

**CITY OF NAPLES
PURCHASING DIVISION
CITY HALL, 735 8TH STREET SOUTH
NAPLES, FLORIDA 34102
PH: 239-213-7100 FX: 239-213-7105**

ADDENDUM NUMBER 1

NOTIFICATION DATE:	SOLICITATION TITLE:	SOLICITATION NUMBER:	BID OPENING DATE & TIME:
6/23/2020	Monitoring, Maintenance & Inspection of Fire Sprinkler Systems - RFP	20-045	6/29/2020 2:00PM

**THE FOLLOWING INFORMATION IS HEREBY INCORPORATED INTO,
AND MADE AN OFFICIAL PART OF THE ABOVE REFERENCED BID.**

The following answers to written submitted questions:

1. How many references would you like? Is any customer reference acceptable?

ANSWER: Pursuant page 14 Section C References of the bid document “Proposers must submit a minimum of three references on the form provided.” Preferably ones that closely match the scope of work for the City of Naples.

2. You mentioned that you would be able to send out the fire alarm inspection reports. On what date can those be found on the City Website?

ANSWER: Please reference attached Exhibit A.

3. You mentioned at the pre-bid meeting that we’re able to complete site walks if we like with Travis and Jason. Can you please pass along their contact information to set these up?

ANSWER: Please Have contact Jason Alfano @ 407.421.4843.

4. It was discussed during the pre-bid meeting that monitoring should only include the actual monitoring costs. The city would pay permitting costs associated with changeover as a passthrough and should not be included on the RFP. Can you please confirm?

ANSWER: Vendor will submit for the permit; City will pay the fee for the permit.

5. It was discussed that the annual inspection section on the RFP should include pricing for: Annual Sprinkler inspection, 3 quarterly inspections, Annual Alarm inspection, and annual backflow inspection. Can you please confirm?

ANSWER: Yes, that’s correct.

6. Kitchen system inspection pricing should include total price for one year of inspections. (annual & semi-annual). Please confirm?

ANSWER: Yes, that’s correct.

IMPORTANT MESSAGE

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

7. Emergency and exit lighting inspection pricing are to be a push to test and would include a battery. Please confirm?

ANSWER: Yes, that's correct.

8. On page 31 of the RFP it references smoke detectors and the replacement of batteries in smoke detectors. I would assume that this is for standalone smoke detectors?

ANSWER: Yes, that's correct.

- Is there a count of these?

ANSWER: Not at this time.

- Should pricing for these be included in the annual bucket on the RFP?

ANSWER: Yes.

9. Per conversation at the pre-bid meeting there are no locations that have special access issues such as after hours or weekends. There are some locations where Jason would need to be notified so that he can escort the technician performing the work. Please confirm?

ANSWER: The Police Dept is the only place that you have to be escorted on routine inspections. If there is a job that will take several hours or longer then you can be issued a temp badge upon a quick background check with a valid driver license. City Hall/Council Chambers is the only other place that someone from our division can get you access to the mechanical rooms.

Exhibit A - Annual Fire Inspections - 12-30-19

###

IMPORTANT MESSAGE

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



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Standpipe Inspection and Testing Report

Property Name: CoN-City Boat Dock

Property Address: 880 12th Ave South

Property Manager: City of Naples Contract Services

Contact: _____

Phone Number: _____

Fire Dept: City of Naples

Result: No Deficiencies

Inspector: Richard Amburgey

Contract No.: 17302255

Date: 12/04/2019 02:00pm EST

This Report Covers: Monthly Quarterly Annual Three-Year Five-Year

Comments

Inspector Signature: Amburgey **Date:** 12-4-19

Customer Name: _____ **and Signature:** _____

INSPECTIONS

Monthly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Annual

- Yes No N/A
- Yes No N/A
- Yes No N/A

Control Valves

- In the correct (open or closed) position?
- Sealed, locked, or supervised?
- Accessible?
- Free from damage or leaks?
- Proper signage?
- Dry pipe valve (automatic dry systems) exterior, free of damage, trim valves are in correct open or closed position, and intermediate chamber is not leaking?
- Deluge valve (semi-automatic dry system) exterior, free of damage, trim valves are in correct open or closed position, and intermediate chamber is not leaking?
- Gauges (semi-automatic and automatic dry systems) normal air and pressure maintained

In the correct (open or closed) position?

Fire Department Connections

- Visible and accessible?
- Couplings / swivels operate correctly?
- Plugs / caps are in place?
- Gaskets are not damaged?
- Identification signs are in place?
- Check valve is not leaking?
- Ball drip is functional?
- Hose connections, accessible, not leaking, valve and cap are in place and in good condition?

Pressure Regulating Devices

- Hand wheel is not broken or leaking?
- Hose threads are not damaged?
- No leaks?
- Reducer and cap are intact?

Hose Connections (Non-pressure Regulating)

- Hand wheel is not broken or missing?
- Hose threads are not damaged?
- No leaks?
- Reducer and cap are intact?
- Piping not damaged or leaking, pipe supports are intact?

- Dry pipe valve interior, following trip test?
- Deluge valve interior, following trip test?
- Hose, not damaged, couplings and gaskets in good condition and properly connected?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Hose Cabinet

- Visible and accessible?
- No damaged or corroded components?
- Lock (in break-glass type) is functional?
- Contents are present and accessible?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Hose Storage Device

- Visible and accessible?
- Not damaged and operates correctly?
- Hose is properly racked or rolled?
- If installed in cabinet, will swing out at least 90°

FIVE-YEAR OBSTRUCTION INSPECTION TESTS

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Alarm devices, water motor gong?
- Main drain test, if the sole supply is through a backflow preventer or pressure reducing valve
 Static PSI _____ Residual PSI _____

Do results differ by more than 10% from previous test?

- Priming water, test level
- Low air alarm, test per manufacturer's instructions?
- Quick opening device tested?

Semi-Annual

- Yes No N/A
- Yes No N/A

- Supervisory switch functioning?
- Alarm devices, inspectors test or bypass opened / observed waterflow?

Annual

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Hose nozzle, per NFPA 1962
- Hose storage device, per NFPA 1962
- Hose, per NFPA 1962
 Static PSI _____ Residual PSI _____
- Do results differ by more than 10% from the previous test?
- All control valves operated through full range of motion and returned to normal position?

Dry Pipe Valve Trip Test (Partial Flow)

Water pressure (psi) _____ Air pressure (psi) _____
 Tripping air pressure (psi) _____ Trip time (sec) _____

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Results compared to previous test?
- Deluge valve trip test (partial flow)
- Pressure reading at deluge valve (psi) _____
- Backflow preventer test
- Backflow full flow test

Three-Year

Yes No N/A

Hose hydrostatically tested in accordance with NFPA 1962
(for hose older than 5 years)

Five-Year

Yes No N/A

Gauges tested or replaced?

Yes No N/A

Master pressure reducing valve, flow test and comparable to previous test?

Yes No N/A

Hydrostatic test (manual-dry only)

Yes No N/A

Flow test (automatic only)

Static pressure (psi) _____

Total flow (gpm) _____

Yes No N/A

Hose valves (non pressure reducing) flow test

Yes No N/A

Hose connection pressure reducing / restricting valves, flow test

Restricting Valves - Flow Test						
		Static Pressure		Flowing Pressure		
Location / Floor	Model #	Inlet	Outlet	Inlet	Outlet	Flow (gpm)

Maintenance

Yes No N/A

Re-rack hose with folds in different position annually?

Yes No N/A

Drain water from all low point drains in dry systems prior to freezing temps?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 07:30

Annually Semi-Annually Quarterly Results Non Critical

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| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-City Hall

Street Address: 735 8th Street

City: Naples State: FL Zip: 34102

Panel Location: 735 8th Street

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1.FACP batteries need to be replaced 5 year mark

Additional Comments:

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1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432 Fax: _____ E-mail: _____
 Account number: FLSI-8390 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cellular
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: Chi of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: Silent Knight Model number: SK-5208

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3A Location: Emergency distribution panel
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #8

2.4 Secondary Power

Type: Batteries 2 x 12v. 7AH Location: FACP Rm. / Mech Rm.
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .22 Amps **Alarm Current:** 2.19 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
N/A			____

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Need to Relpace Batteries 5yrs
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

			Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: _____	Time: _____	Time: _____
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: _____	Time: _____	Time: _____
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: _____	Time: _____	Time: _____
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-19-2019

Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-19-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-19-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-City Hall
 Street Address: 735 8th Street
 City: Naples State: FL Zip: 34102
 Panel Location: 735 8th Street

10. Device Test Result

Device Type	Address	Location	Test Results
Strobe	1-1	Mens room	Passed
Strobe	1-2	Womens room	Passed
Horn strobe	1-1	East hall North end	Passed
Horn strobe	1-2	West hall north end	Passed
Horn strobe	1-3	Purchasing department	Passed
Horn strobe	1-4	Information counter	Passed
Horn strobe	1-5	Entry	Passed
Pull station	Z-4	Entry	Passed
Pull station	Z-4	East entry	Passed
Horn strobe	1-6	Finance department	Passed
Horn strobe	1-7	Finance administration	Passed
Pull station	Z-4	2nd level stair area - east	Passed
Pull station	Z-4	2nd level stair area - west	Passed
Horn strobe	1-8	2nd level stair area	Passed
Horn strobe	1-9	2nd level hall	Passed
Horn strobe	1-10	2nd level hall	Passed
Strobe	1-3	2nd level mens room	Passed
Strobe	1-4	2nd level womens room	Passed
Horn strobe	1-11	2nd level copy room	Passed
Horn strobe	1-12	2nd level east side	Passed
Smoke detector	Z-3	Fire panel room	Passed
Duct detector	Z-8	Fire panel room	Passed
Duct detector	Z-8	Fire panel room	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 08:41

Property Information

Name of Property: CoN-City Hall

Street Address: 735 8th Street

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

Additional Comments:

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General

Building Commercial/Offices

Location of sprinkler valve FACP room

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: N/A

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location SE corner

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
- Static PSI 75 Residual PSI 60 Returned Static 70
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 11:41

Annually Semi-Annually Quarterly Results Non Critical

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| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Community Development

Street Address: 295 Riverside Circle

City: Naples State: FL Zip: 34102

Panel Location: 295 Riverside Circle

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1.No Breaker lock for FACP. Panel-B / Ckt-39

2. Total-15 Exit Lights All Passed

Additional Comments:

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1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLC24-2608 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cell
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: By FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: FireLite Model number: MS-10UD

2.2 Software Firmware

Firmware revision number: 2.2 B2

2.3 Primary (Main) Power

Nominal voltage: 120VAc Amps: 3A Location: Electrical room , panel B
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #53

2.4 Secondary Power

Type: Batteries 2 x 12v. 7AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .13 Amps **Alarm Current:** .39 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Suppression Panel	Zone-5 Not Tested	1st FL.	_____
Suppression Panel	Zone-5 Not Tested	2nd FL.	_____

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: _____	Time: _____
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: _____	Time: _____
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: _____	Time: _____
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-19-2019 Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-19-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-19-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 11:57

Property Information

Name of Property: CoN-Community Development
 Street Address: 295 Riverside Circle
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

- 1) Corroded Head
- 2) Loaded heads
- 3) Missing escutcheon

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial

Location of sprinkler valve Front left parking by street

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Left of main entrance to parking

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 95 Residual PSI 50 Returned Static 60
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

3 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 08:43

Property Information

Name of Property: CoN-Council Chambers

Street Address: 735 8th Street S

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial

Location of sprinkler valve Mechanical room

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve OS&Y

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: N/A

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location East side of city hall building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.

Static PSI 80 Residual PSI 60 Returned Static 70

Yes No N/A

Are results between tolerance?

Riser

2 Seconds

Location of main drain

How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/6/2019 09:36

Annually Semi-Annually Quarterly Results No Deficiencies

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| 1. Property Information | 6. Testing Result Control Unit and Related Equipment |
| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Equipment Services

Street Address: 370 Riverside Circle

City: Naples State: FL Zip: 34102

Panel Location: 370 Riverside circle

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

<p>ANNUAL F/A INSPECTION</p>

Additional Comments:

N/A

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLC24-3016 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Radio
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: By FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: Silent Knight Model number: 5808

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3A Location: Distribution panel A-1
 Overcurrent protection type: _____ Amps: 20A Disconnecting means location: Breaker #43

2.4 Secondary Power

Type: Batteries 2 x. 12v. 7AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .16 Amps Alarm Current: 3.25 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio		Above FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: <u>7:30am</u>	Time: _____
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: <u>7:30am</u>	Time: _____
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: <u>7:30am</u>	Time: _____
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-06-2019

Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-06-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-06-2019

Organization: City of naples Title: Management Phone: 23-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Equipment Services
 Street Address: 370 Riverside Circle
 City: Naples State: FL Zip: 34102
 Panel Location: 370 Riverside circle

10. Device Test Result

Device Type	Address	Location	Test Results
Pull station		Front entrance	Passed
Smoke Detector		Above fire panel	Passed
Strobe		Restroom	Passed
Strobe		Mens locker room	Passed
Strobe		Break room	Passed
Horn/Strobe		Hall by locker room	Passed
Strobe		South shop	Passed
Pull station		South shop, south west door	Passed
Pull station		South shop, north east door	Passed
Horn/Strobe		South shop north wall	Passed
Horn/Strobe		South shop, south wall	Passed
Strobe		South shop, east wall	Passed
Horn/Strobe		Tire shop	Passed
Horn/Strobe		North shop west side	Passed
Horn/Strobe		North shop west side	Passed
Horn/Strobe		North shop west side	Passed
Horn/Strobe		North shop east side	Passed
Horn/Strobe		North shop east side	Passed
Horn/Strobe		North shop east side	Passed
Waterflow		North shop east side	Passed
Pull station		North shop west side	Passed
Horn strobe		Parts room	Passed
Strobe		Parts room office	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/6/2019 07:26

Property Information

Name of Property: CoN-Equipment Services
 Street Address: 370 Riverside Circle
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

1) Damaged pendant
 2) Car wash gauge is out of date and 5 year inspection appears to be due

Customer Name: _____

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/Repair shop

Location of sprinkler valve Garage east wall

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: _____

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location East side of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 80 Residual PSI 65 Returned Static 75
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/4/2019 07:00

Property Information

Name of Property: CoN-Facilities Maintenance
 Street Address: 1200 Fleischmann Blvd
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

- 1) Head box door missing
- 2) Calc plates faded

Tested 1 e light that is broken

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: _____

General

Building Commercial/Maintenance

Location of sprinkler valve North wall/Garage NE corner

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Out side fence north side

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 100 Residual PSI 80 Returned Static 85
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



CITY OF NAPLES FIRE-RESCUE
355 Riverside Circle
Naples, Florida 34102
(239) 213-4900



Occupant Name: CITY OF NAPLES - WASTEWATER COLLECTION

Inspection Date: 1/8/2019

Address: 1450 4TH Avenue North

InspectionType: Annual

Suite:

Inspected By: Bill Quinsey
(239) 213-4916
bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1)
	Comment: ACTION REQUIRED: Replace missing cover plate(s).		
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
	Comment: ACTION REQUIRED: No tag on riser. Provide annual report.		

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Exhibit A - Annual Fire Inspections - 12-30-19

1.1 - 11.1.8.





CITY OF NAPLES FIRE-RESCUE
355 Riverside Circle
Naples, Florida 34102
(239) 213-4900



Occupant Name: WASTEWATER-804
Address: 1400 3RD Avenue North
Suite:
Inspection Date: 1/8/2019
InspectionType: Annual
Inspected By: Bill Quinsey
(239) 213-4916
bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 1.1)

Comment: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip.

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1.1 - 11.1.5.6.





CITY OF NAPLES FIRE-RESCUE
355 Riverside Circle
Naples, Florida 34102
(239) 213-4900



Occupant Name: WASTEWATER-836 Sludge
Address: 1400 3RD Avenue North
Suite:
Inspection Date: 1/8/2019
InspectionType: Annual
Inspected By: Tom Sturgulewski
239-213-4913
tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
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Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.12 - Unused openings in electrical panel must be covered/Electrical equipment installation workmanlike. (see photo 1.1)
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Comment: ACTION REQUIRED: Close unused openings in electrical panel with an appropriate cover.

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1.1 - 110.12.





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: FLEISCHMAN PARK MAIN OFFICE
Address: 1600 FLEISCHMANN
Suite:
Inspection Date: 1/8/2019
InspectionType: Annual
Inspected By: Tom Sturgulewski
 239-213-4913
 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1) Comment: ACTION REQUIRED: Replace missing cover plate(s). Pictured and in FACP room.
Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.12 - Unused openings in electrical panel must be covered/Electrical equipment installation workmanlike. Comment: ACTION REQUIRED: Close unused openings in electrical panel with an appropriate cover. Panel in FACP room.
Fail		FL NFPA 01 2015 Chapter 18 Fire Department Access and Water Supply	18.2.2.3 - Fire department access/New keys for lock box Comment: ACTION REQUIRED: Provide updated keys/fob for lock box.

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Exhibit A - Annual Fire Inspections - 12-30-19

1.1 - 11.1.8.





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: FLEISCHMAN PARK BASEBALL CONCESSION
Address: 1600 FLEISCHMANN
Suite:
Inspection Date: 1/8/2019
Inspection Type: Annual
Inspected By: Tom Sturgulewski
 239-213-4913
 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		NFPA 10 10 Chapter 7 Inspection, Maintenance, and Recharging of Portable Fire Extinguishers	7.3.1.1.1 - Annual Testing and Maintenance
		Comment: ACTION REQUIRED: K fire extinguisher is expired. If not cooking with grease, replace with 2A10BC extinguisher.	
Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.26 - Access and working space shall be provided and maintained about all electrical equipment (see photo 1.1)
		Comment: ACTION REQUIRED: Provide at least 36" of clearance around electrical equipment. Remove combustible material from electrical room. Allow at least 36" of clearance to panels.	
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 2.1)
		Comment: ACTION REQUIRED: Replace missing cover plate(s).	

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
110.26.**



**2.1 -
11.1.8.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: FLEISCHMAN PARK FOOTBALL CONCESSION
Address: 1600 FLEISCHMANN
Suite:
Inspection Date: 1/8/2019
Inspection Type: Annual
Inspected By: Bill Quinsey
 (239) 213-4916
 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 1.1)
		Comment: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip.	
Fail		FL NFPA 01 2015 Chapter 63 Compressed Gases and Cryogenic Fluids	63.3.1.9.5 - Compressed gas cylinder storage (see photo 2.1)
		Comment: ACTION REQUIRED : Secure all compressed gas cylinders in racks or by use of a restraint to a fixed object.	
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.14.5.1 - Exit Sign Illumination (see photo 3.1)
		Comment: ACTION REQUIRED: Repair or replace exit sign so that it illuminates in normal and emergency mode. SUGGEST REPLACING WITH COMBO PACK TO GIVE SOME EMERGENCY LIGHTING.	
Fail		FL NFPA 01 2015 Chapter 69 Liquefied Petroleum Gases and Liquefied Natural Gases	69.5.3.1 - Storage of propane cylinders (see photo 4.1)
		Comment: ACTION REQUIRED: Propane may not be stored inside. Must be outside in a ventilated cabinet.	
Fail		FL NFPA 101 2015 Chapter 7 Means of Egress	7.2.2.5.3.2 - Storage of combustibles under stairs not permitted (see photo 5.1)
		Comment: ACTION REQUIRED: No flammable or combustible storage under stairs.	
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 6.1, 6.2, 6.3)
		Comment: ACTION REQUIRED: Replace missing cover plate(s).	
Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.12 - Unused openings in electrical panel must be covered/Electrical equipment installation workmanlike. (see photo 7.1)
		Comment: ACTION REQUIRED: Do not run electrical cords through doorways.	
Fail		FL NFPA 01 2015 Chapter 10 General Safety Requirements	10.18.5.1 - Storage in boiler rooms, mechanical rooms, or electrical equipment rooms. (see photo 8.1)
		Comment: ACTION REQUIRED: Remove all combustible storage in boiler rooms, mechanical rooms, or electrical equipment rooms.	
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress (see photo 9.1)

Exhibit A - Annual Fire Inspections - 12-30-19

Comment: ACTION REQUIRED: Repair or replace emergency light(s).

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
11.1.5.6.**



**2.1 -
63.3.1.9.5.**



**3.1 -
14.14.5.1.**



**4.1 -
69.5.3.1.**



**5.1 -
7.2.2.5.3.2.**



**6.1 -
11.1.8.**



6.2 - 11.1.8.



**6.3 -
11.1.8.**



**7.1 -
110.12.**

**8.1 -
10.18.5.1.**

Exhibit A - Annual Fire Inspections - 12-30-19



**9.1 -
14.12.1.2.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: LOWDERMILK PARK
Address: 1301 GULF SHORE Boulevard North
Suite:
Inspection Date: 1/14/2019
InspectionType: Annual
Inspected By: Bill Quinsey
 (239) 213-4916
 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 63 Compressed Gases and Cryogenic Fluids	63.3.1.9.5 - Compressed gas cylinder storage (see photo 1.1)
		Inspector Comments: ACTION REQUIRED : Secure all compressed gas cylinders in racks or by use of a restraint to a fixed object.	
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 2.1)
		Inspector Comments: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip.	
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 3.1)
		Inspector Comments: ACTION REQUIRED: Replace missing cover plate(s).	
Fail		NFPA 25 11 Chapter 13 Valves, Valve Components, and Trim	13.3.1.3 - PIV lock
		Inspector Comments: REQUIRED ACTION: Provide lock on PIV	
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
		Inspector Comments: ACTION REQUIRED: Provide annual sprinkler report.	

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
63.3.1.9.5.**



**2.1 -
11.1.5.6.**



3.1 - 11.1.8.





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name:	RIVER PARK POOL	Inspection Date:	1/9/2019
Address:	451 11TH Street North	InspectionType:	Annual
Suite:		Inspected By:	Tom Sturgulewski 239-213-4913 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained. Comment: ACTION REQUIRED: Your sprinkler system is 'yellow-tagged'. Have vendor make appropriate repairs asap.
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained. Comment: ACTION REQUIRED: Make repairs as noted in annual fire alarm inspection report. Provide documentation of completed repairs.
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1, 1.2) Comment: ACTION REQUIRED: Replace missing cover plate(s). Photos and outlets throughout pool deck.
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress (see photo 2.1) Comment: ACTION REQUIRED: Repair or replace emergency lights throughout the building.

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
11.1.8.**



**1.2 -
11.1.8.**



**2.1 -
14.12.1.2.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name:	WATER TREATMENT PLANT	Inspection Date:	1/9/2019
Address:	1000 Fleischmann Boulevard	InspectionType:	Annual
Suite:		Inspected By:	Bill Quinsey (239) 213-4916 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 1.1)
	Comment: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip. Do not run electrical through doorways.		
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.14.5.1 - Exit Sign Illumination
	Comment: ACTION REQUIRED: Repair or replace exit sign so that it illuminates in normal and emergency mode. Two in office.		
Fail		FL NFPA 101 2015 Chapter 8 Features of Fire Protection	8.3.3.3 - Fire doors shall be self-closing (see photo 2.1, 2.2)
	Comment: ACTION REQUIRED: Maintain all fire doors to self-close and latch. Do not prop open. Replace missing fire door.		
Fail		FL NFPA 101 2015 Chapter 8 Features of Fire Protection	8.3.3.13 - Fire-rated door assemblies shall be inspected and tested (see photo 3.1, 3.2)
	Comment: ACTION REQUIRED: Rated assembly in fire door painted and no longer operates. Replace louvres with rated assembly compatible with door. Generator room door missing latch.		
Fail		FL NFPA 01 2015 Chapter 60 Hazardous Materials	60.5.1.8.2.1 - NFPA 704 Placard (see photo 4.1)
	Comment: ACTION REQUIRED: Replace faded placards. Gas, oil, diesel.		

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
11.1.5.6.**



2.1 - 8.3.3.3.



**2.2 -
8.3.3.3.**



**3.1 -
8.3.3.13.**



**3.2 -
8.3.3.13.**



**4.1 -
60.5.1.8.2.1.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: FACILITIES MAINTENANCE
Address: 1200 FLEISCHMANN Boulevard
Suite:
Inspection Date: 1/8/2019
Inspection Type: Annual
Inspected By: Bill Quinsey
 (239) 213-4916
 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		NFPA 10 10 Chapter 7 Inspection, Maintenance, and Recharging of Portable Fire Extinguishers	7.3.1.1.1 - Annual Testing and Maintenance (see photo 1.1)
		Comment: ACTION REQUIRED: Have all fire extinguishers annually validated.	
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained. (see photo 2.1)
		Comment: ACTION REQUIRED: Your sprinkler system is 'yellow-tagged'. Have vendor make appropriate repairs asap.	
Fail		NFPA 25 11 Chapter 5 Sprinkler Systems	5.2.1.1.1 - Sprinklers orientation damaged or leaking (see photo 3.1)
		Comment: ACTION REQUIRED: Plywood shelving is blocking sprinkler pattern. Remove plywood shelving or drop sprinkler heads through deck. Metal grate shelving ok as it allows water to reach the floor.	
Fail		FL NFPA 01 2015 Chapter 10 General Safety Requirements	10.18.3.2 - Sprinkler head clearance from storage. (see photo 4.1)
		Comment: ACTION REQUIRED: Remove all storage within 18 inches from under fire sprinkler head deflectors.	
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.6.3.1.3.1 - Fire extinguishers shall be visible and accessible. (see photo 5.1)
		Comment: ACTION REQUIRED: Do not block access to fire extinguisher.	
Fail		FL NFPA 01 2015 Chapter 63 Compressed Gases and Cryogenic Fluids	63.3.1.9.5 - Compressed gas cylinder storage (see photo 6.1)
		Comment: ACTION REQUIRED : Secure all compressed gas cylinders in racks or by use of a restraint to a fixed object.	

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The Inspector will return on or after **2/8/2019**.

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
7.3.1.1.1.**



**2.1 -
13.3.3.2.**



**3.1 -
5.2.1.1.1.**



**4.1 -
10.18.3.2.**



**5.1 -
13.6.3.1.3.1.**



**6.1 -
63.3.1.9.5.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name:	CITY HALL	Inspection Date:	1/9/2019
Address:	735 8TH Street South	Inspection Type:	Annual
Suite:		Inspected By:	Tom Sturgulewski 239-213-4913 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
N/A		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1, 1.2)
		Comment: ACTION REQUIRED: Replace missing cover plate(s).	
Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.12 - Unused openings in electrical panel must be covered/Electrical equipment installation workmanlike. (see photo 2.1)
		Comment: ACTION REQUIRED: Close unused openings in electrical panel with an appropriate cover.	
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress (see photo 3.1)
		Comment: ACTION REQUIRED: Repair or replace emergency light(s).	

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Exhibit A - Annual Fire Inspections - 12-30-19

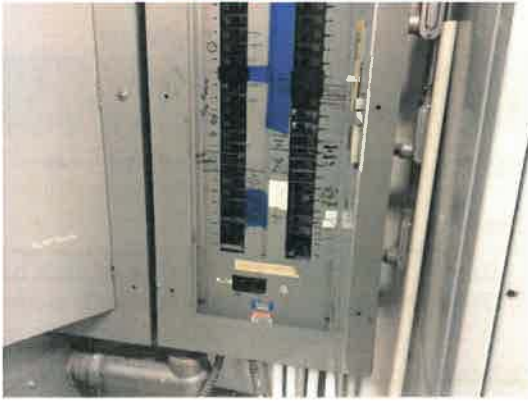
**1.1 -
11.1.8.**



**1.2 -
11.1.8.**



**2.1 -
110.12.**



**3.1 -
14.12.1.2.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: RIVER PARK COMMUNITY CENTER	Inspection Date: 1/9/2019
Address: 301 11TH Street North	InspectionType: Annual
Suite:	Inspected By: Tom Sturgulewski 239-213-4913 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 1.1)
	Comment: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip. Both TVs.		
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.3 - All ceiling tiles are in place. (see photo 2.1)
	Comment: ACTION REQUIRED: Replace missing ceiling tile(s). Stage area.		
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
	Comment: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.		
Fail		NFPA 25 11 Chapter 13 Valves, Valve Components, and Trim	13.6.2.1 - Backflow testing
	Comment: REQUIRED ACTION: Backflow is red tagged. Have serviced.		

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
11.1.5.6.**



**2.1 -
13.3.3.3.**





CITY OF NAPLES FIRE-RESCUE
355 Riverside Circle
Naples, Florida 34102
(239) 213-4900



Occupant Name:	CAMBIER PARK SOFTBALL CONCESSION	Inspection Date:	1/9/2019
Address:	733 8th Street South	InspectionType:	Annual
Suite:		Inspected By:	Bill Quinsey (239) 213-4916 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1, 1.2, 1.3)
	Comment: ACTION REQUIRED: Replace missing cover plate(s).		

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
11.1.8.**



**1.2 -
11.1.8.**



**1.3 -
11.1.8.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name:	CITY HALL COUNCIL CHAMBERS	Inspection Date:	1/9/2019
Address:	735 8TH Street South	InspectionType:	Annual
Suite:		Inspected By:	Bill Quinsey (239) 213-4916 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained. Comment: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1) Comment: ACTION REQUIRED: Replace missing cover plate(s).
Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.12 - Unused openings in electrical panel must be covered/Electrical equipment installation workmanlike. (see photo 2.1) Comment: ACTION REQUIRED: Properly secure wiring from outlet.
Fail		FL NFPA 01 2015 Chapter 10 General Safety Requirements	10.18.5.1 - Storage in boiler rooms, mechanical rooms, or electrical equipment rooms. (see photo 3.1) Comment: ACTION REQUIRED: Remove all combustible storage in boiler rooms, mechanical rooms, or electrical equipment rooms.
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 4.1, 4.2) Comment: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip.

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
11.1.8.**



**2.1 -
110.12.**



**3.1 -
10.18.5.1.**



**4.1 -
11.1.5.6.**



**4.2 -
11.1.5.6.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name:	CITY OF NAPLES POLICE & FIRE	Inspection Date:	1/10/2019
Address:	355 RIVERSIDE Circle	InspectionType:	Annual
Suite:		Inspected By:	Bill Quinsey (239) 213-4916 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained.
		Comment: ACTION REQUIRED: Make repairs as noted in annual fire alarm inspection report. Provide documentation of completed repairs.	
Fail		FL NFPA 101 2015 Chapter 8 Features of Fire Protection	8.3.5.1 - Penetrations (see photo 1.1, 1.2, 1.3, 1.4, 1.5)
		Comment: ACTION REQUIRED: Seal penetrations using appropriate firestop system or device. FACP room, server room, generator room, mechanical room. Air handler rooms, remove foam and seal with fire caulk.	
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.14.5.1 - Exit Sign Illumination (see photo 2.1)
		Comment: ACTION REQUIRED: Repair or replace exit sign so that it illuminates in normal and emergency mode. Both signs in attic server area.	
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 3.1, 3.2)
		Comment: ACTION REQUIRED: Replace missing cover plate(s).	
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.3 - All ceiling tiles are in place. (see photo 4.1, 4.2)
		Comment: ACTION REQUIRED: Replace grate with ceiling tile.	
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
		Comment: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.	

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Exhibit A - Annual Fire Inspections - 12-30-19

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
8.3.5.1.**



**1.2 -
8.3.5.1.**



**1.3 -
8.3.5.1.**



**1.4 -
8.3.5.1.**



**1.5 -
8.3.5.1.**



**2.1 -
14.14.5.1.**



**3.1 -
11.1.8.**



**3.2 -
11.1.8.**



**4.1 -
13.3.3.3.**

**4.2 -
13.3.3.3.**

Exhibit A - Annual Fire Inspections - 12-30-19





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: CoN BUILDING DEPARTMENT	Inspection Date: 1/10/2019
Address: 295 Riverside Circle	InspectionType: Annual
Suite:	Inspected By: Tom Sturgulewski 239-213-4913 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
	Comment: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.		
Fail		FL NFPA 101 2015 Chapter 8 Features of Fire Protection	8.3.5.1 - Penetrations (see photo 1.1)
	Comment: ACTION REQUIRED: Seal penetrations using appropriate firestop system or device.		
Fail		FL NFPA 01 2015 Chapter 10 General Safety Requirements	10.18.5.1 - Storage in boiler rooms, mechanical rooms, or electrical equipment rooms. (see photo 2.1)
	Comment: ACTION REQUIRED: Remove all combustibile storage in boiler rooms, mechanical rooms, or electrical equipment rooms.		
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.1.7 - Existing protection systems and devices must be maintained.
	Comment: ACTION REQUIRED: Saphire system in traffic room is out of date. Have serviced.		

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
8.3.5.1.**



**2.1 -
10.18.5.1.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: CoN WAREHOUSE
Address: 270 RIVERSIDE Circle
Suite:
Inspection Date: 1/10/2019
Inspection Type: Annual
Inspected By: Tom Sturgulewski
 239-213-4913
 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained. Comment: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained. Comment: ACTION REQUIRED: Have alarm vendor provide annual fire alarm report and keep near panel.
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress (see photo 1.1) Comment: ACTION REQUIRED: Repair or replace emergency lights throughout the building.
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.2.1 - Electric, installation and maintenance (see photo 2.1) Comment: ACTION REQUIRED: All open/exposed electric wires shall be covered in an approved manner.
Fail		NFPA 25 11 Chapter 13 Valves, Valve Components, and Trim	13.3.2.2 - PIV Valve Inspection Comment: ACTION REQUIRED: Have PIV inspected and repair deficiencies. Missing indicator window on one side.
Fail		NFPA 25 11 Chapter 13 Valves, Valve Components, and Trim	13.7.1 - FDC maintenance / Signage Comment: REQUIRED ACTION: Install an FDC sign per code.

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
14.12.1.2.**



**2.1 -
11.1.2.1.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: CoN EQUIPMENT SERVICES
Address: 370 RIVERSIDE Circle
Suite:
Inspection Date: 1/10/2019
InspectionType: Annual
Inspected By: Tom Sturgulewski
 239-213-4913
 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
	Comment: ACTION REQUIRED: Your sprinkler system is 'yellow-tagged'. Have vendor make appropriate repairs asap.		
Fail		FL NFPA 01 2015 Chapter 63 Compressed Gases and Cryogenic Fluids	63.3.1.9.5 - Compressed gas cylinder storage (see photo 1.1, 1.2)
	Comment: ACTION REQUIRED : Secure all compressed gas cylinders in racks or by use of a restraint to a fixed object.		
Fail		FL NFPA 101 2015 Chapter 7 Means of Egress	7.2.2.5.3.2 - Storage of combustibles under stairs not permitted (see photo 2.1)
	Comment: ACTION REQUIRED: Do not store any combustible material under stairs. Remove gas can immediately. All gas containers must have approved cap.		
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 3.1)
	Comment: ACTION REQUIRED: Replace missing cover plate(s).		
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.1.7 - Existing protection systems and devices must be maintained. (see photo 4.1)
	Comment: ACTION REQUIRED: Pipe is heavily corroded in north side storage closet. Ensure sprinkler checks viability of piping and sprinkler head. Ceiling is resting on sprinkler head.		

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**1.1 -
63.3.1.9.5.**



**1.2 -
63.3.1.9.5.**



**2.1 -
7.2.2.5.3.2.**



**3.1 -
11.1.8.**



4.1 - 13.1.7.





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: CoN CAR WASH **Inspection Date:** 1/10/2019
Address: 395 Riverside Circle **InspectionType:** Annual
Suite: **Inspected By:** Tom Sturgulewski
 239-213-4913
 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
	Comment: ACTION REQUIRED: Your sprinkler system is 'yellow-tagged'. Have vendor make appropriate repairs asap.		
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers.
	Comment: ACTION REQUIRED: Replace missing cover plate(s) on 3 weatherproof outlets.		
Fail		NFPA 10 10 Chapter 7 Inspection, Maintenance, and Recharging of Portable Fire Extinguishers	7.3.1.1.1 - Annual Testing and Maintenance
	Comment: ACTION REQUIRED: Have the fire extinguisher annually validated.		

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Exhibit A - Annual Fire Inspections - 12-30-19



CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: CITY OF NAPLES UTILITIES ADMIN.
Address: 380 RIVERSIDE Circle
Suite:
Inspection Date: 1/10/2019
InspectionType: Annual
Inspected By: Bill Quinsey
 (239) 213-4916
 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 18 Fire Department Access and Water Supply	18.2.2.3 - Fire department access/New keys for lock box Comment: ACTION REQUIRED: Provide updated keys for lock box.
Fail		FL NFPA 101 2015 Chapter 8 Features of Fire Protection	8.3.5.1 - Penetrations (see photo 1.1, 1.2, 1.3) Comment: ACTION REQUIRED: Seal penetrations using appropriate firestop system or device. Remove all 'Great Stuff' foam.
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.3 - All ceiling tiles are in place. Comment: ACTION REQUIRED: Replace missing ceiling tile(s). Lunch room
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained. Comment: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained. Comment: ACTION REQUIRED: Make repairs as noted in annual fire alarm inspection report. Provide documentation of completed repairs.

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
8.3.5.1.**



**1.2 -
8.3.5.1.**



**1.3 -
8.3.5.1.**





CITY OF NAPLES FIRE-RESCUE
 355 Riverside Circle
 Naples, Florida 34102
 (239) 213-4900



Occupant Name:	FIRE STATION #2	Inspection Date:	1/9/2019
Address:	977 26TH Avenue North	InspectionType:	Annual
Suite:		Inspected By:	Tom Sturgulewski 239-213-4913 tsturgulewski@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		NFPA 70 11 Article 110 Requirements For Electrical Installations	110.26 - Access and working space shall be provided and maintained about all electrical equipment (see photo 1.1)
	Comment: ACTION REQUIRED: Provide at least 36" of clearance around electrical equipment.		
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.5.6 - Extension cords shall not be used as a substitute for permanent wiring. (see photo 2.1)
	Comment: ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute for permanent wiring. You may use a surged protected power strip. EMS side.		
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.1.7 - Existing protection systems and devices must be maintained.
	Comment: ACTION REQUIRED: Have fire sprinkler vendor make necessary repairs as noted in sprinkler report.		

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Exhibit A - Annual Fire Inspections - 12-30-19

**1.1 -
110.26.**



**2.1 -
11.1.5.6.**





FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/23/2019 14:23

Annually Semi-Annually Quarterly Results No Deficiencies

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| 1. Property Information | 6. Testing Result Control Unit and Related Equipment |
| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Fire Station #1

Street Address: 835 8th Ave South

City: Naples State: FL Zip: 34102

Panel Location: 2nd floor by receptionist desk

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 800-432-1429 Fax: _____ E-mail: _____
 Account number: NFPF-7882 Phone line 1: _____ Phone line 2: _____
 Means of transmission: _____
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: Edwards Model number: iO1000

2.2 Software Firmware

Firmware revision number: _____

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 2A Location: 1st Fl. NE ele room #156. Panel LSL#1
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #1

2.4 Secondary Power

Type: Battery 2-12v 12Ah Location: Inside FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .18 Amps Alarm Current: 2.48 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Annunciator		1st fl. Radio room	Pass
Cell Dialer Star Link SLE-TEV-CFB-PS		Front of room 210, ceiling	Pass
NAC Panel		2nd fl. Electrical room	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: 120v Control panel amps: 3A
 Overcurrent protection: Breaker Type: _____ Amps: 20A
 Location (of primary supply panelboard): Electrical room #156
 Disconnecting means location: Panel LSL#1 breaker #1

4.2 Batteries

Location: Inside panel Type: Sealed LA Nominal Voltage: 12 Amp/hour Rating: 7
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: _____ EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Fire Station #1
 Street Address: 835 8th Ave South
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor by receptionist desk

10. Device Test Result

Device Type	Address	Location	Test Results
Smoke	1	2nd floor above FACP	Passed
Smoke	2	2nd floor elevator shaft	Choose One
Smoke	3	2nd floor elevator lobby	Passed
Smoke	4	2nd floor Record file storage, room 215	Passed
Smoke	5	2nd floor electrical room, above NAC	Passed
Duct Detector	6	2nd floor Mech room 217, AHU #2 Supply	Passed
Duct Detector	7	2nd floor Mech room 217, AHU #2 Return	Passed
Smoke	8	1st floor Southwest stairwell lobby	Passed
Smoke	9	1st floor elevator lobby	Passed
Smoke	10	1st floor Radio room, above Annunciator	Passed
Smoke	11	1st floor Bunk 131	Passed
Smoke -CO	12	1st floor hallway 111, front of Bunk 132	Passed
Smoke	13	1st floor Bunk 132	Passed
Smoke	14	1st floor Bunk 135	Passed
Smoke	15	1st floor Bunk 133	Passed
Smoke	16	1st floor Bunk 123	Passed
Smoke	17	1st floor Bunk 128	Passed
Smoke-CO	18	1st floor hallway 110, front of Bunk 127	Passed
Smoke	19	1st floor Bunk 124	Passed
Smoke	20	1st floor Bunk 127	Passed
Smoke	21	1st floor Bunk 125	Passed
Smoke	22	1st floor Bunk 126	Passed
Smoke	23	1st floor Bunk 120	Passed



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 Street Address: 835 8th Ave South
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor by receptionist desk

10. Device Test Result

Device Type	Address	Location	Test Results
Smoke -CO	24	1st floor hallway 109, front of Bunk 119	Passed
Smoke	25	1st floor Bunk 119	Passed
Smoke	26	1st floor Bunk 118	Passed
Duct Detector	27	1st floor mech room #155, AHU #1 Supply	Passed
Duct Detector	28	1st floor mech room #155, AHU #1 Return	Passed
Smoke	29	Ground floor elevator lobby	Passed
Relay	127	2nd floor mech room 217, AHU#2 shutdown	Passed
Relay	128	2nd floor mech room 217, AHU#2 shutdown	Passed
Pull	129	Ground floor lobby entrance	Passed
Pull	130	Dining room	Passed
	131	Kitchen hood	Choose One
Pull	133	Hallway 108 by kitchen	Passed
Pull	134	1st floor Northeast stairwell	Passed
Relay	135	Fan shut down- CR by NAC panel	Passed
Pull	137	Mechanical room #155	Passed
Relay	138	1st floor mech room #155 AHU#1 shut down	Passed
Relay	139	1st floor mech room #155 AHU#1 shut down	Passed
Relay	140	Primary Recall	Passed
Relay	141	Alternate Recall	Choose One
Relay	142	Fire Hat	Choose One
Flow switch	143	Riser Northeast corner	Passed
Tamper	144	Backflow, Northeast corner	Passed
Tamper	144	Backflow, Northeast cornel	Passed



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Name of Property: CoN-Fire Station #1
 Street Address: 835 8th Ave South
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor by receptionist desk

10. Device Test Result

Device Type	Address	Location	Test Results
		1st Floor	Choose One
Horn Strobe	NAC Panel	Elevator lobby in Ceiling	Passed
Horn Strobe	NAC Panel	Outside Radio Room	Passed
Strobe	NAC Panel	Inside Radio Room	Passed
Strobe	NAC Panel	Front of door 107	Passed
Strobe	NAC Panel	Restroom by Room 106	Passed
Horn Strobe	NAC Panel	Inside room 106	Passed
Horn Strobe	NAC Panel	Outside room 112	Passed
Strobe	NAC Panel	Inside room 112	Passed
Strobe	NAC Panel	Restroom by Bunk 131	Passed
Horn Strobe	NAC Panel	Inside Bunk 131	Passed
Horn Strobe	NAC Panel	Inside Bunk 132	Passed
Horn Strobe	NAC Panel	Inside room 135	Passed
Strobe	NAC Panel	Restroom inside room 135	Passed
Horn Strobe	NAC Panel	Inside Bunk 133	Passed
Horn Strobe	NAC Panel	Outside Bunk 133	Passed
Horn Strobe	NAC Panel	Living room	Passed
Strobe	NAC Panel	Kitchen	Passed
Strobe	NAC Panel	Restroom by Bunk 123	Passed
Horn Strobe	NAC Panel	Inside Bunk 123	Passed
Horn Strobe	NAC Panel	Inside Bunk 128	Passed
Horn Strobe	NAC Panel	Restroom by Bunk 128	Passed
Horn Strobe	NAC Panel	Inside Bunk 124	Passed



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Name of Property: CoN-Fire Station #1
 Street Address: 835 8th Ave South
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor by receptionist desk

10. Device Test Result

Device Type	Address	Location	Test Results
		2nd Floor	Choose One
Horn Strobe	NAC 2	Front of East Stairwell	Passed
Strobe	NAC 2	Restroom in front of room 220	Passed
Horn Strobe	NAC 2	Front of room 222	Passed
Strobe	NAC 2	Inside room 223	Passed
Horn Strobe	NAC 2	Front of room 224	Passed
Horn Strobe	NAC 2	Inside break room	Passed
Horn Strobe	NAC 1	Men's Restroom in front of room 214	Passed
Strobe	NAC 1	Men's Restroom in front of room 214	Passed
Horn Strobe	NAC 1	Women Restroom in front of room 214	Passed
Strobe	NAC 1	Women Restroom in front of room 214	Passed
Horn Strobe	NAC 1	Inside room 204	Passed
Horn Strobe	NAC 1	Inside room 203	Passed
Horn Strobe	NAC 1	Outside room 208	Passed
Horn Strobe	NAC 1	Inside room 208	Passed
Strobe	NAC 1	Restroom by elevator lobby	Passed
Horn Strobe	NAC 1	Elevator lobby	Passed
Strobe	NAC 1	By FACP	Passed
			Choose One
			Choose One
			Choose One
			Choose One
			Choose One



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Fire Station #1 Address: 835 8th Ave South City: Naples

Location: Southeast side of Bldg Assembly Type: Watts State: FL Zip: 34102

Model #: 709DCDA Size: 4" Serial #: 111128 Meter #: 1043351

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 4.2 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID 1.6 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: Backflow tested good

Inspector Name / Certification #: Willow Walmart BT6706 Date: 11/23/2019 Result: Passed
 Customer Name: City of Naples Contract Services Signature: [Signature]



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Fire Station #1 Address: 835 8th Ave South City: Naples

Location: Southeast side of Bldg Assembly Type: Watts State: FL Zip: 34102

Model #: 007M1 Size: 3/4" Serial #: 25903 Meter #: 1043351

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 1.0 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID 1.6 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: Backflow tested good

Inspector Name / Certification #: Willow Walmart BT6706
 Date: 11/23/2019 Result: Passed
 Signature: Signature:



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/23/2019 14:53

Property Information

Name of Property: CoN-Fire Station #1
 Street Address: 835 8th Ave South
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies


Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

Customer Name: _____

Customer Signature: _____

Inspector Name: Willow Wolmart

Inspector Signature: 

Additional Comments:

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.

General

Building Fire Station / office

Location of sprinkler valve Southeast side of Bldg

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve OS&Y Valves, on backflow

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: On riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: DC

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Southeast side of Bldg, by backflow

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
- Static PSI 110 Residual PSI 55 Returned Static 75
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

On riser

1 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/23/2019 07:17

Annually Semi-Annually Quarterly Results Non Critical

Table of Contents

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|--|---|
| 1. Property Information | 6. Testing Result Control Unit and Related Equipment |
| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Fire Station #2

Street Address: 977 26th Ave N

City: Naples State: FL Zip: 34103

Panel Location: By soda machine

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

1) Radio battery failed load test

5- E Lights tested OK

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLC24-2609 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cellular
 Entity to which alarms are retransmitted: City of Naples Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: Silent Knight Model number: 5808

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3 Location: A/C Panel Garage Electrical room
 Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Breaker #26

2.4 Secondary Power

Type: 2-12V/7AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .21 Amps **Alarm Current:** 2.05 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Cellular Dialer		By FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: _____ Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>CMS</u>	Contact: <u>Yassen</u>	Time: <u>8am</u>	Time: <u>11:10am</u>
Building management: <u>Yes</u>	Contact: <u>All</u>	Time: <u>8am</u>	Time: <u>11:10am</u>
Building occupants: <u>Yes</u>	Contact: <u>All</u>	Time: <u>8am</u>	Time: <u>11:10am</u>
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 11-23-19

Time: 10:40am

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Amburgey Date: 11-23-19

Organization: NFP Title: Inspector Phone: _____

Qualifications: NICET

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed:  Printed name: Chris Clissold Date: 11-23-19

Organization: CoN FD Title: Lieutenant Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Fire Station #2
 Street Address: 977 26th Ave N
 City: Naples State: FL Zip: 34103
 Panel Location: By soda Machine

10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector		Above fire panel	Passed
Horn/Strobe		Fire panel room	Passed
Pullstation		TV room/dinning room	Passed
Horn/Strobe		Kitchen	Passed
Horn/Strobe		TV room	Passed
Hood suppression		Kitchen Done by others	Passed
Strobe		Hall to excercise rm	Passed
Pullstation		Exercise room	Passed
Horn/Strobe		Exercise room	Passed
Horn/Strobe		Exercise room	Passed
Horn/Strobe		Back hall	Passed
Horn/Strobe		Back hall	Passed
Smoke detector		Back hall	Passed
Pullstation		Dorm 1	Passed
Smoke detector		Dorm 1	Passed
Smoke detector		Dorm 3	Passed
Smoke detector		Dorm 4	Passed
Smoke detector		Back hall	Passed
Smoke detector		Dorm 5	Passed
Smoke detector		Dorm 6	Passed
Horn/Strobe		Dorm 1	Passed
Smoke detector		Dorm 7	Passed
Smoke detector		Dorm 8	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Fire Station #2
 Street Address: 977 26th Ave N
 City: Naples State: FL Zip: 34103
 Panel Location: By soda machine

10. Device Test Result

Device Type	Address	Location	Test Results
Horn/Strobe		Garage west	Passed
Horn/Strobe		EMS Garage	Passed
Horn/Strobe		Garage east	Passed
Heat detector		Laundry VISUAL ONLY	Passed
Heat detector		Equipment room VISUAL ONLY	Passed
Heat detector		Equipment room VISUAL ONLY	Passed
Pullstation		EMS Garage	Passed
Waterflow		East exterior wall	Passed
Strobe		Bathroom	Passed
Strobe		Bath/shower	Passed
Smoke detector		Hot water closet SW corner	Passed
Heat detector		Electrical room VISUAL ONLY	Passed
Pull Station		EMS bunkroom	Passed
Smoke detector		EMS bunkroom	Passed
Smoke detector		EMS bunkroom	Passed
Smoke detector		EMS bunkroom	Passed
Smoke detector		EMS bunkroom	Passed
Smoke detector		EMS bunkroom	Passed
Smoke detector		EMS bunkroom	Passed
Smoke detectors		EMS bunkroom	Passed
Strobe		EMS bunkroom Restrooms X3	Passed
Strobe		EMS bunkroom	Passed
Horn strobe		EMS bunkroom	Passed
Strobe		EMS bunkroom	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/23/2019 07:15

Property Information

Name of Property: CoN-Fire Station #2
 Street Address: 977 26th Ave N
 City: Naples State: FL Zip: 34103
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red


Comments

1) Corroded head

Customer Name: Chris Clissold

Customer Signature: 

Inspector Name: Amburgey

Inspector Signature: 

General

Building Fire station

Location of sprinkler valve East side of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location East of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Type?
 Water flow alarm activated within five minutes?
 Accessible?
 Retard chamber / alarm drains not leaking?
 Inspectors test / bypass opened?
 Alarm Devices free of damage?
 Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Visible and accessible?
 Coupling / swivels operate correctly?
 Plugs / caps are in place?
 Interior inspected where caps missing?
 Gaskets are not damaged?
 Identification signs are in place?
 Ball drip valve is functional?
 Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
 Yes No N/A
 Yes No N/A

- In the open position / not leaking?
 Maintaining downstream pressure?
 In good condition?

Quarterly

- Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Alarm devices, water motor gong activated?
 Do results differ by more than 10% from previous test?
 Fire pump was temporarily turned off?
 Backflow preventer - Test?
 Backflow preventer - Flow test?
 Main drain test, if the sole supply is through a backflow.

Static PSI 155 Residual PSI 45 Returned Static 80

- Yes No N/A

Are results between tolerance?

Riser

2 Seconds

- Location of main drain
 How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/23/2019 11:02

Property Information

Name of Property: CoN-Fire Training Center
 Street Address: 1550 10 Street North
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red


Comments

- 1) Heads on site are due for 20 year testing
- 2) Head box door is corroded and falling off, and missing upright heads
- 3) Missing Calc plate

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/Training Facility

Location of sprinkler valve Right side of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve OS&Y

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Missing

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Right side of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

Water Gong Vane

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Type?
 Water flow alarm activated within five minutes?
 Accessible?
 Retard chamber / alarm drains not leaking?
 Inspectors test / bypass opened?
 Alarm Devices free of damage?
 Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Visible and accessible?
 Coupling / swivels operate correctly?
 Plugs / caps are in place?
 Interior inspected where caps missing?
 Gaskets are not damaged?
 Identification signs are in place?
 Ball drip valve is functional?
 Check valve is free of leaks?

Pressure Reducing Valve

Yes No N/A

Yes No N/A

Yes No N/A

In the open position / not leaking?
 Maintaining downstream pressure?
 In good condition?

Quarterly

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Static PSI 125 Residual PSI 70 Returned Static 75

Yes No N/A

Alarm devices, water motor gong activated?
 Do results differ by more than 10% from previous test?
 Fire pump was temporarily turned off?
 Backflow preventer -Test?
 Backflow preventer - Flow test?
 Main drain test, if the sole supply is through a backflow.
 Are results between tolerance?

Riser

2 Seconds

Location of main drain
 How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/4/2019 13:30

Annually Semi-Annually Quarterly Results No Deficiencies

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| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Fleischman Park Community

Street Address: 1600 Fleischman Blvd

City: Naples State: FL Zip: 34102

Panel Location: 1600 Fleischman Blvd

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

<p>ANNUAL F/A INSPECTION</p> <p>Total of 21 E-Lights Tested Total of 3 E-Lights Failed</p>
--

Additional Comments:

Voice Evac Calc.- Standby .14. Alarm- .55

FACP Calc- Standby .19. / Alarm- 1.76

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLSI9-8802 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Radio
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: Silent Knight Model number: 5700

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 20A Location: In Facp rm.
 Overcurrent protection type: Breaker Amps: 3A Disconnecting means location: PNL-A / Ckt 22

2.4 Secondary Power

Type: Batteries 2 x 12v 12AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .19 Amps Alarm Current: 1.76 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Annunciator		By Main Entrance	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: 120vac EVACS or MNS panel amps: 3A
 Overcurrent protection: Breaker Type: _____ Amps: 20A
 Location (of primary supply panelboard): By Facp
 Disconnecting means location: PNL-A / Ckt 22

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Voice Evac Calc.- Standby .14. Alarm- .
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: _____	Time: _____
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: _____	Time: _____
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: _____	Time: _____
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-04-2019

Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-04-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7144

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-04-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Fleischman Park Community
 Street Address: 1600 Fleischman Blvd
 City: Naples State: FL Zip: 34102
 Panel Location: 1600 Fleischman Blvd

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		Front entrance	Passed
Annunc.		Front entrance	Passed
Horn/strobe		Outside front entrance	Passed
Horn/strobe		Front entrance	Passed
Smoke detector	35	Front entrance	Passed
Smoke detector	11	Front entrance behind counter	Passed
Horn/Strobe		Womens restroom	Passed
Smoke detector	34	Womens restroom	Passed
Horn/strobe		Mens rest rm.	Passed
Smoke detector	33	Mens restroom	Passed
Smoke detector	12	Office behind counter	Passed
Smoke detector	13	Back office	Passed
Smoke detector	26	Gymnasium area front	Passed
Smoke detector	27	Gymnasium areafont	Passed
Smoke detector	29	Gymnasium area back	Passed
Smoke detector	28	Gymnasium area back	Passed
Horn/Strobe		Gymnasium area	Passed
Horn/strobe		Gymnasium area	Passed
Smoke detector		Gymnasium office	Passed
Horn/strobe	32	Gymnasium office	Passed
Duct detector		Kitchen area	Passed
Smoke detector	30	Kitchen area	Passed
Smoke detector		Above Facp	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
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 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Fleischman Park Community
 Street Address: 1600 Fleischman Blvd
 City: Naples State: FL
 Panel Location: 1600 Fleischman Blvd

Zip: 34102

10. Device Test Result

Device Type	Address	Location	Test Results
Duct detector		In Facp rm / mech rm Ahu-1	Passed
Smoke detector	25	Art room	Passed
Smoke detector	24	Art room	Passed
Speaker/Strobe		Art room	Passed
Pullstation	M23	Back exit to skate ramp	Passed
Speaker/Strobe		Back exit to skate ramp	Passed
Smoke detector	22	Rm-2	Passed
Pullstation		Rm-2	Passed
Speaker/Strobe		Rm-2	Passed
Smoke detector	18	Dance studio	Passed
Smoke detector	19	Dance studio	Passed
Pullstation		Dance studio back exit	Passed
Speaker/Strobe		Dance studio	Passed
Pullstation	M16	Rm-1	Passed
Smoke detector	17	Rm-1	Passed
Speaker/strobe		Rm-1	Passed
Smoke detector	15		Passed
Smoke detector	14		Passed
Speaker/strobe			Passed
			Choose One
			Choose One
			Choose One
			Choose One



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/25/2019 13:13

Annually Semi-Annually Quarterly Results No Deficiencies

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| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Lowdermilk Park

Street Address: 1301 Gulfshore Blvd N

City: Naples State: FL Zip: 34102

Panel Location: East side of Bldg inside closet

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7114 Fax: _____ Email: jalfano@naplesgov.com

1.1 Comments

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLSi9-9154 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cell Dialer
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: Firelite Model number: MS10UD

2.2 Software Firmware

Firmware revision number: 3.1 B2

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 3.90A Location: House panel, same room as FACP
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: #35

2.4 Secondary Power

Type: Battery 2-12v 7Ah Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .13 Amps Alarm Current: .48 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Annunciator		Inside Concessions	Pass
Cell Dialer		Inside FACP room	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

			Start	Completed
Monitoring organization: <u>Yes</u>	Contact: <u>Web</u>	Time: _____	Time: <u>2pm</u>	
Building management: <u>Yes</u>	Contact: <u>All</u>	Time: _____	Time: <u>2pm</u>	
Building occupants: <u>Yes</u>	Contact: <u>All</u>	Time: _____	Time: <u>2pm</u>	
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____	
Other, if required: _____	Contact: _____	Time: _____	Time: _____	

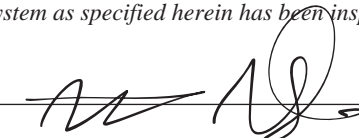
8. System Restored to Normal Operation

Date: 11-25-19

Time: 2pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Willow Wolmart Date: 11-25-19

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA/BASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: 11-25-19

Organization: _____ Title: _____ Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Lowdermilk Park Address: 1301 Gulfshore Blvd N City: Naples

Location: Front of Bldg Assembly Type: Wilkins State: FL Zip: 34102

Model #: 450DA Size: 4" Serial #: N/A Meter #: 18561380

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 5.0 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID 4.6 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: Backflow tested good
 1. Backflow has corrosion on body.

Inspector Name / Certification #: Willow Walmart BT6706 Date: 11/25/2019 Result: Passed
 Customer Name: City of Naples Contract Services Signature: *[Signature]*



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Lowdermilk Park Address: 1301 Gulfshore Blvd N City: Naples

Location: Front of Bldg Assembly Type: Wilkins State: FL Zip: 34102

Model #: 950XL Size: 3/4" Serial #: 1512232 XLD Meter #: 18561380

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>1.8</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <u>2.0</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: Backflow tested good

Inspector Name / Certification #: Willow Walmart BT6706 Date: 11/25/2019 Result: Passed
 Customer Name: City of Naples Contract Services Signature: [Signature]



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/25/2019 13:56

Property Information

Name of Property: CoN-Lowdermilk Park
 Street Address: 1301 Gulfshore Blvd N
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7114 Email: jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

1. Backflow 4" Wilkins 450DA has a lot of corrosion on body. Highly recommend sandblasting the backflow and painting it or replacement.
2. Backflow #2 OS&Y valve 4" Kennedy Clow needs to be repack.
3. FDC pipe has corroded bolts. Need to replaced nuts bolts and flange.
4. PIV top needs to be replace, American Darling PIV. Need PIV top and interior sign place.
5. Stainless steel pipe in front of concession is starting to show signs of corrosion. Highly recommend brushing the affected areas and painting pipe.
6. Concession area has one upright sprinkler covered with tape and tape needs to be removed.
7. Concession area in front of order window has 3 corroded sections of 1" pipe.

Customer Name: _____

Customer Signature: _____

Inspector Name: Willow Wolmart

Inspector Signature: 

Additional Comments:

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.

General

Building Commercial

Location of sprinkler valve Front of Bldg

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Inside concessions in riser closet

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: DC

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Front of Bldg by backflow

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
- Static PSI 80 Residual PSI 45 Returned Static 75
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

On riser

1 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/25/2019 16:10

Annually Semi-Annually Quarterly Results No Deficiencies

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| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Naples Preserve

Street Address: 1690 Tamiami Tr N

City: Naples State: FL Zip: 34102

Panel Location: Closet inside Bldg

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 800-432-1429 Fax: _____ E-mail: _____
 Account number: FLSi9-8704 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cell Dialer
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: FireLite Model number: MS5-UD

2.2 Software Firmware

Firmware revision number: 3.1 B2

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 1A Location: House panel on wall behind FACP
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #16

2.4 Secondary Power

Type: Battery 2-12v 7Ah Location: Inside panel
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .12 Amps Alarm Current: .77 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Annunciator		Front door	Pass
DSC cell Dialer		Next to FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	Pass
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	

7. Notifications of Testing Completed

			Start	Completed
Monitoring organization: <u>CMS</u>	Contact: <u>Web</u>	Time: _____	Time: <u>4:30pm</u>	
Building management: <u>Receptionist</u>	Contact: <u>All</u>	Time: _____	Time: <u>4:30pm</u>	
Building occupants: <u>All</u>	Contact: <u>All</u>	Time: _____	Time: <u>4:30pm</u>	
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____	
Other, if required: _____	Contact: _____	Time: _____	Time: _____	

8. System Restored to Normal Operation

Date: 11-25-19

Time: 4:30pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Willow Wolmart Date: 11-25-19

Organization: Naples Fire Protection Title: Inspectors Phone: 239-514-7155

Qualifications: FASA/BASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 11-25-19

Organization: _____ Title: _____ Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/27/2019 14:49

Deficient

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| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass
Notification System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Norris Community Center

Street Address: 755 8th Ave S

City: Naples State: FL Zip: 34102

Panel Location: 755 8th Ave South

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-3058 Fax: _____ Email: dmitchell@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1. Emergency command center Evac is not Supervised by FACP
2. Pull station in dressing room by FACP room pull station does not have any voltage need to troubleshoot.
3. During general alarm message on the back Evac is not working properly it cut out need to troubleshoot.
4. Nac panel on right side batteries are expired need to replace 12v 7AH
5. Tested -43 E-Lights Out of 43 one Failed.
6. E light back stage storage room north over shelves battery dead. Inop

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1329 Fax: _____ E-mail: _____
 Account number: FLSI9-8782 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Radio
 Entity to which alarms are retransmitted: City of Naples Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: By FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: FireLite Model number: MS9050UD

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120VAc Amps: 3 Location: Distribution panel B
 Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Breaker #1

2.4 Secondary Power

Type: 2-12V/7AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio		By FACP	Pass
EVAC		By FACP	Pass
NAC 1		By FACP	Pass
NAC 2		By FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: 120 Control panel amps: 3
 Overcurrent protection: Breaker Type: _____ Amps: 4
 Location (of primary supply panelboard): By FACP
 Disconnecting means location: Panel B #1

4.2 Batteries

Location: In panel Type: Sealed lead Nominal Voltage: 12 Amp/hour Rating: 7
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: 120 EVACS or MNS panel amps: 4A
 Overcurrent protection: Breaker Type: _____ Amps: 20A
 Location (of primary supply panelboard): By FACP
 Disconnecting means location: Panel B #1

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FACP BATT EXPIRED 2014
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: <u>8:00am</u>	Time: <u>11:00am</u>
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: <u>8:00am</u>	Time: <u>11:00am</u>
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: <u>8:00am</u>	Time: <u>11:00am</u>
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 11-27-2019

Time: 11:00am

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 11-27-2019

Organization: NFP Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 11-27-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Norris Community Center
 Street Address: 755 8th Ave S
 City: Naples State: FL Zip: 34102
 Panel Location: 755 8th Ave South

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		Entry lobby north	Passed
Pullstation		Entry lobby south	Passed
Siren/strobe		Entry lobby	Passed
Pullstation		Theater Dressing Rm	Failed
Siren/strobe		Theatre	Passed
Pullstation		Theatre back door	Passed
Strobe		Theater back door	Passed
Smoke detector		Theatre projection room	Passed
Smoke detector		Theatre storage	Passed
Pullstation		Theatre	Passed
Siren/strobe		Theatre	Passed
Pullstation		Concession area	Passed
Siren/strobe		Lobby	Passed
Strobe		Womens room	Passed
Heat detector		Kitchen Visual only. (Circuit Test)	Passed
Siren/strobe		East hall	Passed
Pullstation		Dance studio	Passed
Siren/strobe		Dance studio	Passed
Strobe		Dance studio	Passed
Strobe		Mens room	Passed
Strobe		North east storage room	Passed
Pullstation		Art room	Passed
Siren/strobe		Art room	Passed



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Name of Property: CoN-Norris Community Center
 Street Address: 755 8th Ave S
 City: Naples State: FL Zip: 34102
 Panel Location: 755 8th Ave South

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		Game room	Passed
Siren/strobe		Game room	Passed
Siren/strobe		Outside theatre east side	Passed
Smoke detector		Mech room north	Passed
Pullstation		Back stage	Passed
Smoke detector		Above fire panel Disabled for performance	Passed
Waterflow		Main	Passed
Backflow tamper		Riser	Passed
Backflow famper		Riser	Passed
Tamper		Riser	Passed
Duct Detector 1		Art room	Passed
Duct Detector 2		Art room	Passed
Strobe		Over FACP	Passed
Speaker Strobe		Courtyard	Failed
Speaker Strobe		Wardrobe room	Passed
Speaker Strobe		Outdoor stage	Passed
Speaker speaker		Back stage	Passed
Speaker Strobe		Theater right	Passed
Speaker Strobe		Stage left	Passed
Strobe		Theater exit back	Passed
Strobe		Theater exit back	Passed
Speaker Strobe		Theater lobby	Passed
Speaker Strobe		Theater lobby	Passed



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28741 South Diesel Drive
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 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Norris Community Center Address: 755 8th Ave S City: Naples

Location: SE corner of property Assembly Type: Wilkins State: FL Zip: 34102

Model #: 450DA Size: 6" Serial #: P00599 Meter #: 9560200

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>1.4</u> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Leaked	#2 Check Valve PSID <u>1.6</u> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Leaked	Relief Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments:

Date: 11/27/2019 Result: Passed

Inspector Name / Certification #: Richard Amburgey BT9023

Signature: 

Customer Name: City of Naples Contract Services

Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
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 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation

Existing Unit

Check One: Fireline Service

Potable Service Reclaimed Service

Job Name: CoN-Norris Community Center

Address: 755 8th Ave S

City: Naples

Location: SE corner of property

Assembly Type: Wilkins

State: FL Zip: 34102

Model #: 950 XL Size: 3/4"

Serial #: 1698654

Meter #: 9560200

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 0 Passed <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	#2 Check Valve PSID 2.0 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Suggest new clean, flush, new rubber kit and retest

Comments:

Date: 11/27/2019 Result: Failed

Inspector Name / Certification #: Richard Amburgey BT9023

Signature:

Customer Name: City of Naples Contract Services

Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/27/2019 07:27

Property Information

Name of Property: CoN-Norris Community Center

Street Address: 755 8th Ave S

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/ Theater

Location of sprinkler valve SE corner of property

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: Double check

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location SE corner of property

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 70 Residual PSI 55 Returned Static 65
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/16/2019 12:50

Annually Semi-Annually Quarterly Results Non Critical

Table of Contents

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| 1. Property Information | 6. Testing Result Control Unit and Related Equipment |
| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-North Parking Garage

Street Address: 400 8th Street South

City: Naples State: FL Zip: 34102

Panel Location: East side of Bldg inside Electrical room

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

1. Smoke detector inside east and inside west elevator mechanical room didn't recall elevator. Need to troubleshoot by alarm department.
2. All heat detector in front of elevator are sending supervisory signal to central station. Fire panel is receiving an alarm signal from the heat detector, but central station has it as a supervisory signal.
3. Battery on DSC dialer failed test

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 188-432-1429 Fax: _____ E-mail: _____
 Account number: FLSi9-8816 Phone line 1: _____ Phone line 2: _____
 Means of transmission: _____
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: Inside FACP room

2. Description of System or Service

2.1 Control Unit

Manufacturer: Firelite Model number: MS 9200UDLS

2.2 Software Firmware

Firmware revision number: 06.0 B3

2.3 Primary (Main) Power

Nominal voltage: 120 VAC Amps: 2A Location: Same room as FACP, Panel MP1
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Circuit #31

2.4 Secondary Power

Type: Battery 2-12v 7Ah Location: Inside panel
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .16 Amps **Alarm Current:** 1.54 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
DSC Dialer		Next to FACP	Failed

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	Failed
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	Failed
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	Failed
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	Failed
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

			Start	Completed
Monitoring organization: <u>Yes</u>	Contact: <u>Web</u>	Time: _____	Time: <u>1pm</u>	
Building management: <u>Yes</u>	Contact: <u>All</u>	Time: _____	Time: <u>1pm</u>	
Building occupants: <u>Yes</u>	Contact: <u>All</u>	Time: _____	Time: <u>1pm</u>	
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____	
Other, if required: _____	Contact: _____	Time: _____	Time: _____	

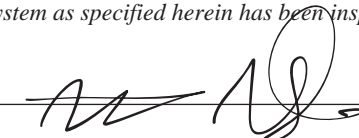
8. System Restored to Normal Operation

Date: 11-16-19

Time: 1pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Willow Wolmart Date: 11-16-19

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA/BASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: 11-16-19

Organization: _____ Title: _____ Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-North Parking Garage
 Street Address: 400 8th Street South
 City: Naples State: FL Zip: 34102
 Panel Location: East side of Bldg inside Electrical room

10. Device Test Result

Device Type	Address	Location	Test Results
Horn strobe		4th floor east stair	Passed
Pullstation		4th floor east stair	Passed
Horn strobe		3rd floor east stair	Passed
Pullstation		3th floor east stair	Failed
Horn strobe		2th floor east stair	Passed
Pullstation		2th floor east stair	Passed
Horn strobe		Ground floor east stair	Passed
Pullstation		Ground floor east stair	Passed
Smoke Detector		Above fire panel	Passed
Horn strobe		4th floor west stair	Passed
Pullstation		4th floor west stair	Passed
Horn strobe		3th floor west stair	Passed
Pullstation		3th floor west stair	Passed
Horn strobe		2th floor west stair	Passed
Pullstation		2th floor west stair	Passed
Horn strobe		Ground floor west stair	Passed
Pullstation		Ground floor west stair	Passed
Tamper		Level 3 west	Passed
Waterflow		Level 3 west	Passed
Tamper		Level 3 west	Passed
Tamper		2th floor west	Passed
Waterflow		2th floor west	Passed
Tamper		Ground floor west	Passed



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Name of Property: CoN-North Parking Garage
 Street Address: 400 8th Street South
 City: Naples State: FL Zip: 34102
 Panel Location: East side of Bldg inside Electrical room

10. Device Test Result

Device Type	Address	Location	Test Results
Tamper		Ground floor west	Passed
Waterflow		Ground floor west	Passed
Tamper		Ground floor west elevator	Passed
Tamper		Ground floor east elevator	Passed
Heat detector		Ground floor east elevator	Passed
Heat detector		Ground floor west elevator	Passed
Heat detector		2th floor east elevator	Passed
Heat detector		2th floor west elevator	Passed
Heat detector		3th floor east elevator	Passed
Heat detector		3th floor west elevator	Passed
Heat detector		Ground floor West ele mechanical room/ visual	Choose One
Heat detector		Ground floor East ele mechanical room / visual	Choose One
Smoke		Ground floor West ele mechanical room	Passed
Smoke		Ground floor East ele mechanical room	Passed
Tamper		3rd floor West elevator	Passed
Tamper		3rd floor East elevator	Passed
Heat Detector		4th floor top of East elevator shaft / visual	Choose One
Smoke Detector		4th floor top of East elevator shaft / visual	Choose One
Heat Detector		4th floor top of West elevator shaft / visual	Choose One
Smoke Detector		4th floor top of West elevator shaft / visual	Choose One
			Choose One
			Choose One
			Choose One



FIRE PROTECTION, INC.

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Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-North Parking Garage Address: 400 8th Street South City: Naples

Location: West side of Bldg Assembly Type: Febco State: FL Zip: 34102

Model #: 876 Size: 8" Serial #: 985131303 Meter #: 10430421

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>2.4</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <u>2.6</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: Backflow tested good

Inspector Name / Certification #: Willow Walmart BT6706 Date: 11/16/2019 Result: Passed
 Customer Name: City of Naples Contract Services Signature: [Signature]



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-North Parking Garage Address: 400 8th Street South City: Naples

Location: West side of Bldg Assembly Type: Febco State: FL Zip: 34102

Model #: 805YB Size: 3/4" Serial #: A 007336 Meter #: 10430421

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <input type="checkbox"/> 0 Passed <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> 0 Passed <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Backflow failed test. Need to replace 2 test cocks and re-test

Comments:

Date: 11/16/2019 Result: Failed

Inspector Name / Certification #: Willow Walmart BT6706

Customer Name: City of Naples Contract Services

Signature:

Signature:



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/16/2019 14:11

Property Information

Name of Property: CoN-North Parking Garage
 Street Address: 400 8th Street South
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

1. West side of garage has one section of 2" pipe and outlet on 4" pipe that's corroded and needs to be replaced.
2. Need to replace 12 nuts and bolts on 6" flange on Backflow. Nuts are corroded and will need to cut the bolt to replace them.
3. Both packing on 6" Kennedy OS&Y valve need to be replace
4. 2-1/8" test cocks on 3/4" febc0 805YB need to be replace. Unable to test the Backflow due to test cock leaking while testing.
5. Backflow is building corrosion need to brush and painted backflow
6. Uprights are due for their 20 year test. Exposed sprinklers are subject to testing every 5 years.
7. Victaulic test and drain on the third floor leaks when testing out of the sight glass.
8. Missing spare sidewall Sprinkler in head box.
9. 3rd floor center of parking garage, has 2 section of corroded pipe.
- 10 sprinklers in garage are due for testing.
11. 3rd floor test valve leaking when tested, Ned's to be replace.

Customer Name:

Customer Signature:

Inspector Name: Willow Wolmart

Inspector Signature: 

Additional Comments:

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.

General

Building Garage

Location of sprinkler valve West side of Bldg

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly Valves

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: On riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: DC

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location West side of Bldg

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.

Static PSI 75 Residual PSI 60 Returned Static 75

- Yes No N/A

Are results between tolerance?

On riser

1 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/9/2019 12:46

Annually Semi-Annually Quarterly Results Non Critical

Table of Contents

- | | |
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| 1. Property Information | 6. Testing Result Control Unit and Related Equipment |
| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Police & Fire Services

Street Address: 355 Riverside Circle

City: Naples State: FL Zip: 34102

Panel Location: 2nd floor hallway by 911

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

- | |
|---|
| <ol style="list-style-type: none"> 1. Pull station second and first floor Center stairwell is damage and needs to be replaced. 2. Old Bldg duct Detector inside electrician room on northwest entrance is not Shutting down AC, Customer needs to contact AC company to troubleshoot. |
|---|

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: Local Only
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____
 Account number: _____ Phone line 1: _____ Phone line 2: _____
 Means of transmission: _____
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: Simplex Model number: 4005

2.2 Software Firmware

Firmware revision number: _____

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3A Location: Panel 2B left of FACP
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #17

2.4 Secondary Power

Type: Battery 2-12v 12Ah Location: Inside FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): _____ In alarm mode (minutes): _____

2.5 Standby Current: .41 Amps Alarm Current: 3.89 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
NAC Panel		Exit to FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: 120V Control panel amps: 9A
 Overcurrent protection: Breaker Type: _____ Amps: 20A
 Location (of primary supply panelboard): Inside FACP room
 Disconnecting means location: Realer #17

4.2 Batteries

Location: Inside NAC Panel Type: Seal LA Nominal Voltage: 12 Amp/hour Rating: 7Ah
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Local Only
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Local Only
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Local Only
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Local Only
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Local Only
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Local Only

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>No</u>	Contact: _____	Time: _____	Time: _____
Building management: <u>Yes</u>	Contact: <u>All</u>	Time: <u>8am</u>	Time: <u>4pm</u>
Building occupants: <u>Yes</u>	Contact: <u>All</u>	Time: <u>8am</u>	Time: <u>4pm</u>
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

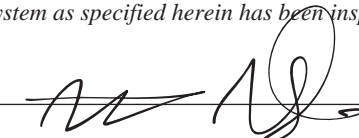
8. System Restored to Normal Operation

Date: 12-09-19

Time: 4pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Willow Wolmart Date: 12-09-19

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA/BASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Bob Plamondon Date: 12-09-19

Organization: _____ Title: _____ Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Police & Fire Services
 Street Address: 355 Riverside Circle
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor hallway by 911

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		Old Bldg Southeast side by traffic unit exit door	Passed
Pullstation		Old Bldg Inventory room	Passed
Horn		Old Bldg Womens locker room	Passed
Horn		Old Bldg Mens locker room	Passed
Heat detector		3rd floor Electrical/computer room	Passed
Horn/Strobe		1st floor North exit door	Passed
Pullstation		North exit 2nd level	Passed
Horn/Strobe		North exit 2nd level	Passed
Horn/Strobe		Main entrance outside	Passed
Horn/Strobe		Police investigation room	Passed
Pullstation		Police investigation room	Passed
Main Waterflow		South side of building inside stairwell	Passed
Horn Strobe		1st floor By elevator	Passed
Pullstation		1st floor North Exit door	Passed
Pullstation		Main entry	Passed
Horn/Strobe		Main entry	Passed
Horn/Strobe		1st floor South Exit	Passed
Pullstation		1st floor South Exit	Passed
Pullstation		Second level south exit	Passed
Horn/Strobe		Second level south exit	Passed
Horn/Strobe		3rd floor electrical/computer room	Passed
Pullstation		3rd floor electrical/computer room	Passed
Heat detector		3rd floor electrical/computer room	Passed



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Name of Property: CoN-Police & Fire Services
 Street Address: 355 Riverside Circle
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor hallway by 911

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		2nd floor Center stair	Passed
Horn/Strobe		2nd floor Center stair	Passed
Pull Station		1st floor Center stairwell	Passed
Horn strobe		1st floor Center stairwell	Passed
Horn		Old Bldg South side Front of Men's Restroom	Passed
Horn/Strobe		Old Bldg Gym	Passed
Pullstation		Old Bldg Gym	Passed
Horn		Old Bldg Gym	Passed
Horn		Old Bldg south side Men's Restroom	Passed
Hon		Old Bldg south side Women's Restroom	Passed
Smoke Detector		Above FACP	Passed
Smoke Detector		2nd floor elevator lobby	Passed
Smoke Detector		1st floor elevator lobby	Passed
Smoke Detector		1st floor elevator lobby rear	Passed
Smoke Detector		3rd floor electrical/computer room	Passed
Pull Station		1st floor north hall by Mech/fuel storage	Passed
Horn strobe		1st floor north hall by Mech/fuel storage	Passed
Heat Detector		Old Bldg North Side Mech / maintenance room	Passed
Heat Detector		Old Bldg North Side Phone Switch room	Passed
Heat Detector		Old Bldg evidence room main office	Passed
Heat Detector		Old Bldg evidence storage room A	Passed
Smoke Detector		Old Bldg evidence storage room B	Passed
			Passed



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 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Police & Fire Services
 Street Address: 355 Riverside Circle
 City: Naples State: FL Zip: 34102
 Panel Location: 2nd floor hallway by 911

10. Device Test Result

Device Type	Address	Location	Test Results
Water flow		Old Bldg North Side Electrical room	Passed
Tamper		Old Bldg North Side Electrical room / not wired	Passed
Duct Detector		Old Bldg South side outside Mech room	Passed
Duct Detector		Old Bldg South side outside Mech room	Passed
Duct Detector		Old Bldg South side outside Mech room	Passed
Pull Station		Old Bldg Northwest exit door	Passed
Horn strobe		Old Bldg Northwest exit door	Passed
Horn strobe		Old Bldg North hallway by evidence room	Passed
Pull Station		Old Bldg North hallway by evidence room	Passed
Pull Station		Old Bldg Southwest exit door	Passed
Horn strobe		Old Bldg Southwest side hallway	Passed
Horn Strobe		Old Bldg hallway by equipment room	Passed
Strobe		Men's restroom by main entrance	Passed
Strobe		Women's restroom by main entrance	Passed
Tamper		1st floor in front of elevator	Passed
Tamper		1st floor record storage room	Passed
Horn strobe		Main entrance outside of Bldg	Passed
Horn strobe		1st floor front of break room	Passed
Horn strobe		1st floor south side garage	Passed
Tamper		3rd floor elevator by 911 above Restroom	Passed
Smoke		3rd floor elevator by 911	Passed
Horn strobe		3rd floor elevator by 911	Passed
Horn strobe		2nd floor Hallway by 911	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/9/2019 14:30

Property Information

Name of Property: CoN-Police & Fire Services
 Street Address: 355 Riverside Circle
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red


Comments

1. 911 entrance second floor has corroded pendent sprinkler 155* SR. White pendent.
2. Corroded and leaking pipe on south riser inside stairwell. Pipe leaks inside the bldg and needs to be replace.
3. 1st floor Mech / Fuel storage room has one spare head box that has VRP sprinklers inside. Need to remove sprinklers and install new sprinklers
4. Old reseption area has one missing Central model H chrome escutcheon in front of mechanical room.
5. Old Bldg Evidence processing room has damage sprinkler

Customer Name: _____

Customer Signature: _____

Inspector Name: Willow Wolmart

Inspector Signature: 

Additional Comments:

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.

General

Building Office building

Location of sprinkler valve South east side of building/ north west side of building by electrical room

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV/ butterfly valves

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: On riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: NA

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location North side of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A Tested or Replaced within 5-year Interval?

Yes No N/A Normal water pressure maintained?

Control Valves

Yes No N/A Supervisory switches send signals to fire panel?

Yes No N/A In the correct (open or closed) position?

Yes No N/A Sealed, locked, or supervised?

Yes No N/A Accessible?

Yes No N/A Free from damage or leaks?

Yes No N/A Proper signage?

Yes No N/A Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 100 Residual PSI 55 Returned Static 70
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

On riser

1 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/26/2019 13:46

Annually Semi-Annually Quarterly Results Non Critical

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| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-River Park Aquatic Center

Street Address: 451 11th Street N

City: Naples State: FL Zip: 34102

Panel Location: 451 11th street north

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1. Horn strobe by Pool office N1-2 horn side did not activate need to replace.

2. Tested 18 E-Lights all ok.

Additional Comments:

N/A

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
Address: 28741 South Diesel Drive Bonita Springs, FL 34135
Phone: 239-514-7155 Fax: 239-514-7154 E-mail:
Monitoring organization: CMS
Address:
Phone: 1-800432-1429 Fax: E-mail:
Account number: FLSI9-3106 Phone line 1: Phone line 2:
Means of transmission:
Entity to which alarms are retransmitted: Phone:
Authority having jurisdiction over this property: City of Naples
Phone: Fax: E-mail:

1.3 Documentation

Onsite location of the required record documents and site-specific software:

2. Description of System or Service

2.1 Control Unit

Manufacturer: EST Model number: i064

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120VAc20 Amps: 1.25A Location: Mechanical room , panel PPA
Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #7

2.4 Secondary Power

Type: Batteries 12v 7AH Location: FACP
Battery type (if applicable): Sealed Lead Acid
Calculated capacity of batteries to drive the system:
In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .19 Amps Alarm Current: 2.87 Amps

3. Interface Component Test Result

Table with 4 columns: Interface Component Type, Address, Location, Test Result. Row 1: Cellular Dialer, By FACP, Pass.

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FACP Batt-2016
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: <u>12:30pm</u>	Time: <u>3:00pm</u>
Building management: <u>Y</u>	Contact: _____	Time: <u>12:30pm</u>	Time: <u>3:00pm</u>
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: <u>12:30pm</u>	Time: <u>3:00pm</u>
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 11-26-2019

Time: 3:00pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 11-26-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 11-26-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-River Park Aquatic Center
 Street Address: 451 11th Street N
 City: Naples State: FL Zip: 34102
 Panel Location: 451 11th street north

10. Device Test Result

Device Type	Address	Location	Test Results
Waterflow	014	Mechanical room	Passed
Tamper-Backflow	016	East side of building	Passed
Tamper-Backflow	016	East side of building	Passed
Horn/Strobe		Exterior, by office door	Failed
Smoke detector	001	Above fire panel	Passed
Pullstation	010	By office door	Passed
Strobe		Office	Passed
Horn/Strobe		Patio by showers	Passed
Horn/Strobe		Men showers	Passed
Strobe		Men showers	Passed
Strobe		Men showers	Passed
Horn/Strobe		Women showers	Passed
Strobe		Women showers	Passed
Strobe		Women showers	Passed
Strobe		Restroom	Passed
Strobe		Restroom	Passed
Horn/Strobe		Exterior of mechanical room	Passed
Pullstation	012	North end mechanical room / Storage 103	Passed
Horn/Strobe		North end mechanical room	Passed
Horn/Strobe		South end mechanical room	Passed
Strobe		Life jacket storage	Passed
Tamper	015	Mechanical room	Passed
Pull station	011	Life guard room	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit
 Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-River Park Aquatic Center City: Naples
 Location: NE corner of building State: FL Zip: 34102
 Assembly Type: Wilkins
 Model #: 450DA Size: 4" Serial #: P06160 Meter #: 43785624

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 4.2 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID 4.4 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: _____

Date: 11/26/2019 Result: Passed

Signature:

Inspector Name / Certification #: Richard Amburgey BT9023

Customer Name: City of Naples Contract Services



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit
 Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-River Park Aquatic Center City: Naples
 Location: NE corner of building State: FL Zip: 34102
 Assembly Type: Wilkins
 Model #: 950XL Size: 3/4" Serial #: 3570488 Meter #: 43785624

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>2.6</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <u>2.8</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: _____

Date: 11/26/2019 Result: Passed
 Signature: Richard Amburgey BT9023
 Signature: City of Naples Contract Services



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/26/2019 12:39

Property Information

Name of Property: CoN-River Park Aquatic Center

Street Address: 451 11th Street N

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

- 1) Gauges out of date
- 2) Systems appear to be due for 5 year inspection

Customer Name: _____

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/ Pool

Location of sprinkler valve NE corner of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve OS&Y

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: Double check

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location NE corner of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 85 Residual PSI 60 Returned Static 75
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

5yr Private Fire Service Main Flow Test and Annual Backflow Forward Flow Test

Date: 11/26/2019 Result: Passed

1. Property Information

Name of Property: CoN-River Park Aquatic Center
Street Address: 451 11th Street N
City: Naples State: FL Zip: 34102

2. Backflow Assembly

Manufacturer: Wilkins Assembly Type: Double check
Model: 450DA Meter Number: 43786524
Size: 4" Serial Number: P06160

3. 5 Year Private Service Main Flow

Actual GPM: _____ GPM Static PSI: _____
Required GPM: _____ GPM Residual PSI: _____

4. Backflow Forward Flow

Test location: Main drain
Fire sprinkler system demands (in GPM): 67
Nozzle size (in inches): 3/4"
Pitot pressure (in PSI): 37
Water Flow (in GPM): 99

5. Comments

Inspector name: Richard Amburgey Signature: 

Customer Name: City of Naples Contract Services Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/26/2019 09:01

Annually Semi-Annually Quarterly Results No Deficiencies

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| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-River Park Community Center

Street Address: 301 11th Street N

City: Naples State: FL Zip: 34102

Panel Location: 301 11th Street N

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1. Tested 11 E-Lights All Tested Ok.

Additional Comments:

N/A

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLC2-88610 Phone line 1: _____ Phone line 2: _____
 Means of transmission: _____
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: _____

2. Description of System or Service

2.1 Control Unit

Manufacturer: EST Model number: Quick Start

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3A Location: By FACP
 Overcurrent protection type: Breaker Amps: _____ Disconnecting means location: Panel B ckt #36

2.4 Secondary Power

Type: Batteries 12v 12AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .35 Amps Alarm Current: 3.01 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Annunciator		By Main Entrance	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: <u>8:00am</u>	Time: <u>12:30pm</u>
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: <u>8:00am</u>	Time: <u>12:30pm</u>
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: <u>8:00am</u>	Time: <u>12:30pm</u>
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 11-26-2019

Time: 12:30pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix S. / Mark A. Date: 11-26-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 11-26-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-River Park Community Center
 Street Address: 301 11th Street N
 City: Naples State: FL Zip: 34102
 Panel Location: 301 11th Street N

10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector		Above FACP	Passed
Pull Station		North exit	Passed
Smoke detector	4	Hallway outside classroom B1	Passed
Strobe		Weight room	Passed
Horn / Strobe		North exit	Passed
Smoke detector	B2	B2 class room	Passed
Smoke detector	B1	B1 class room	Passed
Pull Station		B2 class room by exit door	Passed
Pull Station		B1 class room by exit door	Passed
Strobe		B2 class room	Passed
Strobe		B1 class room	Passed
Smoke detector	3	Hallway outside classroom A2	Passed
Strobe		Program office	Passed
Smoke detector		Class room A 2	Passed
Strobe		Class room A 2	Passed
Smoke detector		Class room A 1	Passed
Strobe		Class room A 1	Passed
Smoke detector	2	Hallway outside classroom A1	Passed
Smoke Detector		Game room	Passed
Strobe		Game room	Passed
Horn / Strobe		Hallway between classrooms A1 & A2	Passed
Smoke detector		Library	Passed
Strobe		Library	Passed



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 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-River Park Community Center
 Street Address: 301 11th Street N
 City: Naples State: FL Zip: 34102
 Panel Location: 301 11th Street N

10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector	1	Hallway outside computer lab.	Passed
Smoke detector		Computer lab	Passed
Strobe		Computer lab	Passed
Horn/ Strobe		Receptionist Area	Passed
Smoke detector		Receptionist Area/main entrance	Passed
Pull Station		Receptionist Area/main entrance	Passed
Heat detector		Mens restroom. (Visual)	Choose One
Strobe		Mens restroom	Passed
Strobe		Womens restroom	Passed
Heat detector		Womens restroom. (Visual)	Choose One
Horn / Strobe		Kitchen	Passed
Pull Station		Kitchen	Passed
Horn/ Strobe		Hallway entrance to auditorium	Passed
Horn / Strobe		Auditorium area	Passed
Horn / Strobe		Auditorium area	Passed
Horn / Strobe		Auditorium area	Passed
Horn / Strobe		Auditorium area	Passed
Pull Station		Auditorium east exit	Passed
Pull Station		Auditorium southwest exit	Passed
Pull Station		Auditorium northwest exit	Passed
Smoke detector		Auditorium - A	Passed
Smoke detector		Auditorium - F	Passed
Smoke detector		Auditorium - E	Passed



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Name of Property: CoN-River Park Community Center
 Street Address: 301 11th Street N
 City: Naples State: FL Zip: 34102
 Panel Location: 301 11th Street N

10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector		Auditorium - D	Passed
Smoke detector		Auditorium - C	Passed
Smoke detector		Auditorium - B	Passed
Smoke detector		Stage	Passed
Flow switch		Main riser	Passed
Tamper		Backflow 1	Passed
Tamper		Backflow 2	Passed
Duct detector		Ahu # 7 return corr. by	Passed
Duct detector		Ahu # 8 Supply corr.by weight rm.	Passed
Duct detector		Ahu # 6 supply by class rm A2	Passed
Duct detector		Ahu # 6 return	Passed
Duct detector		Ahu # 5 return	Passed
Duct detector		Ahu # 5 Supply by game rm.	Passed
Duct detector		Ahu # 3 Return by class rm A1	Passed
Duct detector		Ahu # 3 Supply by library	Passed
Duct detector		Ahu # 2 Supply by computer lab	Passed
Duct detector		Ahu # 2 return by computer lab	Passed
Duct detector		Ahu # 1 supply	Passed
Duct detector		Ahu # 1 return	Passed
Duct detector		Rtu # 2 supply. Auditorium (Need 14ft ladder to t	Choose One
Duct detector		Rtu # 2 Return Auditotium (Need 14ft ladder to t	Choose One
Duct detector		Rtu # 3 Supply	Passed
Duct detector		Rtu # 3 return	Passed

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit
 Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-River Park Community Center City: Naples
 Location: SW corner State: FL Zip: 34102
 Model #: 450DA Size: 4" Serial #: P00116 Meter #: 17235867
 Assembly Type: _____

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>2.6</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <u>3.8</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments:

Date: 11/26/2019 Result: Passed
 Signature: _____
 Signature: _____

Inspector Name / Certification #: Richard Amburgey BT9023
 Customer Name: City of Naples Contract Services



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/26/2019 07:13

Property Information

Name of Property: CoN-River Park Community Center

Street Address: 301 11th Street N

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

Customer Name: _____

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/ Community Center

Location of sprinkler valve SW corner

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve OS&Y

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: Double check

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location SW corner

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Type?
 Water flow alarm activated within five minutes?
 Accessible?
 Retard chamber / alarm drains not leaking?
 Inspectors test / bypass opened?
 Alarm Devices free of damage?
 Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Visible and accessible?
 Coupling / swivels operate correctly?
 Plugs / caps are in place?
 Interior inspected where caps missing?
 Gaskets are not damaged?
 Identification signs are in place?
 Ball drip valve is functional?
 Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
 Yes No N/A
 Yes No N/A

- In the open position / not leaking?
 Maintaining downstream pressure?
 In good condition?

Quarterly

- Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Alarm devices, water motor gong activated?
 Do results differ by more than 10% from previous test?
 Fire pump was temporarily turned off?
 Backflow preventer - Test?
 Backflow preventer - Flow test?
 Main drain test, if the sole supply is through a backflow.

Static PSI 80 Residual PSI 50 Returned Static 65

- Yes No N/A

Are results between tolerance?

Riser

2

Seconds

- Location of main drain
 How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/4/2019 09:13

Annually Semi-Annually Quarterly Results Non Critical

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| <ol style="list-style-type: none"> 1. Property Information 2. Description of System or Service 3. Interface Component Test Result 4. System Power 5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System | <ol style="list-style-type: none"> 6. Testing Result Control Unit and Related Equipment 7. Notifications of Testing Completed 8. System Restored to Normal Operation 9. Certification 10. Device Test Results |
|--|--|

1. Property Information

Name of Property: CoN-Solid Waste

Street Address: 2600 Corporate Flight Drive

City: Naples State: FL Zip: 34104

Panel Location: 2600 Corporate Flight Drive

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1. PIV tamper did not report to FACP

2. #1 OS&Y tamper did not report to FACP

3. Radio battery failed Load test battery is dead need to Replace. Need-1 battery 12v 7AH

Total E-Lights 18
 E-Lights Tested 15
 E-Lights Failed 9
 E-Lights No Access 3

Additional Comments:

N/A

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-318-9486 Fax: _____ E-mail: _____
 Account number: 4794-911P Phone line 1: _____ Phone line 2: _____
 Means of transmission: Radio
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: By FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: Simplex Model number: 4008

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3A Location: House panel
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Breaker #28

2.4 Secondary Power

Type: 2 x 12v 12AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .24 Amps Alarm Current: 2.01 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio		By FACP	Pass
Annunciator		Front Entrance	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: <u>7:00am</u>	Time: <u>9:45am</u>
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: <u>7:00am</u>	Time: <u>9:45am</u>
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: <u>7:00am</u>	Time: <u>9:45am</u>
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-04-2019

Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-04-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-04-2019

Organization: _____ Title: Management Phone: 239-2137113



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-Solid Waste
 Street Address: 2600 Corporate Flight Drive
 City: Naples State: FL Zip: 34104
 Panel Location: 2600 Corporate Flight Drive

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		Fire panel room	Passed
Pullstation		Break room	Passed
Smoke detector		Above fire panel	Passed
Horn/ strobe		Break room	Passed
Strobe		Hall	Passed
Strobe		Hall	Passed
Pullstation		Front entry	Passed
Horn/Strobe		Front entry	Passed
Smoke detector		Front entry	Passed
Strobe		Womens room	Passed
Strobe		Mens room	Passed
Horn/Strobe		Bathroom hall	Passed
Valve tamper main		Outside -1	Failed
Valve tamper main		Outside-2	Passed
Strobe		North west exterior corner	Passed
Horn/Strobe		Warehouse north	Passed
Horn/Strobe		Warehouse north	Passed
Horn/Strobe		Warehouse south	Passed
Horn/Strobe		Warehouse south	Passed
Horn/Strobe		Shop	Passed
Pullstation		Shop	Passed
Tamper		PIV Outside	Failed
Horn/Strobe		Men's Locker	Passed



FIRE PROTECTION, INC.

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 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Solid Waste Address: 2600 Corporate Flight Drive City: Naples


Location: West side of building Assembly Type: Wilkins State: FL Zip: 34104

Model #: 475DA Size: 6" Serial #: 03831 Meter #: 13571716

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>7.6</u> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Leaked	#2 Check Valve PSID <u>2.4</u> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Leaked	Relief Valve Opened <u>2.4</u> @PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	

Comments:

Date: 12/04/2019 Result: Passed

Inspector Name / Certification #: Richard Amburgey BT9023 Signature: 

Customer Name: City of Naples Contract Services Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Solid Waste Address: 2600 Corporate Flight Drive City: Naples

Location: West side of building Assembly Type: Wilkins State: FL Zip: 34104

Model #: 975XL Size: 3/4" Serial #: 3537689 Meter #: 13571716

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>8.2</u> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Leaked	#2 Check Valve PSID <u>2.2</u> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Leaked	Relief Valve Opened <u>2.0</u> @PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID Did Not Open <input type="checkbox"/>	

Comments:

Date: 12/04/2019 Result: Passed

Inspector Name / Certification #: Richard Amburgey BT9023

Signature: 

Customer Name: City of Naples Contract Services

Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/4/2019 06:51

Property Information

Name of Property: CoN-Solid Waste
 Street Address: 2600 Corporate Flight Drive
 City: Naples State: FL Zip: 34104
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

- 1) Gauge is out of date
- 2) 5 year inspection appears to be due
- 3) 120 volt bell did not ring when testing flow
- 4) PIV tamper did not report to FACP
- 5) #1 OS&Y tamper on backflow did not report to FACP

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial / recycling center

Location of sprinkler valve West of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: By FACP

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: RP

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Front right of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
- Static PSI 70 Residual PSI 45 Returned Static 55
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/16/2019 08:48

Annually Semi-Annually Quarterly Results Critical

Table of Contents

- | | |
|--|---|
| 1. Property Information | 6. Testing Result Control Unit and Related Equipment |
| 2. Description of System or Service | 7. Notifications of Testing Completed |
| 3. Interface Component Test Result | 8. System Restored to Normal Operation |
| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-South Parking Garage

Street Address: 600 8th Street South

City: Naples State: FL Zip: 34102

Panel Location: 3rd floor east electrical room

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: jalfano@naplesgov.com

1.1 Comments

- 1) Pull Stations inop
- 2) Batteries out of date
- 3) Troubles on FACP (PIV Tamper and West Pull Station 3rd floor)
- 4) Missing breaker lock
- 5) Painted heat detectors
- 6) East elevator 1st level Fire fighter hat did not illuminate during elevator recall test

- 8- E lights tested All OK
- 8- Exit lights tested All OK

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLSI9-8761 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cellular
 Entity to which alarms are retransmitted: City of Naples Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: SilentKnight Model number: 5808

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 5 Location: 3rd Fl. West electrical room
 Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Ckt #30

2.4 Secondary Power

Type: 2-12V/7AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .14 Amps Alarm Current: 1.25 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Cellular Dialer		By FACP	Pass
Elevator recall		Elevator rooms	Pass
Fire Fighter Hats		At east and west elevators	Fail

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: _____ Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Out of date 2014
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"/>	
Remote panel batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>CMS</u>	Contact: <u>Mike</u>	Time: <u>7am</u>	Time: <u>3pm</u>
Building management: <u>Yes</u>	Contact: <u>All</u>	Time: <u>7am</u>	Time: <u>3pm</u>
Building occupants: <u>Yes</u>	Contact: <u>All</u>	Time: <u>7am</u>	Time: <u>3pm</u>
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 11-16-19

Time: 1:30 pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Amburgey Date: 11-16-19

Organization: NFP Title: Inspector Phone: 239-272-8534

Qualifications: NICET

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: CNATS Date: _____

Organization: _____ Title: _____ Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-South Parking Garage
 Street Address: 600 8th Street South
 City: Naples State: FL Zip: 34102
 Panel Location: 3rd floor east electrical room

10. Device Test Result

Device Type	Address	Location	Test Results
Heat Detector	5	4Th LEVEL EASTSIDE Elevator Landing	Passed
Tamper	22	4Th LEVEL EASTSIDE Elevator Tamper	Passed
Horn/Strobe		4Th LEVEL EASTSIDE By East Stairs	Passed
Pullstation	4	4Th LEVEL EASTSIDE By East Stairs	Passed
Smoke Detector	35	4Th LEVEL EASTSIDE Elevator Top of Shaft NO	Choose One
Heat Detector	10	3RD Lvl Eastside Elevator Landing	Passed
Tamper	11	3RD Lvl Eastside By East Stairs	Passed
Horn/Strobe		3RD Lvl Eastside By East Stairs	Passed
Pullstation	9	3rd Lvl Eastside By East Stairs	Failed
Waterflow	12	3rd Lvl Eastside By East Stairs	Passed
Smoke Detector	9	3RD Lvl Eastside Above FACP	Passed
Smoke Detector	1	3RD Lvl Eastside East Elevator Equipment Rm.	Passed
Heat Detector	2	3RD Lvl Eastside East Elevator Equipment Rm.	Passed
Smoke Detector	3	3RD Lvl Eastside East Elevator Equipment Rm.	Passed
Heat Detector	4	3RD Lvl Eastside East Elevator Equipment Rm.	Passed
Heat Detector	16	2ND Lvl Eastside Elevator Landing	Passed
Tamper	17	2ND Lvl Eastside By East Stairs	Passed
Waterflow	18	2ND Lvl Eastside By East Stairs	Passed
Horn/Strobe		2ND Lvl Eastside By East Stairs	Passed
Pullstation	15	2ND Lvl Eastside By East Stairs	Passed
Heat Detector		1ST Lvl Eastside Elevator Landing	Passed
Tamper	26	1ST Lvl Eastside By East Stairs	Passed
Waterflow	25	1ST Lvl Eastside By East Stairs	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Name of Property: CoN-South Parking Garage
 Street Address: 600 8th Street South
 City: Naples State: FL Zip: 34102
 Panel Location: 3rd floor east electrical room

10. Device Test Result

Device Type	Address	Location	Test Results
Pullstation		1ST Lvl Eastside By East Stairs	Passed
Horn/Strobe		1ST Lvl Eastside By East Stairs	Passed
Bell		1ST Lvl Eastside By East Stairs	Passed
Tamper		1ST Lvl Eastside Eastside BackFlow	Passed
Tamper		1ST Lvl Eastside Eastside BackFlow	Passed
Tamper		1ST Lvl PIV Eastside Eastside Tamper	Failed
Heat Detector	2	4TH Lvl Westside Elevator Landing	Failed
Tamper	22	4TH Lvl Westside Elevator Tamper	Passed
Pullstation	1	4TH Lvl Westside By West Stairs	Passed
Horn/Strobe		4TH Lvl Westside By West Stairs	Passed
Smoke Detector	10	4TH Lvl Westside Top of Elevator Shaft NO ACC	Choose One
Heat Detector	8	3RD Lvl Westside Elevator Landing	Passed
Pullstation	7	3RD Lvl Westside By West Stairs	Failed
Horn/Strobe		3RD Lvl Westside By West Stairs	Passed
Smoke Detector	5	3RD Lvl Westside West Elevator Equipment Rm	Passed
Heat Detector	6	3RD Lvl Westside West Elevator Equipment Rm	Passed
Smoke Detector	7	3RD Lvl Westside West Elevator Equipment Rm	Passed
Heat Detector	8	3RD Lvl Westside West Elevator Equipment Rm	Passed
Heat Detector	14	2ND Lvl Westside Elevator Landing	Passed
Horn/Strobe		2ND Lvl Westside By West Stairs	Passed
Pullstation	13	2ND Lvl Westside By West Stairs	Passed
Heat Detector	20	1ST Lvl Westside Elevator Landing	Passed
Horn/Strobe		1ST Lvl Westside By West Stairs	Passed



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Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-South Parking Garage Address: 600 8th Street South City: Naples

Location: East side Assembly Type: Wilkins State: FL Zip: 34102

Model #: 450DA Size: 6" Serial #: P03756 Meter #: 32624571

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 1.4 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID 2.8 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments:

Date: 11/16/2019 Result: Passed

Inspector Name / Certification #: Richard Amburgey BT9023

Signature:

Customer Name: City of Naples Contract Services

Signature:



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit
 Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-South Parking Garage Address: 600 8th Street South City: Naples
 Location: East side Assembly Type: Wilkins State: FL Zip: 34102
 Model #: 950XL Size: 3/4" Serial #: W343435XLD Meter #: 32624571

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>3.0</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <u>2.8</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened <input type="checkbox"/> @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments:

Date: 11/16/2019 Result: Passed
 Signature: [Signature]
 Signature: _____

Inspector Name / Certification #: Richard Amburgey BT9023
 Customer Name: City of Naples Contract Services



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/16/2019 08:44

Property Information

Name of Property: CoN-South Parking Garage
 Street Address: 600 8th Street South
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

- 1) Painted head
- 2) Taped Head
- 3) Hanger disconnected
- 4) PIV tamper did not report to FACP (alarm issue)
- 5) Corroded pipe and fittings

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/Parking garage

Location of sprinkler valve East side ground floor

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: FACP room

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: Double check

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location SE corner

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Type?
 Water flow alarm activated within five minutes?
 Accessible?
 Retard chamber / alarm drains not leaking?
 Inspectors test / bypass opened?
 Alarm Devices free of damage?
 Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Visible and accessible?
 Coupling / swivels operate correctly?
 Plugs / caps are in place?
 Interior inspected where caps missing?
 Gaskets are not damaged?
 Identification signs are in place?
 Ball drip valve is functional?
 Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
 Yes No N/A
 Yes No N/A

- In the open position / not leaking?
 Maintaining downstream pressure?
 In good condition?

Quarterly

- Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- Alarm devices, water motor gong activated?
 Do results differ by more than 10% from previous test?
 Fire pump was temporarily turned off?
 Backflow preventer - Test?
 Backflow preventer - Flow test?
 Main drain test, if the sole supply is through a backflow.

Static PSI 80 Residual PSI 65 Returned Static 70

- Yes No N/A

Are results between tolerance?

Riser

1 Seconds

Location of main drain
 How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 11/27/2019 11:15

Annually Semi-Annually Quarterly Results Non Critical

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| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Tennis Pro Shop

Street Address: 730 8th St S

City: Naples State: FL Zip: 34102

Panel Location: 6th Ave South & 8th Street South

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1.FACP batteries are expired need to replace 2014. 12 V 7 amp hour need-2 batteries

Additional Comments:

Tested 13 E-Lights 9-pass. 4-Failed

Garage e light by elevator mechanical room failed.

E light men's restroom failed

E light by west door pro shop failed

E light in pro shop by east exit failed

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
Address: 28741 South Diesel Drive Bonita Springs, FL 34135
Phone: 239-514-7155 Fax: 239-514-7154 E-mail:
Monitoring organization: CMS
Address:
Phone: 1-800-432-1429 Fax: E-mail:
Account number: NFPF-0158 Phone line 1: Phone line 2:
Means of transmission:
Entity to which alarms are retransmitted: Phone:
Authority having jurisdiction over this property: City of Naples
Phone: Fax: E-mail:

1.3 Documentation

Onsite location of the required record documents and site-specific software:

2. Description of System or Service

2.1 Control Unit

Manufacturer: FireLite Model number: MS-5UD

2.2 Software Firmware

Firmware revision number: 3.1 B2

2.3 Primary (Main) Power

Nominal voltage: 120Vac Amps: 3A Location: Rear of building
Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: House panel

2.4 Secondary Power

Type: Batteries 12v. 7AH Location: FACP
Battery type (if applicable):
Calculated capacity of batteries to drive the system:
In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .18 Amps Alarm Current: .70 Amps

3. Interface Component Test Result

Table with 4 columns: Interface Component Type, Address, Location, Test Result. Row 1: N/A, empty, empty, empty.

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	Tested 13 E-Lights 9-pass. 4-Failed
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FACP BATTERIES ARE EXPIRED
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: <u>11:07am</u>	Time: <u>1:15pm</u>
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: <u>11:07am</u>	Time: <u>1:15pm</u>
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: <u>11:07am</u>	Time: <u>1:15pm</u>
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 11-27-2019

Time: 1:15pm

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 11-27-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 11-27-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 11/27/2019 10:38

Property Information

Name of Property: CoN-Tennis Pro Shop
 Street Address: 730 8th St S
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

1) Garage elevator tamper did not report to FACP

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/Pro Shop

Location of sprinkler valve South of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/a

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location South of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

Water Gong Vane

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Type?

Water flow alarm activated within five minutes?

Accessible?

Retard chamber / alarm drains not leaking?

Inspectors test / bypass opened?

Alarm Devices free of damage?

Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Visible and accessible?

Coupling / swivels operate correctly?

Plugs / caps are in place?

Interior inspected where caps missing?

Gaskets are not damaged?

Identification signs are in place?

Ball drip valve is functional?

Check valve is free of leaks?

Pressure Reducing Valve

Yes No N/A

Yes No N/A

Yes No N/A

In the open position / not leaking?

Maintaining downstream pressure?

In good condition?

Quarterly

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Static PSI 75 Residual PSI 35 Returned Static 65

Yes No N/A

Alarm devices, water motor gong activated?

Do results differ by more than 10% from previous test?

Fire pump was temporarily turned off?

Backflow preventer -Test?

Backflow preventer - Flow test?

Main drain test, if the sole supply is through a backflow.

Are results between tolerance?

Riser

2 Seconds

Location of main drain

How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 14:01

Annually Semi-Annually Quarterly Results Non Critical

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| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Utilities Administration

Street Address: 380 Riverside Circle

City: Naples State: FL Zip: 34102

Panel Location: Behind Elevator Mech Rm.

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION

1. Battery on communicator for Honeywell panel battery is bad. Need to Replace. Need-1 12v 7AH Battery

2. Total of 7-E-lights All 7 Passed.

Additional Comments:

A large, empty rectangular box with a black border, intended for entering additional comments. A thin vertical line is visible on the right side of the box.

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: AN82-5201 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Radio
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: By FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: Silent Knight Model number: SK-5208

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 3A Location: In Facp room
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Panel-B. Ckt #

2.4 Secondary Power

Type: Batteries 2 x 12v 7AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: .21 Amps Alarm Current: .60 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio Communicator		Under FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote power panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

		Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: _____	Time: _____
Building management: <u>Y</u>	Contact: <u>Jason Alfano</u>	Time: _____	Time: _____
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: _____	Time: _____
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-19-2019

Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-19-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-19-2019

Organization: _____ Title: Management Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/19/2019 13:12

Property Information

Name of Property: CoN-Utilities Administration
 Street Address: 380 Riverside Circle
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

1) Pendants Corroded at seats

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial

Location of sprinkler valve North of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location North of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 40 Residual PSI 30 Returned Static 40
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/12/2019 12:51

Annually Semi-Annually Quarterly Results No Deficiencies

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Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Utilities Maintenance #950 (New Bldg)

Street Address: 1450 4th Avenue North

City: Naples State: FL Zip: 34102

Panel Location: Inside Bldg inside instrumentation shop

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
 Address: 28741 South Diesel Drive Bonita Springs, FL 34135
 Phone: 239-514-7155 Fax: 239-514-7154 E-mail: _____
 Monitoring organization: CMS
 Address: _____
 Phone: 1-800-432-1429 Fax: _____ E-mail: _____
 Account number: FLC27-1724 Phone line 1: _____ Phone line 2: _____
 Means of transmission: Cell Dialer
 Entity to which alarms are retransmitted: _____ Phone: _____
 Authority having jurisdiction over this property: City of Naples
 Phone: _____ Fax: _____ E-mail: _____

1.3 Documentation

Onsite location of the required record documents and site-specific software: By FACP

2. Description of System or Service

2.1 Control Unit

Manufacturer: EST Model number: IO64

2.2 Software Firmware

Firmware revision number: _____

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 1.3A Location: Front of women restroom
 Overcurrent protection type: Breaker Amps: 20A Disconnecting means location: Panel A #30

2.4 Secondary Power

Type: Battery 2-12v 12AH Location: FACP
 Battery type (if applicable): Sealed Lead Acid
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

2.5 Standby Current: .16 Amps **Alarm Current:** 2.72 Amps

3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
CSD Dialer		Above FACP	Pass

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour: _____
 Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pass

8. Notifications of Testing Completed

			Start	Completed
Monitoring organization: <u>CMS</u>	Contact: <u>Web</u>	Time: <u>9:50am</u>	Time: <u>1pm</u>	
Building management: <u>Yes</u>	Contact: <u>All</u>	Time: <u>9:50am</u>	Time: <u>1pm</u>	
Building occupants: <u>Yes</u>	Contact: <u>All</u>	Time: <u>9:50am</u>	Time: <u>1pm</u>	
Authority having jurisdiction: _____	Contact: _____	Time: _____	Time: _____	
Other, if required: _____	Contact: _____	Time: _____	Time: _____	


9. System Restored to Normal Operation

Date: 12-12-19

Time: 1pm

10. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Willow Wolmart Date: 12-12-19

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155
Qualifications: FASA/BASA

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: City of Naples Contract Servic Date: 12-12-19
Organization: _____ Title: _____ Phone: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Device Test Result List

Name of Property: CoN-Utilities Maintenance #950 (New Bldg)
 Street Address: 1450 4th Avenue North
 City: Naples State: FL Zip: 34102
 Panel Location: Inside Bldg inside instrumentation shop

Device Type	Address	Location	Test Results
Smoke detector	01-001	Above FACP	Passed
Pull Station	01-007	South Bay, south wall	Passed
Pull Station	01-008	South Bay, north wall	Passed
Pull Station	01-003	North bay, north wall	Passed
Pull Station	01-002	North bay, south wall	Passed
Horn/strobe		South Bay, south wall	Passed
Horn/strobe		South Bay, south wall	Passed
Horn/strobe		South Bay, north wall	Passed
Horn/strobe		South bay, north wall	Passed
Horn/strobe		North bay, south wall	Passed
Horn/strobe		North bay, south wall	Passed
Horn/strobe		North bay, north wall	Passed
Horn/strobe		North bay, north wall	Passed
Horn/strobe		Men's restroom north wall	Passed
Horn/strobe		Men's restroom ceiling	Passed
strobe		Men's restroom handicap stall	Passed
Strobe		Men's restroom stall	Passed
Strobe		Men's restroom shower	Passed
Flow switch	01-006	North side of Bldg	Passed
PIV tamper	01-005	Northeast side of Bldg	Passed
Strobe		Outside north side on riser	Passed
Pull Station	01-004	Main office, east exit door	Passed
Strobe		Women restroom	Passed
Horn/strobe		Inside instrumentation shop	Passed
Horn/strobe		Main office, outside instrumentation shop	Passed



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/12/2019 09:30

Property Information

Name of Property: CoN-Utilities Maintenance #950 (New Bldg)

Street Address: 1450 4th Avenue North

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7114 Email: tdelashmet@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

Customer Name: _____

Customer Signature: _____

Inspector Name: Willow Wolmart

Inspector Signature: 

General

Building Office / warehouse

Location of sprinkler valve North side of Bldg

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: By FACP

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location North side of Bldg

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.

Static PSI 125 Residual PSI 60 Returned Static 95

- Yes No N/A

Are results between tolerance?

North side of Bldg, on riser

Location of main drain

1 Seconds

How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



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Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/12/2019 14:00

Property Information

Name of Property: CoN-Utilities Maintenance #900 (Old Bldg)
 Street Address: 1450 4th Avenue North
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7114 Email: tdelashmet@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly
 Tag Installed: Green Yellow Red

Comments

1. Bldg has the wrong type of sprinklers in spare head box. Need to remove old sprinklers and install 6 TY3111 212* 1/2" brass upright.

Customer Name: _____

Customer Signature: _____

Inspector Name: Willow Wolmart

Inspector Signature: 

General

Building Commercial Bldg

Location of sprinkler valve Southeast side of Bldg

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly Valve

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: N/A

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location Side of Bldg

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A Tested or Replaced within 5-year Interval?

Yes No N/A Normal water pressure maintained?

Control Valves

Yes No N/A Supervisory switches send signals to fire panel?

Yes No N/A In the correct (open or closed) position?

Yes No N/A Sealed, locked, or supervised?

Yes No N/A Accessible?

Yes No N/A Free from damage or leaks?

Yes No N/A Proper signage?

Yes No N/A Valves closed and reopened?

Alarm Devices

Water Gong Vane

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Type?

Water flow alarm activated within five minutes?

Accessible?

Retard chamber / alarm drains not leaking?

Inspectors test / bypass opened?

Alarm Devices free of damage?

Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Visible and accessible?

Coupling / swivels operate correctly?

Plugs / caps are in place?

Interior inspected where caps missing?

Gaskets are not damaged?

Identification signs are in place?

Ball drip valve is functional?

Check valve is free of leaks?

Pressure Reducing Valve

Yes No N/A

Yes No N/A

Yes No N/A

In the open position / not leaking?

Maintaining downstream pressure?

In good condition?

Quarterly

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Alarm devices, water motor gong activated?

Do results differ by more than 10% from previous test?

Fire pump was temporarily turned off?

Backflow preventer -Test?

Backflow preventer - Flow test?

Main drain test, if the sole supply is through a backflow.

Static PSI 110 Residual PSI 65 Returned Static 90

Yes No N/A

Are results between tolerance?

Side of Bldg, on riser

Location of main drain

1 Seconds

How many seconds for static pressure to re-establish?

Fire Pump

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

Sprinklers (visible)

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

Pipe & Fittings (visible)

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154
Lic #19672900011997 Lic #EC13005314

Fire Alarm Testing and Inspection Report

Date and Time of Inspection: 12/6/2019 10:15

Annually Semi-Annually Quarterly Results No Deficiencies

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| 4. System Power | 9. Certification |
| 5. In-Building Fire Emergency Voice Alarm
Communications System or Mass Notification
System | 10. Device Test Results |

1. Property Information

Name of Property: CoN-Warehouse/Records Center

Street Address: 270 Riverside Circle

City: Naples State: FL Zip: 34102

Panel Location: 270 Riverside Circle

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Fax: _____ Email: Jalfano@naplesgov.com

1.1 Comments

ANNUAL F/A INSPECTION
<ol style="list-style-type: none"> 1. Total 18 E-Lights 2. 3-E-Elights

Additional Comments:

N/A

1.2 Testing and Monitoring Information

Testing organization: Naples Fire Protection
Address: 28741 South Diesel Drive Bonita Springs, FL 34135
Phone: 239-514-7155 Fax: 239-514-7154 E-mail:
Monitoring organization: CMS
Address:
Phone: 1-800-432-1429 Fax: E-mail:
Account number: FLSI9-8817 Phone line 1: Phone line 2:
Means of transmission:
Entity to which alarms are retransmitted: Phone:
Authority having jurisdiction over this property: City of Naples
Phone: Fax: E-mail:

1.3 Documentation

Onsite location of the required record documents and site-specific software:

2. Description of System or Service

2.1 Control Unit

Manufacturer: Radionics Model number: D7024

2.2 Software Firmware

Firmware revision number: Factory

2.3 Primary (Main) Power

Nominal voltage: 120v Amps: 20A Location: Panel W1
Overcurrent protection type: Breaker Amps: Disconnecting means location: #41

2.4 Secondary Power

Type: 2 x 12v 10.5AH Location: FACP
Battery type (if applicable): Sealed Lead Acid
Calculated capacity of batteries to drive the system:
In standby mode (hours): 24HR In alarm mode (minutes): 5min

2.5 Standby Current: Amps Alarm Current: Amps

3. Interface Component Test Result

Table with 4 columns: Interface Component Type, Address, Location, Test Result. Row 1: Radio, By FACP, Pass.

4. System Power

4.1 Notification Appliance Power Extender Panel

Input voltage of control panel: N/A Control panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

4.2 Batteries

Location: N/A Type: _____ Nominal Voltage: _____ Amp/hour Rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____

5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System

5.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps: _____
 Overcurrent protection: _____ Type: _____ Amps: _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6. Testing Results Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

6.3 Supervising Station Monitoring

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7. Notifications of Testing Completed

			Start	Completed
Monitoring organization: <u>Y</u>	Contact: <u>CMS</u>	Time: _____	Time: _____	Time: _____
Building management: <u>Y</u>	Contact: _____	Time: _____	Time: _____	Time: _____
Building occupants: <u>Y</u>	Contact: <u>All</u>	Time: _____	Time: _____	Time: _____
Authority having jurisdiction: <u>Y</u>	Contact: <u>City of Naples</u>	Time: _____	Time: _____	Time: _____
Other, if required: _____	Contact: _____	Time: _____	Time: _____	Time: _____

8. System Restored to Normal Operation

Date: 12-06-2019

Time: _____

9. Certification

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed:  Printed name: Felix Solano Date: 12-06-2019

Organization: Naples Fire Protection Title: Inspector Phone: 239-514-7155

Qualifications: FASA

9.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: Jason Alfano Date: 12-06-2019

Organization: _____ Title: _____ Phone: 239-213-7113



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/6/2019 07:28

Property Information

Name of Property: CoN-Warehouse/Records Center
 Street Address: 270 Riverside Circle
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: Non Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

- 1) Corroded Head
- 2) PIV is not locked, sealed, or supervised it also is very stiff and targets are not legible. I sealed it with a zip tie.

Customer Name: _____

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/Warehouse

Location of sprinkler valve West side of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve PIV

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location West side of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Static PSI 60 Residual PSI 50 Returned Static 60
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/12/2019 14:30

Property Information

Name of Property: CoN-Waste Water Collections #993
 Street Address: 1450 4th Avenue North
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7114 Email: tdelashmet@naplesgov.com

Fire Department: Choose One Results: Critical

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red


Comments

1. 4" grooved control valve, 4.75" take out is damage internal and needs to be replace. Valve has to be close with wrench to operated. The existing valve is not connect to the bell. New valve needs to be wire to the bell.

Customer Name: _____

Customer Signature: _____

Inspector Name: Willow Wolmart

Inspector Signature: 

General

Building Commercial Bldg

Location of sprinkler valve On riser, south side of Bldg

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly Valve

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: On riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location On riser

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Static PSI 115 Residual PSI 75 Returned Static 95

- Yes No N/A

South side of Bldg, on riser

1 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/4/2019 06:55

Property Information

Name of Property: CoN-Water Treatment Plant
 Street Address: 1000 Fleischmann Blvd
 City: Naples State: FL Zip: 34102
 Property Representative: City of Naples Contract Services
 Street Address: 280 Riverside Circle
 City: Naples State: FL Zip: 34102
 Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

8 E lights tested 5 failed

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/ Water treatment

Location of sprinkler valve NW corner of chemical building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve Butterfly

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Pipe schedule

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: N/A

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location West side of chemical building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
- Static PSI 75 Residual PSI 35 Returned Static 70
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer -Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.
- Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Band Shell Address: 755 5th Ave S City: Naples

Location: NW side of building Assembly Type: Febco State: FL Zip: 34102

Model #: 876 Size: 4" Serial #: 0012291336 Meter #: 10430419

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID <u>0</u> Passed <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	#2 Check Valve PSID <u>1.8</u> Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments: Suggest clean, flush, and new rubber kit and retest

Date: 12/06/2019 Result: Failed

Inspector Name / Certification #: Richard Amburgey BT9023 Signature:

Customer Name: City of Naples Contract Services Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
 Bonita Springs, FL 34135
 (239) 514-7155 (Fax) 514-7154
 Lic #19672900011997 Lic #EC13005314

Backflow

Inspection, Testing, and Maintenance Report

Check One: New Installation Existing Unit

Check One: Fireline Service Potable Service Reclaimed Service

Job Name: CoN-Band Shell Address: 755 5th Ave S City: Naples

Location: NW side of building Assembly Type: Febco State: FL Zip: 34102

Model #: 805YB Size: 3/4" Serial #: A016371 Meter #: 10430419

	Reduced Pressure			Pressure Vacuum Breaker			Detector Loop Device		
	Double Check			Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial Test	#1 Check Valve PSID 1.8 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID 1.4 Passed <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Air Inlet Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	#1 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Valve PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	#3 Check Valve Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	
Parts & Repairs									
Final Test	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	PSID <input type="checkbox"/> Passed <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened @PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/>	

Comments:

Date: 12/06/2019 Result: Passed

Inspector Name / Certification #: Richard Amburgey BT9023

Signature:

Customer Name: City of Naples Contract Services

Signature: _____



FIRE PROTECTION, INC.

28741 South Diesel Drive
Bonita Springs, FL 34135
(239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection: 12/6/2019 13:04

Property Information

Name of Property: CoN-Band Shell

Street Address: 755 5th Ave S

City: Naples State: FL Zip: 34102

Property Representative: City of Naples Contract Services

Street Address: 280 Riverside Circle

City: Naples State: FL Zip: 34102

Phone: (239) 213-7113 Email: Jalfano@naplesgov.com

Fire Department: City of Naples Results: No Deficiencies

Type of Inspection: Annual Semi-Annually Quarterly

Tag Installed: Green Yellow Red

Comments

1) Fire line Backflow Primary failed test

Customer Name: CNATS

Customer Signature: _____

Inspector Name: Amburgey

Inspector Signature: 

General

Building Commercial/ Band Shell

Location of sprinkler valve North west side of building

Type of sprinkler system Wet Dry Deluge Preaction

Make and model of sprinkler valve OS&Y

Hydraulic Calculation Plate is Secure and Legible: Yes No N/A

Location of Hydraulic Calculation Plate: Riser

Have all deficiencies reported at last inspection corrected? Yes No N/A

Prior inspection reports available for review? Yes No N/A

Backflow Preventer

Type: Double check

Relief valve on RP type not showing discharge? Yes No N/A

Valves

How are valves supervised? Sealed Locked Tamper Switch

Are valves identified with signs? Yes No N/A

Pumps (See Chapter 8 of NFPA 25)

Is fire pump Diesel Electric Gasoline None

Fire Department Connections

Location North west side of building

Wet Systems

Is building adequately heated? Yes No N/A

Is system hydraulically calculated? Yes No N/A

If yes, is hydraulic information sign provided at valve? Yes No N/A

INSPECTIONS

Quarterly

Gauges

Yes No N/A

Tested or Replaced within 5-year Interval?

Yes No N/A

Normal water pressure maintained?

Control Valves

Yes No N/A

Supervisory switches send signals to fire panel?

Yes No N/A

In the correct (open or closed) position?

Yes No N/A

Sealed, locked, or supervised?

Yes No N/A

Accessible?

Yes No N/A

Free from damage or leaks?

Yes No N/A

Proper signage?

Yes No N/A

Valves closed and reopened?

Alarm Devices

- Water Gong Vane
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Type?
- Water flow alarm activated within five minutes?
- Accessible?
- Retard chamber / alarm drains not leaking?
- Inspectors test / bypass opened?
- Alarm Devices free of damage?
- Hydraulic data nameplate securely attached to riser / legible?

Fire Department Connections

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Visible and accessible?
- Coupling / swivels operate correctly?
- Plugs / caps are in place?
- Interior inspected where caps missing?
- Gaskets are not damaged?
- Identification signs are in place?
- Ball drip valve is functional?
- Check valve is free of leaks?

Pressure Reducing Valve

- Yes No N/A
- Yes No N/A
- Yes No N/A

- In the open position / not leaking?
- Maintaining downstream pressure?
- In good condition?

Quarterly

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Alarm devices, water motor gong activated?
- Do results differ by more than 10% from previous test?
- Fire pump was temporarily turned off?
- Backflow preventer - Test?
- Backflow preventer - Flow test?
- Main drain test, if the sole supply is through a backflow.

Static PSI 70 Residual PSI 55 Returned Static 70

- Yes No N/A

Are results between tolerance?

Riser

2 Seconds

- Location of main drain
- How many seconds for static pressure to re-establish?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Fire Pump

- Started Automatically?
- Diesel pump ran for 30 minutes?
- Electric pump ran for 10 minutes?
- Diesel engine fuel tank is at least 2/3rd's full?
- Packing glands showing proper discharge?
- Pump is in good condition?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sprinklers (visible)

- No damage or leaks?
- Free of corrosion, foreign material, paint?
- Installed in proper orientation?
- Sprinkler spray pattern appear free of unacceptable obstructions?
- Hangers and seismic bracing not damaged or loose?
- Escutcheons are not missing, painted or rusted?
- Spare sprinkler cabinet provided?
- Cabinet has proper number and type of spares?
- Cabinet has proper wrench for each type provided?
- Cabinet location temperature does not exceed over 100 degrees?
- Fire sprinkler tested per appropriate testing schedule?

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Pipe & Fittings (visible)

- In good condition/No external corrosion?
- No leaks or mechanical damage?
- Correct alignment/No external loads?
- Building wet piping not exposed to freezing temps?
- Hoses/Hose racks inspected per NFPA 1962?



CITY OF NAPLES FIRE-RESCUE
835 8th Avenue S.
Naples, Florida 34102
(239) 213-4900



Occupant Name:	FLEISCHMAN PARK BASEBALL CONCESSION	Inspection Date:	1/31/2020
Address:	1600 FLEISCHMANN	InspectionType:	Annual
Suite:		Inspected By:	Chad Haverkate 239-213-4918 chaverkate@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress
	Inspector Comments: ACTION REQUIRED: Repair or replace emergency light(s).Emergency light on south wall of 2nd floor needs battery replaced.		

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The Inspector will return on or after **3/3/2020**.

If you have any questions or concerns please contact the inspector listed at the top of the report.

Ref: 18040



CITY OF NAPLES FIRE-RESCUE
 835 8th Avenue S.
 Naples, Florida 34102
 (239) 213-4900



Occupant Name: CoN PARKING GARAGE SOUTH
Address: 801 6TH Avenue South
Suite:
Inspection Date: 2/5/2020
InspectionType: Annual
Inspected By: Bill Quinsey
 (239) 213-4916
 bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
Inspector Comments: ACTION REQUIRED: Your sprinkler system is 'red-tagged'. Have vendor make appropriate repairs asap.			
Fail		FL NFPA 01 2015 Chapter 10 General Safety Requirements	10.18.5.1 - Storage in boiler rooms, mechanical rooms, or electrical equipment rooms. (see photo 1.01)
Inspector Comments: Combustible material shall not be stored in boiler rooms, mechanical rooms, or electrical equipment rooms. Elevator room. 3rd floor. Paint and drums of hydraulic fluid.			
Fail		FL NFPA 01 2015 Chapter 10 General Safety Requirements	10.1.1 - Maintain a reasonable level of life safety and property protection on site.
Inspector Comments: ACTION REQUIRED: Lights in 3rd floor elevator room NW do not work.			

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The Inspector will return on or after **3/6/2020**.

If you have any questions or concerns please contact the inspector listed at the top of the report.

Exhibit A - Annual Fire Inspections - 12-30-19

1.1 - 10.18.5.1.



Ref: 18148

Exhibit A - Annual Fire Inspections - 12-30-19

1.1 -
13.7.1.



2.1 -
14.14.5.1.



3.1 -
13.6.2.1.2.



Ref: 18157



CITY OF NAPLES FIRE-RESCUE
835 8th Avenue S.
Naples, Florida 34102
(239) 213-4900



Occupant Name:	WASTEWATER-836 Sludge	Inspection Date:	2/6/2020
Address:	1400 3RD Avenue North	InspectionType:	Annual
Suite:	836	Inspected By:	Chad Haverkate 239-213-4918 chaverkate@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress
Inspector Comments: ACTION REQUIRED: Repair or replace emergency lights throughout the building.			

YOU ARE HEREBY NOTIFIED that this is an official Fire and Life Safety Inspection of the City of Naples Fire-Rescue Department in accordance with the Florida Statutes, Florida Fire Prevention Code, and City Ordinances, stating that deficiencies have been found to exist and further requiring that you as owner/agent/ occupant of said building/occupancy have 30 days to complete the specified deficiencies, unless immediate correction is otherwise specified. If the corrections are not completed within the time frame set above you will be subject to a written citation or scheduled for a Code Enforcement Board hearing. An appeal can be submitted in writing within 30 calendar days of notice of violation in accordance with the Florida Fire Prevention Code & City Ordinances.

The Inspector will return on or after **3/10/2020**.

If you have any questions or concerns please contact the inspector listed at the top of the report.

Ref: 18177



CITY OF NAPLES FIRE-RESCUE
835 8th Avenue S.
Naples, Florida 34102
(239) 213-4900



Occupant Name: WASTEWATER-838 Sludge
Address: 1400 3RD Avenue North
Suite: 838

Inspection Date: 2/6/2020
InspectionType: Annual
Inspected By: Bill Quinsey
(239) 213-4916
bquinsey@naplesgov.com

Insp. Result	Location	Code Set	Code
Fail		FL NFPA 101 2015 Chapter 7 Means of Egress	7.9.2.6 - Existing battery-operated emergency lights shall use only reliable types of rechargeable batteries (see photo 1.01)

Inspector Comments: ACTION REQUIRED: Check batteries and repair emergency lights.

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The Inspector will return on or after **3/7/2020**.

If you have any questions or concerns please contact the inspector listed at the top of the report.

Exhibit A - Annual Fire Inspections - 12-30-19

1.1 - 7.9.2.6.



Ref: 18178