# CITY OF NAPLES PURCHASING DIVISION CITY HALL, 735 8<sup>TH</sup> 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** 

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** 

###



# Standpipe **Inspection and Testing Report**

Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154

Lic #19672900011997 Lic #EC13005314

<b>Customer Name:</b>		and Signa	ture:		
Inspector Signature:	Amburgey			t	Date: 12-4-19
Comments	<del></del>	- <del>-</del>	_ <del>_</del>	<del></del>	_
This Report Covers:	Monthly	Quarterly	✓ Annual	Three-Year	Five-Year
Phone Number:				Date: 12/04/20	19 02:00pm EST
Contact:			Contract No.: 1	7302255	
Property Manager: C				Inspector: Richa	ard Amburgey
Property Address: 8					
Property Name: CoN	N-City Boat Dock			Result: No Defi	
				Fire Dept: City of	of Nanles

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#### **INSPECTIONS**

Monthly			Control Valves
Yes	☐ No	✓ N/A	In the correct (open or closed) position?
Yes	☐ No	✓ N/A	Sealed, locked, or supervied?
Yes	☐ No	✓ N/A	Accessible?
Yes	☐ No	✓ N/A	Free from damage or leaks?
Yes	☐ No	✓ N/A	Proper signage?
Yes	☐ No	✓ N/A	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?
Yes	☐ No	✓ N/A	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?
Yes	☐ No	<b>✓</b> N/A	Gauges (semi-automatic and automatic dry systems) normal air and pressure maintained
Quarterly			
Yes	☐ No	✓ N/A	In the correct (open or closed) position?
			Fire Department Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Couplings / swivels operate correctly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
Yes	☐ No	✓ N/A	Identification signs are in place?
✓ Yes	☐ No	☐ N/A	Check valve is not leaking?
Yes	☐ No	✓ N/A	Ball drip is functional?
✓ Yes	☐ No	□ N/A	Hose connections, accessible, not leaking, valve and cap are in place and in good condition?
			Pressure Regulating Devices
Yes	☐ No	✓ N/A	Hand wheel is not broken or leaking?
Yes	☐ No	✓ N/A	Hose threads are not damaged?
Yes	☐ No	✓ N/A	No leaks?
Yes	☐ No	✓ N/A	Reducer and cap are intact?
			Hose Connections (Non-pressure Regulating)
✓ Yes	☐ No	☐ N/A	Hand wheel is not broken or missing?
✓ Yes	☐ No	☐ N/A	Hose threads are not damaged?
✓ Yes	☐ No	☐ N/A	No leaks?
✓ Yes	☐ No	☐ N/A	Reducer and cap are intact?
<b>✓</b> Yes	☐ No	☐ N/A	Piping not damaged or leaking, pipe supports are intact?
Annual			
Yes	☐ No	V N/A	Dry pipe valve interior, following trip test?
Yes	☐ No	✓ N/A	Deluge valve interior, following trip test?
Yes	☐ No	✓ N/A	Hose, not damaged, couplings and gaskets in good condition

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			Hose Cabinet
Yes	☐ No	✓ N/A	Visible and accessible?
Yes	☐ No	✓ N/A	No damaged or corroded components?
Yes	☐ No	✓ N/A	Lock (in break-glass type) is functional?
Yes	☐ No	✓ N/A	Contents are present and accessible?
			Hose Storage Device
Yes	☐ No	✓ N/A	Visible and accessible?
Yes	☐ No	✓ N/A	Not damaged and operates correctly?
Yes	☐ No	✓ N/A	Hose is properly racked or rolled?
Yes	☐ No	✓ N/A	If installed in cabinet, will swing out at least 90°
		FIVE-YEAR	OBSTRUCTION INSPECTION TESTS
Quarterly			
Yes	☐ No	✓ N/A	Alarm devices, water motor gong?
Yes	☐ No	✓ N/A	Main drain test, if the sole supply is through a backflow preventer or pressure reducing valve
			Static PSI Residual PSI
Yes	☐ No	✓ N/A	Do results differ by more than 10% from previous test?
Yes	☐ No	✓ N/A	Priming water, test level
Yes	☐ No	✓ N/A	Low air alarm, test per manufacturer's instructions?
Yes	☐ No	✓ N/A	Quick opening device tested?
Semi-Annual			
Yes	☐ No	✓ N/A	Supervisory switch functioning?
Yes	☐ No	✓ N/A	Alarm devices, inspectors test or bypass opened / observed waterflow?
Annual			
Yes	☐ No	✓ N/A	Hose nozzle, per NFPA 1962
Yes	☐ No	✓ N/A	Hose storage device, per NFPA 1962
Yes	☐ No	✓ N/A	Hose, per NFPA 1962
			Static PSI Residual PSI
Yes	☐ No	✓ N/A	Do results differ by more than 10% from the previous test?
Yes	☐ No	✓ N/A	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	Results compared to previous test?
Yes	☐ No	✓ N/A	Deluge valve trip test (partial flow)
Yes	☐ No	✓ N/A	Pressure reading at deluge valve (psi)
Yes	☐ No	✓ N/A	Backflow preventer test
□Yes	□ No	N/A	Backflow full flow test

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Thre	ee-Year									
	Yes	☐ No	✓ N/.	A	Hose hydrostatically tested in accordance with NFPA 1962 (for hose older than 5 years)					
Five	-Year				(101 11000 0100	r triair o youro,	'			
	Yes	☐ No	✓ N/.	A	Gauges teste	ed or replaced	1?			
	Yes	☐ No	✓ N/.	A	Master press	ure reducing	valve, flow tes	st and compa	rable to previous	test?
	Yes	☐ No	✓ N/.	A	Hydrostatic test (manual-dry only)					
	Yes	☐ No	✓ N/.	A	Flow test (au	tomatic only)				
		Static pressure (psi)								
					Total f	low (gpm)		_		
	Yes	☐ No	✓ N/.	А	Hose valves	(non pressure	e reducing) flo	w test		
	Yes	☐ No	✓ N/.	N/A Hose connection pressure reducing / restricting valves, flow test						
				Rest	ricting Valves	- Flow Tes	t			
					Static Press	sure	Flowing Pr	essure		
	Location	/ Floor		Model #	Inlet	Outlet	Inlet	Outlet	Flow (gpm)	
,						•				
Mair	ntenance									
	Yes	☐ No	✓ N/.	A	Re-rack hose	with folds in	different posit	ion annually?	•	
	Yes	☐ No	✓ N/.	A	Drain water f	rom all low po	oint drains in c	lry systems p	rior to freezing te	mps?

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# Fire Alarm Testing and Inspection Report

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

I none. — Linan. —	ration
Name of Property:  Street Address:  City:  Panel Location:  Property Representative:  Street Address:  City of Naples Contract Services  Street Address:  City:  Naples  State:  City of Naples Contract Services  280 Riverside Circle  Naples  City:  Naples  State:  FL  Zip:  341  Zip:  341  Zip:  Address:  City:  Naples  State:  FL  Zip:  Address:  City:  Naples  State:  FL  Zip:  Address:  State:  City:  Naples  State:  Phone:  City:  Naples  State:  FL  Zip:  Address:  State:  Address:  City:  Naples  State:  FL  Zip:  Address:  State:  Email:	02
Street Address: City: Naples State: FL Zip: 341  Panel Location: Property Representative: City of Naples Contract Services Street Address: City: Naples State: FL Zip: 341  Phone: City: Naples State: FL Zip: 341  Phone: Table 1  Apples State: FL Zip: 341	02
City: Naples State: FL Zip: 341  Panel Location: Property Representative: Street Address: City: Naples Contract Services  City: Naples State: FL Zip: 341  City of Naples Contract Services  280 Riverside Circle  Naples State: FL Zip: 341  City of Naples Contract Services  280 Riverside Circle  Naples State: FL Zip: 341  Apples State: FL Zip: 341	02
Property Representative: Street Address: City: Phone:  Property Representative: Street Address:  City of Naples Contract Services  280 Riverside Circle  Naples State: FL Zip: 341  Jalf	02
Property Representative: Street Address: City of Naples Contract Services  280 Riverside Circle  Naples Phone:  City: Phone:  City of Naples Contract Services  280 Riverside Circle  Naples FL Zip: 341  Jalf	
Street Address:  City:   280 Riverside Circle	
City: Naples State: FL Zip: 341 Phone: (239) 213-7113 Fax: Email: Jalf	
Phone: (239) 213-7113 Fax: Email: Jalf	20
Thone. — Tax. — Eman. —	
1.0	ano@naplesgov.com
ANNUAL F/A INSPECTION  I.FACP batteries need to be replaced 5 year mark	

<b>Additional Comments:</b>		

#### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Prote	ection			
Address:	28741 South Dies	sel Drive Bonita	Springs, FL 34	135	
Phone:	239-514-7155			E-mail:	
Monitoring organization:	CMS				
Address:					
Phone:	1-800-432	Fax:		E-mail:	
Account number:	FLSI-8390			Phone line 2:	
Means of transmission:	Cellular				
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	Chi of Naples				
		Fax·		E-mail:	
1 1101101		1 011			
<ul> <li>2.1 Control Unit Manufacturer: Silent Knigh</li> <li>2.2 Software Firmware Firmware revision number:</li> </ul>	ıt		Model number —	-: SK-5208	
2.3 Primary (Main) Power					
Nominal voltage: 120Vac		os: <u>3A</u>	Location. =	Emergency distribution	
Overcurrent protection type	: Breaker Amp	os: <u>20A</u>	Disconnectin	g means location:	Breaker #8
2.4 Secondary Power  Type: Batteries 2 x 12v. 7AH  Battery type (if applicable):	Sealed Lead Acid		Rm. / Mech Rm.		
=					
In standby mode (hours):	<u></u>	in alarm mod	ie (minutes):	OTTILL	
2.5 Standby Current: .22	A	mps Al	arm Current: 4	2.19	Amps
<ul> <li>2.4 Secondary Power Type: Batteries 2 x 12v. 7AH Battery type (if applicable): Calculated capacity of batte In standby mode (hours): </li> <li>2.5 Standby Current: .22</li> </ul>	Loca Sealed Lead Acid eries to drive the s 24HR	ystem:	Rm. / Mech Rm.		

#### 3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
N/A			

# 4. System Power

<b>1.1 Notification Appliance Power Extender P</b> Input voltage of control panel: N/A		Control pane	l amps:
Overcurrent protection:		Туре:	Amps:
Location (of primary supply panelboard):			•
Disconnecting means location:			
2 Batteries			
		Nominal	•
Location: N/A Type	<b>:</b>	Voltage: _	Rating:
Calculated capacity of batteries to drive the	system:		
In standby mode (hours):	In alar	rm mode (minute	s):
Overcurrent protection:  Location (of primary supply panelboard):  Disconnecting means location:			
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Battery condition			N/A
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			

# 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators			
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	Need to Relpace Batteries 5yrs
Load voltage	<b>/</b>	<b>V</b>	
Discharge test		<b>/</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal			
Alarm restoration		<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration			
Supervisory signal			
Supervisory restoration		<b>V</b>	

7. Notifications of Testing Com	<u>ipleted</u>		Sta	ort Commission
Monitoring organization: Y	Contact:	CMS	Time:	rrt Completed Time:
Building management: Y	Contact:	Jason Alfano	Time:	Time:
Building occupants: Y	Contact:	All	Time:	Time:
Authority having jurisdiction: Y	Contact:	City of Naples	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 inspe	ected and tested according to	NFPA 72, 2013 edit	ion, Chapter 14.	
Signed: Lai de	Printed name: Felix	Solano	Date:	12-19-2019
Organization: Naples Fire Protection	Title: Inspector		Phon	e: <b>239-514-7155</b>
Qualifications: FASA				
9.1 Acceptance by Owner or Owner's l	Ranrasantativa.			
The undersigned accepted the test report for t	•	ı:		
Signed:	Printed name: Jaso	n Alfano	Date:	12-19-2019
Organization:	Title: Management		Phon	e: 230-213-7113

FIRE PROTECTION, INC.

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-City Hall

Street Address: 735 8th Street 28741 South Diesel Drive Bonita Springs, FL 34135

Zip: 34102 State: FL City Naples

Panel Location: 735 8th Street Lic#19672900011997 Lic#EC13005314

# 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.

Name of Property: CoN-City Hall

28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Street Address: 735 8th Street

City Naples

State: FL

Zip: 34102

Lic#19672900011997 Lic#EC13005314

Panel Location: 735 8th Street

# 10. Device Test Result

Device Type	Address	Location	Test Results
Waterflow		Fire panel room	Passed
Waterflow		Council chambers mech rm	Passed
Pull station	Z-5	Council chambers side door	Passed
Pull station	Z-5	Council chambers	Passed
Pull station	Z-5	Council chambers	Passed
Pull station	Z-5	Council chambers	Passed
Horn strobe	1-1	Council chambers	Passed
Horn strobe	1-2	Council chambers	Passed
Strobe	1-1	Council chambers bldg	Passed
Strobe	1-2	Council chambers bldg	Passed
Horn strobe	1-3	Council chamb bldg side dr	Passed
Duct detector	Z-8	Council chambers mech rm	Passed
Smoke Detector	Z-3	Finance Break Rm.	Passed
			Choose One



Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	: 12/19/2019 08:41		
<b>Property Information</b>			
Name of Property:			_
City:	Naples	_ State: FL Zip: 34102	
Property Representative:			_
Street Address:			
City:	Naples (239) 213-7113	State: FL Zip: 34102 Email: Jalfano@naplesgov.com	_
Phone:	(200) 210 7110		
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	Comme	rcial/Offices					
Location of	f sprinkler val	ve <u>FACF</u>	room				
Type of spi	rinkler system	า	<b>✓</b> Wet	Dry		eluge	Preaction
Make and i	model of sprii	nkler valve <u>B</u>	utterfly				
Hydraulic C	Calculation Pl	ate is Secure a	nd Legible:	Yes	☐ No	☐ N/A	
Location of	Hydraulic Ca	alculation Plate:	N/A				
Have all de	eficiencies rep	oorted at last ins	spection corrected?	✓ Yes	☐ No	☐ N/A	
Prior inspe	ction reports	available for rev	view?	✓ Yes	☐ No	☐ N/A	
Backflow Prev	venter						
Type: N	/A						
Relief valv	e on RP type	not showing di	scharge?	Yes	No	✓ N/A	
Valves							
	alves supervis		Sealed	Locke		amper Swit	ch
	identified with	-	✓ Yes	No	N/A		
Pumps (See C		NFPA 25)	_				_
Is fire pump	ρ		Diesel	Electri	c G	asoline	✓ None
Fire Departme	ent Connect	ions					
Location	SE corn	er					
Wet Systems							
Is building	adequately h	eated?		✓ Yes	☐ No	☐ N/A	
Is system h	nydraulically o	calculated?		Yes	☐ No	✓ N/A	
If yes, is hy	/draulic inforn	nation sign prov	vided at valve?	Yes	☐ No	✓ N/A	
			INSPEC	TIONS			
Quarterly							
			Gauges				
✓ Yes	☐ No	□ N/A	Tested or	Replaced with	in 5-year Inte	erval?	
✓ Yes	☐ No	□ N/A	Normal w	ater pressure ı	maintained?		
			Control Valv	es			
Yes	☐ No	✓ N/A	Superviso	ory switches se	end signals to	fire panel?	
✓ Yes	☐ No	☐ N/A	In the cor	rect (open or c	losed) positio	n?	
✓ Yes	☐ No	☐ N/A	Sealed, lo	ocked, or supe	rvised?		
✓ Yes	☐ No	☐ N/A	Accessibl	e?			
✓ Yes	☐ No	☐ N/A	Free from	damage or le	aks?		
✓ Yes	☐ No	☐ N/A	Proper siç	gnage?			
✓ Yes	No	□ N/A	Valves clo	osed and reope	ened?		

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Alarm Devices						
Water 0	Gong ✓ \	/ane	Type?			
✓ Yes	☐ No	□ N/A	Water flow alarm activated within five minutes?			
✓ Yes	☐ No	N/A	Accessible?			
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?			
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?			
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?			
Yes	☐ No	✓ N/A	Hydraulic data nameplate securely attached to riser / legible?			
		F	ire Department Connections			
✓ Yes	☐ No	N/A	Visible and accessible?			
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?			
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?			
Yes	☐ No	✓ N/A	Interior inspected where caps missing?			
Yes	☐ No	✓ N/A	Gaskets are not damaged?			
✓ Yes	☐ No	☐ N/A	Identification signs are in place?			
Yes	☐ No	✓ N/A	Ball drip valve is functional?			
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?			
			Pressure Reducing Valve			
Yes	☐ No	✓ N/A	In the open position / not leaking?			
Yes	☐ No	✓ N/A	Maintaining downstream pressure?			
Yes	☐ No	✓ N/A	In good condition?			
Quarterly						
<b>✓</b> Yes	☐ No	N/A	Alarm devices, water motor gong activated?			
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?			
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?			
Yes	☐ No	✓ N/A	Backflow preventer -Test?			
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?			
Static PSI <b>75</b>	Residual PSI _	Returned Static 7	Main drain test, if the sole supply is through a backflow.			
Yes	☐ No	✓ N/A	Are results between tolerance?			
Riser			Location of main drain			
		2	onds How many seconds for static pressure to re-establish?			

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
_	_	P	ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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# Fire Alarm Testing and Inspection Report

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

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

1.	<b>Property Information</b>		6.	Testing Result C	Control Un	it and Related Equipment
_	Description of System or Service			_		
	Interface Component Test Resul		7.	Notifications of	resting Co	ompieted
	System Power		8.	System Restored	l to Norma	al Operation
	In-Building Fire Emergency Voi	ce Alarm	9.	Certification		
	Communications System or Mas System		10	. Device Test I	Results	
•	<b>Property Information</b>	<u>on</u>				
	Name of Property:	CoN-Community De	evelopm	nent		
	Street Address:	295 Riverside Circle	Э			
	City:	Naples	State:	FL	_ Zip:	34102
	Panel Location:	295 Riverside Circle	е			
	Property Representative:	City of Naples Cont	ract Ser	vices		
	Street Address:	280 Riverside Circle				
	City:		State:	FL	Zip:	34102
	Phone:	(239) 213-7113	Fax:		- Email:	Jalfano@naplesgov.com
.1	Comments					
		ANNUA	AL F/A	INSPECTIO	N	
1.	No Breaker lock for FACP.	Panel-B / Ckt-3	39			
_	Total-15 Exit Lights All Pas	ssed				
2.	_					
۱ ـ	Total-15 Exit Lights All Pas	sed				

Additional Comments:		

#### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protection						
Address:	28741 South Die	sel Drive Bonita	Springs, FL 341	35			
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						
		Fax:		E-mail:			
<ul> <li>1.3 Documentation     Onsite location of the required</li> <li>2. Description of System</li> <li>2.1 Control Unit</li> </ul>		·		By FACP			
Manufacturer: FireLite  2.2 Software Firmware	2.2 R2	<u> </u>	Model number:	MS-100D			
Firmware revision number:	2.2 02						
2.3 Primary (Main) Power  Nominal voltage: 120VAc  Overcurrent protection type		ps: <u>3A</u> ps: <u>20A</u>	Location. —	ectrical room, pand means location:			
2.4 Secondary Power							
Type: Batteries 2 x 12v. 7Al	<del>1</del> Loc	ation: FACP					
Battery type (if applicable):							
Calculated capacity of batte		system:					
In standby mode (hours):			e (minutes): 5				
			arm Current: .3		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

<b>1.1 Notification Appliance Power Extender P</b> Input voltage of control panel: N/A		Control pane	l amps:
Overcurrent protection:		Туре:	Amps:
Location (of primary supply panelboard):			•
Disconnecting means location:			
2 Batteries			
		Nominal	•
Location: N/A Type	<b>:</b>	Voltage: _	Rating:
Calculated capacity of batteries to drive the	system:		
In standby mode (hours):	In alar	rm mode (minute	s):
Overcurrent protection:  Location (of primary supply panelboard):  Disconnecting means location:			
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Battery condition			N/A
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			

# 6. Testing Results Control Unit and Related Equipment

Degenintion	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators			
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>V</b>	<b>V</b>	
Load voltage	<b>V</b>	<b>V</b>	
Discharge test	<b>V</b>	<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal			
Alarm restoration		<b>V</b>	
Trouble signal		<b>V</b>	
Trouble restoration		<b>/</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration	<b>V</b>	<b>V</b>	

7. Notifications of Testing Com	<u>pleted</u>		S	tart Complete
Monitoring organization: Y	Contact:	CMS	Time:	tart Completed Time:
Building management: Y	Contact:	Jason Alfano	Time:	Time:
Building occupants: Y	Contact:	All	Time:	Time:
Authority having jurisdiction: Y	Contact:	City of Naples	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 inspe	cted and tested according to	NFPA 72, 2013 editi	ion, Chapter 14.	
Signed: Link	Printed name: Felix	Solano	Dat	te: 12-19-2019
Organization: Naples Fire Protection	Title: Inspector		Pho	one: <b>239-514-7155</b>
Qualifications: FASA				
9.1 Acceptance by Owner or Owner's R	Renresentative:			
The undersigned accepted the test report for the	•	u:		
Signed:	Printed name: Jaso	n Alfano	Dat	re: <b>12-19-2019</b>
Organization:	Title: Management		Pho	ne: <b>230-213-7113</b>

Na

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Community Development

28741 South Diesel Drive Street Address: 295 Riverside Circle

City Naples State: FL Zip: 34102

Lic #19672900011997 Lic #EC13005314 Panel Location: 295 Riverside Circle

# 10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector	Z-1	Above fire panel	Passed
Pull station	Z-2	Next to fire panel	Passed
Horn/strobe	1 of 1	East side exterior of building	Passed
Waterflow	3	Riser closet near FACP	Passed
Tamper, main	4	Riser closet near FACP	Passed
			Choose One

Inspector Name: Amburgey



# Fire Sprinkler Testing and Inspection Report

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

72900011997 Lic#EC13005314							
Date and Time of Inspection:	12/19/201	9 11:57					
<b>Property Information</b>							
Name of Property:	CoN-Com	munity De	velopmen	t			
Street Address:							-
City:	Naples		State: Fl		Zip: 341	02	_
Property Representative:	City of Na	ples Contr	act Servic	es			_
Street Address:		side Circle					_
City:	Naples		State: Fl		Zip: <u>34</u> 1	102	_
Phone:	(239) 213-	7113		Email:	Jalfano@	naplesgov.com	_
Fire Department:	City of Nap	oles		Results:	Critical		
Type of Inspection:		Annual		Semi-Annua	ally	Quarterly	
Tag Installed:		Green		Yellow		Red	
Comments							
Corroded Head     Loaded heads     Missing escutcheon							
Customer Name: CNATS			Custom	er Signature:			_

Inspector Signature:

#### General

Building Commercial	
Location of sprinkler valve Front left parking by str	eet
Type of sprinkler system	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?	✓ Locked
Are valves identified with signs?	□ 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
INSPEC	TIONS
Quarterly	
Gauges	
	r Replaced within 5-year Interval?
Yes No Normal w	vater pressure maintained?
Control Valv	/es
Yes No N/A Supervise	ory switches send signals to fire panel?
Yes No N/A In the co	rrect (open or closed) position?
✓ Yes No N/A Sealed, lo	ocked, or supervised?
Yes No N/A Accessib	le?
Yes No N/A Free from	n damage or leaks?
Yes No N/A Proper si	gnage?
✓ Yes No N/A Valves cl	losed and reopened?

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			Alarm Devices	
Water 0	Gong ✓ \	/ane	Type?	
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?	
✓ Yes	☐ No	N/A	Accessible?	
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?	
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?	
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?	
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / le	gible?
			Fire Department Connections	
✓ Yes	☐ No	□ N/A	Visible and accessible?	
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?	
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?	
Yes	☐ No	✓ N/A	Interior inspected where caps missing?	
Yes	☐ No	✓ N/A	Gaskets are not damaged?	
✓ Yes	☐ No	☐ N/A	Identification signs are in place?	
Yes	☐ No	✓ N/A	Ball drip valve is functional?	
✓ Yes	☐ No	☐ N/A	Check valve is free of leaks?	
			Pressure Reducing Valve	
Yes	☐ No	✓ N/A	In the open position / not leaking?	
Yes	☐ No	✓ N/A	Maintaining downstream pressure?	
Yes	☐ No	✓ N/A	In good condition?	
Quarterly				
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?	
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?	
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?	
Yes	☐ No	✓ N/A	Backflow preventer -Test?	
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?	
Static PSI <b>95</b>	Residual PSI _	<b>50</b> Returned Static	Main drain test, if the sole supply is through a backflow.	
Yes	☐ No	✓ N/A	Are results between tolerance?	
Riser			Location of main drain	
		3	econds How many seconds for static pressure to re-establish?	

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	☐ N/A	No damage or leaks?
Yes	✓ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	□ N/A	Installed in proper orientation?
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?
Yes	<b>✓</b> No	□ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	□ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	□ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
		F	Pipe & Fittings (visible)
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?
✓ Yes	☐ No	□ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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# Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/19/2019 08:43		
<b>Property Information</b>			
Street Address: City: Property Representative: Street Address: City: Phone: Fire Department: Type of Inspection:	280 Riverside Circle  Naples (239) 213-7113  City of Naples  Annual	State: FL Zip: act Services  State: FL Zip: Email: Jalfa  Results: No	34102  34102  no@naplesgov.com  Deficiencies  Quarterly
Tag Installed: Comments	Green	Yellow	Red
Customer Name: CNATS		Customer Signature:	
Inspector Name: Amburgey		Inspector Signature:	A.

# General

Building	Commercia	al					
Location of	sprinkler valve	Mecha	nical room				
Type of sprii	nkler system		<b>✓</b> Wet	Dry	D	eluge	Preaction
Make and m	nodel of sprinkle	er valve OS	S&Y				
Hydraulic Ca	alculation Plate	is Secure an	d Legible:	Yes	☐ No	☐ N/A	
Location of I	Hydraulic Calcu	ılation Plate:	N/A				
Have all def	iciencies report	ted at last insp	pection corrected?	✓ Yes	☐ No	☐ N/A	
Prior inspec	Prior inspection reports available for review?				☐ No	☐ N/A	
Backflow Prev	enter						
Type: N/A	4						
Relief valve	on RP type no	t showing disc	charge?	Yes	☐ No	✓ N/A	
Valves							
How are val	How are valves supervised?				t 🔲 t	amper Switc	:h
Are valves identified with signs?			✓ Yes	 ] No	 N/A		
Pumps (See Ch	napter 8 of NF	PA 25)		_			
Is fire pump	Is fire pump Diesel				c	asoline	✓ None
Fire Departmen	nt Connection	าร					
Location	East side of	of city hall bu	ilding				
Wet Systems							
Is building a	dequately heat	ed?		✓ 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	
			INSPECT	PIONS			
			INOI LOI	10110			
Quarterly			Gauges				
			Gauges				
✓ Yes	Yes No N/A Tested or Replaced within 5-year Interval?						
✓ Yes	☐ No	☐ N/A	Normal wa	ter pressure r	naintained?		
			Control Valve	s			
Yes	☐ No	✓ N/A	Supervisor	v switches se	nd signals to	fire panel?	
✓ Yes							
✓ Yes							
✓ Yes					aks?		
✓ Yes					•		
					ned?		
L 163	Yes No N/A Valves close				mou:		

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Alarm Devices						
Water 0	Gong ✓ \	/ane	Type?			
✓ Yes	☐ No	□ N/A	Water flow alarm activated within five minutes?			
✓ Yes	☐ No	N/A	Accessible?			
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?			
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?			
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?			
Yes	☐ No	✓ N/A	Hydraulic data nameplate securely attached to riser / legible?			
		F	ire Department Connections			
✓ Yes	☐ No	☐ N/A	Visible and accessible?			
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?			
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?			
Yes	☐ No	✓ N/A	Interior inspected where caps missing?			
Yes	☐ No	✓ N/A	Gaskets are not damaged?			
✓ Yes	☐ No	☐ N/A	Identification signs are in place?			
Yes	☐ No	✓ N/A	Ball drip valve is functional?			
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?			
			Pressure Reducing Valve			
Yes	☐ No	✓ N/A	In the open position / not leaking?			
Yes	☐ No	✓ N/A	Maintaining downstream pressure?			
Yes	☐ No	✓ N/A	In good condition?			
Quarterly						
<b>✓</b> Yes	☐ No	N/A	Alarm devices, water motor gong activated?			
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?			
Yes	No	✓ N/A	Fire pump was temporarily turned off?			
Yes	☐ No	✓ N/A	Backflow preventer -Test?			
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?			
Static PSI <b>80</b>	Residual PSI _	Returned Static 7	Main drain test, if the sole supply is through a backflow.			
✓ Yes	☐ No	□ N/A	Are results between tolerance?			
Riser			Location of main drain			
		2 <sub>Seco</sub>	nds How many seconds for static pressure to re-establish?			

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Fire Pump								
Yes	☐ No	✓ N/A	Started Automatically?					
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?					
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?					
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?					
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?					
Yes	☐ No	✓ N/A	Pump is in good condition?					
Sprinklers (visible)								
✓ Yes	☐ No	□ N/A	No damage or leaks?					
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?					
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?					
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?					
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?					
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?					
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?					
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?					
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?					
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?					
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?					
	_	_	lipe & Fittings (visible)					
Yes	∐ No	∐ N/A	In good condition/No external corrosion?					
✓ Yes	No	☐ N/A	No leaks or mechanical damage?					
✓ Yes	No No	□ N/A	Correct alignment/No external loads?					
✓ Yes	☐ No	□ N/A	Building wet piping not exposed to freezing temps?					
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?					

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# Fire Alarm Testing and Inspection Report

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

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

. Property Information 2. Description of System or Service 3. Interface Component Test Result 4. System Power 5. In-Building Fire Emergency Voice Alarm			<ul><li>6. Testing Result Control Unit and Related Equipment</li><li>7. Notifications of Testing Completed</li><li>8. System Restored to Normal Operation</li><li>9. Certification</li></ul>				
Communications System or Mas System	s Notification	10.	Device Test F	Results			
Property Informati  Name of Property:  Street Address:	CoN-Equipment Se 370 Riverside Circl						
City: Panel Location:		State:	FL	Zip:	34102		
Property Representative: Street Address:	City of Naples Cont 280 Riverside Circl	е					
City: Phone:	Naples (239) 213-7113	State: Fax:	FL	Zip: Email:	34102 Jalfano@naplesgov.com		
1 Comments							
	ANNUAL F	A INS	PECTION				

	N/A	

## 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protection				
Address:	28741 South Diesel Drive Bonita Sprin	gs, FL 34135			
Phone:	239-514-7155 Fax: 239-	-514-7154 E-mail:			
Monitoring organization:	CMS				
Address:					
Phone:	I-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				
		E-mail:			
1 1101101					
<ul> <li>2. Description of System</li> <li>2.1 Control Unit     Manufacturer: Silent Knigh</li> <li>2.2 Software Firmware     Firmware revision number:</li> </ul>	Mode	el number: <u>5808</u>			
2.3 Primary (Main) Power					
	Amps: <u>3A</u> Loca	ation. Distribution panel A-1			
Overcurrent protection type		connecting means location: Breaker #43			
c veresiren presenten type					
2.4 Secondary Power					
Type: Batteries 2 x. 12v. 7Al-	Location: FACP				
Battery type (if applicable):	Sealed Lead Acid				
	es to drive the system:				
In standby mode (hours):	•				
2.5 Standby Current: .16	Amps Alarm C	Current: 3.25 Amps			

# 3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio		Above FACP	Pass

# 4. System Power

<b>4.1 Notification Applian</b> Input voltage of cont.			Control pane	l amps:
	_		_	Amps:
•	supply panelboard): _			•
Disconnecting means	location:			
.2 Batteries				
			Nominal	*
Location: N/A	Type:	:	_ Voltage: _	Rating:
Calculated capacity of	f batteries to drive the	system:		
In standby mode (hou	ırs):	In alar	rm mode (minutes	s):
Location (of primary	on:supply panelboard):location:			
.2 Secondary Power				
Descr	iption	Visual Inspection	Functional Test	Comments
Battery condition				N/A
Load voltage				
Discharge test				
Charger test				
Remote panel batterio	og.			

# 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators			
Remote power panels			

#### **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	
Load voltage	<b>/</b>	<b>V</b>	
Discharge test			
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>✓</b>	
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration		<b>✓</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration		<b>V</b>	

7. Notificati	ons of Testing Con	<u>ipleted</u>				Start	Commista
Monitoring of	rganization: Y		Contact:	CMS	Time:	7:30am	o omprove
Building man			Contact:	Jason Alfano	_	7:30am	<del></del>
Building occu			Contact:	All	_	7:30am	
· ·	ving jurisdiction: Y		Contact:	City of Naples	Time:		Time:
Other, if requ			Contact:		Time:		Time:
8. System R	estored to Normal	Operatio	<u>n</u>				
Date:	12-06-2019			Time:			
9. Certificat  This system as	ion specified herein has been insp	ected and teste	ed according to	NFPA 72, 2013 editi	ion, Chapte	r 14.	
Signed:	Filis de	Printed na	ame: Felix	Solano		Date:	12-06-2019
Organization:	Naples Fire Protection	Title: Ir	nspector			Phone:	239-514-7155
Qualifications:	FASA						
•	by Owner or Owner's	•					
The undersign	ed accepted the test report for t	the system as s <sub>i</sub>	pecified herein	<i>:</i>			
Signed:		Printed na	ame: <b>Jaso</b> r	n Alfano		Date:	12-06-2019
Organization:	City of naples	Title: N	/lanagemen	t		Phone:	23-213-7113

Name of

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Equipment Services

28741 South Diesel Drive Street Address: 370 Riverside Circle

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 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.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Equipment Services

28741 South Diesel Drive Street Address: 370 Riverside Circle

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 370 Riverside circle

# 10. Device Test Result

Address	Location	Test Results
	Parts room office	Passed
	Break room. (Visual)	Passed
	Main riser	Passed
	North Shop East Door	Passed
	N. Shop East Door	Passed
		Choose One
	Address	Parts room office  Break room. (Visual)  Main riser  North Shop East Door



Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/6/2019 07:26		
<b>Property Information</b>			
Street Address: City: Property Representative: Street Address: City: Phone:	CoN-Equipment Ser 370 Riverside Circle Naples City of Naples Contr 280 Riverside Circle Naples (239) 213-7113	State: FL Ziperact Services  State: FL Ziperact Services  State: FL Ziperact State: Jal	ip: 34102 fano@naplesgov.com
Fire Department:			ritical
Type of Inspection:  Tag Installed:	Annual	Semi-Annually  Yellow	Quarterly  Red
Comments	Green	Yellow	Red
1) Damaged pendant 2) Car wash gauge is out of date a	and 5 year inspection	n appears to be due	
Customer Name:		Customer Signature:	
Inspector Name: Amburgey		Inspector Signature:	AL.

# General

Building Com	nmercial/Repair shop					
Location of sprinkle	r valve Garage east	wall				
Type of sprinkler sy	stem	<b>✓</b> Wet	Dry	Delug	ge	Preaction
Make and model of	sprinkler valve Butterfly					
Hydraulic Calculation	on Plate is Secure and Legit	ole:	<b>✓</b> Yes	No	N/A	
Location of Hydraul	ic Calculation Plate:					
Have all deficiencies	s reported at last inspection	corrected?	Yes	<b>✓</b> No	N/A	
Prior inspection rep	orts available for review?		✓ Yes	No	N/A	
<b>Backflow Preventer</b>						
Type: N/A						
Relief valve on RP	type not showing discharge	?	Yes	□ No [	<b>√</b> N/A	
Valves						
How are valves sup	ervised?	Sealed	Locked	✓ Tamp	er Switc	h
Are valves identified	d with signs?	Yes	No 🗌	N/A		
Pumps (See Chapter 8	3 of NFPA 25)					
Is fire pump		Diesel	Electric	Gaso	line	None
Fire Department Con	nections					
Location <u>East</u>	t side of building					
Wet Systems						
Is building adequate	ely heated?		✓ Yes	No	N/A	
Is system hydraulica	ally calculated?		✓ Yes	☐ No	N/A	
If yes, is hydraulic ir	nformation sign provided at	valve?	<b>✓</b> Yes	☐ No	N/A	
	IN	ISPECTI	ONS			
Quarterly						
		Gauges				
☐ Yes 🔽 No	o N/A	Tested or Re	placed within	5-year Interval	?	
✓ Yes No	o N/A	Normal water	r pressure ma	intained?		
		ontrol Valves				
✓ Yes N	o N/A	Supervisory	switches send	l signals to fire	panel?	
✓ Yes No	o N/A	In the correct	t (open or clos	sed) position?		
Yes No	o N/A	Sealed, locke	ed, or supervis	sed?		
Yes No	o N/A	Accessible?				
Yes No	o N/A	Free from da	mage or leaks	s?		
Yes No	o N/A	Proper signa	ge?			
Yes No	o N/A	Valves close	d and reopen	ed?		

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			Alarm Devices
Water 0	Gong 🔽 \	/ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire	Department Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?
		Р	ressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <b>80</b>	Residual PSI _	Returned Static 75	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2 Seconds	How many seconds for static pressure to re-establish?

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	Fire Pump				
Yes	☐ No	V N/A	Started Automatically?		
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?		
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?		
Yes	☐ No	V N/A	Diesel engine fuel tank is at least 2/3rd's full?		
Yes	☐ No	V N/A	Packing glands showing proper discharge?		
Yes	☐ No	✓ N/A	Pump is in good condition?		
			Sprinklers (visible)		
Yes	✓ No	□ N/A	No damage or leaks?		
✓ Yes	☐ No	☐ N/A	Free of corrosion, foreign material, paint?		
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?		
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?		
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?		
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?		
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?		
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?		
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?		
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?		
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?		
		1	Pipe & Fittings (visible)		
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?		
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?		
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?		
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?		
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?		

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Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/4/2019 07:00				
<b>Property Information</b>					
Name of Property:	CoN-Facilities Maintenance 1200 Fleischmann Blvd				
Street Address: City:	Naples	State: FL	Zip: 34102	2	
Property Representative:				<del>-</del>	
Street Address:	280 Riverside Circle				
City:	Naples	_ State: FL	Zip: 34102		
Phone:	(239) 213-7113	Em	ail: <u>Jalfano@n</u> a	aplesgov.com	
Fire Department:	City of Naples	Resul	ts: Non Critic	al	
Type of Inspection:	Annual	Semi-Anr	nually	Quarterly	
Tag Installed:	Green	Yellow		Red	
Comments					
<ol> <li>Head box door missing</li> <li>Calc plates faded</li> </ol>					
Tested 1 e light that is broken					
Customer Name: CNATS		Customer Signatu	re:		
Inspector Name: Amburgey		Inspector Signatu	re:		

#### General

Building <u>C</u>	ommercial/Maintenance	Э				
Location of sprin	kler valve North wa	all/Garage NE co	rner			
Type of sprinkler	system	<b>✓</b> Wet	Dry	☐ De	eluge	Preaction
Make and model	of sprinkler valve Butte	erfly				
Hydraulic Calcula	ation Plate is Secure and L	_egible:	✓ Yes	☐ No	□ N/A	
Location of Hydra	aulic Calculation Plate: _I	Riser				
Have all deficien	cies reported at last inspe	ction corrected?	✓ Yes	☐ No	□ N/A	
Prior inspection r	reports available for review	/?	✓ Yes	☐ No	□ N/A	
Backflow Prevente	r					
Type: N/A						
Relief valve on F	RP type not showing disch	arge?	Yes	No	✓ N/A	
Valves						
How are valves s	supervised?	Sealed	Locked	П Та	mper Swite	ch
Are valves identi	ied with signs?	✓ Yes	] No	N/A		
Pumps (See Chapte	er 8 of NFPA 25)					
Is fire pump		Diesel	Electric	Ga Ga	asoline	✓ None
Fire Department Co	onnections					
Location O	ut side fence north side					
Wet Systems						
Is building adequ	ately heated?		✓ Yes	☐ No	☐ N/A	
Is system hydrau	lically calculated?		✓ Yes	☐ No	☐ N/A	
lf yes, is hydrauli	c information sign provide	d at valve?	✓ Yes	☐ No	☐ N/A	
INSPECTIONS						
Quarterly						
<b></b>		Gauges				
✓ Yes 🔲	No N/A	Tested or F	Replaced with	n 5-year Inter	val?	
✓ Yes ☐	No N/A	Normal wat	er pressure n	naintained?		
		Control Valves				
□ Vaa □	ING N/A	Cupaniaan	v ovvitabaa aa	ad aignala ta f	ira nanal?	
Yes _	No N/A			nd signals to f	-	
Yes U	No NA		, -	osed) position	1.	
Yes	No NA		ked, or super	visea?		
Yes U	No NA	Accessible		ls=0		
Yes	No NA		lamage or lea	KS?		
Yes _	No N/A	Proper sign	-	10		
✓ Yes	No N/A	Valves clos	ed and reope	ned?		

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Alarm Devices				
Water 0	Gong 🔽 \	/ane	Type?	
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?	
✓ Yes	☐ No	N/A	Accessible?	
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?	
<b>✓</b> Yes	☐ No	□ N/A	Inspectors test / bypass opened?	
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?	
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / legible?	
		1	Fire Department Connections	
✓ Yes	☐ No	□ N/A	Visible and accessible?	
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?	
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?	
Yes	☐ No	✓ N/A	Interior inspected where caps missing?	
Yes	☐ No	✓ N/A	Gaskets are not damaged?	
✓ Yes	☐ No	N/A	Identification signs are in place?	
Yes	☐ No	✓ N/A	Ball drip valve is functional?	
✓ Yes	☐ No	☐ N/A	Check valve is free of leaks?	
			Pressure Reducing Valve	
Yes	☐ No	✓ N/A	In the open position / not leaking?	
Yes	☐ No	✓ N/A	Maintaining downstream pressure?	
Yes	☐ No	✓ N/A	In good condition?	
Quarterly				
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?	
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?	
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?	
Yes	☐ No	✓ N/A	Backflow preventer -Test?	
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?	
Static PSI <u>100</u>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflow.	
✓ Yes	☐ No	□ N/A	Are results between tolerance?	
Riser			Location of main drain	
		2	conds How many seconds for static pressure to re-establish?	

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	Fire Pump				
Yes	☐ No	✓ N/A	Started Automatically?		
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?		
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?		
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?		
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?		
Yes	☐ No	✓ N/A	Pump is in good condition?		
			Sprinklers (visible)		
✓ Yes	☐ No	□ N/A	No damage or leaks?		
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?		
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?		
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?		
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?		
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?		
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?		
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?		
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?		
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?		
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?		
_	_	P	ipe & Fittings (visible)		
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?		
✓ Yes	No	☐ N/A	No leaks or mechanical damage?		
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?		
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?		
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?		

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



Occupant Name: CITY OF NAPLES - WASTEWATER

COLLECTION

Address:

1450 4TH Avenue North

Suite:

**Inspection Date:** 

1/8/2019

InspectionType:

Annual

Inspected By:

**Bill Quinsey** (239) 213-4916

bquinsev@naplesgov.com

			Equition & haplot gov. 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: A	CTION REQUIRED: Replace missin	g 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: A	CTION REQUIRED: No tag on riser.	. Provide annual report.

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 2/7/2019.

**1.1 -** 11.1.8.





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



Occupant Name:

WASTEWATER-804

1400 3RD Avenue North

Address: Suite:

Fail

Inspection Date:

1/8/2019

InspectionType:

Annual

Inspected By:

Bill Quinsey (239) 213-4916

bquinsey@naplesgov.com

Insp. Result Location

ion Code Set

Code

\_\_\_\_

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.

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 2/7/2019.

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
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)

Comment: ACTION REQUIRED: Close unused openings in electrical panel with an appropriate cover.

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 2/7/2019.

**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: FACP room		penings in electrical panel with an appropriate cover. Panel in
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.

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 2/7/2019.

**1.1 -** 11.1.8.





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



Occupant

FLEISCHMAN PARK BASEBALL

Name: CONCESSION

Address: 1600 FLEISCHMANN

Suite:

Inspection Date:

1/8/2019

InspectionType:

**Annual** 

Inspected By:

Tom Sturgulewski 239-213-4913

tsturgulewski@naplesgov.com

			total galottotti (6) haproogo trootti
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: extinguisher		expired. If not cooking with grease, replace with 2A10BC
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)
		ACTION REQUIRED: Provide at least 36" of a material from electrical room. Allow at least	f clearance around electrical equipment. Remove 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 cove	er plate(s).

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 2/7/2019.

**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

InspectionType:

Annual

Inspected By:

Bill Quinsey (239) 213-4916

bquinsey@naplesgov.com

			bquinsey@napiesgov.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)
		ACTION REQUIRED: Remove extensio wiring. You may use a surged protected	n cord. Extension cords shall not be used as a substitute for 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: object.	ACTION REQUIRED : Secure all compr	essed gas cylinders in racks or by use of a restraint to a fixed
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.14.5.1 - Exit Sign Illumination (see photo 3.1)
		ACTION REQUIRED: Repair or replace REPLACING WITH COMBO PACK TO C	exit sign so that it illuminates in normal and emergency mode.  BIVE 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 o	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 of	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 electric	cal 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: equipment		ustible storage in boiler rooms, mechanical rooms, or electrical
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.12.1.2 - Illumination of means of egress (see photo 9.1)

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

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 2/7/2019.

**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.

**8.1 -** 10.18.5.1.

**7.1 -** 110.12.

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











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



Occupant Name:

LOWDERMILK PARK

1301 GULF SHORE Boulevard

North

Suite:

Address:

**Inspection Date:** 

InspectionType:

1/14/2019

Annual

Inspected By:

**Bill Quinsey** (239) 213-4916

bquinsev@naplesgov.com

				bquirisey@napiesgov.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 Correstraint to a fi		all compressed gas cylinders in racks or by use of a
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)
			mments: ACTION REQUIRED: Remove permanent wiring. You may use a surged	extension cord. Extension cords shall not be used as a protected power strip.
Fail			FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 3.1)
		Inspector Co	mments: 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 Co	mments: 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 Co	mments: ACTION REQUIRED: Provide	annual sprinkler report.

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 2/14/2019.

**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

Address:

451 11TH Street

North

**Inspection Date:** 

InspectionType:

1/9/2019

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: A repairs asap.	CTION REQUIRED: Your sprinkler	system is 'yellow-tagged'. Have vendor make appropriate
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained.
		CTION REQUIRED: Make repairs an of completed repairs.	as noted in annual fire alarm inspection report. Provide
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1, 1.2)
	Comment: A	CTION REQUIRED: Replace missing	ng 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: A	CTION REQUIRED: Repair or repla	ace 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 2/8/2019.

**1.1 -** 11.1.8.



**2.1 -** 14.12.1.2.



**1.2 -** 11.1.8.





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



**Occupant Name:** 

WATER TREATMENT PLANT

Address:

1000 Fleischmann Boulevard

Suite:

Inspection Date:

InspectionType:

Inspected By:

1/9/2019

**Annual** 

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)	
	<b>Comment:</b> ACTION REQUIRED: Remove extension cord. Extension cords shall not be used as a substitute fo 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)	
	<b>Comment:</b> 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)	
	<b>Comment:</b> ACTION REQUIRED: Rated assembly in fire door painted and no longer operates. R 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.			

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 2/8/2019.

**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** 

1200 FLEISCHMANN Boulevard

Address: Suite: Inspection Date:

InspectionType:

Inspected By:

1/8/2019

Annual

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:	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: asap.	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)			
	<b>Comment:</b> 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:	CTION 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: object.	ACTION REQUIRED : Secure all compressed gas	cylinders in racks or by use of a restraint to a fixed			

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 2/8/2019.



**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:** 

Address:

CITY HALL

735 8TH Street

South

Inspection Date:

InspectionType:

1/9/2019

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 unuse	ed 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).				

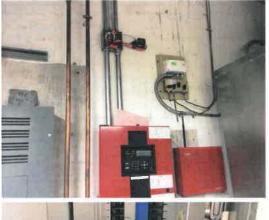
YOU ARE HEREBY NOTIFIED that this is an official Fire and Life Safety Inspection of the City of Naples Fire-Rescue Department in accordance with the Florida Statutes, Florida Fire Prevention Code, and City Ordinances, stating that deficiencies have been found to exist and further requiring that you as 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 2/8/2019.

**1.1 -** 11.1.8.



**2.1 -** 110.12.



**3.1 -** 14.12.1.2.

**1.2 -** 11.1.8.









Occupant Name: RIVER PARK COMMUNITY

CENTER

**Inspection Date:** 

1/9/2019

Address:

Suite:

301 11TH Street North

InspectionType:

Annual

Inspected By:

Tom Sturgulewski 239-213-4913

tsturgulewski@naplesgov.com

			total galerion G. Inchies golden
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)
		CTION REQUIRED: Remove extension ing. You may use a surged protected po	cord. Extension cords shall not be used as a substitute for ower strip.
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: A	CTION REQUIRED: Replace missing co	eiling 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: A	CTION REQUIRED: Your sprinkler syste	em is 'red-tagged'. Have vendor make appropriate repairs
Fail		NFPA 25 11 Chapter 13 Valves, Valve Components, and Trim	13.6.2.1 - Backflow testing
	Comment: R	EQUIRED ACTION: Backflow is red tag	ged. Have serviced.

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 2/8/2019.

**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).

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 2/8/2019.

**1.1 -** 11.1.8.



**1.3 -** 11.1.8.



**1.2 -** 11.1.8.







Occupant Name:

CITY HALL COUNCIL

CHAMBERS

**Inspection Date:** 

1/9/2019

Address: Suite:

735 8TH Street South

InspectionType:

Annual

Inspected By:

Bill Quinsey (239) 213-4916

bquinsey@naplesgov.com

			bquirisey@napiesgov.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: asap.	ACTION REQUIRED: Your sprinkle	er system is 'red-tagged'. Have vendor make appropriate repairs
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 1.1)
	Comment:	ACTION REQUIRED: Replace mis	sing 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 sec	ure 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)
		ACTION REQUIRED: Remove all quipment rooms.	combustible storage in boiler rooms, mechanical rooms, or
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)
		ACTION REQUIRED: Remove extending. You may use a surged protection	ension cord. Extension cords shall not be used as a substitute for cted power strip.

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 2/8/2019.



**1.1 -** 11.1.8.



**3.1 -** 10.18.5.1,



**4.2 -** 11.1.5.6.



**2.1 -** 110.12.



**4.1 -** 11.1.5.6.









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

		bquirisey@napiesgov.com
Location	Code Set	Code
	FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained.
		s noted in annual fire alarm inspection report. Provide
	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: A0 server room, g	CTION REQUIRED: Seal penetratio enerator room, mechanical room. A	ns using appropriate firestop system or device. FACP room, ir handler rooms, remove foam and seal with fire caulk.
	FL NFPA 01 2015 Chapter 14 Means of Egress	14.14.5.1 - Exit Sign Illumination (see photo 2.1)
		ce exit sign so that it illuminates in normal and emergency
	FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 3.1, 3.2)
Comment: A	CTION REQUIRED: Replace missin	g cover plate(s).
	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: AC	CTION REQUIRED: Replace grate v	vith ceiling tile.
	FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.
Comment: AC asap.	CTION REQUIRED: Your sprinkler s	system is 'red-tagged'. Have vendor make appropriate repairs
	Comment: Addocumentation  Comment: Addocument: Add	FL NFPA 01 2015 Chapter 13 Fire Protection Systems  Comment: ACTION REQUIRED: Make repairs at documentation of completed repairs.  FL NFPA 101 2015 Chapter 8 Features of Fire Protection  Comment: ACTION REQUIRED: Seal penetration server room, generator room, mechanical room. A  FL NFPA 01 2015 Chapter 14 Means of Egress  Comment: ACTION REQUIRED: Repair or replace mode. Both signs in attic server area.  FL NFPA 01 2015 Chapter 11 Building Services  Comment: ACTION REQUIRED: Replace missing FL NFPA 01 2015 Chapter 13 Fire Protection Systems  Comment: ACTION REQUIRED: Replace grate of FL NFPA 01 2015 Chapter 13 Fire Protection Systems  Comment: ACTION REQUIRED: Your sprinkler services

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 2/9/2019.

**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









Occupant Name: CoN BUILDING

DEPARTMENT

**Inspection Date:** 

1/10/2019

Address: Suite:

295 Riverside Circle

InspectionType:

Annual

Inspected By:

Tom Sturgulewski 239-213-4913

tsturqulewski@naplesgov.com

			tatul gulewaki@napiesgov.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: A	CTION REQUIRED: Your sprinkler s	ystem is 'red-tagged'. Have vendor make appropriate repairs
Fail		FL NFPA 101 2015 Chapter 8 Features of Fire Protection	8.3.5.1 - Penetrations (see photo 1.1)
	Comment: A	CTION REQUIRED: Seal penetration	ns 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: A		nbustible storage in boiler rooms, mechanical rooms, or
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.1.7 - Existing protection systems and devices must be maintained.
	Comment: A	CTION REQUIRED: Saphire system	in traffic room is out of date. Have serviced.

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 2/9/2019.

**1.1 -** 8.3.5.1.



**2.1 -** 10.18.5.1.







Occupant Name:

**CoN WAREHOUSE** 

270 RIVERSIDE Circle

Suite:

Address:

**Inspection Date:** 

InspectionType:

Inspected By:

1/10/2019

Annual

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: A0 asap.	CTION REQUIRED: Your sprinkler system i	is 'red-tagged'. Have vendor make appropriate repairs
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained.
	Comment: AC	CTION REQUIRED: Have alarm vendor pro	vide 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: AC	CTION REQUIRED: Repair or replace eme	rgency 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: A	CTION REQUIRED: All open/exposed elect	ric 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: A0 side.	CTION REQUIRED: Have PIV inspected an	d repair deficiencies. Missing indicator window on one
Fail		NFPA 25 11 Chapter 13 Valves, Valve Components, and Trim	13.7.1 - FDC maintenance / Signage
	Comment: R	EQUIRED ACTION: Install an FDC sign per	code.

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 2/11/2019.

**1.1 -** 14.12.1.2.



**2.1 -** 11.1.2.1







Occupant Name:

**CoN EQUIPMENT** 

SERVICES

Inspection Date:

1/10/2019

Address:

370 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: A	CTION REQUIRED: Your sprinkler system	is 'yellow-tagged'. Have vendor make appropriate
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: A	CTION REQUIRED : Secure all compresse	ed gas cylinders in racks or by use of a restraint to a
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)
		CTION REQUIRED: Do not store any com Ill gas containers must have approved cap	bustible material under stairs. Remove gas can
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers. (see photo 3.1)
	Comment: A	CTION REQUIRED: Replace missing cover	er 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)
		CTION REQUIRED: Pipe is heavily corrod ng and sprinkler head. Ceiling is resting or	ed in north side storage closet. Ensure sprinkler checks a sprinkler head.

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 2/9/2019.

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

**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.







Occupant Name:

CoN CAR WASH

SH Inspection Date:

1/10/2019

Address:

395 Riverside Circle

InspectionType: Annual

Suite:

Inspected By:

Tom Sturgulewski

239-213-4913

tsturgulewski@naplesgov.com

Insp. Resu	It 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: A repairs asap.	ACTION REQUIRED: Your sprinkler system is 'ye	ellow-tagged'. Have vendor make appropriate
Fail		FL NFPA 01 2015 Chapter 11 Building Services	11.1.8 - Missing electrical covers.
	Comment: A	ACTION REQUIRED: Replace missing cover plat	e(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: A	ACTION REQUIRED: Have the fire extinguisher a	annually validated.

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The Inspector will return on or after 2/11/2019.







Occupant Name:

CITY OF NAPLES UTILITIES

ADMIN.

Inspection Date:

1/10/2019

Address:

Suite:

380 RIVERSIDE Circle

InspectionType:

Annual

Inspected By:

Bill Quinsey (239) 213-4916

bquinsey@naplesgov.com

			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: A	CTION REQUIRED: Provide updated keys for	or 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: A6 'Great Stuff' fo		appropriate firestop system or device. Remove all
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.3 - All ceiling tiles are in place.
	Comment: A	CTION 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: A0 asap.	CTION REQUIRED: Your sprinkler system is	s 'red-tagged'. Have vendor make appropriate repairs
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.7.1.4.2 - Fire alarm system shall be tested and maintained.
		CTION REQUIRED: Make repairs as noted in of completed repairs.	n annual fire alarm inspection report. Provide

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 2/9/2019.

**1.1 -** 8.3.5.1.



**1.3 -** 8.3.5.1.



**1.2 -** 8.3.5.1.





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



**Occupant Name:** 

**FIRE STATION #2** 

Address:

Suite:

977 26TH Avenue

North

**Inspection Date:** 

InspectionType:

1/9/2019

Annual

Inspected By:

Tom Sturgulewski 239-213-4913

tsturgulewski@naplesgov.com

			0 0 1
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)
		ACTION REQUIRED: Remove extension in a community in the c	on cord. Extension cords shall not be used as a substitute for 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 sprinkle	er vendor make necessary repairs as noted in sprinkler report.

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 2/11/2019.

**1.1 -** 110.26.



**2.1 -** 11.1.5.6.





# Fire Alarm Testing and Inspection Report

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

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

. Property Information		6.	Testing Result	Control Uni	it and Related Equipment	
Description of System or Service			Notifications o			
. Interface Component Test Resul	t				_	
System Power		8.	System Restor	ed to Norma	ll Operation	
. In-Building Fire Emergency Voi		9.	Certification			
Communications System or Mas System	s Notification	10	. Device Tes	t Results		
Property Information	<u>on</u>					
Name of Property:	CoN-Fire Station					
Street Address:	835 8th Ave South				2442	
City:	Naples 2nd floor by recor	State.	<u>FL</u>	Zip:	34102	
Property Popresentative:		2nd floor by receptionist desk  City of Naples Contract Services				
Property Representative: Street Address:	280 Riverside Circ		V1000			
City:	Naples	State:	FL	Zip:	34102	
Phone:	(239) 213-7113	Fax:		-	Jalfano@naplesgov.com	
1 Comments						

#### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protection		
Address:	28741 South Diesel Drive	Bonita Springs, FL 341	135
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 1		Phone line 2:
Means of transmission:			
Entity to which alarms			
			Phone:
Authority having jurisdiction			
over this property:	City of Naples		
			E-mail:
i none.			E man.
2.1 Control Unit  Manufacturer: Edwards		Model number	. <u>iO1000</u>
2.2 Software Firmware			
Firmware revision number:			
2.3 Primary (Main) Power			at 51 NG als us are #450 Devial 101 #4
	Amps: 2A	Location: $\frac{1}{2}$	st Fl. NE ele room #156. Panel LSL#1
Overcurrent protection type	Breaker Amps: 20A	Disconnecting	g means location: Breaker #1
2.4 Secondary Power			
Type: Battery 2-12v 12Ah	Location: _	Inside FACP	
Battery type (if applicable):	Sealed Lead Acid		<del></del>
Calculated capacity of batte	ries to drive the system:		
In standby mode (hours):	•		
2.5 Standby Current: .18		Alarm Current: 2	

## 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. <u>System Power</u>

<b>1.1 Notification Appliance Power Extender P</b> Input voltage of control panel: 120v	anel	Control pa	nel amps:	ЗА	
Overcurrent protection:  Breaker		Type		Amns: 20A	
Location (of primary supply panelboard):	Electrical roo	n #156		_ /mps	
Disconnecting means location:  Panel LSI	_#1 breaker #1	l			
Discomfeeting means rocation.					
.2 Batteries					
		Nominal		Amp/hour	
Location: Inside panel Type	e: Sealed L A			-	
Calculated capacity of batteries to drive the		8		8 -	
In standby mode (hours): $\frac{24}{}$	•	m mode (minu	tes). 5		
in standay mode (nours).		an mode (mme			
Input voltage of EVACS or MNS panel:  Overcurrent protection:					
Location (of primary supply panelboard):					
Disconnecting means location:					
-					
5.2 Secondary Power					
Description	Visual	Functional		Comments	
Description	Inspection	Test		Comments	
Battery condition					
Load voltage					
Discharge test					
Charger test					
Remote panel batteries					

# 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>V</b>	<b>V</b>	
Load voltage	<b>/</b>	<b>V</b>	
Discharge test	<b>V</b>	<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<b>V</b>		
Alarm restoration		<b>V</b>	
Trouble signal		<b>V</b>	
Trouble restoration			
Supervisory signal			
Supervisory restoration		<b>V</b>	

FIRE PROTECTION, INC. Name of Property: CoN-Fire Station #1

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

City Naples Sta

State: FL

Zip: 34102

Lic#19672900011997 Lic#EC13005314

Panel Location: 2nd floor by receptionist desk

Street Address: 835 8th Ave South

# 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

Name of Property: CoN-Fire Station #1

Street Address: 835 8th Ave South

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

State: FL City Naples

Panel Location: 2nd floor by receptionist desk Lic#19672900011997 Lic#EC13005314

Zip: 34102

# 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

FIRE PROTECTION, INC. Name of Property: CoN-Fire Station #1

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

City Naples

2nd floor by recent

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 2nd floor by receptionist desk

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

Name of Property: CoN-Fire Station #1

State: FL

Zip: 34102

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

Street Address: 835 8th Ave South
City
Naples

Lic#19672900011997 Lic#EC13005314 Panel Location: 2nd floor by receptionist desk

Device Type	Address	Location	Test Results
Horn Strobe	NAC Panel	Inside Bunk 127	Passed
Horn Strobe	NAC Panel	Inside Bunk 126	Passed
Horn Strobe	NAC Panel	Outside Bunk 125	Passed
Horn Strobe	NAC Panel	Inside Bunk 125	Passed
Horn Strobe	NAC Panel	East Exit door by kitchen	Passed
Strobe	NAC Panel	Restroom by Bunk 120	Passed
Horn Strobe	NAC Panel	Inside Bunk 120	Passed
Horn Strobe	NAC Panel	Inside Bunk 119	Passed
Horn Strobe	NAC Panel	Inside Bunk 118	Passed
Horn Strobe	NAC Panel	Outside Bunk 118	Passed
Horn Strobe	NAC Panel	Outside EMS Supply Room	Passed
Horn Strobe	NAC Panel	Mechanical room 155	Passed
Horn Strobe	NAC Panel	Inside room 152	Passed
Horn Strobe	NAC Panel	Outside room 152	Passed
Horn Strobe	NAC Panel	Garage West wall	Passed
Horn Strobe	NAC Panel	Garage Northeast wall	Passed
Horn Strobe	NAC Panel	Garage Southeast wall	Passed
			Choose One

FIRE PROTECTION, INC. Name of Property: CoN-Fire Station #1

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

City	Naples	State:	FL	Zip:	34102
Street Address:	835 8th Ave South				

Panel Location: 2nd floor by receptionist desk

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

12-30-1	
Inspections -	
Fire	
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it A	2
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# Backflow

# Inspection, Testing, and Maintenance Report

		Reclaimed Service	City: Naples	State: FL Zip: 34102	Meter #: 1043351	Detector Loop Device	Valve #2 Check Valve #3 Check Valve	PSID Opened @PSID @PSID	Leaked Did Not Open		PSID Opened @PSID			Resulf: Passed
	Existing Unit	Potable Service	835 8th Ave South				#1 Check Valve	PSID Passed	Leaked		PSID Passed Leaked			Signature:
6	<b>K</b> Exist	Pota	Address: 835 8th	Assembly Type: Watts	Serial #: 111128	uum Breaker	Check Valve	Opened @PSID	Did Not Open		Opened @PSID Did Not Open			Date:
	New Installation	Fireline Service		Assem		Pressure Vacuum Breaker	Air Inlet		Did Not Open		Opened  @PSID  Did Not  Open			6706 s
	Check One:	Check One:			Size: 4"	ıre	ReliefValve	Opened	Did Not Open		Opened  @ PSID  Did Not  Open			fication #: Willow Wolmart BT6706 City of Naples Contract Services
TION, INC.	iesel Drive FL 34135	Lic #EC13005314	CoN-Fire Station #1	Southeast side of Bldg	709DCDA	Reduced Pressure	#1 Check Valve #2 Check Valve	PSID 4.2 PSID 1.6 Passed			PSID PSID PSID Passed Passed Passed Passed Passed Passed Passed Passed Passed PSID Passed PSID Passed PSID Passed PSID PSID PSID PSID PSID PSID PSID PSID	Backflow tested good		Inspector Name / Certification #: Customer Name:
FIRE PROTECTION, INC.	28741 South Diesel Drive Bonita Springs, FL 34135	Lic #19672900011997 Lic #EC13005314	Job Name: C	Location: So	Model #: 70		#	Initial PS		Parts & Repairs	<u> </u>		Comments:	Insp

1 of 1

12-30-1	
Inspections -	
Fire	_
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# Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.			[	[			
Bonita Sp (230) 514,71	28/41 South Diesel Drive Bonita Springs, FL 34135 (230) 511, 7155 (Fav.) 511,7151		Check One:	New Installation	<b>Existing Unit</b>	ng Unit		
(239) 314-71 Lic #1967290001	(208) 514-7155 (FdX) 514-7154 Lic#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potabl	Potable Service	Reclaimed Service	ice
Job Name:	CoN-Fire Station #1	ın #1			Address: 835 8th A	835 8th Ave South		City: Naples
Location:	Southeast side of Bldg	of Bldg		Assem	Assembly Type: Watts		State: FL	Zip: 34102
Model#:	007M1		Size: 3/4"		Serial #: 25903		Meter#: 104	1043351
		Reduced Pressure	ıre				1	
	Double	Double Check		Pressure Vac	Pressure Vacuum Breaker	ď	Detector Loop Device	/ice
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
[2;7;0]	PSID 1.0	PSID 1.6	Opened	Opened	Opened	PSID [	PSID [	Opened Opened
Test	Passed	Passed	@rsiD	(@PSID	@rsiD	Passed	Passed	@PSID
	Leaked	Leaked	Did Not Open	Did Not Open	Did Not Open	Leaked	Leaked	Did Not Open
Parts &								
Repairs								
	PSID	PSID	Opened	Opened	Opened	PSID	PSID	Opened Opened
Final Tost	Passed	Passed	Did Not	Did Not	Did Not	Passed	Passed	Did Not
1621	Leaked [	Leaked	Open	Open	Open	Leaked	Leaked	Open
	Backflow tested good	sted good						
Comments:								
					Date:	11/23/2019	Result: Pa	Passed
Ι	Inspector Name / Certification #:	,	Willow Wolmart BT6706	206	S	Signature:		6
	Customer Name:	City of Naples	City of Naples Contract Services		V.	Sionature:	Ŋ	
•	CHOWITINI I MILLION					181mmv		



Lic#19672900011997 Lic#EC13005314

FIRE PROTECTION, INC.

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

### Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection:	11/23/2019 14:53		
<b>Property Information</b>			
	CoN-Fire Station #1		
Street Address:	835 8th Ave South		
City:	Naples		34102
Property Representative:	City of Naples Cont		
Street Address:	280 Riverside Circle		0.14.00
City:	Naples		34102
Phone:	(239) 213-7113	Email: Jaltan	o@naplesgov.com
Fire Department:	City of Naples	Results: No D	peficiencies
Type of Inspection:	Annual	Semi-Annually	Quarterly
Tag Installed:	Green	Yellow	Red
Comments			
Customer Name:		Customer Signature:	
Inspector Name: Willow Wo	lmart	Inspector Signature:	

Additional Comments:	

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### General

Building Fire Station / office									
Location of sprinkler valve Sou	theast side of Bldg								
Type of sprinkler system	<b>✓</b> Wet	Dry	D	eluge	Preaction				
Make and model of sprinkler valve	OS&Y Valves, on bac	ckflow							
Hydraulic Calculation Plate is Secure	and Legible:	✓ Yes	☐ No	☐ N/A					
Location of Hydraulic Calculation Plat	Location of Hydraulic Calculation Plate: On riser								
Have all deficiencies reported at last i	nspection corrected?	✓ Yes	☐ No	□ N/A					
Prior inspection reports available for r	eview?	✓ 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	d 🔽 Ta	amper Swit	ch				
Are valves identified with signs?	✓ Yes	No [	N/A						
Pumps (See Chapter 8 of NFPA 25)									
Is fire pump	Diesel	Electric	c	asoline	✓ None				
Fire Department Connections									
Location Southeast side of Bldg, by backflow									
Wet Systems									
Is building adequately heated?									
Is system hydraulically calculated?		✓ Yes	☐ No	□ N/A					
If yes, is hydraulic information sign pr	ovided at valve?	✓ Yes	☐ No	□ N/A					
INSPECTIONS									
Quarterly	Cauras								
	Gauges								
Yes No N/A	Tested or F	Replaced with	in 5-year Inte	rval?					
Yes No N/A	Normal wa	ter pressure r	naintained?						
Control Valves									
✓ Yes	Supervisor	y switches se	nd signals to	fire panel?					
✓ Yes	In the corre	ect (open or c	losed) positio	า?					
Yes No N/A	Sealed, loc	cked, or super	vised?						
Yes No N/A	Accessible	?							
Yes No N/A	Free from (	damage or lea	aks?						
Yes No N/A	Proper sigr	nage?							
Yes No N/A	Valves clos	sed and reope	ened?						

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			Alarm Devices
Water 0	Gong 🔽 🕻	√ane	Type?
✓ Yes	☐ No	□ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	□ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire D	Department Connections
✓ Yes	☐ No	□ N/A	Visible and accessible?
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?
		Pre	essure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	☐ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
✓ Yes	☐ No	□ N/A	Backflow preventer -Test?
✓ Yes	☐ No	□ N/A	Backflow preventer - Flow test?
Static PSI <u>110</u>	Residual PSI _	Returned 55 Static 75	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
On riser			Location of main drain
		1 Seconds	How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
		;	Sprinklers (visible)
✓ Yes	☐ No	☐ N/A	No damage or leaks?
✓ Yes	☐ No	☐ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
✓ Yes	☐ No	☐ N/A	Fire sprinkler tested per appropriate testing schedule?
		P	ipe & Fittings (visible)
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
☐ Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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## Fire Alarm Testing and Inspection Report

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

LIC#19072900011997 LIC#EC13005314		Da	ate and Time of	Inspecti	ion:	11/23/2019 07:17
Annually	Semi-Annually		Quarterly	Resi	ılts	Non Critical
Table of Contents						
<ol> <li>Property Information</li> <li>Description of System or Service</li> <li>Interface Component Test Resul</li> <li>System Power</li> <li>In-Building Fire Emergency Voic Communications System or Mas System</li> <li>Property Information</li> </ol>	t ce Alarm s Notification	7. N 8. S	Notifications of To System Restored of Certification	esting Conto	mplet	
Name of Property: Street Address: City: Panel Location: Property Representative: Street Address: City: Phone:	CoN-Fire Station #2 977 26th Ave N Naples By soda machine City of Naples Cont. 280 Riverside Circle	State: ract Serve State:		Zip: Zip: Email:	3410	
1.1 Comments						
<ul><li>1) Radio battery failed load test</li><li>5- E Lights tested OK</li></ul>						

### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protection					
Address:	28741 South Die	sel Drive Bonita	Springs, FL 3413	35		
Phone:	239-514-7155			_ E-mail:		
Monitoring organization:	CMS					
Address:						
Phone:	1-800-432-1429	Fax:		E-mail:		
Account number:	FLC24-2609	=		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					
1 1 *		Fax:		E-mail:		
<ul><li>2. Description of System</li><li>2.1 Control Unit Manufacturer: Silent Knigh</li></ul>			Model number:	5808		
<b>2.2 Software Firmware</b> Firmware revision number:	Factory					
2.3 Primary (Main) Power						
Nominal voltage: 120Vac	Am	ps: 3	Location: A	C Panel Garage El	ectrical room	
Overcurrent protection type				means location:	Breaker #26	
1	•	•				
2.4 Secondary Power						
Type: 2-12V/7AH	Loc	ation: FACP				
Battery type (if applicable):	Sealed Lead Acid					
Calculated capacity of batte		system:				
In standby mode (hours):		•				
2.5 Standby Current: .21			arm Current: 2.		Amps	

### 3. Interface Component Test Result

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

### 4. System Power

<b>4.1 Notification Appliance Power Extender</b> Input voltage of control panel: N/A		Control pane	el amps:
Overcurrent protection:		_	_
Location (of primary supply panelboard)		• •	•
Disconnecting means location:			
4.2 Batteries			
		Nominal	Amp/hour
Location: Ty	pe:	Voltage: _	Rating:
Calculated capacity of batteries to drive to	the system:		
In standby mode (hours):	In alar	rm mode (minute	es):
Overcurrent protection:  Location (of primary supply panelboard)  Disconnecting means location:	:		
5.2 Secondary Power			
Description	Visual	Functional	Comments
	Inspection	Test	
Battery condition			
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			

### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators			
Remote power panels			

### **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	
Load voltage	<b>/</b>	<b>V</b>	
Discharge test			
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>✓</b>	
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration		<b>V</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration		<b>V</b>	

7. Notifications of Testing	Completed						
	<u> </u>				Start		Completed
Monitoring organization: CMS	Co	ntact:	Yassen	Time:	8am	Time:	11:10am
Building management: Yes	Co	ntact:	All	Time:	8am	Time:	11:10am
Building occupants: Yes	Co	ntact:	All	Time:	8am	Time:	11:10am
Authority having jurisdiction:	Co	ntact:		Time:		Time:	
Other, if required:	Co	ntact:		Time:		Time:	
8. System Restored to Nor  Date: 11-23-19	mal Operation		Time: 10:4	0am			
9. Certification  This system as specified herein has be Signed:	een inspected and tested according to the Printed name:	_		edition, Chapte	<i>er 14</i> .  Date:	11-23-19	
Organization: NFP Qualifications: NICET	Title: Inspec	etor			Phone:		
9.1 Acceptance by Owner or Own The undersigned accepted the test rep	•	ed hereir	u:				
Signed:	Printed name:	Chris	Clissold		Date:	11-23-19	
Organization: CoN FD	Title: Lieuter	nant			Phone:		

FIRE PROTECTION, INC.

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Fire Station #2

Street Address: 977 26th Ave N 28741 South Diesel Drive Bonita Springs, FL 34135

State: FL Zip: 34103 City Naples

Panel Location: By soda Machine Lic#19672900011997 Lic#EC13005314

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.

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Fire Station #2

Street Address: 977 26th Ave N 28741 South Diesel Drive Bonita Springs, FL 34135

State: FL Zip: 34103 City Naples

Panel Location: By soda machine Lic#19672900011997 Lic#EC13005314

Device Type	Address	Loca	tion	Test Results
Horn/Strobe		Garage	west	Passed
Horn/Strobe		EMS G	Passed	
Horn/Strobe		Garage	e east	Passed
Heat detector		Laundry	VISUAL ONLY	Passed
Heat detector		Equipment room	VISUAL ONLY	Passed
Heat detector		Equipment room	VISUAL ONLY	Passed
Pullstation		EMS G	arage	Passed
Waterflow		East exte	rior wall	Passed
Strobe		Bathr	oom	Passed
Strobe		Bath/sł	Passed	
Smoke detector		Hot water clos	Passed	
Heat detector		Electrical room VISUAL ONLY		Passed
Pull Station		EMS bunkroom		Passed
Smoke detector		EMS bui	nkroom	Passed
Smoke detector		EMS bunkroom		Passed
Smoke detector		EMS bui	nkroom	Passed
Smoke detector		EMS but	nkroom	Passed
Smoke detector		EMS bui	Passed	
Smoke detectors		EMS but	nkroom	Passed
Strobe		EMS bunkroom	Passed	
Strobe		EMS but	Passed	
Horn strobe		EMS bui	Passed	
Strobe		EMS bui	nkroom	Passed



Fire Sprinkler
Testing and Inspection Report

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

Date and Time of Inspection:	11/23/2019 07:15		
<b>Property Information</b>			
Name of Property:	CoN-Fire Station #2	!	
Street Address:	Naples	State: FL Z	ip: 34103
City: Property Representative:			ıp. <u>34103</u>
Street Address:	280 Riverside Circle	;	
City:	Naples	State: FL Z	Zip: 34102
Phone:	(239) 213-7113	Email: Ja	alfano@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 Cliss	sold	Customer Signature: _	<u> </u>
Inspector Name: Amburgey		Inspector Signature:	A CAN

### General

Building	Fire station	1					
Location o	f sprinkler valve	East sid	e of building				
Type of sp	rinkler system		<b>✓</b> Wet	Dry	D	eluge	Preaction
Make and	model of sprinkle	er valve PIV					
Hydraulic (	Calculation Plate	is Secure and	Legible:	✓ Yes	☐ No	☐ N/A	
Location o	f Hydraulic Calcı	ulation Plate:	Riser				
Have all de	eficiencies repor	ted at last inspe	ection corrected?	✓ Yes	☐ No	☐ N/A	
Prior inspe	ction reports ava	ailable for revie	w?	✓ Yes	☐ No	☐ N/A	
Backflow Pre	venter						
Type: N	/A						
Relief valv	e on RP type no	t showing disch	narge?	Yes	No	✓ N/A	
Valves			_	_	_		
	alves supervised		Sealed	Locked		amper Swite	ch
	identified with s		✓ Yes	No [	N/A		
	Chapter 8 of NF	PA 25)			_		
Is fire pum			Diesel	Electric	c ∏ G	asoline	<b>✓</b> None
	ent Connection						
Location	East of bui	lding					
Wet Systems							
Is building	adequately heat	ed?		✓ Yes	☐ No	☐ N/A	
Is system I	nydraulically cald	culated?		✓ Yes	☐ No	☐ N/A	
If yes, is hy	draulic informat	ion sign provide	ed at valve?	✓ Yes	☐ No	☐ N/A	
			INSPEC <sup>-</sup>	TIONS			
Quarterly							
,			Gauges				
[∡] Vos	□ No	□ N/A	Tostad or	Replaced with	in 5 year Into	nyal?	
✓ Yes ✓ Yes	□ No	□ N/A		ater pressure r	•	ıval!	
<b>№</b> 162		□ 17/7		•	nantanteu (		
			Control Valve	es			
<b>✓</b> Yes	☐ No	□ N/A	Superviso	ry switches se	nd signals to	fire panel?	
✓ Yes	No	□ N/A	In the corr	ect (open or cl	osed) positio	n?	
✓ Yes	☐ No	□ N/A	Sealed, lo	cked, or super	vised?		
✓ Yes	☐ No	□ N/A	Accessible	e?			
✓ Yes	☐ No	□ N/A	Free from	damage or lea	aks?		
✓ Yes	☐ No	□ N/A	Proper sig	ınage?			
✓ Yes	☐ No	☐ N/A	Valves clo	sed and reope	ened?		

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			Alarm Devices	
Water 0	Gong 🔽 🔻	/ane	Type?	
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?	
✓ Yes	☐ No	N/A	Accessible?	
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?	
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?	
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?	
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser	legible?
			Fire Department Connections	
✓ Yes	☐ No	☐ N/A	Visible and accessible?	
✓ Yes	☐ No	N/A	Coupling / swivels operate corectly?	
✓ Yes	☐ No	N/A	Plugs / caps are in place?	
Yes	☐ No	✓ N/A	Interior inspected where caps missing?	
Yes	☐ No	✓ N/A	Gaskets are not damaged?	
✓ Yes	☐ No	N/A	Identification signs are in place?	
Yes	☐ No	✓ N/A	Ball drip valve is functional?	
✓ Yes	☐ No	☐ N/A	Check valve is free of leaks?	
			Pressure Reducing Valve	
Yes	☐ No	✓ N/A	In the open position / not leaking?	
Yes	☐ No	✓ N/A	Maintaining downstream pressure?	
Yes	☐ No	✓ N/A	In good condition?	
Quarterly				
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?	
Yes	<b>✓</b> No	☐ N/A	Do results difer by more than 10% from previous test	?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?	
Yes	☐ No	✓ N/A	Backflow preventer -Test?	
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?	
Static PSI <u>155</u>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflo	ow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?	
Riser			Location of main drain	
		2 <sub>Se</sub>	econds How many seconds for static pressure to re-establish?	

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	☐ N/A	No damage or leaks?
Yes	✓ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	□ N/A	Installed in proper orientation?
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	□ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
		F	Pipe & Fittings (visible)
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection	11/23/2019 11:02						
<b>Property Information</b>							
Name of Property:	CoN-Fire Training C	Center					
Street Address:		550 10 Street North					
City:		State: FL	Zip: 34102				
Property Representative:		- <u> </u>					
Street Address:							
City:	Naples	State: FL	Zip: 34102				
Phone:	(239) 213-7113		Jalfano@naplesgov.com				
Fire Department:	City of Naples	Results:	Non Critical				
Type of Inspection:	Annual	Semi-Annua	lly Quarterly				
Tag Installed:	Green	Yellow	Red				
Comments	<u>—</u>	<u>—</u>	<u> </u>				
Customer Name: CNATS		Customer Signature:					
Inspector Name: Amburgey		Inspector Signature:	The				

### 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 **V** No Have all deficiencies reported at last inspection corrected? □ N/A Yes Prior inspection reports available for review? ΠoN **│** N/A ✓ Yes **Backflow Preventer** N/A Type: Relief valve on RP type not showing discharge? N/A Yes No **Valves** How are valves supervised? Sealed ✓ Locked Tamper Switch Are valves identified with signs? ✓ Yes □ 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 Is system hydraulically calculated? ✓ Yes If yes, is hydraulic information sign provided at valve? Yes **V** No ☐ N/A INSPECTIONS Quarterly Gauges ✓ Yes ☐ No N/A Tested or Replaced within 5-year Interval? ∃N/A Normal water pressure maintained? ✓ Yes **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 ΠN/A Sealed, locked, or supervised? ✓ Yes No □ N/A Accessible? ✓ Yes No ΠN/A Free from damage or leaks? ✓ Yes N/A Proper signage?

No

N/A

✓ Yes

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Valves closed and reopened?

			Alarm Devices
Water 0	Gong 🔽 🔻	/ane	Type?
✓ Yes	☐ No	□ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?
Yes	<b>✓</b> No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire Do	epartment Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	□ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	☐ N/A	Check valve is free of leaks?
		Pres	ssure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <u>125</u>	Residual PSI _	Returned Static 75	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		Seconds	How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
		;	Sprinklers (visible)
✓ Yes	☐ No	☐ N/A	No damage or leaks?
✓ Yes	☐ No	☐ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
Yes	<b>✓</b> No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	<b>✓</b> No	□ N/A	Fire sprinkler tested per appropriate testing schedule?
		_	
			ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	∐ No	∐ N/A	No leaks or mechanical damage?
Yes	∐ No	∐ N/A	Correct alignment/No external loads?
✓ Yes	No No	□ N/A	Building wet piping not exposed to freezing temps?
Yes	No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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### Fire Alarm Testing and Inspection Report

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

10 T 1007 2000 11007 Elo TEO 100000 14		Date and	Time of Inspecti	on: 12/4/2019 13:30
Annually 🗸	Semi-Annually	Quarte	rly Resu	No Deficiencies
able of Contents				
. Property Information		6. Testing I	Result Control Uni	t and Related Equipment
. Description of System or Service	<u>,</u>	7. Notificat	ions of Testing Co	mnleted
. Interface Component Test Resul	t		_	_
. System Power		8. System F	Restored to Norma	Operation
. In-Building Fire Emergency Voi		9. Certifica	tion	
Communications System or Mas System	s Notification	10. Device	ce Test Results	
SJ 500222				
Property Informati				
Name of Property:	CoN-Fleischman Pa	-		
Street Address:	·	1600 Fleischman Blvd		
City:	Naples S	State: FL	Zip:	34102
Panel Location: Property Representative:	City of Naples Contr			
Street Address:	280 Riverside Circle			
City:	Naples	State: FL	Zip:	34102
Phone:	(239) 213-7113		Email:	Jalfano@naplesgov.com
.1 Comments		E/A INODE	OTION.	
	ANNUAI	L F/A INSPE	CTION	
Total of 21 E-Lights Tested Total of 3 E-Lights Failed				
-				

### **Additional Comments:**

Voice Evac Calc Standby .14. Alarm55	
FACP Calc- Standby .19. / Alarm- 1.76	

### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protection				
Address:	28741 South Die	esel Drive Bonita	Springs, FL 341	35	
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 2:	
Means of transmission:	Radio	_			
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
				E-mail:	
i none.		_ I ax.	-	L-IIIaII	
<ul> <li>2. Description of System</li> <li>2.1 Control Unit Manufacturer: Silent Knigh</li> <li>2.2 Software Firmware</li> </ul>			Model number:	5700	
Firmware revision number:	Factory				
2.3 Primary (Main) Power		004	In	ı Facp rm.	
8		ps: 20A	Location		DNI -V / Cht 33
Overcurrent protection type	Am	ips: SA	Disconnecting	means location:	T NL-A / ORI ZZ
2.4 Secondary Power	ı	FACD			
Type: Batteries 2 x 12v 12AF		ation			
Battery type (if applicable):					
Calculated capacity of batte					
In standby mode (hours):	<u> </u>	In alarm mod	le (minutes): _5	DITIIN	
2.5 Standby Current: .19	A	amps Al	arm Current: 1	.76	Amps

### 3. Interface Component Test Result

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

### 4. System Power

Input voltage of control panel	: <u>N/A</u>		Control panel am	ps:		
Overcurrent protection:			Туре:		Amps:	
Location (of primary supply p	oanelboard):					
Disconnecting means location	1:					
.2 Batteries						
			Nominal		Amp/h	our
Location: N/A	Туре	•	_ Voltage:		Rating	:
Calculated capacity of batteri						
1 3		J				
In standby mode (hours):		•	n mode (minutes):			
In standby mode (hours):  5. In-Building Fire Emergence  5.1 Primary Power  Input voltage of EVACS or M	cy Voice Ala  INS panel: 1	In alarn  rm Commur  20vac	nications System of EVACS or MN	or Mass	s Notifi	ication Sys
In standby mode (hours):  5. In-Building Fire Emergence  5.1 Primary Power	cy Voice Ala  INS panel: 1	In alarn  rm Commur  20vac	nications System of EVACS or MN	or Mass	s Notifi	ication Sys
In standby mode (hours):  5. In-Building Fire Emergence  5.1 Primary Power  Input voltage of EVACS or M	ry <b>Voice Ala</b> INS panel: <u>1</u>	In alarn  rm Commur  20vac  Type: Bv Facp	nications System of EVACS or MN	or Mass	s Notifi	ication Sys

### **5.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition			Voice Evac Calc Standby .14. Alarm
Load voltage			
Discharge test			
Charger test		<b>V</b>	
Remote panel batteries			

### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision		<b>V</b>	
Local annunciator			
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

### **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition		<b>V</b>	Pass
Load voltage		<b>V</b>	
Discharge test		<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
	Inspection	Test	Comments
Alarm signal			
Alarm restoration		<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration			
Supervisory signal			
Supervisory restoration		<b>V</b>	

7. Notifications of Testing Con	<u>ipleted</u>				
			m.	Start	<u>F</u>
Monitoring organization: Y	Contact:	CMS	Time:		Time:
Building management: Y	Contact:	Jason Alfano	Time:		Time:
Building occupants: Y	Contact:	All	Time:		Time:
Authority having jurisdiction: Y	Contact:	City of Naples	Time:		Time:
Other, if required:	Contact:		Time:		Time:
8. System Restored to Normal	<b>Operation</b>				
Date: 12-04-2019		Time:			
9. Certification  This system as specified herein has been inspection.  Signed:	ected and tested according to Printed name: Felix		-	<i>r 14</i> . Date:	12-04-2019
Organization: Naples Fire Protection	Title: Inspector			Phone:	239-514-7144
Qualifications: FASA					
9.1 Acceptance by Owner or Owner's I  The undersigned accepted the test report for t	*	n:			
Signed:	Printed name: Jaso	n Alfano		Date:	12-04-2019
Organization:	Title: Managemen	t		Phone:	239-213-7113

Name of Property: CoN-Fleischman Park Community

28741 South Diesel Drive Street Address: 1600 Fleischman Blvd

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 1600 Fleischman Blvd

### 10. Device Test Result

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

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 areafront	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. Name of Property: CoN-Fleischman Park Community

28741 South Diesel Drive Street Address: 1600 Fleischman Blvd

Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 City Naples State: FL Zip: 34102

Lic #19672900011997 Lic #EC13005314 Panel Location: 1600 Fleischman Blvd

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



## Fire Alarm Testing and Inspection Report

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

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

Property Information		6.	Testing Result C	ontrol Un	it and Related Equipment	
Description of System or Service						
Interface Component Test Result		7.	Notifications of T	l'esting Co	ompleted	
System Power		8.	System Restored	to Norma	al Operation	
·	e Alarm	9.	Certification			
5. In-Building Fire Emergency Voice Alarm Communications System or Mass Notification System			10. Device Test Results			
<b>Property Information</b>		Dowle				
Name of Property:	CoN-Lowdermilk F					
Street Address:	Naples	State:	FL	7.	34102	
City: Panel Location:	East side of Bldg inside			34102		
Property Representative:	City of Naples Cor					
Street Address:	280 Riverside Circ					
City:	Naples	State:	FL	Zip:	34102	
Phone:	(239) 213-7114	Fax:			jalfano@naplesgov.com	
Comments						

### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Prote	ection			
Address:	28741 South Die	sel Drive Bonit	a Springs, FL 341	35	
Phone:	239-514-7155	Fax	<u>239-514-7154</u>	_ E-mail:	
Monitoring organization:	CMS				
Address:					
Phone:	1-800-432-1429	Fax	:	E-mail:	
Account number:	FLSi9-9154			Phone line 2:	
Means of transmission:	Cell Dialer	•			
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
		Fax	•	E-mail:	
Thone.		. Tux	•	L man	
<ul> <li>2.1 Control Unit Manufacturer: Firelite</li> <li>2.2 Software Firmware Firmware revision number:</li> </ul>	3.1 B2		Model number:	MS10UD	
2.3 Primary (Main) Power					
Nominal voltage: 120v	Am	os: 3.90A	Location: H	ouse panel, same r	oom as FACP
Overcurrent protection type		os: 20A		means location:	#35
1	•				
2.4 Secondary Power					
Type: Battery 2-12v 7Ah	Loc	ation: FACP			
Battery type (if applicable):		l			
Calculated capacity of batte		vstem:			
In standby mode (hours): _2					
2.5 Standby Current: .13			larm Current: -4		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

	iance Power Extender I ontrol panel: N/A		_ Control pane	el amps:
			_	Amps:
Location (of prim	ary supply panelboard):			•
Disconnecting me	eans location:			
.2 Batteries				
			Nominal	•
Location: N/A	Typ	be:	Voltage: _	Rating:
Calculated capaci	ty of batteries to drive th	ne system:		
In standby mode	(hours):	In ala	ırm mode (minute	es):
Location (of prim	ary supply panelboard): cans location:			
.2 Secondary Power	r			
De	escription	Visual Inspection	Functional Test	Comments
Battery condition				N/A
Load voltage				
Discharge test		<del></del>		
Charger test				

#### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators			
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>V</b>	<b>V</b>	
Load voltage	<b>V</b>	<b>V</b>	
Discharge test	<b>V</b>	<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal			
Alarm restoration		<b>V</b>	
Trouble signal		<b>V</b>	
Trouble restoration		<b>/</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration	<b>V</b>	<b>V</b>	

7. Notifications of Testing Con	<u>npleted</u>					
				Start		Complete
Monitoring organization: Yes	Contact:	Web	Time:		Time:	2pm
Building management: Yes	Contact:	All	Time:		Time:	2pm
Building occupants: Yes	Contact:	All	Time:		Time:	2pm
Authority having jurisdiction:	Contact:		Time:		Time:	
Other, if required:	Contact:		Time:		Time:	
Date: 11-25-19	Орегации	Time: 2pm			_	
9. <u>Certification</u> This system as specified herein has been insp	ected and tested according to	o NFPA 72, 2013 edi	tion, Chapte	r 14.		
Signed:	Printed name: Willo	w 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 t	the system as specified herei	ı:				
Signed:	Printed name:			Date:	11-25-19	
Organization:	Title:			Phone:		

Name of Property: CoN-Lowdermilk Park

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

City Naples State: FL

Zip: 34102

Panel Location: East side of Bldg inside closet

Street Address: 1301 Gulfshore Blvd N

#### 10. Device Test Result

Device Type	Address	Location	Test Results
Pull Station	1	Inside concession	Passed
Smoke detector	1	Over FACP	Passed
Tamper	5	Backflow	Passed
Tamper	5	Backflow	Passed
Waterflow	4	Riser inside concession	Passed
Hood	3	Did not test	Choose One
Horn strobe	NAC	NE corner of building	Passed
			Choose One

2-30-19	
ons - 12	
Inspection	
Fire	,
Apnual	
ibit A	
_	1

## Backflow

# Inspection, Testing, and Maintenance Report

IKE PRO	IRE PROTECTION, INC.								
28741 So Bonita Sp	28741 South Diesel Drive Bonita Springs, FL 34135		Check One:	New Installation	<b>Existing Unit</b>	ng Unit			
c#1967290001	(239) 514-7159 (Fax) 514-7154 c#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potab]	Potable Service	Reclaimed Service	ice	
ob Name:	CoN-Lowdermilk Park	k Park			Address: 1301 Gul	1301 Gulfshore Blvd N		City: Naples	
ocation:	Front of Bldg			Assem	Assembly Type: Wilkins		State: FL	Zip: 34102	
Iodel#:	450DA		Size: 4"		Serial #: N/A		Meter #: 185	18561380	
		Dodingod Drocenzo	OAL						_
	Double Check	Check Check		Pressure Vac	Pressure Vacuum Breaker	Ď	Detector Loop Device	ice	
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
[witin]	PSID 5.0	PSID 4.6	Opened	Opened	Opened Opened	PSID	PSID	Opened	
Test	Passed	Passed 🗸	WrsiLl	(d/FSID	@FSID	Passed	Passed	@PSID B:∃M:≠	
	Leaked	Leaked	Open Open	Open Open	Open Open	Leaked	Leaked	Open	
Parts									
& Renairs									
	PSID	PSID	Opened	Opened	Opened	PSID GIST	PSID	Opened	
Final			@ PSID	@PSID	@PSID	Passed	Passed	@PSID	
Test	Fassed Leaked	Fassed Leaked	Did Not Open	Did Not Open	Did Not Open	Leaked [	Leaked	Did Not Open	
	Backflow tested good	ted good							
omments:		<ol> <li>Backflow has corrosion on body.</li> </ol>	on body.						
								(	
					Date:	11/25/2019	Result:	Passed	
Ι	Inspector Name / Certification #:	,	Willow Wolmart BT6706	9029	\( \)	Signature:		9	
	Customer Name:	City of Naples	City of Naples Contract Services		Ø.	Signature:	þ		
					!				

12-30-19	
nspections -	
unual Fire I	4
Exhibit A - A	\ \ \ \

## Backflow

# Inspection, Testing, and Maintenance Report

IKE PRO	IRE PROTECTION, INC.								
28741 S Bonita S	28741 South Diesel Drive Bonita Springs, FL 34135 (230, 541,7455, (Fax), 541,7454		Check One:	New Installation	<b>Z</b> Existing Unit	ng Unit			
(239) 314-7 ic #196729000	(239) 314-7 139 (Tax) 314-7 134 ic#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potab	Potable Service	Reclaimed Service	ice	
ob Name:	CoN-Lowdermilk Park	lk Park			Address: 1301 Gul	1301 Gulfshore Blvd N		City: Naples	
ocation:	Front of Bldg			Assem	Assembly Type: Wilkins		State: FL	Zip: 34102	
/dodel#:	950XL		Size: 3/4"		Serial #: 1512232 XLD	XLD	Meter #: 185	18561380	
		Reduced Pressure	IIVo						
	Double	Double Check		Pressure Vac	Pressure Vacuum Breaker	Ď	Detector Loop Device	/ice	
	#1 Check Valve	#2 Check Valve	Relief Valve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
Initial	PSID 1.8	PSID 2.0	Opened	Opened	Opened Opened	PSID [	PSID	Opened Opened	
Test	Passed <	Passed 🗸	E SID	@FSID Did Not	WrsiD DidNict	Passed	Passed	@PSID	
	Leaked	Leaked	Open	Open	Open	Leaked	Leaked	Open	
Parts									
& Renaire									
200	PSID	PSID	Opened	Opened	Opened	PSID	PSID	Opened	
Final			@ PSID	@PSID	@PSID	Passed	Dassed	@PSID	
Test	Passed	Passed Leaked	Did Not Open	Did Not Open	Did Not Open	Leaked	Leaked	Did Not Open	
	Backflow tested good	sted good							_
omments:	::								
					Date:	11/25/2019	Regular Pa	Passed	
	Inspector Name / Certification #:		Willow Wolmart BT6706	9029		Signature:		9	
	Customer Name:	City of Naples	City of Naples Contract Services		V.	Signature:	Ŋ		
	Cholograph a variation				1	المستقدية			

1 of 1Rev #6 10/3/2018

Inspector Name: Willow Wolmart



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

### Fire Sprinkler Testing and Inspection Report

672900011997 Lic#EC13005314		
Date and Time of Inspection:	1: 11/25/2019 13:56	
<b>Property Information</b>	1	
Name of Property:	CoN-Lowdermilk Park	
	1301 Gulfshore Blvd N	
City:		
Property Representative:	City of Naples Contract Services	
Street Address:		
City:	Naples State: FL Zip: 34102	
Phone:	(239) 213-7114 Email: jalfano@naplesgov.com	
Fire Department:		
Type of Inspection:	Annual Semi-Annually Quarterly	
Tag Installed:	Green Yellow Red	
Comments		
backflow and painting it or repl 2. Backflow #2 OS&Y valve 4" 3. FDC pipe has corroded bolts 4. PIV top needs to be replace 5. Stainless steel pipe in front or recommend brushing the affect 6. Concession area has one up	Kennedy Clow needs to be repack.  Is. Need to replaced nuts bolts and flange.  Is, American Darling PIV. Need PIV top and interior sign place.  Is of concession is starting to show signs of corrosion. Highly	
Customer Name:	Customer Signature:	

Inspector Signature:

Additional Comments:	

Rev #13 10-23-19 2 of 5

### General

Building Commercial					
Location of sprinkler valve Fro	nt of Bldg				
Type of sprinkler system	<b>✓</b> Wet	Dry		eluge	Preaction
Make and model of sprinkler valve	PIV				
Hydraulic Calculation Plate is Secure	and Legible:	✓ Yes	☐ No	☐ N/A	
Location of Hydraulic Calculation Pla	te: Inside concession	ons in riser c	oset		
Have all deficiencies reported at last	inspection corrected?	✓ Yes	☐ No	☐ N/A	
Prior inspection reports available for	review?	✓ Yes	☐ No	☐ N/A	
Backflow Preventer					
Туре: DC					
Relief valve on RP type not showing	discharge?	Yes	No	<b>V</b> N/A	
Valves					
How are valves supervised?	Sealed	Locked	d 🗸 T	amper Swite	ch
Are valves identified with signs?	✓ Yes	 No	 ] N/A		
Pumps (See Chapter 8 of NFPA 25)			_		
Is fire pump	Diesel	☐ Electri	:	asoline	✓ None
Fire Department Connections	_				
Location Front of Bldg by bac	ckflow				
Wet Systems					
Is building adequately heated?		<b>✓</b> Yes	☐ No	∏ N/A	
Is system hydraulically calculated?		<u> </u>	 ∏ No	N/A	
If yes, is hydraulic information sign p	rovided at valve?	<u></u> Yes	 ☐ No	N/A	
	INSPEC <sup>-</sup>	TIONS	_		
	INSPEC	110143			
Quarterly	0				
	Gauges				
Yes No N/A	Tested or	Replaced with	in 5-year Inte	erval?	
Yes No N/A	Normal wa	ater pressure r	naintained?		
	Control Valve	es			
Yes No N/A	Superviso	ory switches se	nd signals to	fire panel?	
Yes No N/A	In the corr	ect (open or c	osed) positio	n?	
✓ Yes No N/A	Sealed, lo	cked, or super	vised?		
✓ Yes No N/A	Accessible	e?			
✓ Yes No N/A	Free from	damage or lea	iks?		
✓ Yes No N/A	Proper sig	nage?			
Yes No N/A	Valves clo	sed and reope	ned?		

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Alarm Devices				
Water G	Gong 🔽	Vane	Type?	
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?	
✓ Yes	☐ No	N/A	Accessible?	
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?	
<b>✓</b> Yes	☐ No	□ N/A	Inspectors test / bypass opened?	
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?	
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?	
		Fire D	Department Connections	
✓ Yes	☐ No	☐ N/A	Visible and accessible?	
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?	
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?	
Yes	☐ No	✓ N/A	Interior inspected where caps missing?	
Yes	☐ No	✓ N/A	Gaskets are not damaged?	
✓ Yes	☐ No	□ N/A	Identification signs are in place?	
Yes	☐ No	✓ N/A	Ball drip valve is functional?	
<b>✓</b> Yes	☐ No	☐ N/A	Check valve is free of leaks?	
		Pre	essure Reducing Valve	
Yes	☐ No	✓ N/A	In the open position / not leaking?	
Yes	☐ No	✓ N/A	Maintaining downstream pressure?	
Yes	☐ No	✓ N/A	In good condition?	
Quarterly				
✓ Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?	
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?	
Yes	No	✓ N/A	Fire pump was temporarily turned off?	
✓ Yes	☐ No	☐ N/A	Backflow preventer -Test?	
✓ Yes	☐ No	□ N/A	Backflow preventer - Flow test?	
Static PSI <u>80</u>	Residual PSI	Returned 45 Static 75	Main drain test, if the sole supply is through a backflow.	
✓ Yes	☐ No	□ N/A	Are results between tolerance?	
On riser			Location of main drain	
		1 Seconds	How many seconds for static pressure to re-establish?	

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	Fire Pump					
Yes	☐ No	✓ N/A	Started Automatically?			
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?			
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?			
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?			
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?			
Yes	☐ No	✓ N/A	Pump is in good condition?			
			Sprinklers (visible)			
✓ Yes	☐ No	☐ N/A	No damage or leaks?			
Yes	✓ No	☐ N/A	Free of corrosion, foreign material, paint?			
✓ Yes	☐ No	□ N/A	Installed in proper orientation?			
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?			
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?			
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?			
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?			
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?			
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?			
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?			
✓ Yes	☐ No	☐ N/A	Fire sprinkler tested per appropriate testing schedule?			
		I	Pipe & Fittings (visible)			
Yes	✓ No	☐ N/A	In good condition/No external corrosion?			
✓ Yes	☐ No	□ N/A	No leaks or mechanical damage?			
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?			
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?			
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?			

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### Fire Alarm Testing and Inspection Report

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

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

Property Information		6.	Testing Result Co	ontrol Un	it and Related Equipment
Description of System or Service	9		Notifications of T		2 2
Interface Component Test Resul	lt			_	_
System Power		8.	System Restored	to Norma	al Operation
In-Building Fire Emergency Voi		9.	Certification		
Communications System or Mas System	ss Notification	10	. Device Test R	esults	
Dronauty Informati	on				
<b>Property Informati</b>					
Name of Property:	CoN-Naples Pres				
Street Address:	1690 Tamiami Tr I Naples	State:	FI	7.	34102
City: Panel Location:	Closet inside Bldg			Zıp:	34102
Property Representative:	City of Naples Cor		vices		
Street Address:	280 Riverside Circ				
City:	Naples		FL	Zip:	34102
Phone:	(239) 213-7113	Fax:		Email:	Jalfano@naplesgov.com
Comments					

#### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Prote	ection			
Address:	28741 South Die	sel Drive Bonita	Springs, FL 341	35	
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 2:	
Means of transmission:	Cell Dialer				
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
		Fax·		E-mail:	
Thone.		1 421.		L man	
<ul> <li>2.1 Control Unit Manufacturer: FireLite</li> <li>2.2 Software Firmware Firmware revision number:</li> </ul>	3.1 B2		Model number: —	MS5-UD	
2.3 Primary (Main) Power					
Nominal voltage: 120Vac		os: 1A	Location	ouse panel on wall	_
Overcurrent protection type:	Breaker Amj	os: <u>20A</u>	Disconnecting	means location:	Breaker #16
2.4 Secondary Power  Type: Battery 2-12v 7Ah  Battery type (if applicable):  Calculated capacity of batter	Sealed Lead Acid		panel		
In standby mode (hours): 2					
2.5 Standby Current: .12			arm Current: <u>.7</u>		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

<b>1.1 Notification Appliance Power Extender P</b> Input voltage of control panel: N/A		Control pane	l amps:
Overcurrent protection:		Туре:	Amps:
Location (of primary supply panelboard):			•
Disconnecting means location:			
2 Batteries			
		Nominal	•
Location: N/A Type	<b>:</b>	Voltage: _	Rating:
Calculated capacity of batteries to drive the	system:		
In standby mode (hours):	In alar	rm mode (minute	s):
Overcurrent protection:  Location (of primary supply panelboard):  Disconnecting means location:			
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Battery condition			N/A
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			

#### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>/</b>	<b>V</b>	Pass
Lamps/LEDs/LCDs	<b>/</b>	<b>V</b>	Pass
Fuses			Pass
Trouble signals	<b>/</b>	<b>V</b>	Pass
Disconnect switches	<b>/</b>	<b>V</b>	Pass
Ground-fault monitoring			Pass
Supervision			Pass
Local annunciator			Pass
Remote annunciators	<b>/</b>	<b>V</b>	Pass
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	Pass
Load voltage	<b>/</b>		Pass
Discharge test			Pass
Charger test	<b>/</b>	<b>V</b>	Pass
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>✓</b>	Pass
Alarm restoration		<b>V</b>	Pass
Trouble signal		<b>V</b>	Pass
Trouble restoration		<b>✓</b>	Pass
Supervisory signal			
Supervisory restoration			

<ol> <li>Notifications of Testing Comp</li> </ol>	<u>leted</u>					
				Start	t	Completed
Monitoring organization: CMS	Contact:	Web	Time	e:	Time:	4:30pm
Building management: Receptionist	Contact:	All	Time	e:	Time:	4:30pm
Building occupants: All	Contact:	All	Time	e:	Time:	4:30pm
Authority having jurisdiction:	Contact:		Time	e:	Time:	
Other, if required:	Contact:		Time	e:	Time:	
8. System Restored to Normal O	peration					
Date: 11-25-19		Time:	4:30pm			
9. Certification						
This system as specified herein has been inspect	ed and tested according to	NFPA 72	, 2013 edition, Chap	oter 14.		
Signed:	Printed name: Willo	w Wolma	art	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 Re	presentative:					
The undersigned accepted the test report for the	system as specified herein	ı:				
Signed:	Printed name: Jaso	n Alfano		Date:	11-25-19	
Organization:	Title:			Phone:		

FIRE PROTECTION, INC. Name of Property: CoN-Naples Preserve

28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314 Street Address: 1690 Tamiami Tr N

City Naples State: FL

Zip: 34102

Panel Location: Closet inside Bldg

#### 10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector	Z1	Main room north east	Passed
Smoke detector	Z1	Main room south east	Passed
Smoke detector	Z1	Main room south west	Passed
Smoke detector	Z1	Main room north west	Passed
Smoke detector	Z1	Above fire panel	Passed
Pull station	Z2	By entry door	Passed
Smoke detector	Z1	Center peak	Passed
Smoke detector	Z1	Library	Passed
Pull station	Z2	West door	Passed
Horn / strobe	NAC	Main room east wall	Passed
Horn / strobe	NAC	Main room west wall	Passed
Horn / strobe	NAC	Outside Bldg west side	Passed
Strobe	NAC	Inside restroom	Passed
			Choose One



#### Fire Alarm Testing and Inspection Report

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

Lic #19672900011997 Lic #EC13005314

Date and Time of Inspection:	11/27/2019 14:49	Deficient
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#### **Table of Contents**

- 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**
- 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-Norris Commu	ınity Ce	nter		
Street Address:	755 8th Ave S				
City:	Naples	State:	FL	Zip:	34102
Panel Location:	755 8th Ave South			•	
Property Representative:	City of Naples Cont	ract Ser	rvices		
Street Address:	280 Riverside Circle	е			
City:	Naples	State:	FL	Zip:	34102
Phone:	(239) 213-3058	Fax			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 2:		
Means of transmission:	Radio					
Entity to which alarms						
are retransmitted:	City of Naples			Phone:		
Authority having jurisdiction						
over this property:	City of Naples					
1 1 *		Fax:		E-mail:		
Onsite location of the required  2. Description of System  2.1 Control Unit  Manufacturer: FireLite  2.2 Software Firmware	or Service	Ŷ	Model number:	MS9050UD		
Firmware revision number:	Factory					
2.3 Primary (Main) Power			- · D	istribution panel B		
Nominal voltage: 120VAc		ips: 3	Location. —		Drooker #1	
Overcurrent protection type	: <u>Breaker</u> Am	ips: 20	Disconnecting	means location:	Dreaker # I	
2.4 Secondary Power  Type: 2-12V/7AH  Battery type (if applicable): Calculated capacity of batte In standby mode (hours):	Sealed Lead Aci	system:				
in standby mode (nours):		111 a1a1111 11100	le (minutes): $\frac{5}{}$			

#### 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

Input voltage of control panel:	Extender Panel 120	Control par	nel amne:	3	
Overcurrent protection: Breake	Type:		Amps: 4		
Location (of primary supply part Disconnecting means location:	elboard): By FACP			•	
2 Batteries					
		Nominal		•	
Location: In panel	Type: Sealed lead	Voltage:	12	Rating: $\frac{7}{}$	
Calculated capacity of batteries	to drive the system:				
In standby mode (hours): 24	•	n mode (minu	tes). 5		
•		ii iiiode (iiiiid			
. In-Building Fire Emergency .1 Primary Power	Voice Alarm Commui	nications Sy	stem or N	<b>Aass Notification S</b>	
. In-Building Fire Emergency  1 Primary Power  Input voltage of EVACS or MN	<b>Voice Alarm Commun</b> S panel: 120	nications Sys	stem or N	Mass Notification S  unel amps: 4A	
. In-Building Fire Emergency  .1 Primary Power  Input voltage of EVACS or MN  Overcurrent protection: Breake	Voice Alarm Commun S panel: 120	nications Sys	stem or Nor MNS pa	Mass Notification S  unel amps: 4A	
. In-Building Fire Emergency  1 Primary Power  Input voltage of EVACS or MN	S panel: 120  Type: By FACP	nications Sys	stem or Nor MNS pa	Mass Notification S  unel amps: 4A	

#### **5.2** Secondary Power

Description	Visual	Functional	Comments
	Inspection	Test	
Battery condition			
Load voltage			
Discharge test		<b>/</b>	
Charger test			
Remote panel batteries	<b>/</b>		

#### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>		
Load voltage		<b>/</b>	FACP BATT EXPIRED 2014
Discharge test		<b>✓</b>	
Charger test		<b>/</b>	
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual Inspection	Functional Test	Comments
Alarm signal		<b>V</b>	
Alarm restoration			
Trouble signal		<b>V</b>	
Trouble restoration		<b>V</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration	<b>V</b>	<b>V</b>	

. Notifications of Testing (	Completed				
				Start	Complete
Monitoring organization: Y	Contact:	CMS	Time:	8:00an	Time: 11:00am
Building management: Y	Contact:	Jason Alfano	Time:	8:00an	Time: 11:00am
Building occupants: Y	Contact:	ΔII	Time:	8:00an	Time: 11:00am
Authority having jurisdiction:	Contact:		Time:		Time:
Other, if required:	Contact:		Time:		Time:
. System Restored to Norm	nal Operation				
Date: 11-27-2019	7	ime: 11:00an	n		
). Certification					
This system as specified herein has been	n inspected and tested according to N	VFPA 72, 2013 edit	ion, Chapte	r 14.	
Signed:	Printed name: Felix S	olano		Date:	11-27-2019
Organization: NFP	Title: Inspector			Phone:	239-514-7155
Qualifications: FASA	_				
.1 Acceptance by Owner or Owner  The undersigned accepted the test report	•				
Signed:	Printed name: Jason	Alfano		Date:	11-27-2019
Organization:	Title: Management			Phone:	239-213-7113

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Norris Community Center

Street Address: 755 8th Ave S 28741 South Diesel Drive

State: FL City Naples Zip: 34102

Panel Location: 755 8th Ave South Lic#19672900011997 Lic#EC13005314

#### 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

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Norris Community Center

Street Address: 755 8th Ave S 28741 South Diesel Drive

State: FL City Naples Zip: 34102

Panel Location: 755 8th Ave South Lic#19672900011997 Lic#EC13005314

#### 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 preformance	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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nspections - 1	
Fire	
annal	4
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xhibit	Y

## Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.							
28741 So Bonita Sp	28741 South Diesel Drive Bonita Springs, FL 34135		Check One:	New Installation	Existing Unit	ng Unit		
Lic #1967290001	(203) 314-7153 (FdX) 314-7154 Lic#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potab]	Potable Service	Reclaimed Service	ice
Job Name:	CoN-Norris Community Center	nmunity Center			Address: 755 8th Ave S	Ave S		City: Naples
Location:	SE corner of property	operty		Assen	Assembly Type: Wilkins		State: FL	Zip: 34102
Model#:	450DA		Size: 6"		Serial #: P00599		Meter#: 956	9560200
		Reduced Pressure	ıre	Drocell mo Vo	Processing Vacuum Brooker	<u> </u>	Detector Loon Device	
	Double	Double Check		riessure v ac	dulli Dicaker		erector Doop Dev	100
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
1,1,1,1,1	PSID [1.4	PSID 1.6	Opened	Opened	Opened	PSID [	PSID [	Opened
	Passed /	Passed	@FSID	(@PSID	(@PSID	Passed	Passed	(@PSID
5	Leaked	Leaked [	Did Not Open	Did Not Open	Did Not Open	Leaked	Leaked	DidNot Open
Parts &								
Repairs								
Final	PSID [	PSID	Opened (a) PSID	Opened	Opened @PSID	PSID Passed	PSID [ ]	Opened (@PSID
Test	Passed Leaked	Passed Leaked	Did Not Open	Did Not Open	Did Not Open	Leaked	Fassed Leaked	Did Not Open
Comments:								
					Date:	11/27/2019	Result:	Passed
I	Inspector Name / Certification #:	,	Richard Amburgey BT9023	3T9023		Signature:	#	
J	Customer Name:	City of Naples	City of Naples Contract Services			Signature:		

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Inspections -	
al Fire	4
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## Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.			[	[			
28/41 SC Bonita Sp (239) 514-71	28/41 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154		Check One:	New Installation	Existing Unit	ng Unit	[	
Lic #196729000	Lic #19672900011997 Lic #EC13005314		Check One:	Fireline Service	Potab	Potable Service	Reclaimed Service	ice
Job Name:	CoN-Norris Community Center	nmunity Center			Address: 755 8th Ave S	Ave S		City: Naples
Location:	SE corner of property	pperty		Assen	Assembly Type: Wilkins		State: FL	Zip: 34102
Model#:	950 XL		Size: 3/4"		Serial #: 1698654		Meter#: 956	9560200
		Reduced Pressure	ıre					
	Double	Double Check		Pressure Vac	Pressure Vacuum Breaker		Detector Loop Device	ice
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
17,77	PSID 0	PSID 2.0	Opened	Opened	Opened	PSID	PSID	Opened
Test	Passed	Passed 🗸	@PSID		(a) PSID	Passed	Passed	@PSID
	Leaked 🗸	Leaked	Did Not Open	Did Not Open	Did Not Open	Leaked	Leaked	Did Not Open
Parts								
ઝ								
Repairs								
Final Test	PSID Passed	PSID Passed	Opened (@ PSID Did Not	Opened @PSID Did Not	Opened (@PSID Did Not	PSID Passed	PSID Passed	Opened @PSID Did Not
	Leaked	Leaked	Open	Open	Open	Leaked	Leaked	Open
	Suggest nev	Suggest new clean, flush, new rubber kit		and retest				
Comments:								
					Date:	11/27/2019	Result:	pel
_	Inspector Name / Certification #:	,	Richard Amburgey BT9023	BT9023		Signature:	#	
	Customer Name:	City of Naples	City of Naples Contract Services	S		Signature:		



Fire Sprinkler
Testing and Inspection Report

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

Date and Time of Inspection:	11/27/2019 07:27		
<b>Property Information</b>			
Name of Property:	CoN-Norris Commu	unity Center	
Street Address:	755 8th Ave S		
City:	Naples	_	34102
Property Representative:	City of Naples Cont	tract Services	
Street Address:	280 Riverside Circle		0.4400
City:	Naples 7110	_ State: FL Zip	: 34102
Phone:	(239) 213-7113	Email: Jaira	ano@naplesgov.com
Fire Department:	City of Naples	Results: No	Deficiencies
Type of Inspection:	Annual	Semi-Annually	Quarterly
Tag Installed:	Green	Yellow	Red
Comments	<del></del>	<del></del>	<del>_</del>
Customer Name: CNATS		Customer Signature:	
Inspector Name: Amburgey		Inspector Signature:	A CANA

#### General

Building Commercial/ Theater	
Location of sprinkler valve SE corner of property	
Type of sprinkler system	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?	Locked  Tamper Switch
Are valves identified with signs?	□ 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
INSPECT	TIONS
Quarterly	
Gauges	
	Dania and within Europe Internet 10
	Replaced within 5-year Interval?
Yes No Normal wa	ter pressure maintained?
Control Valve	es
Yes No N/A Supervisor	ry switches send signals to fire panel?
Yes No N/A In the corre	ect (open or closed) position?
Yes No N/A Sealed, loc	cked, or supervised?
Yes No N/A Accessible	?
Yes No N/A Free from	damage or leaks?
Yes No N/A Proper sign	nage?
Yes No N/A Valves clos	sed and reopened?

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			Alarm Devices
Water 0	Gong 🔽 🔻	/ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
			Fire Department Connections
✓ Yes	☐ No	N/A	Visible and accessible?
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?
			Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
✓ Yes	☐ No	N/A	Backflow preventer -Test?
<b>✓</b> Yes	☐ No	N/A	Backflow preventer - Flow test?
Static PSI <b>70</b>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflow.
<b>✓</b> Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2	conds How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
_	_	P	ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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#### Fire Alarm Testing and Inspection Report

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

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

Annually Semi-Annuall	y Quarterly Results Non 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	<b>.</b>
4. System Power	8. System Restored to Normal Operation
5 In-Ruilding Fire Emergency Voice Alarm	9. Certification

**10.** Device Test Results

#### 1. Property Information

5. In-Building Fire Emergency Voice Alarm

**Communications System or Mass Notification** 

Name of Property:	CoN-North Parking	Garage			
Street Address:	400 8th Street Sout	h			
City:	Naples	State:	FL	Zip:	34102
Panel Location:	East side of Bldg in	side Ele	ctrical room	1	
Property Representative:	City of Naples Cont	ract Ser	vices		
Street Address:	280 Riverside Circle	Э			
City:	Naples	State:	FL	Zip:	34102
Phone	(239) 213-7113	Fax:			Jalfano@naplesgov.com

#### 1.1 Comments

System

- 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 Prote	ection			
Address:	28741 South Die	sel Drive Bonita	Springs, FL 3413	35	
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 2:	
Means of transmission:					
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
		Fax:		E-mail:	
<ul> <li>2.1 Control Unit Manufacturer: Firelite</li> <li>2.2 Software Firmware Firmware revision number:</li> </ul>	06.0 B3	<u> </u>	Model number:	MS 9200UDLS	
2.3 Primary (Main) Power Nominal voltage: 120 VAC	Λm	os: 2A	Location: Sa	ame room as FACP,	Panel MP1
Overcurrent protection type		os: <u>20A</u>	Location. —	means location:	
2.4 Secondary Power  Type: Battery 2-12v 7Ah  Battery type (if applicable):	Sealed Lead Acid		panel		
Calculated capacity of batte In standby mode (hours):					
2.5 Standby Current: .16	A	mps Ala	arm 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

<b>I.1 Notification Applia</b> Input voltage of cor			_ Control pane	el amps:
	_		_	Amps:
Location (of primar	y supply panelboard):			•
Disconnecting mean	ns location:			
.2 Batteries				
			Nominal	•
Location: N/A	Туре	:	Voltage: _	Rating:
Calculated capacity	of batteries to drive the	system:		
In standby mode (he	ours):	In ala	rm mode (minute	es):
Location (of primar	y supply panelboard):  ns location:			
.2 Secondary Power				
Desc	cription	Visual Inspection	Functional Test	Comments
Battery condition				N/A
Load voltage				
Discharge test				
Charger test				

#### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision		<b>V</b>	
Local annunciator			
Remote annunciators			
Remote power panels			

#### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition			Failed
Load voltage			Failed
Discharge test			Failed
Charger test			Failed
Remote panel batteries			

#### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>\</b>	
Alarm restoration		<b>V</b>	
Trouble signal		<b>V</b>	
Trouble restoration	<b>~</b>	<b>V</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration	<b>V</b>	<b>V</b>	

<b>7. Notifications of Testing Con</b>	<u>npleted</u>					
				Start		Complet
Monitoring organization: Yes	Contact:	Web	Time:		Time:	1pm
Building management: Yes	Contact:	All	Time:		Time:	1pm
Building occupants: Yes	Contact:	All	Time:		Time:	1pm
Authority having jurisdiction:	Contact:		Time:		Time:	
Other, if required:	Contact:		Time:		Time:	
Date: 11-16-19	Орстации	Time: 1pm			_	
• Certification  This system as specified herein has been insp	ected and tested according to	o NFPA 72, 2013 edi.	tion, Chapte	er 14.		
Signed:	Printed name: Willo	w Wolmart		Date:	11-16-19	
Organization: Naples Fire Protection	on Title: Inspector			Phone:	239-514-7155	
Qualifications: FASA/BASA						
2.1 Acceptance by Owner or Owner's	Representative:					
The undersigned accepted the test report for	the system as specified herein	<i>1</i> :				
Signed:	Printed name:			Date:	11-16-19	
Organization:	Title			Phone:		

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-North Parking Garage

28741 South Diesel Drive Street Address: 400 8th Street South

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 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

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
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

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# Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.	•	Λ.	Ò		•	
28741 So Bonita Sp (239) 514-71	28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154	Check One:	New Installation	<b>Z</b> Existing Unit	ng Unit		
Lic #1967290001	Lic#19672900011997 Lic#EC13005314	Check One:	Fireline Service	Potabl	Potable Service	Reclaimed Service	ice
Job Name:	CoN-North Parking Garage			Address: 400 8th S	400 8th Street South		City: Naples
Location:	West side of Bldg		Assem	Assembly Type: Febco		State: FL	Zip: 34102
Model#:	876	Size: 8"		Serial #: 985131303	23	Meter #: 104	10430421
	Reduced Pressure	essure	4	-			
	Double Check		Fressure Vac	Fressure Vacuum Breaker	<b>-</b>	Detector Loop Device	лсе
	#1 Check Valve   #2 Check Valve		Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
Initial	PSID 2.4 PSID 2.6	Opened	Opened	Opened Opened	PSID [	PSID [	Opened Open
Test	Passed V Passed V	Did Not	Did Not	Did Not	Passed	Passed	DidNot
	Leaked Leaked	Open	Open	Open	Leaked	Leaked	Open
Parts &							
Repairs							
[5.5]	PSID RSID	Opened (@ PSID	Opened Opened	Opened (@PSID	PSID FSID	PSID CISA	Opened (a)PSID
Test	Passed Passed Leaked Leaked	Did Not Open	Did Not Open	Did Not Open	Passed Leaked	Passed	Did Not Open
	Backflow tested good						
Comments:							
				Date:	11/16/2019	Result	Passed
Ι	Inspector Name / Certification #:	Willow Wolmart BT6706	16706	8	Signature:		9
J	Customer Name: City of Na	City of Naples Contract Services	Se	S	Signature:		

1 of 1

# Backflow

					Dacino			
			Inspec	ection, Testing, and Maintenance Report	ng, and N	<b>Aaintena</b>	nce Repo	ort
FIRE PRO	FIRE PROTECTION, INC.		1		)		l	
Bonita Sp	28741 South Diesel Drive Bonita Springs, FL 34135		Check One:	New Installation	<b>V</b> Existing Unit	ng Unit		
(239) 514-71 Lic#1967290001	(259) 514-7159 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potabl	Potable Service	Reclaimed Service	ice
Job Name:	CoN-North Parking Garage	king Garage			Address: 400 8th S	400 8th Street South		City: Naples
Location:	West side of Bldg	gp		Assem	Assembly Type: Febco		State: FL	Zip: 34102
Model#:	805YB		Size: 3/4"		Serial #: A 007336		Meter #: 104	10430421
	Double	Reduced Pressure	ıre	Pressure Vac	Pressure Vacuum Breaker	Q	Detector Loop Device	ice
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
	PSID 0	PSID 0	Opened	Opened	Opened	PSID	PSID [	Opened
Test	Passed	Passed	@FSID—Did Not	(a.PSID) Did Not	(@PSID — Did Not	Passed	Passed	@PSID ———DidNot
	Leaked 🗸	reaked 🖊	Open	Open	Open	Leaked	Leaked	Open
Parts &								
Repairs								
Line	PSID [	PSID	Opened (a) PSID	Opened (@PSID	Opened Opened	PSID GIST	PSID [	Opened (@PSID
Test	Passed	Passed	Did Not Open	Did Not Open	Did Not Open	Passed	Passed	Did Not Open
	Backflow fail	led test. Need	to replace 2 tes	Backflow failed test. Need to replace 2 test cocks and re-test				
Comments:								

1 of 1Rev #6 10/3/2018

Date: 11/16/2019

Signature: Signature:

Inspector Name / Certification #: Willow Wolmart BT6706

City of Naples Contract Services

Customer Name:

Inspector Name: Willow Wolmart



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

# Fire Sprinkler Testing and Inspection Report

72900011997 Lic #EC13005314						
Date and Time of Inspection:	11/16/2019 14:11					
<b>Property Information</b>						
Name of Property: Street Address: City: Property Representative: Street Address: City: Property Representative: City: Street Address: City: Phone: City: Phone: City: Annual  Semi-Annually  Red  ON-North Parking Garage  400 8th Street South  Naples State: FL Zip: 34102  Zip: 34102  Email: Jalfano@naplesgov.com  Results: Critical  Type of Inspection: Annual  Green  Yellow  Red						
Comments						
to be replaced.  2. Need to replace 12 nuts and cut the bolt to replace them.  3. Both packing on 6" Kennedy 4. 2-1/8" test cocks on 3/4" febetest cock leaking while testing.  5. Backflow is building corrosio 6. Uprights are due for their 20 7. Victaulic test and drain on th 8. Missing spare sidewall Sprin 9. 3rd floor center of parking ga 10 sprinklers in garage are due	arage, has 2 section of corroded pipe.					
Customer Name:	Customer Signature:					

Additional Comments:	

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### General Building Garage Location of sprinkler valve West side of Bldg ☐ Deluge Type of sprinkler system **V** Wet ☐ Dry → Preaction Make and model of sprinkler valve **Butterfly Valves** Hydraulic Calculation Plate is Secure and Legible: ✓ Yes ΠNο □ N/A Location of Hydraulic Calculation Plate: On riser Have all deficiencies reported at last inspection corrected? □ N/A ✓ Yes ☐ No Prior inspection reports available for review? ✓ Yes ΠoN **│** N/A **Backflow Preventer** DC Type: Relief valve on RP type not showing discharge? N/A Yes No **Valves** How are valves supervised? Sealed Locked ✓ Tamper Switch Are valves identified with signs? **✓** Yes □ 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 Is system hydraulically calculated? ✓ Yes 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 ∃N/A Normal water pressure maintained? **Control Valves**

☐ No ✓ Yes □ N/A Supervisory switches send signals to fire panel? ✓ Yes ☐ No □ N/A In the correct (open or closed) position? ✓ Yes ΠNο ΠN/A Sealed, locked, or supervised? ∏ No ✓ Yes □ N/A Accessible? Yes **V** No ΠN/A Free from damage or leaks? N/A Proper signage? ✓ Yes No ✓ Yes Valves closed and reopened? N/A

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		Al	arm Devices
Water G	Gong 🔽 🕻	Vane	Type?
✓ Yes	☐ No	□ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire Dep	artment Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	□ N/A	Check valve is free of leaks?
		Press	ure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
✓ Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
✓ Yes	☐ No	☐ N/A	Backflow preventer -Test?
✓ Yes	☐ No	☐ N/A	Backflow preventer - Flow test?
Static PSI <u>75</u>	Residual PSI _	Returned Static 75	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
On riser			Location of main drain
		1 Seconds	How many seconds for static pressure to re-establish?

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Fire Pump						
Yes	☐ No	✓ N/A	Started Automatically?			
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?			
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?			
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?			
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?			
Yes	☐ No	✓ N/A	Pump is in good condition?			
			Sprinklers (visible)			
✓ Yes	☐ No	□ N/A	No damage or leaks?			
✓ Yes	☐ No	☐ N/A	Free of corrosion, foreign material, paint?			
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?			
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?			
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?			
✓ Yes	☐ No	□ N/A	Escutcheons are not missing, painted or rusted?			
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?			
✓ Yes	☐ No	□ N/A	Cabinet has proper number and type of spares?			
Yes	✓ No	□ N/A	Cabinet has proper wrench for each type provided?			
✓ Yes	☐ No	□ N/A	Cabinet location temperature does not exceed over 100 degrees?			
Yes	✓ No	☐ N/A	Fire sprinkler tested per appropriate testing schedule?			
		ı	Pipe & Fittings (visible)			
Yes	✓ No	☐ N/A	In good condition/No external corrosion?			
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?			
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?			
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?			
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?			

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# Fire Alarm Testing and Inspection Report

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

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

1. Property Information		6 та	sting Dosult C	antual IIn	it and Dalated Fauinment		
- ·		0. 16	sting Result Co	ontroi On	it and Related Equipment		
2. Description of System or Service		7. No	tifications of <b>T</b>	esting Co	mpleted		
<ul><li>3. Interface Component Test Result</li><li>4. System Power</li></ul>		8. Sy	stem Restored	to Norma	l Operation		
·			9. Certification				
<ol><li>In-Building Fire Emergency Voi Communications System or Mas</li></ol>		9. Ce	rtification				
System System of Was	5 Notification	10.	<b>Device Test R</b>	esults			
City: Naples		raic	L	Zip:	34102		
City:	Naples S	State: F	L	Zip:	34102		
Panel Location:	2nd floor hallway by						
Property Representative:							
Street Address:		State: F	 1	77.	34102		
City:	(000) 010 7110			Zip: Email:	Jalfano@naplesgov.com		
Phone:							
Phone:							

# 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protection	on			
Address:	28741 South Diesel I	Orive Bonita S	prings, FL 3413	35	
Phone:	239-514-7155	Fax: 2	239-514-7154	E-mail:	
Monitoring organization:	Local Only				
Address:					
Phone:		Fax:		E-mail:	
Account number:	Ph	one line 1:		Phone line 2:	
Means of transmission:					
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
		Fax:		E-mail:	
<ul> <li>2. Description of System</li> <li>2.1 Control Unit  Manufacturer: Simplex</li> <li>2.2 Software Firmware  Firmware revision number:</li> </ul>				4005	
2.3 Primary (Main) Power					
Nominal voltage: 120Vac	Amps:				
Overcurrent protection type	Breaker Amps:	20A E	Disconnecting	means location:	Breaker #17
2.4 Secondary Power  Type: Battery 2-12v 12Ah  Battery type (if applicable): Calculated capacity of batte In standby mode (hours):	ries to drive the syste	em:			
2.5 Standby Current: .41			·	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 P Input voltage of control panel: 120V	anel	Control par	nel amps:	9A
Overcurrent protection: Breaker		Type:	•	Amps: <u>20A</u>
Location (of primary supply panelboard):	Inside FACP	room		
Disconnecting means location: Realer #1	17			
.2 Batteries				
		Nominal		1
Location: Inside NAC Panel Type	: Seal LA	_ Voltage:	12	_ Rating: <u>7Ah</u>
Calculated capacity of batteries to drive the	system:			
In standby mode (hours): 24	In alar	m mode (minu	tes): <u>5</u>	
Input voltage of EVACS or MNS panel:  Overcurrent protection:  Location (of primary supply panelboard):  Disconnecting means location:	Type:		Am	
.2 Secondary Power				
Description	Visual	Functional		Comments
	Inspection	Test		
Battery condition				N/A
Load voltage				
Discharge test				
Charger test				
Remote panel batteries				

# 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	
Load voltage		<b>V</b>	
Discharge test		<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

## **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
	Inspection	Test	
Alarm signal			Local Only
Alarm restoration		<b>✓</b>	Local Only
Trouble signal		<b>/</b>	Local Only
Trouble restoration		<b>✓</b>	Local Only
Supervisory signal		<b>V</b>	Local Only
Supervisory restoration			Local Only

7. Notifications of Testing Con	<u>apieted</u>			Start		Complete
Monitoring organization: No	Contact:		Time:		Time:	Complete
Building management: Yes	Contact:	All	Time:	8am	Time:	4pm
Building occupants: Yes	Contact:	All	Time:	8am	Time:	4pm
Authority having jurisdiction:	Contact	:	Time:		Time:	
Other, if required:	Contact		Time:		Time:	
8. System Restored to Normal	<b>Operation</b>					
Date: 12-09-19		Time: 4pm				
9. <u>Certification</u> This system as specified herein has been insp	ected and tested according	to NFPA 72, 2013 edit	tion, Chapte	r 14.		
Signed:	Printed name: Will	ow Wolmart		Date:	12-09-19	1
Organization: Naples Fire Protection	Title: Inspector			Phone:	e: <b>239-514-7155</b>	
Qualifications: FASA/BASA						
9.1 Acceptance by Owner or Owner's The undersigned accepted the test report for the second se	•	in:				
Signed:	Printed name: Bob	Plamondon		Date:	12-09-19	
Organization: Title: Pl			Phone:			

FIRE PROTECTION, INC. Name of Property: CoN-Police & Fire Services

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

City Naples	State: FL	Zip: 34102
		·

Lic#19672900011997 Lic#EC13005314 Panel Location: 2nd floor hallway by 911

Street Address: 355 Riverside Circle

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

Name of Property: CoN-Police & Fire Services

Street Address: 355 Riverside Circle

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

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 2nd floor hallway by 911

<b>Device Type</b>	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

Name of Property: CoN-Police & Fire Services FIRE PROTECTION, INC.

Street Address: 355 Riverside Circle 28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314

State: FL Zip: 34102 City Naples

Panel Location: 2nd floor hallway by 911

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.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Police & Fire Services

28741 South Diesel Drive Street Address: 355 Riverside Circle

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 2nd floor hallway by 911

Device Type	Address	Location	Test Results
Smoke Detector		2nd floor generator room	Passed
Strobe		2nd floor men's restroom	Passed
Strobe		2nd floor women's restroom	Passed
Heat Detector		1st floor elevator mechanical room / Visual only	Passed
Smoke Detector		1st floor elevator mechanical room	Passed
			Choose One



# Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/9/2019 14:30			
<b>Property Information</b>				
Name of Property:				
Street Address:	355 Riverside Circle			
City:	Naples	State: FL	Zip: <u>{</u>	34102
Property Representative:	City of Naples Cont			
Street Address:	280 Riverside Circle			3/102
City:	Naples (239) 213-7113	State: FL		34102 o@naplesgov.com
Phone:	(209) 210-7110		Email. <u>Janan</u>	<u>o e napicagov.com</u>
Fire Department:	City of Naples		Results: Non	Critical
Type of Inspection:	Annual	Se	emi-Annually	Quarterly
Tag Installed:	Green	Ye	ellow	Red
Comments				
1. 911 entrance second floor has c	orroded pendent sp	rinkler 155*	SR. White pen	dent.
2. Corroded and leaking pipe on s replace.	outh riser inside sta	nirwell. Pipe	leaks inside the	e bldg and needs to be
3. 1st floor Mech / Fuel storage roremove sprinklers and install new		nead box that	has VRP sprin	klers inside. Need to
4. Old reseption area has one miss	sing Central model	H chrome es	cutcheon in fro	ont of mechanical room.
5. Old Bldg Evidence processing a	room has damage s	prinkler		
	C	1		
Customer Name:		Customer S	Signature:	
Inspector Name: Willow Wo	lmart	Inspector S	ignature:	1-100

Additional Comments:	

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# General

Building Office building					
Location of sprinkler valve South east side of building	g/ north west side of building by electrical room				
Type of sprinkler system	Dry Deluge Preaction				
Make and model of sprinkler valve PIV/ butterfly values					
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?	Locked Tamper Switch				
Are valves identified with signs?	No N/A				
Pumps (See Chapter 8 of NFPA 25)					
Is fire pump Diesel	Electric Gasoline V 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				
INSPECT	IONS				
Quarterly					
Gauges					
✓ Yes No N/A Tested or Re	eplaced within 5-year Interval?				
Yes No Normal water	er pressure maintained?				
Control Valves					
Yes No NA Supervisory	switches send signals to fire panel?				
Yes No N/A In the correct	ct (open or closed) position?				
Yes No N/A Sealed, lock	ed, or supervised?				
Yes No N/A Accessible?					
Yes No N/A Free from da	amage or leaks?				
Yes No N/A Proper signa	age?				
✓ Yes No N/A Valves closed and reopened?					

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		Ala	arm Devices
Water 0	Gong ✓ \	/ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	□ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire Depa	artment Connections
✓ Yes	☐ No	□ N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	□ N/A	Check valve is free of leaks?
		Pressu	ure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
✓ Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <u>100</u>	Residual PSI _	Returned <b>70</b>	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
On riser			Location of main drain
		1 Seconds	How many seconds for static pressure to re-establish?

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Fire Pump						
Yes	☐ No	✓ N/A	Started Automatically?			
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?			
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?			
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?			
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?			
Yes	☐ No	✓ N/A	Pump is in good condition?			
			Sprinklers (visible)			
Yes	<b>✓</b> No	□ N/A	No damage or leaks?			
Yes	<b>✓</b> No	☐ N/A	Free of corrosion, foreign material, paint?			
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?			
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?			
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?			
Yes	✓ No	□ N/A	Escutcheons are not missing, painted or rusted?			
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?			
Yes	✓ No	□ N/A	Cabinet has proper number and type of spares?			
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?			
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?			
✓ Yes	☐ No	☐ N/A	Fire sprinkler tested per appropriate testing schedule?			
		F	Pipe & Fittings (visible)			
Yes	✓ No	☐ N/A	In good condition/No external corrosion?			
Yes	✓ No	☐ N/A	No leaks or mechanical damage?			
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?			
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?			
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?			

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# Fire Alarm Testing and Inspection Report

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

		Date and Time of In	spection:	11/26/2019 13:46
Annually 🖊	Semi-Annually	Quarterly	Results	Non Critical
able of Contents				
1. Property Information		6. Testing Result Contr	ol Unit and	l Related Equipment
2. Description of System or Service	9	7. Notifications of Testi	ng Comple	ted
3. Interface Component Test Resu	lt			
4. System Power		8. System Restored to N	vormai Ope	eration
5. In-Building Fire Emergency Vo		9. Certification		
Communications System or Mas System	SS Notification	10. Device Test Resul	lts	
. Property Informati	<u>on</u>			
Name of Property:	CoN-River Park Aquat	ic Center		
Street Address:	451 11th Street N			
City:		ate: FL	Zip: <u>341</u>	02
Panel Location:	451 11th street north			
Property Representative:	City of Naples Contract	t Services		
Street Address:	280 Riverside Circle Naples	FI	7in: 341	
City:	(000) 010 7110	ax:En	Z.ip	ano@naplesgov.com
Phone:	, , , , , , , , , , , , , , , , , , ,	ax: EII	nan: ——	<u> </u>
1.1 Comments				
	ANNUAL F/	A INSPECTION		
Horn strobe by Pool office	N1-2 horn side di	d not activate need t	to replace	€.
2. Tested 18 E-Lights all ok.				

N	//A	

# 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Pro	tection			
Address:	28741 South Die	esel Drive Bonita	Springs, FL 3413	35	
Phone:	239-514-7155	_ Fax:	239-514-7154	_ E-mail:	
Monitoring organization:	CNAC				
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				
		Fax:		E-mail:	
1.3 Documentation					
Onsite location of the required  Description of System  2.1 Control Unit  Manufacturer: EST  2.2 Software Firmware  Firmware revision number:	or Service		Model number:		
2.3 Primary (Main) Power Nominal voltage: 120VAc20	An	nps: 1.25A	Location: M	echanical room , pa	anel PPA
Overcurrent protection type	Breaker Am			means location:	
2.4 Secondary Power					
Type: Batteries 12v 7AH	Loc	cation: FACP			
Battery type (if applicable):	Sealed Lead Ac	id			
Calculated capacity of batte	ries to drive the	system:			
In standby mode (hours):			e (minutes): <u>5</u>	min	
2.5 Standby Current: .19	A		arm Current: 2.		Amps

# 3. Interface Component Test Result

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

# 4. System Power

<b>1.1 Notification Appliance Power Exte</b> Input voltage of control panel: N/A		<ul><li>Control panel</li></ul>	l amps:
Overcurrent protection:		•	•
Location (of primary supply panelbo		• •	
Disconnecting means location:	, 		
.2 Batteries			
		Nominal	1
Location: N/A	Type:	Voltage: _	Rating:
Calculated capacity of batteries to de	ive the system:		
In standby mode (hours):	In al	arm mode (minutes	s):
Overcurrent protection:  Location (of primary supply panelbo Disconnecting means location:	ard):		
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Description  Battery condition			Comments N/A
Battery condition			
Battery condition  Load voltage			

# 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>V</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision		<b>V</b>	
Local annunciator	<b>V</b>		
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

## **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	FACP Batt-2016
Load voltage		<b>/</b>	
Discharge test		<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>✓</b>	
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration		<b>✓</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration		<b>V</b>	

. Notifications of Testing Col	npieted				
				Start	Complete
Monitoring organization: Y	Contact:	CMS	Time:	12:30pr	<b>n</b> Time: 3:00pm
Building management: Y	Contact:		Time:	12:30pr	n Time: 3:00pm
Building occupants: Y	Contact:	All	Time:	12:30pr	<b>n</b> Time: 3:00pm
Authority having jurisdiction: Y	Contact:	City of Naples	Time:		Time:
Other, if required:	Contact:		Time:		Time:
B. System Restored to Normal	Operation				
Date: 11-26-2019		Time: 3:00pm			
9. <u>Certification</u>					
This system as specified herein has been ins	pected and tested according to	o NFPA 72, 2013 edit	on, Chapte	r 14.	
Signed: Link	Printed name: Felix	Solano		Date:	11-26-2019
Organization: Naples Fire Protection	Title: Inspector			Phone:	239-514-7155
Qualifications: FASA	-				
2.1 Acceptance by Owner or Owner's	Representative:				
The undersigned accepted the test report for	the system as specified herein	ı:			
Signed:	Printed name: Jaso	n Alfano		Date:	11-26-2019
Organization:	Title: Management	t .		Phone:	239-213-7113

Name of Property: CoN-River Park Aquatic Center FIRE PROTECTION, INC.

Street Address: 451 11th Street N 28741 South Diesel Drive Bonita Springs, FL 34135 City Naples (239) 514-7155 (Fax) 514-7154

Panel Location: 451 11th street north

State: FL

Zip: 34102

# 10. Device Test Result

Lic#19672900011997 Lic#EC13005314

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

Name of Property: Co

FIRE PROTECTION, INC. Name of Property: CoN-River Park Aquatic Center

28741 South Diesel Drive Street Address: 451 11th Street N

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 451 11th street north

# 10. Device Test Result

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Device Type	Address	Location	Test Results
Smoke Detector	114	Laundry Room	Passed
Pullstation	013	Pool Equipment Rm.	Passed
Horn Strobe		Laundry Rm	Passed
Pullstation	017	Laundry Rm	Passed
Waterflow	018	Bathhouse	Passed
Tamper	019	Bathhouse	Passed
			Choose One

12-30-19	
nspections - 1	
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# Backflow

# Inspection, Testing, and Maintenance Report

IKE PRO	IKE PROTECTION, INC.								
28741 Sc Bonita Sp	28741 South Diesel Drive Bonita Springs, FL 34135		Check One:	New Installation	<b>Existing Unit</b>	ng Unit			
(239) 514-7 c#196729000	(239) 514-7159 (Fax) 514-7154 c#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potab]	Potable Service	Reclaimed Service	ice	
ob Name:	CoN-River Park Aquatic Center	Aquatic Center			Address: 451 11th Street N	Street N		City: Naples	
ocation:	NE corner of building	lding		Assem	Assembly Type: Wilkins		State: FL	Zip: 34102	
Iodel#:	450DA		Size: 4"		Serial #: P06160		Meter #: 437	43785624	
		Poducod Procento	0,411						
	Double Check	Check		Pressure Vac	Pressure Vacuum Breaker	Ď	Detector Loop Device	ice	
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	
	PSID <b>4.2</b>	PSID 4.4	Opened	Opened	Opened Opened	PSID [	PSID [	Opened	
Test	7	Passed	WrsiD	(@PSID	@rsiD	Passed	Passed	@PSID	
	Leaked	Leaked	Did Not Open	Open	Did Not Open	Leaked	Leaked	Open	
Parts									
& Repairs									
	PSID	PSID	Opened	Opened	Opened	PSID	PSID	Opened	T
Final	December		@ PSID	@PSID	@PSID	Passed	Passed	@PSID	_
Test	Leaked	rassed	Did Not Open	Did Not Open	Open Open	Leaked	Leaked	Did Not Open	
omments:	•••								
					Date:	11/26/2019	Result:	Passed	
,	Inspector Name / Certification #:	,	Richard Amburgey BT9023	ВТ9023		Signature:	#		
	Customer Name:	City of Naple	City of Naples Contract Services	Ø	V.	Signature:			
	CHOUSTING T WITH.								

# Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.			Ó			
28741 So Bonita Sp	28741 South Diesel Drive Bonita Springs, FL 34135	Check One:	New Installation	<b>V</b> Existing Unit	ng Unit		
(239) 514-71 Lic #1967290001	(z39) 514-7155 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314	Check One:	Fireline Service	Potab]	Potable Service	Reclaimed Service	ice
Job Name:	CoN-River Park Aquatic Center			Address: 451 11th Street N	Street N		City: Naples
Location:	NE corner of building		Assem	Assembly Type: Wilkins		State: FL	Zip: 34102
Model#:	950XL	Size: 3/4"		Serial #: 3570483		Meter #: 437	43785624
	Reduced Pressure	3					
	Double Check	2	Pressure Vac	Pressure Vacuum Breaker	Ω	Detector Loop Device	ice
	#1 Check Valve #2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
Initial	PSID 2.6 PSID 2.8	Opened Opened	Opened	Opened Opened	PSID [	PSID [	Opened Opened
Test	7	Did Not	DidNot	Did Not	Passed	Passed	DidNot
	Leaked Leaked	Open	Open	Open	Leaked	Leaked	Open
Parts &							
Repairs							
Final Test	PSID PSID PSID PSID Passed Passed Leaked Leaked	Opened  @ PSID  Did Not  Open	Opened  Opened  Open Open	Opened @PSID Did Not Open	PSID Passed Leaked	PSID Passed Leaked	Opened @PSID Did Not Open
Comments:	:4						
				Date:	11/26/2019	Result:	Passed
Ι	Inspector Name / Certification #:	Richard Amburgey BT9023	BT9023		Signature:	#	
J	Customer Name: City of Naples	City of Naples Contract Services		S	Signature:		

1 of 1



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

# Fire Sprinkler Testing and Inspection Report

Lic #19672900011997	Lic#EC13005314
Date	e and Time of Inspection: 11/26/2019 12:39

•	
<b>Property Information</b>	
Name of Property:	CoN-River Park Aquatic Center
Street Address:	
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	

### General

Building Commercial/ Pool								
Location of sprinkler valve NE corner of building								
Type of sprinkler system	Dry	Deluge	Preaction					
Make and model of sprinkler valve OS&Y								
Hydraulic Calculation Plate is Secure and Legible:	<b>✓</b> 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?	<b>✓</b> 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 D Locked D Tamper Switch								
How are valves supervised?	Locked	✓ Tamper Switch	ch					
Are valves identified with signs?	No I	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								
	Replaced within !							
Yes No Normal wa	ater pressure mai	ntained?						
Control Valves								
Yes No No Supervisory switches send signals to fire panel?								
✓ Yes No N/A In the corr	ect (open or clos	ed) position?						
Yes No N/A Sealed, lo	cked, or supervis	ed?						
Yes No N/A Accessible	э?							
Yes No N/A Free from	damage or leaks	?						
Yes No N/A Proper sig	ınage?							
Yes No N/A Valves clo	sed and reopene	d?						

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Alarm Devices							
Water 0	Gong ✓ \	/ane	Type?				
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?				
✓ Yes	☐ No	N/A	Accessible?				
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?				
<b>✓</b> Yes	☐ No	□ N/A	Inspectors test / bypass opened?				
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?				
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?				
		Fire D	epartment Connections				
✓ Yes	☐ No	☐ N/A	Visible and accessible?				
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?				
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?				
Yes	☐ No	✓ N/A	Interior inspected where caps missing?				
Yes	☐ No	✓ N/A	Gaskets are not damaged?				
✓ Yes	☐ No	□ N/A	Identification signs are in place?				
Yes	☐ No	✓ N/A	Ball drip valve is functional?				
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?				
		Pre	ssure Reducing Valve				
Yes	☐ No	✓ N/A	In the open position / not leaking?				
Yes	☐ No	✓ N/A	Maintaining downstream pressure?				
Yes	☐ No	✓ N/A	In good condition?				
Quarterly							
<b>✓</b> Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?				
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?				
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?				
✓ Yes	☐ No	☐ N/A	Backflow preventer -Test?				
✓ Yes	☐ No	□ N/A	Backflow preventer - Flow test?				
Static PSI <b>85</b>	Residual PSI _	Returned Static 75	Main drain test, if the sole supply is through a backflow.				
✓ Yes	☐ No	□ N/A	Are results between tolerance?				
Riser			Location of main drain				
		Seconds	How many seconds for static pressure to re-establish?				

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
		:	Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
		_	
	_	_	lipe & Fittings (visible)
Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	No No	□ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	□ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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# **5yr Private Fire Service Main Flow Test** and

# **Annual Backflow Forward Flow Test**

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

			Date:	11/26/	2019 Re	esult:
1.	Property Informat	tion				
	Name of Property:	CoN Divor Dark	Aquatic	Center		
	Street Address:	AER RELEGIO	V			
	City:	Naples		State:	<u>FL                                    </u>	Zip: 34102
2.	Backflow Assembl	<u>y</u>				
	Manufacturer:	Wilkins			Assembly Type:	Double check
	Model:	450DA			Meter Number:	13786521
	Size:	4"			Serial Number:	P06160
3.	5 Year Private Ser	vice Main Flo	W			
	Actual GPM:		GP1	M	Static PSI:	
	Required GPM:		GP	M	Residual PSI:	:
4.	<b>Backflow Forward</b>	l Flow				
	Test location:	Main drain				
	Fire sprinkler system of	lemands (in GPM	): <u>67</u>			
	Nozzle size (in inches):	3/4"				
	Pitot pressure (in PSI):	37				
	Water Flow (in GPM):					
5.	Comments					
	Inspector name: Ric	chard Amburg	gey		Signature:	4
	Customer Name: City of	of Naples Contract Ser	rvices		Signature:	



## Fire Alarm Testing and Inspection Report

28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Lic #19

<ul> <li>Property Information</li> <li>Description of System or Service</li> <li>Interface Component Test Resu</li> </ul>		<ul><li>6. Testing Result Control Unit</li><li>7. Notifications of Testing C</li><li>8. System Restored to Norm</li></ul>	ompleted
<ul> <li>System Power</li> <li>In-Building Fire Emergency Vo Communications System or Mas System</li> </ul>		<ul><li>9. Certification</li><li>10. Device Test Results</li></ul>	iai Operation
. Property Informati	<u>on</u>		
Name of Property: Street Address: City: Panel Location:	CoN-River Park Comm           301 11th Street N           Naples         Sta           301 11th Street N	•	34102
Property Representative: Street Address: City: Phone:	(000) 010 7110	ax: Email:	
1 Comments			
1.Tested 11 E-Lights All Test		F/A INSPECTION	

N	//A	

## 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Prote	ection			
Address:	28741 South Die	sel Drive Bonita	Springs, FL 3	4135	
Phone:	239-514-7155	Fax:	239-514-715	<u>4</u> 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:	
<ul> <li>2.1 Control Unit Manufacturer: EST</li> <li>2.2 Software Firmware Firmware revision number:</li> </ul>			Model numbe	er: Quick Start	
2.3 Primary (Main) Power					
Nominal voltage: 120Vac		ps: <u>3A</u>	Location:	By FACP	
Overcurrent protection type:	Breaker Am	ps:	Disconnection	ng means location:	Panel B ckt #36
2.4 Secondary Power Type: Batteries 12v 12AH	Loc Sealed Lead Acid	ation: <u>FACP</u>			
Battery type (if applicable):					
Calculated capacity of batte.  In standby mode (hours): 2	ries to drive the s 24HR	system: In alarm mod	e (minutes):	5min	
2.5 Standby Current: .35	A		arm Current:	3.01	Amps

## 3. Interface Component Test Result

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

## 4. System Power

<b>4.1 Notification Applian</b> Input voltage of cont.			Control pane	l amps:
	_		_	Amps:
•	supply panelboard): _			•
Disconnecting means	location:			
.2 Batteries				
			Nominal	*
Location: N/A	Type:	:	_ Voltage: _	Rating:
Calculated capacity of	f batteries to drive the	system:		
In standby mode (hou	ırs):	In alar	rm mode (minutes	s):
Location (of primary	on:supply panelboard):location:			
.2 Secondary Power				
Descr	iption	Visual Inspection	Functional Test	Comments
Battery condition				N/A
Load voltage				
Discharge test				
Charger test				
Remote panel batterio	og.			

## 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

## **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	
Load voltage		<b>V</b>	
Discharge test		<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

## **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>V</b>	
Alarm restoration		<b>V</b>	
Trouble signal		<b>V</b>	
Trouble restoration		<b>✓</b>	
Supervisory signal		<b>✓</b>	
Supervisory restoration		<b>V</b>	

7. Notifications of Testing Con	npleted						
	<u>.                                      </u>				Start		Completed
Monitoring organization: Y	(	Contact:	CMS	Time:	8:00am	Time:	12:30pm
Building management: Y	(	Contact:	Jason Alfano	Time:	8:00am	Time:	12:30pm
Building occupants: Y	(	Contact:	All	Time:	8:00am	Time:	12:30pm
Authority having jurisdiction: Y	(	Contact:	City of Naples	Time:		Time:	
Other, if required:	(	Contact:		Time:		Time:	
8. System Restored to Normal  Date: 11-26-2019	<b>Operation</b>		Time: 12:30pr	n			
9. <u>Certification</u> This system as specified herein has been insp  Signed: Fig. 1	pected and tested ac		o NFPA 72, 2013 edi S. / Mark A.	tion, Chapte	<i>r 14</i> . Date:	11-26-20	19
Organization: Naples Fire Protection Qualifications: FASA	Title: Insp	ector			Phone:	239-514-	7155
9.1 Acceptance by Owner or Owner's  The undersigned accepted the test report for	•		ı:				
Signed:	Printed name	e: <b>_Jaso</b>	n Alfano		Date:	11-26-201	9
Organization:	Title: Man	agemen	<u> </u>		Phone:	239-213-7	7113

FIRE PROTECTION, INC. Name of Property: CON

Name of Property: CoN-River Park Community Center

28741 South Diesel Drive Street Address: 301 11th Street N

City Naples State: FL Zip: 34102

Lic #19672900011997 Lic #EC13005314 Panel Location: 301 11th Street N

## 10. Device Test Result

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

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

FIRE PROTECTION, INC.

Name of Property: CoN-River Park Community Center

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

City Naples
Panel Location: 301 11th Street N

Street Address: 301 11th Street N

State: FL

Zip: 34102

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

FIRE PROTECTION, INC.

Name of Property: CoN-River Park Community Center

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

City Naples State: FL

Zip: 34102

Panel Location: 301 11th Street N

Street Address: 301 11th Street N

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

NATES NO.

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-River Park Community Center

28741 South Diesel Drive Street Address: 301 11th Street N

City Naples State: FL Zip: 34102

Lic #19672900011997 Lic #EC13005314 Panel Location: 301 11th Street N

Device Type	Address	Location	Test Results
Duct detector		Rtu-1 inside kitchen Supply	Passed
Duct detector		Rtu-1 inside kitchen Return	Passed
			Choose One

Fire Pump							
Yes	☐ No	✓ N/A	Started Automatically?				
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?				
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?				
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?				
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?				
Yes	☐ No	✓ N/A	Pump is in good condition?				
Sprinklers (visible)							
✓ Yes	☐ No	□ N/A	No damage or leaks?				
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?				
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?				
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?				
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?				
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?				
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?				
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?				
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?				
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?				
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?				
_	_	P	ipe & Fittings (visible)				
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?				
✓ Yes	No	☐ N/A	No leaks or mechanical damage?				
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?				
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?				
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?				

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Exhibit A Annual Fire Inspections - 12-30-19	6	
hibit A Annual Fire Inspections - '		
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## Backflow

# Inspection, Testing, and Maintenance Report

28741 So	28741 South Diesel Drive		( -	: :	_			
Bonita Sp (239) 514-71	Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154		Check One:	New Installation	Existing Unit	ng Unit		
Lic #1967290001	Lic#19672900011997 Lic#EC13005314		Check One:	V Fireline Service	Potabl [	Potable Service	Reclaimed Service	ice
Job Name:	CoN-River Park	CoN-River Park Community Center	er		Address: 301 11th Street N	Street N		City: Naples
Location:	SW corner			Assem	Assembly Type:		State: FL	Zip: 34102
Model#:	450DA		Size: 4"		Serial #: P00116		Meter #: 172	17235867
		Reduced Pressure	941					
	Double	Double Check		Pressure Vac	Pressure Vacuum Breaker	ď	Detector Loop Device	ice
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
[2;7;0]	PSID 2.6	PSID 3.8	Opened	Opened	Opened	PSID [	PSID	Opened
Test	Passed	Passed	@PSID	@PSID	(&PSID	Passed	Passed	
	Leaked	Leaked	Did Not Open	Open	Did Not Open	Leaked	Leaked	Open Open
Parts &								
Repairs								
	PSID	PSID	Opened	Opened	Opened	PSID [	PSID [	Opened Opened
Final	Passed	Passed	(# PSID	@PSID Did Not	@PSID Did Not	Passed	Passed	@PSID Did Not
I GSI	Leaked	Leaked	Open	Open	Open	Leaked	Leaked	Open
Comments:								
					Date:	11/26/2019	Result:	Passed
Ι	Inspector Name / Certification #:	,	Richard Amburgey BT9023	3T9023	8	Signature:	#	
	Customer Mome.	City of Naples	City of Naples Contract Services		0	om thomosi		
•	USIOIIICI INAIIIC.				מ	orginature:		



Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection	: 11/26/2019 07:13		
<b>Property Information</b>	l		
Name of Property:		mmunity Center	
Street Address:	301 11th Street N Naples	State: FL Zip:	34102
City: Property Representative:		_	34102
Street Address:			
City:	Naples		34102
Phone:	(239) 213-7113		no@naplesgov.com
Fire Department:	City of Naples	Results: No I	Deficiencies
Type of Inspection:	Annual	Semi-Annually	Quarterly
Tag Installed:	Green	Yellow	Red
Comments			
Customer Name:		Customer Signature:	
Inspector Name: Amburgey	,	Inspector Signature:	A.

## **General** Build

Building Commercial/ Community Center								
Location of sprinkler valve SW corner								
Type of sprinkler system	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							
<b>Backflow Preventer</b>								
Type: Double check								
Relief valve on RP type not showing discharge?								
Valves								
How are valves supervised?	ed Locked  Tamper Switch							
Are valves identified with signs?	☐ No ☐ N/A							
Pumps (See Chapter 8 of NFPA 25)								
Is fire pump Diese	el Electric Gasoline  None							
Fire Department Connections								
Location SW corner								
Wet Systems								
Is building adequately heated?	Yes No N/A							
Is system hydraulically calculated?								
If yes, is hydraulic information sign provided at valve?  Yes No N/A								
INSPECTIONS								
Quarterly								
Gau	ges							
✓ Yes No N/A Test	ed or Replaced within 5-year Interval?							
✓ Yes No Norm	nal water pressure maintained?							
Control	Valves							
Yes No N/A Supe	ervisory switches send signals to fire panel?							
✓ Yes No N/A In th	e correct (open or closed) position?							
Yes No N/A Seal	ed, locked, or supervised?							
Yes No N/A Acce	essible?							
Yes No N/A Free	from damage or leaks?							
Yes No N/A Prop	er signage?							
✓ Yes	es closed and reopened?							

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Alarm Devices					
Water 0	Gong ✓ \	/ane	Type?		
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?		
✓ Yes	☐ No	N/A	Accessible?		
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?		
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?		
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?		
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / legible?		
		Fir	re Department Connections		
✓ Yes	☐ No	N/A	Visible and accessible?		
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?		
✓ Yes	☐ No	N/A	Plugs / caps are in place?		
Yes	☐ No	✓ N/A	Interior inspected where caps missing?		
Yes	☐ No	✓ N/A	Gaskets are not damaged?		
✓ Yes	☐ No	☐ N/A	Identification signs are in place?		
Yes	☐ No	✓ N/A	Ball drip valve is functional?		
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?		
			Pressure Reducing Valve		
Yes	☐ No	✓ N/A	In the open position / not leaking?		
Yes	☐ No	✓ N/A	Maintaining downstream pressure?		
Yes	☐ No	✓ N/A	In good condition?		
Quarterly					
✓ Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?		
Yes	<b>✓</b> No	☐ N/A	Do results difer by more than 10% from previous test?		
Yes	☐ No	V N/A	Fire pump was temporarily turned off?		
✓ Yes	☐ No	□ N/A	Backflow preventer -Test?		
✓ Yes	☐ No	☐ N/A	Backflow preventer - Flow test?		
Static PSI <b>80</b>	Residual PSI _	Returned Static 65	Main drain test, if the sole supply is through a backflow.		
✓ Yes	☐ No	□ N/A	Are results between tolerance?		
Riser			Location of main drain		
		2 Secon	ds How many seconds for static pressure to re-establish?		

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Fire Pump							
Yes	☐ No	✓ N/A	Started Automatically?				
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?				
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?				
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?				
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?				
Yes	☐ No	✓ N/A	Pump is in good condition?				
Sprinklers (visible)							
✓ Yes	☐ No	□ N/A	No damage or leaks?				
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?				
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?				
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?				
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?				
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?				
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?				
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?				
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?				
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?				
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?				
_	_	P	ipe & Fittings (visible)				
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?				
✓ Yes	No	☐ N/A	No leaks or mechanical damage?				
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?				
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?				
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?				

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## Fire Alarm Testing and Inspection Report

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

		Date and Time of In	spection:	12/4/2019 09:13
Annually	Semi-Annually	Quarterly	Results	Non Critical

## **Table of Contents**

- 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
- 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@naples	gov.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

N	//A	

## 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Prote	ection			
Address:	28741 South Die	sel Drive Boni	ta Springs, FL 341	35	
Phone:	239-514-7155	Fax	: 239-514-7154	_ E-mail:	
Monitoring organization:	CMS				
Address:					
Phone:	1-800-318-9486	Fax	:	E-mail:	
Account number:	4794-91IP			Phone line 2:	
Means of transmission:	Radio				
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
		Fav		E-mail:	
Thone.		Tan	•	L-man	
<ul><li>2. Description of System</li><li>2.1 Control Unit Manufacturer: Simplex</li></ul>	or service		Model number:	4008	
<b>2.2 Software Firmware</b> Firmware revision number:	Factory				
i illiware revision number.					
2.3 Primary (Main) Power					
Nominal voltage: 120Vac	Amı	os: 3A	Location: H	ouse panel	
Overcurrent protection type		os: 20A		means location:	Breaker #28
				,	
2.4 Secondary Power					
Type: 2 x 12v 12AH	Loc	ation: FACE	•		
Battery type (if applicable):					
Calculated capacity of batte		vstem:			
In standby mode (hours): 2				imin	
2.5			larm Current: $\frac{2}{2}$		Amps

## 3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio		By FACP	Pass
Annunciator		Front Entrance	Pass

## 4. System Power

<b>1.1 Notification Appliance Power Exte</b> Input voltage of control panel: N/A		<ul><li>Control panel</li></ul>	l amps:
Overcurrent protection:		•	•
Location (of primary supply panelbo		• •	
Disconnecting means location:	, 		
.2 Batteries			
		Nominal	1
Location: N/A	Type:	Voltage: _	Rating:
Calculated capacity of batteries to de	ive the system:		
In standby mode (hours):	In al	arm mode (minutes	s):
Overcurrent protection:  Location (of primary supply panelbo Disconnecting means location:	ard):		
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Description  Battery condition			Comments N/A
Battery condition			
Battery condition  Load voltage			

## 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

## **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	
Load voltage	<b>/</b>	<b>V</b>	
Discharge test			
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

## **6.3** Supervising Station Monitoring

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>V</b>	
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>V</b>	<b>V</b>	
Trouble restoration		<b>V</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration		<b>V</b>	

<b>.</b> Notifications of Testing Con	<u>npleted</u>				
				Start	compie
Monitoring organization: Y	Contact:	CMS	Time:	7:00am	
Building management: Y	Contact:	Jason Alfano	Time:	7:00am	Time: 9:45am
Building occupants: Y	Contact:	All	Time:	7:00am	Time: 9:45am
Authority having jurisdiction: Y	Contact:	City of Naples	Time:		Time:
Other, if required:	Contact:		Time:		Time:
System Restored to Normal	<b>Operation</b>				
Date: <b>12-04-2019</b>		Time:			
This system as specified herein has been insp	C	NFPA 72, 2013 edit	ion, Chapte		12-04-2019
Signed: File I	Printed name: Felix	Solario		Date:	12-04-2019
Organization: Naples Fire Protection	Title: Inspector			Phone:	239-514-7155
Qualifications: FASA					
1 Acceptance by Owner or Owner's	Representative:				
The undersigned accepted the test report for	the system as specified hereir	<i>::</i>			
Signed:	Printed name: <b>Jaso</b>	n Alfano		Date:	12-04-2019
Organization:	Title: Management			Phone:	239-2137113

FIRE PROTECTION, INC. Name of Property: CoN-Solid Waste

28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314 
 Street Address: 2600 Corporate Flight Drive

 City
 Naples
 State:
 FL
 Zip:
 34104

Panel Location: 2600 Corporate Flight Drive

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

Name of Property: CoN-Solid Waste

28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314 Street Address: 2600 Corporate Flight Drive

City Naples State: FL

Zip: 34104

Panel Location: FACP room - back porch

Device Type	Address	Location	Test Results
Horn/Strobe		Men's Restroom Entry	Passed
Strobe		Men's Shower	Passed
120v Bell		By Riser	Passed
			Choose One

hibit A Danual Fire Inspections - 12-30-19		
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## Inspection, Testing, and Maintenance Report

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## Backflow

## Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION. INC.	<b>-</b>		Ó		■	
28741 St Bonita St	28741 South Diesel Drive Bonita Springs, FL 34135	Check One:	New Installation	<b>K</b> Existing Unit	ng Unit		
(239) 514-7 Lic #196729000	(z39) 514-/155 (FaX) 514-/154 Lic#19672900011997 Lic#EC13005314	Check One:	Fireline Service	Potab]	Potable Service	Reclaimed Service	/ice
Job Name:	CoN-Solid Waste			Address: 2600 Cor	2600 Corporate Flight Drive		City: Naples
Location:	West side of building		Assem	Assembly Type: Wilkins		State: FL	Zip: 34104
Model#:	975XL	Size: 3/4"		Serial #: 3537689		Meter#: 138	13571716
	Reduced Pressure	941					
	Double Check		Pressure Vac	Pressure Vacuum Breaker	<b>-</b>	Detector Loop Device	vice
	#1 Check Valve   #2 Check Valve	Relief Valve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
Initial	PSID [8.2] PSID [2.2]	Opened 2.0	Opened	Opened (@PSID	PSID [	PSID [	Opened Opened
Test	Passed	Did Not	Did Not	Did Not	Passed	Passed	DidNot
		Open	Open	Open	Leaved	Leaned	Open
Parts & Repairs							
INCIDAILS			- Forest	- Posson			Ononod
Final Test	PSID PSID PSID Passed Passed Leaked Leaked	Did Not	Opened @PSID Did Not Open	Opened @PSID Did Not Open	PSID Passed Eaked Eaked	PSID Passed Leaked Leaked	Opened (@PSID Did Not Open
Commenter							
				Date:	12/04/2019	Result: Pa	Passed
	Inspector Name / Certification #:	Richard Amburgey BT9023	BT9023		Signature:	#	
_	Customer Name: City of Naple	City of Naples Contract Services	တ္		Signature:		

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## Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/4/2019 06:51				
<b>Property Information</b>					
Name of Property: Street Address:		ht Drive			_
	Naples	State: FL	Zin: 6	34104	
City: Property Representative:				54104	_
Street Address:	280 Riverside Circle				_
City:	NI I	State: FL	Zin: 3	34102	
Phone:	(239) 213-7113		ail: Jalfan	o@naplesgov.com	_
Fire Department:	City of Naples	Resul	Its: Non	Critical	
Type of Inspection:	Annual	Semi-Anı	nually	Quarterly	
Tag Installed:	Green	Yellow		Red	
Comments					
1) 120 volt bell did not ring when PIV tamper did not report to it is #1 OS&Y tamper on backflo	FACP	FACP			
Customer Name: CNATS		Customer Signatu	ıre:		_
Inspector Name: Amburgey		Inspector Signatu	re:	4	

## General

Building Commercial / recycling center								
Location of sprinkler valve West of building								
Type of sprinkler system	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?	Locked Tamper Switch							
Are valves identified with signs?	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							
INSPEC <sup>-</sup>	TIONS							
Quarterly								
Gauges								
	Dealers durithin Francis 19							
	Replaced within 5-year Interval?							
Yes No Normal wa	ater pressure maintained?							
Control Valves								
Yes No N/A Superviso	ry switches send signals to fire panel?							
✓ Yes No N/A In the corr	ect (open or closed) position?							
✓ Yes No N/A Sealed, lo	cked, or supervised?							
Yes No N/A Accessible	??							
✓ Yes No N/A Free from	damage or leaks?							
✓ Yes No N/A Proper sig	nage?							
Yes No N/A Valves clo	sed and reopened?							

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			Alarm Devices
Water 0	Gong ✓ \	/ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire	Department Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	☐ N/A	Check valve is free of leaks?
		P	ressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	☐ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
✓ Yes	☐ No	☐ N/A	Backflow preventer -Test?
Yes	<b>✓</b> No	□ N/A	Backflow preventer - Flow test?
Static PSI <u>70</u>	Residual PSI _	Returned 55 Static	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2 Seconds	How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
_	_	P	ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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## Fire Alarm Testing and Inspection Report

28741 South Diesel Drive Bonita Springs, FL 34135

(239) 514-7155 (	
Lic #19672900011997	Lic #EC13005314

7L010000014			Date and Tim	11/16/2019 08:48		
Annually	/	Semi-Annually	Quarterly	Results	Critical	

## **Table of Contents**

- 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
- 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

CoN-South Parking Garage
600 8th Street South
Naples State: FL Zip: 34102
3rd floor east electrical room
City of Naples Contract Services
280 Riverside Circle
Naples State: FL Zip: 34102
(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 Prote	ction					
Address:	28741 South Diesel Drive Bonita Springs, FL 34135						
Phone:	239-514-7155			54 E-mail:			
Monitoring organization:	CMS						
Address:							
Phone:	1-800-432-1429	Fa	x:	E-mail:			
Account number:	FLSI9-8761			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						
		Fa	x:	E-mail:			
<ul> <li>2. Description of System</li> <li>2.1 Control Unit Manufacturer: SilentKnight</li> <li>2.2 Software Firmware</li> </ul>			Model numb	er: <u>5808</u>			
Firmware revision number:	Factory						
2.3 Primary (Main) Power		5	T	3rd Fl. West electrica	ıl room		
Nominal voltage: 120v			_ Location:	-			
Overcurrent protection type	: <u></u>	os: <u>20</u>	_ Disconnecti	ng means location:	ORE #00		
2.4 Secondary Power  Type: 2-12V/7AH  Battery type (if applicable):  Calculated capacity of batte	Sealed Lead Acid	ystem:					
In standby mode (hours):	<u> </u>	In alarm m	ode (minutes):	<u>5</u>			
2.5 Standby Current: .14	Ar	nps	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

<b>4.1 Notification Appliance Power Extender</b> Input voltage of control panel: N/A		Control pane	el amps:
Overcurrent protection:	_	_	
Location (of primary supply panelboard)		• •	•
Disconnecting means location:			
4.2 Batteries			
		Nominal	Amp/hour
Location: Ty	pe:	Voltage: _	Rating:
Calculated capacity of batteries to drive to	the system:		
In standby mode (hours):	In alar	rm mode (minute	es):
Overcurrent protection:  Location (of primary supply panelboard)  Disconnecting means location:	:		
5.2 Secondary Power			
Description	Visual	Functional	Comments
	Inspection	Test	
Battery condition			
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			

## 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators			
Remote power panels			

## **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	Out of date 2014
Load voltage		<b>V</b>	
Discharge test		<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries		<b>V</b>	

## **6.3** Supervising Station Monitoring

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal			
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>V</b>	<b>V</b>	
Trouble restoration			
Supervisory signal			
Supervisory restoration	<b>V</b>	<b>V</b>	

7. Notifications of Testing	Completed					
	•			Start		Complete
Monitoring organization: CMS	Contac	t: Mike	Time:	7am	Time:	3pm
Building management: Yes	Contac	t: All	Time:	7am	Time:	3pm
Building occupants: Yes	Contac	t: All	Time:	7am	Time:	3pm
Authority having jurisdiction:	Contac	t:	Time:		Time:	
Other, if required:	Contac	et:	Time:		Time:	
Date: 11-16-19		Time: <u>1:30</u>	) pm		_	
9. Certification  This system as specified herein has be	-	_	3 edition, Chapte			
Signed:	Printed name: Ar	nburgey		Date:	11-16-19	
Organization: NFP	Title: Inspector	Title: Inspector		Phone: 239-272-8534		
Qualifications: NICET						
9.1 Acceptance by Owner or Ow	ner's Representative:					
The undersigned accepted the test rep	port for the system as specified he	rein:				
Signed:	Printed name: Cr	NATS		Date:		
Organization:	Title:			Phone:		

PARTIES N

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-South Parking Garage

28741 South Diesel Drive Street Address: 600 8th Street South

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: 3rd floor east electrical room

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. Name of Property: CoN-South Parking Garage

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

City Naples State: FL

Zip: 34102

Panel Location: 3rd floor east electrical room

Street Address: 600 8th Street South

### 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

Name of Property: CoN-South Parking Garage

28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 Lic#19672900011997 Lic#EC13005314 
 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	19	1ST Lvl Westside By West Stairs	Passed
			Choose One

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## Backflow

# Inspection, Testing, and Maintenance Report

Inspector Name / Certification #: Customer Name: City of Naples Contract Services Signature: Signat	Richard Amburgey BT9023 Signature:
oles Contract Services	oles Contract Services
City of Naples Contract Services	City of Naples Contract Services

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## Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.		!					,
28741 Sc Bonita Sp (239) 514-71	28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154		Check One:	New Installation	7	Existing Unit		
Lic #196729000	Lic #19672900011997 Lic #EC13005314		Check One:	Fireline Service	Potab	Potable Service	Reclaimed Service	ice
Job Name:	CoN-South Parking Garage	king Garage			Address: 600 8th	600 8th Street South		City: Naples
Location:	East side			Assem	Assembly Type: Wilkins		State: FL	Zip: 34102
Model#:	950XL		Size: 3/4"		Serial #: W343435XLD	5XLD	Meter#: 326	32624571
		Reduced Pressure	941					
	Double	Double Check		Pressure Vac	Pressure Vacuum Breaker	<u> </u>	Detector Loop Device	ice
	#1 Check Valve	#2 Check Valve	Relief Valve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
Initial	PSID 3.0	PSID [2.8	Opened Opened	Opened	Opened Opened	PSID [	PSID	Opened Opened
Test	Passed	Passed	Did Not	Did Not	Did Not	Passed	Passed	DidNot
	Leaked	Leaked	Open	Open	Open	Leaked	Leaked	Open
Parts &								
Repairs								
Final Test	PSID Passed Eaked Eaked	PSID PSID Passed Passed Peaked	Opened  @ PSID  Did Not  Open	Opened  Opened  Opened  Open  Open	Opened @PSID Did Not Open	PSID Passed Leaked	PSID Passed Leaked	Opened @PSID Did Not Open
Comments:								
					Date:	11/16/2019	Result: Pa	Passed
7	Inspector Name / Certification #:	,	Richard Amburgey BT9023	BT9023		Signature:	+	
J	Customer Name:	City of Naples	City of Naples Contract Services			Signature:		



### Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	11/16/2019 08:44		
<b>Property Information</b>			
Name of Property:	CoN-South Parking 600 8th Street South		
City:	Naples		Zip: 34102
Property Representative:			
Street Address:	280 Riverside Circle		
City:	NII		Zip: 34102
Phone:	(000) 010 -110		alfano@naplesgov.com
Fire Department:	City of Naples	Results:	Critical
Type of Inspection:	Annual	Semi-Annuall	y Quarterly
Tag Installed:	Green	Yellow	Red
Comments			
1) Painted head 2) Taped Head 3) Hanger disconnected 4) PIV tamper did not report to FA 5) Corroded pipe and fittings	ACP (alarm issue)		
Customer Name: CNATS		Customer Signature: _	
Inspector Name: Amburgey		Inspector Signature:	A.

### General

Building Commercial/Parking garage	
Location of sprinkler valve East side ground floor	
Type of sprinkler system	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?	Locked  Tamper Switch
Are valves identified with signs?	□ 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
INSPECT	ΓIONS
Quarterly	
Gauges	
Yes No N/A Tested or F	Replaced within 5-year Interval?
✓ Yes No No/A Normal wa	nter pressure maintained?
Control Valve	es
Yes No N/A Supervisor	ry switches send signals to fire panel?
Yes No N/A In the corre	ect (open or closed) position?
Yes No N/A Sealed, loc	cked, or supervised?
Yes No N/A Accessible	?
Yes No N/A Free from	damage or leaks?
Yes No N/A Proper sign	nage?
Yes No N/A Valves clos	sed and reopened?

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			Alarm Devices
Water 0	Gong 🔽 V	ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	□ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire De	epartment Connections
✓ Yes	☐ No	□ N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	□ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	□ N/A	Check valve is free of leaks?
		Pres	sure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	✓ No	□ N/A	Do results difer by more than 10% from previous test?
✓ Yes	☐ No	☐ N/A	Fire pump was temporarily turned off?
✓ Yes	☐ No	□ N/A	Backflow preventer -Test?
<b>✓</b> Yes	☐ No	□ N/A	Backflow preventer - Flow test?
Static PSI <b>80</b>	Residual PSI	Returned  Static 70	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		1 Seconds	How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	V N/A	Started Automatically?
Yes	☐ No	V N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	V N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	V N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	☐ N/A	No damage or leaks?
Yes	✓ No	☐ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
Yes	✓ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
Yes	☐ No	✓ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
		I	Pipe & Fittings (visible)
Yes	✓ No	☐ N/A	In good condition/No external corrosion?
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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### Fire Alarm Testing and Inspection Report

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

Date and Time of Inspection: 11/27/2019 11:15
Quarterly Results Non Critical
<ul> <li>6. Testing Result Control Unit and Related Equipment</li> <li>7. Notifications of Testing Completed</li> <li>8. System Restored to Normal Operation</li> </ul>
9. Certification 10. Device Test Results
ate: FL Zip: 34102 Street South
ct Services
Fax: Zip: 34102 Email: Zip: Jalfano@naplesgov.com
F/A INSPECTION
2014. 12 V 7 amp hour need-2 batteries

### **Additional Comments:**



### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Pro	tection			
Address:		esel Drive Bo	onita Springs, FL 341	.35	
Phone:	239-514-7155	_ F	Fax: 239-514-7154	_ E-mail:	
Monitoring organization:	CMS				
Address:					
Phone:	1-800-432-1429	F	Fax:	E-mail:	
Account number:	NFPF-0158	Phone lin	e 1:	Phone line 2:	
Means of transmission:					
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
		F	ax:	E-mail:	
1 1101101					
<ul> <li>2.1 Control Unit Manufacturer: FireLite</li> <li>2.2 Software Firmware Firmware revision number:</li> </ul>			Model number	. MS-5UD	
2.3 Primary (Main) Power					
Nominal voltage: 120Vac	An		Location: B		
Overcurrent protection type	: <u>Breaker</u> An	nps: 20A	Disconnecting	g means location:	House panel
2.4 Secondary Power Type: Batteries 12v. 7AH					
Battery type (if applicable):					
Calculated capacity of batte					
In standby mode (hours):	<u> </u>	In alarm	mode (minutes):	) 	
2.5 Standby Current: .18	A	Amps	Alarm Current:	70	_ Amps
3. Interface Component					

Interface Component Type	Address	Location	Test Result
N/A			

### 4. System Power

I.1 Notification Appliance Power Extender P Input voltage of control panel: N/A		Control pa	anel amps:
Overcurrent protection:		_	_
Location (of primary supply panelboard):		• •	•
Disconnecting means location:			
2 Batteries			
		Nominal	Amp/hour
Location: N/A Type	e:	Voltage:	Rating:
Calculated capacity of batteries to drive the			
In standby mode (hours):	In alar	rm mode (min	utes):
In-Building Fire Emergency Voice Ala  1 Primary Power Input voltage of EVACS or MNS panel: Overcurrent protection: Location (of primary supply panelboard): Disconnecting means location:	N/A Type:	EVACS	or MNS panel amps: Amps:
2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Battery condition			Tested 13 E-Lights 9-pass. 4-Faile
Load voltage			
Discharge test			
Charger test			

### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels			

### **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>V</b>	<b>V</b>	
Load voltage	<b>/</b>	<b>V</b>	FACP BATTERIES ARE EXPIRED
Discharge test		<b>\</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

### **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>✓</b>	
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration		<b>/</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration		<b>V</b>	

. Notifications of Testing Co.	mpleted				
_				Start	Complete
Monitoring organization: Y	Contact:	CMS	Time:	11:07ar	<b>n</b> Time: 1:15pm
Building management: Y	Contact:	Jason Alfano	Time:	11:07ar	m Time: 1:15pm
Building occupants: Y	Contact:	All	Time:	11:07ar	<b>n</b> Time: 1:15pm
Authority having jurisdiction: Y	Contact:	City of Naples	Time:		Time:
Other, if required:	Contact:		Time:		Time:
3. System Restored to Normal	<b>Operation</b>				
Date: 11-27-2019		Time: 1:15pm			
9. <u>Certification</u> This system as specified herein has been instance.  Signed:	_	o NFPA 72, 2013 edit	ion, Chapte	<i>r 14</i> . Date:	11-27-2019
Organization: Naples Fire Protection	Title: Inspector			Phone:	239-514-7155
Qualifications: FASA	_				
9.1 Acceptance by Owner or Owner's  The undersigned accepted the test report for	•	n:			
Signed:	Printed name: Jaso	n Alfano		Date:	11-27-2019
Organization:	Title: Managemen	t		Phone:	239-213-7113

Name of Property: CoN-Tennis Pro Shop

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

City Naples

Street Address: 730 8th St S

State: FL Panel Location: 6th Ave South & 8th Street South Zip: 34102

### 10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector	Z-2	Above fire panel	Passed
Pull station	Z-3	Pro shop store	Passed
Horn strobe	1-1	Pro shop store	Passed
Pull station	Z-4	Lower level storage east entry	Passed
Horn strobe	1-2	Lower level storage west entry	Passed
Pull station	Z-4	Lower level storage west entry	Passed
Pull station	Z-4	Lower level storage South entry	Passed
Smoke detector	Z-2	Elevator equipment room	Passed
Waterflow	Z-1	Lower level storage	Passed
Strobe	1-1	Mens restroom	Passed
Strobe	1-2	Womens restroom	Passed
Duct Detector	Z-5	Attic Mechanical Rm.	Passed
Pullstation	Z-3	Pro shop store	Passed
Duct Detector	Z-5	Attic Mechanical Rm.	Passed
Horn Strobe	1-3	Lower Level Storge Area	Passed
			Choose One

Annual Fire Inspections - 12-30-19



Fire Sprinkler Testing and Inspection Report 28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154

Lic#19672900011997 Lic#EC13005314 Date and Time of Inspection: 11/27/2019 10:38

Bate and Time of Inspection	•			
<b>Property Information</b>				
Name of Property:	CoN-Tennis Pro Sh	ор		
Street Address:	730 8th St S			
City:	Naples	State: FL	Zip: 34102	
Property Representative:			·	
Street Address:	280 Riverside Circle	)		
City:	Naples	State: FL	Zip: 34102	
Phone:	(239) 213-7113	Ema	ail: Jalfano@naplesc	jov.com
Fire Department:	City of Naples	Result	Non Critical	
Type of Inspection:	Annual	Semi-Anr	nually Qu	uarterly
Tag Installed:	Green	Yellow	R	ed
Comments		<del></del>		
Customer Name: CNATS		Customer Signatu	re:	
Inspector Name: Amburgey		Inspector Signatur	e:	

### General

Building Cor	mmercial/Pro Shop					
Location of sprinkle	r valve <u>South</u>	of building				
Type of sprinkler sy	/stem	<b>✓</b> Wet	Dry	D	eluge	Preaction
Make and model of	f sprinkler valve PI	V		_		_
Hydraulic Calculati	on Plate is Secure ar	nd Legible:	<b>✓</b> Yes	☐ No	□ N/A	
Location of Hydrau	lic Calculation Plate:	Riser				
Have all deficiencie	es reported at last ins	pection corrected?	Yes	<b>✓</b> No	□ N/A	
Prior inspection rep	oorts available for rev	iew?	<b>✓</b> Yes	☐ No	□ N/A	
Backflow Preventer						
Type: N/a						
Relief valve on RP	type not showing dis	scharge?	Yes	☐ No	✓ N/A	
Valves						
How are valves sup	pervised?	Sealed	Locked	✓ Ta	amper Swit	ch
Are valves identifie	d with signs?	✓ Yes	] No	N/A		
Pumps (See Chapter	8 of NFPA 25)					
Is fire pump		Diesel	Electric	;	asoline	None
Fire Department Con	nections					
Location Sou	ith of building					
Wet Systems						
Is building adequat	ely heated?		✓ Yes	☐ No	□ N/A	
Is system hydraulic	ally calculated?		✓ Yes	☐ No	□ N/A	
If yes, is hydraulic i	information sign provi	ided at valve?	✓ Yes	☐ No	☐ N/A	
		INSPECT	IONS			
Quantante		iiioi Loi	10110			
Quarterly		Gauges				
		Jauges				
✓ Yes	lo N/A	Tested or F	Replaced withi	n 5-year Inte	rval?	
✓ Yes	lo N/A	Normal wat	ter pressure m	naintained?		
		Control Valve	s			
Yes V	lo N/A	Supervisor	y switches sei	nd signals to	fire panel?	
✓ Yes	lo N/A	In the corre	ect (open or cl	osed) positio	n?	
✓ Yes	lo N/A	Sealed, loc	ked, or super	vised?		
✓ Yes	lo N/A	Accessible	?			
✓ Yes	lo N/A	Free from o	damage or lea	ks?		
✓ Yes	lo N/A	Proper sigr	nage?			
✓ Yes	lo N/A	Valves clos	ed and reope	ned?		

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			Alarm Devices
Water 0	Gong ✓ \	/ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / legible?
			Fire Department Connections
✓ Yes	☐ No	N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	☐ N/A	Check valve is free of leaks?
			Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <u><b>75</b></u>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2	econds How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
_	_	P	ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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### Fire Alarm Testing and Inspection Report

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

Lic #19672900011997 Lic #EC13005314		Date	and Time o	of Inspect	tion: 12/19/2019 14:01
Annually	Semi-Annually	Q	uarterly	Res	sults Non Critical
<b>Sable of Contents</b>					
1. Property Information		6. Te	sting Result C	ontrol Un	it and Related Equipment
2. Description of System or Service		7. No	tifications of <b>T</b>	Festing Co	ompleted
3. Interface Component Test Result	Į.				-
4. System Power		8. Sys	stem Restored	to Norma	al Operation
5. In-Building Fire Emergency Voice		9. Ce	rtification		
Communications System or Mass System	<b>Notification</b>	10.	<b>Device Test F</b>	Results	
1. Property Information  Name of Property:	<b>)n</b> CoN-Utilities Admini	istration			
Street Address:	380 Riverside Circle	<del></del>			
City:	Naples	State: F	L	Zip:	34102
Panel Location:	Behind Elevator Me			- 1	
Property Representative:	City of Naples Contr	ract Servic	es		
Street Address:	280 Riverside Circle				
City:		State: F	<u>L</u>	Zip:	34102
Phone:	(239) 213-7113	Fax: _		- Email:	Jalfano@naplesgov.com
1.1 Comments					
	ANNUAL	F/A INS	PECTION		
1.Battery on communicator for Battery	or Honeywell pa	nel batt	ery is bad.	Need to	Replace. Need-1 12v

2. Total of 7-E-lights All 7 Passed.

Additional Comments:		

### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire P	rotection				
Address:	28741 South	Diesel Drive Bo	onita Sprir	igs, FL 341	35	
Phone:	239-514-7155	<u> </u>	Fax: 239	-514-7154	_ E-mail:	
Monitoring organization:	CMS					
Address:						
Phone:	1-800-432-142	.9 J	Fax:		E-mail:	
Account number:	AN82-5201					
Means of transmission:	Radio					
Entity to which alarms						
are retransmitted:					Phone:	
Authority having jurisdiction						
over this property:	City of Naples					
		F	ax:		E-mail:	
T Home.						
<ul> <li>2. Description of System</li> <li>2.1 Control Unit Manufacturer: Silent Knigh</li> <li>2.2 Software Firmware</li> </ul>	t	<u> </u>	Mode	el number:	SK-5208	
Firmware revision number:	Factory					
2.3 Primary (Main) Power						
Nominal voltage: 120v	A	Amps: 3A	Loca	ation: <u>In</u>	Facp room	
Overcurrent protection type	: Breaker	Amps: <u>20A</u>	Disc	connecting	means location:	Panel-B. Ckt #
2.4 Secondary Power  Type: Batteries 2 x 12v 7AH  Battery type (if applicable):  Calculated capacity of batter	Sealed Lead ries to drive the	Acid ne system:				
Type: Batteries 2 x 12v 7AH Battery type (if applicable):	Sealed Lead ries to drive the	Acid ne system:		nutes): <u>5</u>		

### 3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio Communicator		Under FACP	Pass

### 4. System Power

<b>1.1 Notification Appliance Power Extender P</b> Input voltage of control panel: N/A		Control pane	l amps:
Overcurrent protection:		Туре:	Amps:
Location (of primary supply panelboard):			•
Disconnecting means location:			
2 Batteries			
		Nominal	•
Location: N/A Type	<b>:</b>	Voltage: _	Rating:
Calculated capacity of batteries to drive the	system:		
In standby mode (hours):	In alar	rm mode (minute	s):
Overcurrent protection:  Location (of primary supply panelboard):  Disconnecting means location:			
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Battery condition			N/A
Load voltage			
Discharge test			
Charger test			
Remote panel batteries			

### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator	<b>V</b>	<b>V</b>	
Remote annunciators	<b>/</b>	<b>V</b>	
Remote power panels		<b>V</b>	

### **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>V</b>	<b>✓</b>	
Load voltage	<b>V</b>	<b>V</b>	
Discharge test			
Charger test	<b>V</b>	<b>✓</b>	
Remote panel batteries			

### **6.3** Supervising Station Monitoring

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal		<b>✓</b>	
Alarm restoration	<b>/</b>	<b>V</b>	
Trouble signal	<b>/</b>	<b>V</b>	
Trouble restoration		<b>✓</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration		<b>V</b>	

7. Notifications of Testing Com	<u>ipleted</u>		Sta	ort Commission
Monitoring organization: Y	Contact:	CMS	Time:	rrt Completed Time:
Building management: Y	Contact:	Jason Alfano	Time:	Time:
Building occupants: Y	Contact:	All	Time:	Time:
Authority having jurisdiction: Y	Contact:	City of Naples	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 inspe	ected and tested according to	NFPA 72, 2013 edit	ion, Chapter 14.	
Signed: Lai de	Printed name: Felix	Solano	Date:	12-19-2019
Organization: Naples Fire Protection	Title: Inspector		Phon	e: <b>239-514-7155</b>
Qualifications: FASA				
9.1 Acceptance by Owner or Owner's l	Ranrasantativa.			
The undersigned accepted the test report for t	•	ı:		
Signed:	Printed name: Jaso	n Alfano	Date:	12-19-2019
Organization: Title: Management			Phon	e: 230-213-7113

FIRE PROTECTION, INC.

Name of Property: CoN-Utilities Administration

Street Address: 380 Riverside Circle 28741 South Diesel Drive Bonita Springs, FL 34135

State: FL Zip: 34102 City Naples

Panel Location: Lic#19672900011997 Lic#EC13005314

### 10. Device Test Result

(239) 514-7155 (Fax) 514-7154

Device Type	Address	Location	Test Results
Smoke Detector	Zone-4	Above FACP	Passed
Horn/Strobe	1 of 1	Outside North wall	Passed
Waterflow Device	Zone-5	Main Riser Under north stair	Passed
Tamper Switches	Zone-6	Main Riser Under north stair	Passed
Smoke Detector	Zone-1	2nd fl. Elevator lobby	Passed
Smoke Detector	Zone-2	1st fl. Elevator lobby	Passed
Smoke Detector	Zone-3	Elevator machine rm.	Passed
Heat Detector	Shunt trip	Elevator machine rm. (Visual)	Choose One
			Choose One



Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	: 12/19/2019 13:12		
<b>Property Information</b>	ı		
Name of Property:			
Street Address:	380 Riverside Circle		
City:	Naples		34102
Property Representative:	City of Naples Cont		
Street Address:			24100
City:	Naples		34102
Phone:	(239) 213-7113	Email: Jalian	o@naplesgov.com
Fire Department:	City of Naples	Results: Critic	al
Type of Inspection:	Annual	Semi-Annually	Quarterly
Tag Installed:	Green	Yellow	Red
Comments	<u> </u>	<u> </u>	
1) Pendants Corroded at seats			
Customer Name: CNATS		Customer Signature:	
Inspector Name: Amburgey		Inspector Signature:	AL.

### General Building Commercial Location of sprinkler valve North of building ☐ Deluge Type of sprinkler system **V** Wet ☐ Dry → Preaction Make and model of sprinkler valve PIV Hydraulic Calculation Plate is Secure and Legible: ✓ Yes ΠNο □ N/A Location of Hydraulic Calculation Plate: Riser Have all deficiencies reported at last inspection corrected? □ N/A ✓ Yes ☐ No Prior inspection reports available for review? ✓ Yes ΠoN **│** N/A **Backflow Preventer** N/A Type: Relief valve on RP type not showing discharge? N/A Yes ☐ No **Valves** How are valves supervised? Sealed ✓ Locked Tamper Switch Are valves identified with signs? ✓ Yes □ 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 Is system hydraulically calculated? ✓ Yes 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 ∃N/A Normal water pressure maintained? **Control Valves**

☐ No ✓ Yes □ N/A Supervisory switches send signals to fire panel? ✓ Yes ☐ No □ N/A In the correct (open or closed) position? ✓ Yes No ΠN/A Sealed, locked, or supervised? No ✓ Yes □ N/A Accessible? ✓ Yes No ΠN/A Free from damage or leaks?

N/A

∏N/A

No

✓ Yes

✓ Yes

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Valves closed and reopened?

Proper signage?

			Alarm Devices
Water 0	Gong ✓ \	/ane	Type?
✓ Yes	☐ No	N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	☐ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / legible?
			Fire Department Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	N/A	Plugs / caps are in place?
Yes	☐ No	V N/A	Interior inspected where caps missing?
Yes	☐ No	V N/A	Gaskets are not damaged?
✓ Yes	☐ No	N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?
			Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <b>40</b>	Residual PSI _	Returned Static _	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2	conds How many seconds for static pressure to re-establish?

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	Fire Pump						
Yes	☐ No	✓ N/A	Started Automatically?				
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?				
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?				
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?				
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?				
Yes	☐ No	✓ N/A	Pump is in good condition?				
			Sprinklers (visible)				
✓ Yes	☐ No	□ N/A	No damage or leaks?				
Yes	✓ No	□ N/A	Free of corrosion, foreign material, paint?				
✓ Yes	☐ No	□ N/A	Installed in proper orientation?				
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?				
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?				
✓ Yes	☐ No	□ N/A	Escutcheons are not missing, painted or rusted?				
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?				
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?				
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?				
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?				
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?				
		F	Pipe & Fittings (visible)				
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?				
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?				
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?				
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?				
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?				

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### Fire Alarm Testing and Inspection Report

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

		Date	and Time of	Inspect	ion: 12/12/2019 12:51	
Annually 🖊	Semi-Annually	Qı	uarterly	Resi	alts No Deficiencies	
able of Contents						
. Property Information		6. Tes	ting Result Co	ntrol Uni	t and Related Equipment	
2. Description of System or Service	<b>,</b>	7. Not	ifications of T	esting Co	mnleted	
3. Interface Component Test Resul	lt		7. Notifications of Testing Completed			
4. System Power		8. Sys	tem Restored	to Norma	l Operation	
5. In-Building Fire Emergency Voi		<b>9.</b> Cer	tification			
Communications System or Mas System	s Notification	10.	Device Test R	esults		
•						
. Property Informati	Λn					
• 110pcity informati	<u>011</u>					
Name of Property:	CoN-Utilities Mainte	enance #95	0 (New Bldg)			
Street Address:	1450 4th Avenue N					
City:		State: FL		Zip:	34102	
Panel Location:	Inside Bldg inside in					
Property Representative:	City of Naples Cont		<del>}</del> S			
Street Address:		State: FL		7:	34102	
City: Phone:	(239) 213-7113			Zip:	Jalfano@naplesgov.com	
r none.		rax. —		Ellian.		
1.1 Comments						

### 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Protecti	on			
Address:	28741 South Diesel	Drive Bonita	Springs, FL 3413	35	
Phone:	239-514-7155			_ E-mail:	
Monitoring organization:	CMS				
Address:					
Phone:	1-800-432-1429	Fax:		E-mail:	
Account number:	FLC27-1724 P			Phone line 2:	
Means of transmission:	Cell Dialer				
Entity to which alarms					
are retransmitted:				Phone:	
Authority having jurisdiction					
over this property:	City of Naples				
				E-mail:	
i none.		1 6/211			
<ul><li>2. Description of System</li><li>2.1 Control Unit Manufacturer: EST</li></ul>	or service	;	Model number:	IO64	
<b>2.2 Software Firmware</b> Firmware revision number:					
2.3 Primary (Main) Power					
100	Amps:	1.3A	Location: Fr	ont of women restr	oom
Overcurrent protection type	Breaker Amps:	20A	Disconnecting	means location:	Panel A #30
2.4 Secondary Power					
Type: Battery 2-12v 12AH	Location	n. FACP			
Battery type (if applicable):	Sealed Lead Acid	J11			
Calculated capacity of batte	ries to drive the syst	tem:			
In standby mode (hours):	•				
2.5 Standby Current: .16				72	Amps

### 3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
CSD Dialer		Above FACP	Pass

### 4. System Power

<b>4.1 Notification Appliance Power Extender</b> Input voltage of control panel: N/A		Control panel	l amps:
Overcurrent protection:		Туре:	Amps:
Location (of primary supply panelboard)	:		-
Disconnecting means location:			
2 Batteries			
		Nominal	
Location: N/A Ty	pe:	_ Voltage: _	Rating:
Calculated capacity of batteries to drive t	he system:		
In standby mode (hours):	In alar	rm mode (minutes	s):
Overcurrent protection:  Location (of primary supply panelboard)  Disconnecting means location:	:		
5.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Battery condition			N/A
Load voltage			
Discharge test			
CI			
Charger test			

### 6. Testing Results Control Unit and Related Equipment

Description	Visual	Functional	Comments
Description	Inspection	Test	Confinents
Control unit	<b>/</b>	<b>V</b>	Pass
Lamps/LEDs/LCDs	<b>/</b>	<b>V</b>	Pass
Fuses			
Trouble signals	<b>V</b>	<b>V</b>	Pass
Disconnect switches	<b>/</b>	<b>V</b>	Pass
Ground-fault monitoring		<b>/</b>	Pass
Supervision		<b>V</b>	Pass
Local annunciator		<b>V</b>	Pass
Remote annunciators			
Remote power panels			

### **6.2** Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>/</b>	<b>V</b>	Pass
Load voltage	<b>/</b>		Pass
Discharge test			Pass
Charger test	<b>/</b>	<b>V</b>	Pass
Remote panel batteries			

### **6.3 Supervising Station Monitoring**

Description	Visual Inspection	Functional Test	Comments
Alarm signal	<b>V</b>	<b>V</b>	Pass
Alarm restoration		<b>V</b>	Pass
Trouble signal		<b>V</b>	Pass
Trouble restoration		<b>V</b>	Pass
Supervisory signal			Pass
Supervisory restoration	<b>V</b>		Pass

10.1 Acceptance by Owner or Owner's Representative:

Signed: \_\_

Organization: \_

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

Title: .

### **8.** Notifications of Testing Completed Start Completed Web 9:50am **CMS** 1pm Monitoring organization: Time: Contact: Time: Building management: Yes 9:50am ΑII 1pm Contact: Time: Time: ΑII Building occupants: Yes 9:50am Contact: Time: Time: Authority having jurisdiction: \_\_ Contact: Time: \_\_\_\_\_ Contact: Other, if required: \_ Time: \_\_\_\_\_ Time: \_ 9. System Restored to Normal Operation 12-12-19 1pm Time: Date: 10. Certification This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14. Printed name: Willow Wolmart 12-12-19 Signed: Date: Naples Fire Protection Inspector 239-514-7155 Organization: Title: Phone: FASA/BASA Qualifications:

Printed name: City of Naples Contract Servic

Date:

Phone:



### Device Test Result List

Name of Property: CoN-Utilities Maintenance #950 (New Bldg)

28741 South Diesel Drive Street Address: 1450 4th Avenue North

Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154 City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: Inside Bldg inside instrumentation shop

<b>Device Type</b>	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



Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

# Device Test Result List

Name of Property: CoN-Utilities Maintenance #950 (New Bldg)

28741 South Diesel Drive Street Address: 1450 4th Avenue North

City Naples State: FL Zip: 34102

Lic#19672900011997 Lic#EC13005314 Panel Location: Inside Bldg inside instrumentation shop

Device Type	Address	Location	Test Results
Horn/strobe		Main office, east exit door	Passed
Horn/strobe		Main office, west wall	Passed
Horn/strobe		Main office, west wall	Passed
Bell		Outside East side	Passed
Bell		Outside West side	Passed
			Choose One



Lic#19672900011997 Lic#EC13005314

FIRE PROTECTION, INC.

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

Testing

# Fire Sprinkler Testing and Inspection Report

Date and Time of Inspection:	12/12/2019 09:3	0			
roperty Information					
Name of Property:	CoN-Utilities Ma		950 (New Bldg)	)	
Street Address:	1450 4th Avenu		-1	7: 04400	
City:	Naples City of Naples (	State: F		Zip: 34102	
Property Representative: Street Address:	280 Riverside C	ircle	ces		
Street Address.  City:	Naples	State: F		Zip: 34102	
Phone:	(239) 213-7114				naplesgov.con
Fire Department:	City of Naples		Results:	No Deficier	ncies
Type of Inspection:	Anr	ual	Semi-Annua	illy	Quarterly
Tag Installed:	Gre	en	Yellow		Red
Comments					_
Customer Name:		Custom	ner Signature:		
Inspector Name: Willow Wo	lmart	Inspec	tor Signature:	M	-1

### General Building Office / warehouse Location of sprinkler valve North side of Bldg ☐ Deluge Type of sprinkler system ✓ Wet ☐ Dry → Preaction Make and model of sprinkler valve PIV Hydraulic Calculation Plate is Secure and Legible: ✓ Yes ΠNο □ N/A Location of Hydraulic Calculation Plate: By FACP Have all deficiencies reported at last inspection corrected? □ N/A ✓ Yes ☐ No Prior inspection reports available for review? ✓ Yes ΠoN **│** N/A **Backflow Preventer** N/A Type: Relief valve on RP type not showing discharge? N/A Yes No **Valves** ▼ Tamper Switch How are valves supervised? Sealed Locked Are valves identified with signs? ✓ Yes □ 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 Is system hydraulically calculated? ✓ Yes 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 Normal water pressure maintained? N/A **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 ΠNο ΠN/A Sealed, locked, or supervised? No ✓ Yes □ N/A Accessible? Free from damage or leaks? ✓ Yes No ΠN/A ✓ Yes N/A Proper signage? No

N/A

✓ Yes

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Valves closed and reopened?

**Alarm Devices** Water Gong Vane Type? Yes No N/A Water flow alarm activated within five minutes? ✓ Yes N/A No Accessible? N/A Retard chamber / alarm drains not leaking? Yes No Yes No N/A Inspectors test / bypass opened? Yes No N/A Alarm Devices free of damage? ✓ Yes No N/A Hydraulic data nameplate securely attached to riser / legible? **Fire Department Connections** ✓ Yes N/A Visible and accessible? No Yes No N/A Coupling / swivels operate corectly? ✓ Yes Plugs / caps are in place? No N/A N/A Interior inspected where caps missing? Yes No ✓ N/A Yes Gaskets are not damaged? No ✓ Yes No N/A Identification signs are in place? Yes No N/A Ball drip valve is functional? Check valve is free of leaks? Yes No N/A **Pressure Reducing Valve** ✓ N/A In the open position / not leaking? Yes No Yes No N/A Maintaining downstream pressure? ✓ N/A Yes No In good condition? Quarterly ✓ Yes N/A Alarm devices, water motor gong activated? No N/A Yes No Do results difer by more than 10% from previous test? N/A Fire pump was temporarily turned off? Yes No ✓ N/A Yes No Backflow preventer -Test? ✓ N/A Yes No Backflow preventer - Flow test? Residual Returned Static Main drain test, if the sole supply is through a backflow. 60 Static PSI 95 PSI 125 ✓ 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?

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Fire Pump					
Yes	☐ No	✓ N/A	Started Automatically?		
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?		
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?		
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?		
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?		
Yes	No No	✓ N/A	Pump is in good condition?		
			Sprinklers (visible)		
✓ Yes	☐ No	N/A	No damage or leaks?		
✓ Yes	☐ No	N/A	Free of corrosion, foreign material, paint?		
✓ Yes	☐ No	□ N/A	Installed in proper orientation?		
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?		
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?		
✓ Yes	☐ No	□ N/A	Escutcheons are not missing, painted or rusted?		
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?		
✓ Yes	☐ No	□ N/A	Cabinet has proper number and type of spares?		
✓ Yes	☐ No	□ N/A	Cabinet has proper wrench for each type provided?		
✓ Yes	☐ No	□ N/A	Cabinet location temperature does not exceed over 100 degrees?		
<b>✓</b> Yes	☐ No	□ N/A	Fire sprinkler tested per appropriate testing schedule?		
_			Pipe & Fittings (visible)		
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?		
✓ Yes	☐ No	□ N/A	No leaks or mechanical damage?		
✓ Yes	No	□ N/A	Correct alignment/No external loads?		
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?		
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?		

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

# Fire Sprinkler Testing and Inspection Report

Lic#19672900011997 Lic#EC13005314 Date and Time of Inspection: 12/12/2019 14:00 **Property Information** CoN-Utilities Maintenance #900 (Old Bldg) Name of Property: 1450 4th Avenue North Street Address: Naples State: FL Zip: 34102 City: Property Representative: City of Naples Contract Services 280 Riverside Circle Street Address: **Naples** State: FL Zip: 34102 City: Email: tdelashmet@naplesgov.com (239) 213-7114 Phone: Fire Department: City of Naples Results: Non Critical Annual Semi-Annually Quarterly Type of Inspection: Red Tag Installed: Green Yellow 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 Signature: Customer Name:** 

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Inspector Signature:

Inspector Name: Willow Wolmart

General

Building Commercial Bldg	
Location of sprinkler valve Southeast side of Bldg	
Type of sprinkler system	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
Backflow Preventer	
Type: N/A	
Relief valve on RP type not showing discharge?	☐ Yes ☐ No ☑ N/A
Valves	
How are valves supervised?	Locked Tamper Switch
Are valves identified with signs?	□ 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
INSPEC	TIONS
Quarterly	
Gauges	
✓ Yes No N/A Tested or	r Replaced within 5-year Interval?
✓ Yes  No Normal w	vater pressure maintained?
Control Valv	ves
Yes No NA Superviso	ory switches send signals to fire panel?
✓ Yes No N/A In the cor	rrect (open or closed) position?
Yes No N/A Sealed, Id	ocked, or supervised?
✓ Yes  No N/A Accessibl	le?
✓ Yes  No N/A Free from	n damage or leaks?
✓ Yes No N/A Proper sig	gnage?
✓ Yes No N/A Valves clo	osed and reopened?

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			Alarm Devices
Water 0	Gong 🔽 V	ane/	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
<b>✓</b> Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
✓ Yes	☐ No	☐ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire	Department Connections
✓ Yes	☐ No	□ N/A	Visible and accessible?
✓ Yes	☐ No	☐ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	□ N/A	Check valve is free of leaks?
		F	Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Our autorile			
Quarterly			
✓ Yes	∐ No	∐ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	☐ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <u>110</u>	Residual PSI _	Returned Static 90	Main drain test, if the sole supply is through a backflow.
<b>✓</b> Yes	☐ No	□ N/A	Are results between tolerance?
Side of E	Bldg, on	riser	Location of main drain
		1 Second	How many seconds for static pressure to re-establish?

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	Fire Pump				
Yes	☐ No	✓ N/A	Started Automatically?		
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?		
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?		
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?		
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?		
Yes	☐ No	✓ N/A	Pump is in good condition?		
			Sprinklers (visible)		
<b>✓</b> Yes	☐ No	□ N/A	No damage or leaks?		
<b>✓</b> Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?		
✓ Yes	☐ No	□ N/A	Installed in proper orientation?		
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?		
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?		
✓ Yes	☐ No	□ N/A	Escutcheons are not missing, painted or rusted?		
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?		
✓ Yes	☐ No	□ N/A	Cabinet has proper number and type of spares?		
Yes	✓ No	□ N/A	Cabinet has proper wrench for each type provided?		
✓ Yes	☐ No	□ N/A	Cabinet location temperature does not exceed over 100 degrees?		
✓ Yes	☐ No	☐ N/A	Fire sprinkler tested per appropriate testing schedule?		
		P	ipe & Fittings (visible)		
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?		
✓ Yes	No	□ N/A	No leaks or mechanical damage?		
✓ Yes	No No	□ N/A	Correct alignment/No external loads?		
✓ Yes	☐ No	□ N/A	Building wet piping not exposed to freezing temps?		
☐ Yes	□ No	✓ N/A	Hoses/Hose racks inspected per NEPA 1962?		

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# Fire Alarm Testing and Inspection Report

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

Lic #196	372900011997 Lic#EC13005314		Г	Oate and Time of In	specti	on:	12/6/2019 10:15
	Annually 🗸	Semi-Annually		Quarterly	Resu	ılts	No Deficiencies
Tabl	e of Contents						
1. P	roperty Information		6.	<b>Testing Result Contr</b>	ol Unit	t and	Related Equipment
2. D	escription of System or Service	}	7.	<b>Notifications of Testi</b>	ing Cor	nnlei	ted
3. In	nterface Component Test Resul	t			C	-	
4. S	ystem Power		8.	System Restored to N	Normal	Ope	ration
	n-Building Fire Emergency Voi		9.	Certification			
	ommunications System or Mas ystem	s Notification	10	). Device Test Resu	lts		
1. ]	Property Informati	<u>on</u>					
	Name of Property:	CoN-Warehouse/Rec	ords	Center			
	Street Address:	270 Riverside Circle					
	City:	Naples S1	tate:	<u>FL</u>	Zip:	341	02
	Panel Location:	270 Riverside Circle					
	Property Representative:	City of Naples Contra	ict Se	ervices			
	Street Address:	280 Riverside Circle				241	20
	City:	(000) 010 7110			zip.	3410	ano@naplesgov.com
	Phone:	(200) 210 7110	Fax:	Er	nail:	oane	and Chapleogov.com
1.1 C	omments						
		ANNUAL	F/A	INSPECTION			
1. To	otal 18 E-Lights						
2. 3	-E-Elights						
- 1							

N	//A	

# 1.2 Testing and Monitoring Information

Testing organization:	Naples Fire Pro	otection						
Address:	28741 South Diesel Drive Bonita Springs, FL 34135							
Phone:	239-514-7155	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							
		_ Fax:		E-mail:				
<ul> <li>2. Description of System</li> <li>2.1 Control Unit Manufacturer: Radionics</li> <li>2.2 Software Firmware</li> </ul>			Model number:	D7024				
Firmware revision number:	Paciory		<u> </u>					
2.3 Primary (Main) Power		004	D	anel W1				
$\mathcal{E}$		nps: <u>20A</u>	Location. —		#//1			
Overcurrent protection type	: Broaker Ar	nps:	Disconnecting	means location:	<i>π</i> +1			
2.4 Secondary Power								
Type: $\frac{2 \times 12^{\circ} \times 10.5 \text{AH}}{10.5 \times 10.5 \text{AH}}$	Lo	cation: FACP						
Type: 2 x 12v 10.5AH  Battery type (if applicable):								
Battery type (if applicable):	Sealed Lead Ad	eid						
• 1	Sealed Lead Acries to drive the	system:						
Battery type (if applicable): Calculated capacity of batte	Sealed Lead Acries to drive the	system: In alarm mod	de (minutes): 5					

# 3. Interface Component Test Result

Interface Component Type	Address	Location	Test Result
Radio		By FACP	Pass

# 4. System Power

<b>1.1 Notification Appliance Power Exte</b> Input voltage of control panel: N/A		<ul><li>Control panel</li></ul>	l amps:
Overcurrent protection:	•	•	
Location (of primary supply panelbo		• •	
Disconnecting means location:	, 		
.2 Batteries			
		Nominal	1
Location: N/A	Type:	Voltage: _	Rating:
Calculated capacity of batteries to de	ive the system:		
In standby mode (hours):	In al	arm mode (minutes	s):
Overcurrent protection:  Location (of primary supply panelbo Disconnecting means location:	ard):		
.2 Secondary Power			
Description	Visual Inspection	Functional Test	Comments
Description  Battery condition			Comments N/A
Battery condition			
Battery condition  Load voltage			

# 6. Testing Results Control Unit and Related Equipment

Decemention	Visual	Functional	Comments
Description	Inspection	Test	Comments
Control unit	<b>V</b>	<b>V</b>	
Lamps/LEDs/LCDs	<b>V</b>	<b>V</b>	
Fuses			
Trouble signals	<b>/</b>	<b>V</b>	
Disconnect switches	<b>/</b>	<b>V</b>	
Ground-fault monitoring		<b>V</b>	
Supervision		<b>V</b>	
Local annunciator		<b>V</b>	
Remote annunciators			
Remote power panels			

# **6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<b>V</b>	<b>V</b>	
Load voltage	<b>V</b>	<b>V</b>	
Discharge test	<b>V</b>	<b>V</b>	
Charger test	<b>/</b>	<b>V</b>	
Remote panel batteries			

# **6.3 Supervising Station Monitoring**

Description	Visual	Functional	Comments
Description	Inspection	Test	Comments
Alarm signal			
Alarm restoration		<b>V</b>	
Trouble signal		<b>V</b>	
Trouble restoration		<b>/</b>	
Supervisory signal		<b>V</b>	
Supervisory restoration	<b>V</b>	<b>V</b>	

<b>.</b> Notifications of Testing Com	<u>ipleted</u>				
				Start	Complete
Monitoring organization: Y	Contact:	CMS	Time:		Time:
Building management: Y	Contact:		Time:		Time:
Building occupants: Y	Contact:	All	Time:		Time:
Authority having jurisdiction: Y	Contact:	City of Naples	Time:		Time:
Other, if required:	Contact:		Time:		Time:
Date: 12-06-2019	<b>Operation</b>	Time:			
• Certification  This system as specified herein has been inspec	ected and tested according to	) NFPA 72, 2013 editi	on, Chapter 1-	4.	
Signed: Lien Brown	Printed name: Felix	Solano	D	ate:	12-06-2019
Organization: Naples Fire Protection	Title: Inspector		Pł	none:	239-514-7155
Qualifications: FASA					
.1 Acceptance by Owner or Owner's l	Representative:				
The undersigned accepted the test report for t	he system as specified hereir	ı:			
Signed:	Printed name: <b>Jaso</b>	n Alfano	Da	ate:	12-06-2019
Organization:	Title		Pł	one.	230-213-7113

The state of the s

FIRE PROTECTION, INC.

Bonita Springs, FL 34135

(239) 514-7155 (Fax) 514-7154

Name of Property: CoN-Warehouse/Records Center

28741 South Diesel Drive Street Address: 270 Riverside Circle

City Naples State: FL Zip: 34102

Lic #19672900011997 Lic #EC13005314 Panel Location: 270 Riverside Circle

# 10. Device Test Result

Device Type	Address	Location	Test Results
Smoke detector		Above FACP	Passed
Pull Station		By FACP	Passed
Horn Strobe		Outside rear of building	Passed
tamper		Riser	Passed
Waterflow		Riser	Passed
			Choose One



# Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/6/2019 07:28		
<b>Property Information</b>			
Name of Property: Street Address:	CoN-Warehouse/Re 270 Riverside Circle	)	
City: Property Representative: Street Address:	Naples City of Naples Contr 280 Riverside Circle		Zip: <u>34102</u>
City: Phone:	Naples (239) 213-7113	State: FL Email:	Zip: 34102 Jalfano@naplesgov.com
Fire Department:	City of Naples	Results:	Non Critical
Type of Inspection:	Annual	Semi-Annua	ally Quarterly
Tag Installed:	Green	Yellow	Red
1) Corroded Head 2) PIV is not locked, sealed, or su zip tie.	pervised it also is v	ery stiff and targets a	re not legible. I sealed it with a
Customer Name:		Customer Signature:	
Inspector Name: Amburgey		Inspector Signature:	The state of the s

# General

Building	Comme	rcial/Warehous	е				
Location o	of sprinkler val	ve West s	side of building				
Type of sp	orinkler systen	n	<b>✓</b> Wet	Dry	D	eluge	Preaction
Make and	model of spri	nkler valve PI	V				
Hydraulic	Calculation P	late is Secure an	d Legible:	✓ Yes	☐ No	☐ N/A	
Location o	of Hydraulic C	alculation Plate:	Riser				
Have all d	eficiencies re	ported at last ins	pection corrected?	✓ Yes	☐ No	☐ N/A	
Prior inspe	ection reports	available for revi	ew?	✓ Yes	☐ No	☐ N/A	
Backflow Pre	eventer						
Type: N	I/A						
Relief val	ve on RP type	e not showing dis	charge?	Yes	No	<b>V</b> N/A	
Valves							
How are v	alves supervi	sed?	✓ Sealed	Locked	d T	amper Swit	ch
Are valves	s identified wit	h signs?	✓ Yes	No [	N/A		
Pumps (See	Chapter 8 of	NFPA 25)					
Is fire pum	np		Diesel	Electri	c G	asoline	✓ None
Fire Departm	ent Connect	tions					
Location	West sid	de of building					
Wet Systems	;						
Is building	adequately h	eated?		✓ Yes	☐ No	☐ N/A	
Is system	hydraulically	calculated?		✓ Yes	☐ No	☐ N/A	
If yes, is h	ydraulic inforr	mation sign provi	ded at valve?	✓ Yes	☐ No	☐ N/A	
			INSPEC <sup>*</sup>	TIONS			
Quarterly							
			Gauges				
✓ Yes	□No	□ N/A	Tested or	Replaced with	in 5-vear Inte	rval?	
✓ Yes	□ No	□ N/A		ater pressure r	•		
<b>L</b> 103	□ '10			-			
			Control Valve	es			
✓ Yes	☐ No	☐ N/A	Superviso	ory switches se	end signals to	fire panel?	
✓ Yes	☐ No	☐ N/A	In the corr	ect (open or c	losed) positio	n?	
✓ Yes	☐ No	☐ N/A	Sealed, lo	cked, or super	vised?		
<u></u> Yes	No	□ N/A	Accessible	e?			
<u></u> Yes	No	□ N/A	Free from	damage or lea	aks?		
<u></u> Yes	No	□ N/A	Proper sig	nage?			
✓ Yes	☐ No	☐ N/A	Valves clo	sed and reope	ened?		

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Alarm Devices					
Water 0	Gong ✓ \	/ane	Type?		
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?		
✓ Yes	☐ No	N/A	Accessible?		
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?		
<b>✓</b> Yes	☐ No	N/A	Inspectors test / bypass opened?		
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?		
✓ Yes	☐ No	N/A	Hydraulic data nameplate securely attached to riser / legible?		
			Fire Department Connections		
✓ Yes	☐ No	N/A	Visible and accessible?		
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?		
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?		
Yes	☐ No	✓ N/A	Interior inspected where caps missing?		
Yes	☐ No	✓ N/A	Gaskets are not damaged?		
✓ Yes	☐ No	☐ N/A	Identification signs are in place?		
Yes	☐ No	✓ N/A	Ball drip valve is functional?		
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?		
			Pressure Reducing Valve		
Yes	☐ No	✓ N/A	In the open position / not leaking?		
Yes	☐ No	✓ N/A	Maintaining downstream pressure?		
Yes	☐ No	✓ N/A	In good condition?		
Quarterly					
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?		
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?		
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?		
Yes	☐ No	✓ N/A	Backflow preventer -Test?		
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?		
Static PSI <u>60</u>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflow.		
✓ Yes	☐ No	□ N/A	Are results between tolerance?		
Riser			Location of main drain		
		2	econds How many seconds for static pressure to re-establish?		

Rev#13 10-23-19 4 of 5

			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	☐ N/A	No damage or leaks?
Yes	✓ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	□ N/A	Installed in proper orientation?
✓ Yes	☐ No	□ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	□ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	□ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	□ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
		F	Pipe & Fittings (visible)
✓ Yes	☐ No	☐ N/A	In good condition/No external corrosion?
✓ Yes	☐ No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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Inspector Name: Willow Wolmart



Fire Sprinkler Testing and Inspection Report

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

000011997 Lic #EC13005314			
Date and Time of Inspection:	12/12/2019 14:30		
Property Information			
Name of Property:	CoN-Waste Water 0	Collections #993	
	1450 4th Avenue No		
City:	Naples	State: FL	Zip: 34102
Property Representative:	City of Naples Cont	ract Services	
Street Address:	280 Riverside Circle	<b>)</b>	
City:	Naples	State: FL	Zip: 34102
Phone:	(239) 213-7114	Email	: tdelashmet@naplesgov.cor
Fire Department:	Choose One	Results:	Critical
Type of Inspection:	Annual	Semi-Annu	ally Quarterly
Tag Installed:	Green	Yellow	Red
Comments			
replace. Valve has to be cle connect to the bell. New va			
Customer Name:		Customer Signature	:

### General Building Commercial Bldg Location of sprinkler valve On riser, south side of Bldg ✓ Wet Type of sprinkler system ☐ Dry Deluge → Preaction Make and model of sprinkler valve **Butterfly Valve** Hydraulic Calculation Plate is Secure and Legible: Yes **V** No □ N/A Location of Hydraulic Calculation Plate: On riser Have all deficiencies reported at last inspection corrected? □ N/A ✓ Yes ☐ No Prior inspection reports available for review? ✓ Yes ΠoN **│** N/A **Backflow Preventer** N/A Type: Relief valve on RP type not showing discharge? N/A Yes ☐ No **Valves** How are valves supervised? Sealed ✓ Locked Tamper Switch Are valves identified with signs? ✓ Yes □ 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 Is system hydraulically calculated? ✓ Yes 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? Normal water pressure maintained? ✓ Yes N/A **Control Valves** ☐ Yes No ✓ N/A Supervisory switches send signals to fire panel? ✓ Yes ☐ No □ N/A In the correct (open or closed) position?

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Accessible?

Proper signage?

Sealed, locked, or supervised?

Free from damage or leaks?

Valves closed and reopened?

✓ Yes

✓ Yes

✓ Yes

✓ Yes

✓ Yes

No

No

No

No

ΠN/A

□ N/A

ΠN/A

N/A

N/A

			Alarm Devices
Water 0	Gong 🔽 Var	ne	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
✓ Yes	☐ No	□ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
<b>✓</b> Yes	☐ No	□ N/A	Hydraulic data nameplate securely attached to riser / legible?
		Fire	e Department Connections
✓ Yes	☐ No	□ N/A	Visible and accessible?
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	□ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	N/A	Identification signs are in place?
✓ Yes	☐ No	N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	□ N/A	Check valve is free of leaks?
		I	Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
✓ Yes	☐ No	□ N/A	Alarm devices, water motor gong activated?
Yes	✓ No	─ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <u>115</u>	Residual PSI <u>7</u>	Returned 95	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
South sig	de of Bldg	, on riser	Location of main drain
		1 Second	How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	V N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	V N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	V N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	N/A	No damage or leaks?
✓ Yes	☐ No	N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
✓ Yes	☐ No	□ N/A	Fire sprinkler tested per appropriate testing schedule?
			Dina 9 Fistings (visible)
✓ Yes	□ No	□ N/A	Pipe & Fittings (visible) In good condition/No external corrosion?
		□ N/A	No leaks or mechanical damage?
Yes Yes	∐ No □ No	□ N/A	Correct alignment/No external loads?
	☐ No	□ N/A	
✓ Yes			Building wet piping not exposed to freezing temps?
☐ Yes	∐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection	12/4/2019 06:55		
<b>Property Information</b>	1		
Name of Property:	CoN-Water Treatme		
Street Address:	1000 Fleischmann		in: 24102
City:	Naples City of Naples Cont	-	ip: <u>34102</u>
Property Representative:	280 Riverside Circle		
Street Address: City:	Naples		Zip: 34102
Phone:	(239) 213-7113		alfano@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: Amburgev	•	Inspector Signature:	

# General

Building Commercial/ Water treatment	
Location of sprinkler valve NW corner of chemic	cal building
Type of sprinkler system	Dry Deluge Preaction
Make and model of sprinkler valve Butterfly	
Hydraulic Calculation Plate is Secure and Legible:	Yes No No N/A
Location of Hydraulic Calculation Plate: Pipe schedu	ıle
Have all deficiencies reported at last inspection correcte	ed? ☑ 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?	d Locked Tamper Switch
Are valves identified with signs?	□ 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 NA
If yes, is hydraulic information sign provided at valve?	Yes No No N/A
INSPE	CTIONS
Quarterly	
Gaug	jes
✓ Yes No N/A Tested	d or Replaced within 5-year Interval?
	al water pressure maintained?
Control V	'alves
Yes No NA Super	rvisory switches send signals to fire panel?
✓ Yes  No  N/A In the	correct (open or closed) position?
✓ Yes No N/A Sealed	d, locked, or supervised?
✓ Yes No N/A Acces	ssible?
Yes No N/A Free fi	from damage or leaks?
Yes No N/A Prope	er signage?
Yes No N/A Valves	s closed and reopened?

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			Alarm Devices
Water 0	Gong 🔽 🔻	/ane	Type?
✓ Yes	☐ No	N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
Yes	☐ No	✓ N/A	Hydraulic data nameplate securely attached to riser / legible?
			Fire Department Connections
✓ Yes	☐ No	☐ N/A	Visible and accessible?
✓ Yes	☐ No	N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	N/A	Plugs / caps are in place?
Yes	☐ No	V N/A	Interior inspected where caps missing?
Yes	☐ No	V N/A	Gaskets are not damaged?
✓ Yes	☐ No	N/A	Identification signs are in place?
Yes	☐ No	V N/A	Ball drip valve is functional?
<b>✓</b> Yes	☐ No	☐ N/A	Check valve is free of leaks?
			Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	□ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
Yes	☐ No	✓ N/A	Backflow preventer -Test?
Yes	☐ No	✓ N/A	Backflow preventer - Flow test?
Static PSI <b>75</b>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2	conds How many seconds for static pressure to re-establish?

Rev#13 10-23-19 4 of 5

			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
_	_	P	ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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# Backflow

# Inspection, Testing, and Maintenance Report

FIRE PRO	FIRE PROTECTION, INC.								
28741 Sc Bonita St (239) 514-71	28741 South Diesel Drive Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154		Check One:	New Installation	KEXISTING Unit	ng Unit			
Lic #196729000	Lic#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potab]	Potable Service	Reclaimed Service	ice	
Job Name:	CoN-Band Shell	=			Address: 755 5th Ave S	ive S		City: Naples	
Location:	NW side of building	ding		Assem	Assembly Type: Febco		State: FL	Zip: 34102	
Model#:	876		Size: 4"		Serial #: 0012291336	336	Meter #: 104	10430419	
		Reduced Pressure	ure						
	Double	Double Check		Pressure Vac	Pressure Vacuum Breaker	<b>Q</b>	Detector Loop Device	vice	
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve	1
Initial	PSID 0	PSID [1.8	Opened Opened	Opened	Opened (@PSID	PSID [	PSID [	Opened Opened	_
Test	Passed	Passed	Did Not	Did Not	DidNot	Passed	Passed	DidNot	
	Leaked 🖊	Leaked	Open	Open	Open	Leaked	Leaked	Open	-
Parts &									
Repairs									
Final	PSID	PSID	Opened @ PSID	Opened	Opened @PSID	PSID PSID	PSID F	Opened @PSID	_
Test	Passed Leaked	Passed Leaked	Did Not Open	Did Not Open	Did Not Open	Leaked [	Passed Leaked	Did Not Open	
	Suggest clea	Suggest clean, flush, and new rubber kit	new rubber kit a	and retest					_
Comments:	:6								
					Date:	12/06/2019	Result: Fa	Failed	1
Ţ	Inspector Name / Certification #:	,	Richard Amburgey E	BT9023		Signature:	#		
•	Customer Name:	City of Naples	City of Naples Contract Services		S	Signature:			
						)			

- 12-30-19	
Inspections	•
Fire	5
- Apnual	1
hibit A	

# Backflow

# Inspection, Testing, and Maintenance Report

28741 So Bonita So	28741 South Diesel Drive Bonita Springs, FL 34135		Check One:	New Installation	Existing Unit	ng Unit		
Bonita Sp (239) 514-71	Bonita Springs, FL 34135 (239) 514-7155 (Fax) 514-7154		Click Olle.	INCW IIISTAIIAUOII		ng OIIII	ſ	
Lic #1967290001	Lic#19672900011997 Lic#EC13005314		Check One:	Fireline Service	Potabl Potabl	Potable Service	Reclaimed Service	ice
Job Name:	CoN-Band Shell				Address: 755 5th Ave S	ive S		City: Naples
Location:	NW side of building	ding		Assem	Assembly Type: Febco		State: FL	Zip: 34102
Model#:	805YB		Size: 3/4"		Serial #: A016371		Meter#: 104	10430419
				-				
		Reduced Pressure	ıre	Drocentra Vac	Drogenno Vocumm Brookor	ď	Detector Loca Device	
	Double	Double Check		riessure v ac	dum Dicaker		erector Loop Dev	וכב
	#1 Check Valve	#2 Check Valve	ReliefValve	Air Inlet	Check Valve	#1 Check Valve	#2 Check Valve	#3 Check Valve
1,7,7,7	PSID 1.8	PSID 1.4	Opened	Opened	Opened	PSID	PSID [	Opened
	Passed	Passed 7	(@PSID	@PSID	@PSID	Passed	Passed	@PSID
ıesı			DidNot	Did Not	Did Not			DidNot
	Leaked	Leaked	Open	Open	Open	Leaked	Leaked	Open
Parts &								
Repairs								
	PSID	PSID	Opened	Opened	Opened	PSID [	PSID [	Opened
Final	Passed	Passed	@ PSID	@PSID	(@PSID	Passed	Passed	(@PSID Did Not
I GSI	Leaked	Leaked	Open	Open	Open	Leaked	Leaked	Open
Comments:								
					Date:	12/06/2019	Result: Pa	Passed
Ι	Inspector Name / Certification #:	,	Richard Amburgey BT9023	3T9023	8	Signature:	#	
)	Customer Name:	City of Naples	City of Naples Contract Services		S	Signature:		
						b		



# Fire Sprinkler Testing and Inspection Report

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

Date and Time of Inspection:	12/6/2019 13:04		
<b>Property Information</b>			
Name of Property:	CoN-Band Shell		
	755 5th Ave S		
City:	Naples	State: FL Z	ip: 34102
Property Representative:	City of Naples Cont	ract Services	
Street Address:	280 Riverside Circle	Э	
City:	Naples	State: FL Z	z <sub>ip:</sub> 34102
Phone:	(239) 213-7113		ulfano@naplesgov.com
Fire Department:	City of Naples	Results: N	No Deficiencies
Type of Inspection:	Annual	Semi-Annually	Quarterly
Tag Installed:	Green	Yellow	Red
Comments			
1) Fire line Backflow Primary fail	led test		
Customer Name: CNATS		Customer Signature:	
Inspector Name: Amburgey		Inspector Signature:	A.

# General

Building Commercial/ Band Shell	
Location of sprinkler valve North west side of	building
Type of sprinkler system	t 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 corre	cted? ✓ 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?	aled  Locked  Tamper Switch
Are valves identified with signs?	No N/A
Pumps (See Chapter 8 of NFPA 25)	
Is fire pump Die:	sel 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
INSP	ECTIONS
Quarterly	
	uges
✓ Yes No N/A Tes	sted or Replaced within 5-year Interval?
	rmal water pressure maintained?
Contro	I Valves
✓ Yes No N/A Su	pervisory switches send signals to fire panel?
✓ Yes No N/A In t	he correct (open or closed) position?
	aled, locked, or supervised?
✓ Yes No N/A Acc	cessible?
✓ Yes No N/A Fre	e from damage or leaks?
Yes No N/A Pro	per signage?
Yes No N/A Val	ves closed and reopened?

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			Alarm Devices
Water 0	Gong 🔽 🔻	/ane	Type?
✓ Yes	☐ No	☐ N/A	Water flow alarm activated within five minutes?
✓ Yes	☐ No	N/A	Accessible?
Yes	☐ No	✓ N/A	Retard chamber / alarm drains not leaking?
<b>✓</b> Yes	☐ No	☐ N/A	Inspectors test / bypass opened?
✓ Yes	☐ No	□ N/A	Alarm Devices free of damage?
✓ Yes	☐ No	☐ N/A	Hydraulic data nameplate securely attached to riser / legible?
		F	Fire Department Connections
✓ Yes	☐ No	N/A	Visible and accessible?
✓ Yes	☐ No	□ N/A	Coupling / swivels operate corectly?
✓ Yes	☐ No	☐ N/A	Plugs / caps are in place?
Yes	☐ No	✓ N/A	Interior inspected where caps missing?
Yes	☐ No	✓ N/A	Gaskets are not damaged?
✓ Yes	☐ No	☐ N/A	Identification signs are in place?
Yes	☐ No	✓ N/A	Ball drip valve is functional?
✓ Yes	☐ No	□ N/A	Check valve is free of leaks?
			Pressure Reducing Valve
Yes	☐ No	✓ N/A	In the open position / not leaking?
Yes	☐ No	✓ N/A	Maintaining downstream pressure?
Yes	☐ No	✓ N/A	In good condition?
Quarterly			
<b>✓</b> Yes	☐ No	☐ N/A	Alarm devices, water motor gong activated?
Yes	<b>✓</b> No	☐ N/A	Do results difer by more than 10% from previous test?
Yes	☐ No	✓ N/A	Fire pump was temporarily turned off?
✓ Yes	☐ No	N/A	Backflow preventer -Test?
✓ Yes	☐ No	☐ N/A	Backflow preventer - Flow test?
Static PSI <b>70</b>	Residual PSI _	Returned Static	Main drain test, if the sole supply is through a backflow.
✓ Yes	☐ No	□ N/A	Are results between tolerance?
Riser			Location of main drain
		2	onds How many seconds for static pressure to re-establish?

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			Fire Pump
Yes	☐ No	✓ N/A	Started Automatically?
Yes	☐ No	✓ N/A	Diesel pump ran for 30 minutes?
Yes	☐ No	✓ N/A	Electric pump ran for 10 minutes?
Yes	☐ No	✓ N/A	Diesel engine fuel tank is at least 2/3rd's full?
Yes	☐ No	✓ N/A	Packing glands showing proper discharge?
Yes	☐ No	✓ N/A	Pump is in good condition?
			Sprinklers (visible)
✓ Yes	☐ No	□ N/A	No damage or leaks?
✓ Yes	☐ No	□ N/A	Free of corrosion, foreign material, paint?
✓ Yes	☐ No	☐ N/A	Installed in proper orientation?
✓ Yes	☐ No	☐ N/A	Sprinkler spray pattern appear free of unacceptable obstructions?
✓ Yes	☐ No	☐ N/A	Hangers and seismic bracing not damaged or loose?
✓ Yes	☐ No	☐ N/A	Escutcheons are not missing, painted or rusted?
✓ Yes	☐ No	☐ N/A	Spare sprinkler cabinet provided?
✓ Yes	☐ No	☐ N/A	Cabinet has proper number and type of spares?
✓ Yes	☐ No	☐ N/A	Cabinet has proper wrench for each type provided?
✓ Yes	☐ No	☐ N/A	Cabinet location temperature does not exceed over 100 degrees?
Yes	☐ No	✓ N/A	Fire sprinkler tested per appropriate testing schedule?
_	_	P	ipe & Fittings (visible)
✓ Yes	∐ No	∐ N/A	In good condition/No external corrosion?
✓ Yes	No	☐ N/A	No leaks or mechanical damage?
✓ Yes	☐ No	☐ N/A	Correct alignment/No external loads?
✓ Yes	☐ No	☐ N/A	Building wet piping not exposed to freezing temps?
Yes	☐ No	✓ N/A	Hoses/Hose racks inspected per NFPA 1962?

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# CITY OF NAPLES FIRE-RESCUE 835 8th Avenue S. Naples, Florida 34102 (239) 213-4900



Occupant FLEISCHMAN PARK BASEBALL

Name: CONCESSION

Address: 1600 FLEISCHMANN

Suite:

Inspection Date: 1/31/2020

InspectionType: Annual

Inspected By: Chad Haverkate 239-213-4918

chaverkate@naplesgov.com

Insp. ResultLocationCode SetCodeFailFL NFPA 01 2015<br/>Chapter 14 Means of Egress14.12.1.2 - 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.

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 3/3/2020.

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

**Inspection Date:** 

InspectionType:



**Occupant Name:** Con Parking Garage

SOUTH

801 6TH Avenue South Address:

Suite:

Inspected By: Bill Quinsey

(239) 213-4916

2/5/2020

Annual

			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 Co appropriate re		ur sprinkler system is 'red-tagged'. Have vendor make
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)
		omments: Combustible material sha oms. Elevator room. 3rd floor. Paint a	Il not be stored in boiler rooms, mechanical rooms, or electrical 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 Co	omments: ACTION REQUIRED: Lig	hts 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.

**1.1 -** 10.18.5.1.



Ref: 18148



# CITY OF NAPLES FIRE-RESCUE 835 8th Avenue S. Naples, Florida 34102 (239) 213-4900

**Inspection Date:** 

InspectionType:



**Occupant Name:** RIVER PARK POOL Address:

451 11TH Street

North

Suite: Inspected By: Bill Quinsey

(239) 213-4916

2/5/2020

Annual

hauinsev@naplesgov.com

			bquinsey@napiesgov.com		
Insp. Result	Location	Code Set	Code		
Fail		NFPA 25 2014 Chapter 13 Valves, Valve Components, and Trim	13.7.1 - FDC maintenance / Signage (see photo 1.01)		
	Inspector Comments: REQUIRED ACTION: Paint pipes safety red.				
Fail		FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.3.3.2 - Sprinkler system shall be inspected, tested, and maintained.		
	<b>Inspector Comments:</b> ACTION REQUIRED: Your sprinkler system is 'yellow-tagged'. Have vendor make appropriate repairs asap.				
Fail		FL NFPA 01 2015 Chapter 14 Means of Egress	14.14.5.1 - Exit Sign Illumination (see photo 2.01)		
	<b>Inspector Comments:</b> ACTION REQUIRED: Repair or replace exit sign so that it illuminates in n emergency mode. Doesn't work in battery mode. Men's bathroom.				
Fail	_	FL NFPA 01 2015 Chapter 13 Fire Protection Systems	13.6.2.1.2 - Fire extinguishers shall be provided <sup>(see photo 3.01)</sup>		
	Inspector Comments: ACTION REQUIRED: The pool room extinguisher is showing as discharged.				

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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.

**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 SludgeInspection Date:2/6/2020Address:1400 3RD Avenue NorthInspectionType: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. ResultLocationCode SetCodeFailFL NFPA 101 2015<br/>Chapter 7 Means of<br/>Egress7.9.2.6 - Existing battery-operated emergency lights shall use only reliable<br/>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.

**1.1 -** 7.9.2.6.



Ref: 18178