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION					
QTY. OF	CIRCUIT STYLE		QTY. OF	CIRCUIT STYLE	
		CO ² DET	<u>2</u>		SUPERVISORY SWITCHES
		CO DET			OTHER _____
		LOW AIR PSL			
		HI AIR PSL			GENERATOR ENGINE RUNNING
		FIRE PUMP OR PUMP CONTROLLER TROUBLE			OTHER _____

SIGNALING LINE CIRCUITS
Quantity and style (See NFPA 72, Table 3-6.1 of signaling line circuits connected to system:
Quantity 1 Style (S) _____

SYSTEM POWER SUPPLIES
a. Primary (Main): Normal Voltage 120 Amps .5
Overcurrent Protection: Type BREAKER Amps 20
Location (Panel Number): A
Disconnecting Means Location: 2B
b. Secondary (Standby):
2 Storage Battery: Amp-Hr. Rating 12V 7AH
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
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Eq.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lamps/Leds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supply Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Supply Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER		VISUAL	FUNCTIONAL	COMMENTS/QUALITY
TYPE		<input checked="" type="checkbox"/>		
Battery Condition		<input checked="" type="checkbox"/>		13.1
Load Voltage			<input checked="" type="checkbox"/>	12.6
Discharge Test			<input checked="" type="checkbox"/>	13.4
Charger Test			<input checked="" type="checkbox"/>	
Specific Gravity			<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>			
REMOTE ANNUNCIATORS	<input type="checkbox"/>			
NOTIFICATION APPLIANCES				
Audible		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers		<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>		

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: _____

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS	INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amplifier (s)	<input type="checkbox"/>	<input type="checkbox"/>		(Specify) _____	<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 HAZARD SYSTEMS			

SPECIAL PROCEDURES: _____
 COMMENTS: _____

ON/OFF PREMISES MONITORING:

	YES	NO	TIME	COMMENTS
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoral	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>		
NOTIFICATIONS THAT TEST IS COMPLETE:				
	YES	NO	TIME	COMMENTS
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 checked="" type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORES TO NORMAL OPERATION: DATE: 11/21/13 TIME: _____ NAME OF OWNER OR REPRESENTATIVE: _____
 THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS. DATE: 11/21/13 TIME: _____
 NAME OF INSPECTOR: Dennis Bullard SIGNATURE: [Signature]
 DATE: _____ TIME: _____
 SIGNATURE: _____

Name of Premise: FS 1 Street Address: 835 8th Ave
 City: Naples Zip: _____ Location of Device: 88 ST
 Manufacturer: Watts Model: 709 Serial No: 111128 Size: 4
 Yearly Test: New Installation: _____ Replacement: _____ RPZ: _____ DDC: _____ DC:
 Pressure Drop across first check valve: _____ PSI Meter # _____
 No 2 Shut Off Valve: LEAKED CLOSED TIGHT REPAIRED REPLACED

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CHECK VALVE _____ PSI LEAKED <input type="checkbox"/>
	RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED:
	OR	OR	OR	DISC AIR INLET _____
	DISC _____	DISC _____	DISC _____	C.V. ASSEMBLY _____
	O-RINGS _____	O-RINGS _____	O-RINGS _____	DISC C.V. _____
	SEAT _____	SEAT _____	SEAT _____	O-RINGS _____
	SPRING _____	SPRING _____	SPRING _____	SPRING _____
	STEMGUIDE _____	STEMGUIDE _____	GUIDE _____	GUIDE _____
	RETAINER _____	RETAINER _____	DIAPHRAGM _____	OTHER _____
	LOCK NUTS _____	LOCK NUTS _____	OTHER _____	
OTHER _____	OTHER _____			
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> PSI <u>1.6</u>	CLOSED TIGHT <input type="checkbox"/> PSI <u>2.1</u>	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

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

Comments: _____
 Certified Testing Company: Space Coast Fire + Safety License Expiration Date: _____
 Equipment Used: Midwest #61059948 Last Calibration Date: 11/12/13
 Initial Test By: M. O'Bough Certified Tester #: L09139353 Test Date: _____
 Repaired By: _____ Date: _____
 Final Test By: _____ Certified Tester #: L09-13-9953 Test Date: _____
 Permit #: _____ Issued Date: _____

Name of Premise: FS 1 Street Address: 835 8th Ave
 City: Naples Zip: _____ Location of Device: Street
 Manufacturer: Watts Model: 007M1 Serial No: 94240 Size: 3/4
 Yearly Test: New Installation: _____ Replacement: _____ RPZ: _____ DDC: _____ DC:
 Pressure Drop across first check valve: _____ PSI Meter # _____
 No 2 Shut Off Valve: LEAKED _____ CLOSED TIGHT REPAIRED _____ REPLACED _____

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CHECK VALVE _____ PSI LEAKED <input type="checkbox"/>
	RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER P/T'S KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED:
	OR	OR	OR	DISC AIR INLET
	DISC	DISC	DISC	C.V. ASSEMBLY
	O-RINGS	O-RINGS	O-RINGS	DISC C.V.
	SEAT	SEAT	SEAT	O-RINGS
	SPRING	SPRING	SPRING	SPRING
	STEMGUIDE	STEMGUIDE	GUIDE	GUIDE
	RETAINER	RETAINER	DIAPHRAGM	OTHER
	LOCK NUTS	LOCK NUTS	OTHER	
OTHER	OTHER			
FINAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/> PSI <u>1.3</u>	CLOSED TIGHT <input checked="" type="checkbox"/> PSI <u>1.8</u>	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

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

Comments: _____
 Certified Testing Company: Space Coast Fire + Safety License Expiration Date: _____
 Equipment Used: Midwest #61059948 Last Calibration Date: 11/12/13
 Initial Test By: M. O'Baugh Certified Tester #: L09139353 Test Date: _____
 Repaired By: _____ Date: _____
 Final Test By: _____ Certified Tester #: L09-13-9953 Test Date: _____
 Permit #: _____ Issued Date: _____

Job Site:

Invoice Number:

Date:

Fire Station #1

	Location	Type	Battery Size	Pass/Fail	Condition
1	Exit to kitchen	Exit		Fail	Missing cover
2	Day Room Exit	Exit		Pass / Breaker Off	Good
3	Exit to Bay 1	Exit		Pass / Breaker Off	Good
4	Exit to Bay 2	Exit		Pass / Breaker Off	Good
5	Bay Exit 1	Exit		Pass	Good
6	Bay Exit 2	Exit		Pass	Good
7					
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25					



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



General Information Section

Inspecting Firm (Contractor): Space Coast Fire & Safety Inspector: D. B. Mock Inspection Contract# _____
 Date of This Inspection: 11/21/13 Completed by: _____
 Name of Property: FS #1
 Street Address: 835 8th Ave
 City: Naples State: FL Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: A Shields
 Position: _____ Authority to Approve Work?

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

 Property Owner: 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 Local Alarm No Mon.

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. B. Mock DATE: 11/21/13



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: **FS 1**

Inspector Name: **D. Bullock**

Date: **11/21/13**

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 $\leq 2\text{'}$ 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 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.5.5 Forward flow test satisfied by annual fire pump flow test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.1 Supply water gauge reading before flow (static) 82 psi				F.5.6 Backflow preventer performance test conducted as required by the AHJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.2 Gauge reading during stable flow (residual) 71 psi				F.6.0 PRV control valves partial flow test conducted and adequate to unseat valve	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.3.1 Antifreeze solution freezing point 2 °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 2 °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) 82 psi							
G.4.3 Gauge reading during stable flow (residual) 71 psi							

INSPECTOR'S INITIAL **DJB**

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

DATE **11/21/13**

COMPANY _____

INVOICE# 522579

Fire Station #1

Serial #	Location	DOM	6YR	TYPE	MANUF.	SERVICE
1 355335	By Kitchen	11/12	11/12	ABC	Amerex	TAG
2 827861	Hallway - Back	10/11	10/11	ABC	Cosmic	TAL
3 354168	Front Hallway	11/12	11/12	ABC	Amerex	TAG
4 643292	Engine Bay	2008	N/A	ABC	Amerex	TAL
5						
6						
7						
8						
9						
10						
11						
12						
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17						
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19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						

COMPANY _____

INVOICE# 522579

Fire Support Services

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 534068	Kitchen	8/13	8/13	ABC	American	TAG
2 245038	Back Hallway	8/9	8/9	ABC	Buckeye	TAG
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						

Job Site:

Invoice Number:

Date:

Location	Type	Battery Size	Pass/Fail	Condition
1 Front Hallway	Exit		Pass	Good
2 Back Door	Exit		Fail	Doesn't light during test
3 Front Door	Exit		Pass	Good
4 Bathroom Hallway	Exit		Pass	Good
5 Pool Room	Exit	4	Pass	Good
6 Day Room Exit	Exit		Pass	Good
7 Stage left	Emer light		Pass	Good
8 Theater Exit 1	Exit light		Pass	Good
9 Theater Exit 2	Exit light		Pass	Good
10 Theater Exit 3	Exit light		Pass	Good
11 Front Porch	Safety light		Pass	Good
12 Back Theater Exit 1	Exit light		Pass	Good
13 Theater Exit 4	Exit light		Pass	Good
14 Back Theater Exit 2	Exit light		Pass	Good
15 Dressing Room Exit	Exit light		Pass	Good
16 Dressing Room Exit	Exit light		Pass	Good
17				
18 Stage Sound Booth	Safety light		Fail	
19 By Main RLs	Safety light		Fail	No push button
20 Front Pool Room	Safety light		Fail	
21 Back Pool Room	Safety light		Fail	
22 By Service Room	Safety light		Fail	
23 Front Women RLs	Safety light		Fail	
24 Back Room	Safety light		Fail	
25 Stage right	Safety light		Fail / No Push Button	No push button



Serial #	Location	DOM	GYR	TYPE	MANUF	SERVICE
1	Pool Room Entrance	10/11	10/11	ABC	Amstar	THC
2	Trunk Back Corner	10/11	10/11	ABC	Amstar	THC
3	Trunk Room	12/11	12/11	CO2	Badger	THC
4	By Women's RL	10/11	10/11	ABC	Amstar	THC
5						
6						
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9						
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Report of Inspection, Testing & Maintenance of Water Based Fire Protection Systems



General Information Section

Inspecting Firm (Contractor): **Space Coast Fire & Safety** Inspector: **D. Block** Inspection Contract# _____

Date of This Inspection: **11/21/13** Completed by: _____

Name of Property: **Robert's Center** Street Address: **255 8th Ave S**

City: **Maples** State: **FL** Zip: _____

Phone: _____ Fax: _____

Contact Person Name: _____

Position: _____ Authority to Approve Work?

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

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Responsible Party Name: _____

Name of Supervisory Alarm Company: **All American** Phone: **800 318 9986**

Date of Last Inspection: **11/19/12** Prior Inspector's Name: **ORTIZ**

1. Prior inspection reports, logs and test data are available for review:

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

2. Plans of systems on site for review?

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

3. Modifications made to systems reviewed and documented?

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

4. Reports of sprinkler activation reviewed and documented?

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

5. Copy of NFPA #25 on file?

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

6. Weekly logs of inspections required by NFPA #25 on file?

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

8. All deficiencies reported at last inspection corrected?

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

9. Material Safety Data Sheets reviewed and hazards to inspector removed?

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: _____
INSPECTOR'S SIGNATURE: *[Signature]*

DATE: _____
DATE: **11/21/13**



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Name of Premise: Nore's Center Street Address: 755 8th Ave S

City: Maple Zip: _____

Manufacturer: Wilkins Model: 950XL Serial No: 1198654 Location of Device: By Pass

Yearly Test: New Installation; Replacement: _____ R.P.Z.: _____ D.D.C.: _____ D.C.: Meter # _____

No 2 Shut Off Valve: LEAKED CLOSED TIGHT REPAIRED REPLACED

CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
----------------	----------------	------------------------------------	-------------------------

INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	OPENED AT _____ LBS. <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>
--------------	--	---	--

CHECKED	CHECKED	CHECKED	CHECKED
---------	---------	---------	---------

RUBBER PARTS KIT <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/>	CLEANED <input type="checkbox"/>
---	---	---	----------------------------------

C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>	REPLACED: <input type="checkbox"/>
--	--	--	------------------------------------

DISC	DISC	DISC	DISC AIR INLET <input type="checkbox"/>
------	------	------	---

O-RINGS	O-RINGS	O-RINGS	C.V. ASSEMBLY <input type="checkbox"/>
---------	---------	---------	--

BEAT	BEAT	BEAT	DISC C.V. <input type="checkbox"/>
------	------	------	------------------------------------

SPRING	SPRING	SPRING	O-RINGS <input type="checkbox"/>
--------	--------	--------	----------------------------------

STEMGUIDE	STEMGUIDE	STEMGUIDE	SPRING <input type="checkbox"/>
-----------	-----------	-----------	---------------------------------

RETAINER	RETAINER	RETAINER	GUIDE <input type="checkbox"/>
----------	----------	----------	--------------------------------

LOCK NUTS	LOCK NUTS	LOCK NUTS	OTHER <input type="checkbox"/>
-----------	-----------	-----------	--------------------------------

CLOSED TIGHT <input checked="" type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPEN AT _____ LBS	SATISFACTORY <input type="checkbox"/>
--	---------------------------------------	-------------------	---------------------------------------

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

Comments: _____

Certified Testing Company: Space Coast Fire + Safety License Expiration Date: _____

Equipment Used: M. West #61059948 Last Calibration Date: 11/12/13

Initial Test By: M. O'Brugh Certified Tester # LO913933 Test Date: _____

Repaired By: _____ Date: _____

Final Test By: _____ Certified Tester # LO913933 Test Date: _____

Permit #: _____ Issued Date: _____

INITIATING AND SUPERVISORY DEVICE TEST AND SENSITIVITY INSPECTIONS

Loc. & S/N or Device #	Device Type and Model #	Zone #	Visual	Fun	Sensitivity	Pass	Fail
		44					
	Gallery	44					
	Mezz	33					
	Mezz	33					
	Mezz	34					
	Mezz	35					
	Mezz Duct 5	35					
	S. Storage Smoke	37					
	Sound Rm	38					
	N. Storage	39					
	N. Storage	40					
	N. Sounds	41					
	S. Sound Pull	42					
	Game Room	43					
	Water Flow	7					
	Auditorium	41					
	Control Valve	8					
	Lobby	32					
	Lobby	3					
	Backflow 1	11					
	Backflow 2						
	Back Stage						

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



General Information Section

Inspecting Firm (Contractor): Space Coast Fire & Safety Inspector: D. Bullard Inspection Contract# _____
 Date of This Inspection: 11/21/13 Completed by: _____
 Name of Property: Bardshell
 Street Address: Cambier PK
 City: Naples State: FL Zip: _____
 Phone: _____ Fax: _____
 Contact Person Name: _____
 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. Bullard 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# _____

Name of Inspected Property: **Bardsell**

Inspector Name: **D. Bullock**

Date: **11/2/13**

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) 80 psi				F.5.6 Backflow preventer performance test conducted as required by the AHJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2.2 Gauge reading during stable flow (residual) 68 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 3 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 type="checkbox"/>	<input type="checkbox"/>	F.8.0 ALARM PANEL CLEAR	<input checked="" 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 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"/>				

Annual Maintenance for Wet Pipe Sprinkler Systems

G.1.0 System in service before conducting maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.4.4 Time for supply pressure to return to normal 3 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) 80 psi							
G.4.3 Gauge reading during stable flow (residual) 68 psi							

INSPECTOR'S INITIAL _____

(All "NO" answers to be explained.)

OWNER/DESIGNATED REP. INITIAL _____

DATE _____

(AFSA Form 106A)

Page 3 of 4

COMPANY _____

BandShell

INVOICE# 522617

Serial #	Location	DOM	6YR	TYPE	MANUF	SERVICE
1 671221	Front Entrance	1/11	1/11	ABC	Amerex	TAG
2 665981	Side Entrance	2/8	2/8	ABC	Ameri Sentry	TAG
3						
4						
5						
6						
7						
8						
9						
10						
11						
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25						
26						
27						
28						
29						

Job Site:

Invoice Number: 522617

Date:

Band Shell

Location	Type	Battery Size	Pass/Fail	Condition
1 Front Door	Exit light		Pass	Good
2 Dressing Room Exit	Exit light		Pass	Good
3 Dressing Room Exit 2	Exit light		Pass	Good
4 Side Exit	Exit light		Pass	OK
5				
6				
7				
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24				
25				



Name of Premise: Bandshell Street Address: Cambier Pk
 City: Naples Zip: _____ Location of Device: St - Bypass
 Manufacturer: Felco Model: 8054 ~~#10134~~ Serial No: 4016371 Size: 3/4
 Yearly Test: New Installation; _____ Replacement; _____ RPZ: _____ DDC: _____ DC:
 Pressure Drop across first check valve: _____ PSI Meter # _____
 No 2 Shut Off Valve: LEAKED CLOSED TIGHT _____ REPAIRED _____ REPLACED _____

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CHECK VALVE _____ PSI LEAKED <input type="checkbox"/>
	RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED:
	OR DISC----- <input type="checkbox"/>	OR DISC----- <input type="checkbox"/>	OR DISC----- <input type="checkbox"/>	DISC AIR INLET----- <input type="checkbox"/>
	O-RINGS----- <input type="checkbox"/>	O-RINGS----- <input type="checkbox"/>	O-RINGS----- <input type="checkbox"/>	C.V. ASSEMBLY----- <input type="checkbox"/>
	SEAT----- <input type="checkbox"/>	SEAT----- <input type="checkbox"/>	SEAT----- <input type="checkbox"/>	DISC C.V.----- <input type="checkbox"/>
	SPRING----- <input type="checkbox"/>	SPRING----- <input type="checkbox"/>	SPRING----- <input type="checkbox"/>	O-RINGS----- <input type="checkbox"/>
	STEMGUIDE----- <input type="checkbox"/>	STEMGUIDE----- <input type="checkbox"/>	GUIDE----- <input type="checkbox"/>	SPRING----- <input type="checkbox"/>
	RETAINER----- <input type="checkbox"/>	RETAINER----- <input type="checkbox"/>	DIAPHRAGM----- <input type="checkbox"/>	GUIDE----- <input type="checkbox"/>
	LOCK NUTS----- <input type="checkbox"/>	LOCK NUTS----- <input type="checkbox"/>	OTHER----- <input type="checkbox"/>	OTHER----- <input type="checkbox"/>
	OTHER----- <input type="checkbox"/>	OTHER----- <input type="checkbox"/>		
FINAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/> PSI <u>1.9</u>	CLOSED TIGHT <input checked="" type="checkbox"/> PSI <u>1.6</u>	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

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

Comments: _____
 Certified Testing Company: Space Coast Fire + Safety License Expiration Date: _____
 Equipment Used: Midwest #61059948 Last Calibration Date: 11/12/13
 Initial Test By: M. O'Baugh Certified Tester #: L09139353 Test Date: _____
 Repaired By: _____ Date: _____
 Final Test By: _____ Certified Tester #: L09-13-9853 Test Date: _____
 Permit #: _____ Issued Date: _____

Name of Premise: Bandshell Street Address: Cambiere PK
 City: Naples Zip: _____ Location of Device: ST
 Manufacturer: Febco Model: 876V Serial No: 00791336 Size: 4
 Yearly Test: New Installation; _____ Replacement; _____ RPZ: _____ DDC: _____ DC:
 Pressure Drop across first check valve: _____ PSI Meter # _____
 No 2 Shut Off Valve: LEAKED _____ CLOSED TIGHT REPAIRED _____ REPLACED _____

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER	
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED: _____	CLEANED <input type="checkbox"/> REPLACED: _____	CLEANED <input type="checkbox"/> REPLACED: _____	CHECK VALVE _____ PSI LEAKED <input type="checkbox"/>	
	RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: _____	
	OR DISC----- <input type="checkbox"/> O-RINGS----- <input type="checkbox"/> SEAT----- <input type="checkbox"/> SPRING----- <input type="checkbox"/> STEMGUIDE----- <input type="checkbox"/> RETAINER----- <input type="checkbox"/> LOCK NUTS----- <input type="checkbox"/> OTHER----- <input type="checkbox"/>	OR DISC----- <input type="checkbox"/> O-RINGS----- <input type="checkbox"/> SEAT----- <input type="checkbox"/> SPRING----- <input type="checkbox"/> STEMGUIDE----- <input type="checkbox"/> RETAINER----- <input type="checkbox"/> LOCK NUTS----- <input type="checkbox"/> OTHER----- <input type="checkbox"/>	OR DISC----- <input type="checkbox"/> O-RINGS----- <input type="checkbox"/> SEAT----- <input type="checkbox"/> SPRING----- <input type="checkbox"/> GUIDE----- <input type="checkbox"/> DIAPHRAGM----- <input type="checkbox"/> OTHER----- <input type="checkbox"/>	DISC AIR INLET----- <input type="checkbox"/> C.V. ASSEMBLY----- <input type="checkbox"/> DISC C.V.----- <input type="checkbox"/> O-RINGS----- <input type="checkbox"/> SPRING----- <input type="checkbox"/> GUIDE----- <input type="checkbox"/> OTHER----- <input type="checkbox"/>	
	FINAL TEST	CLOSED TIGHT <input checked="" type="checkbox"/> PSI <u>2.2</u>	CLOSED TIGHT <input checked="" type="checkbox"/> PSI <u>2.8</u>	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

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

Comments: _____
 Certified Testing Company: Space Coast Fire + Safety License Expiration Date: _____
 Equipment Used: Midwest #61059948 Last Calibration Date: 11/12/13
 Initial Test By: M. O'Baugh Certified Tester #: L09139353 Test Date: _____
 Repaired By: _____ Date: _____
 Final Test By: _____ Certified Tester #: L09-13-9353 Test Date: _____
 Permit #: _____ Issued Date: _____