

September 13, 2022

Questions & Answers

ITB No: 2022-1045

Agreement Name: Fire Extinguisher, Alarm Inspection, & Fire Monitoring Services

Port Representative: Dan Musser

Potential Bidders,

Below are the questions we received pertaining to the above-mentioned solicitation, with their respective answers.

- 1) We are hoping we can get last years or even better the last two years of inspection reports.
 - a. The Reports were added to the Previous Question and Answer Document for your review.
- 2) Any backflow inspection reports for the main site at 927 Washington Street NE?
 - a. Yes see attached
- 3) Do you know the quantity of extinguishers for this site and size?
 - a. We only have the records provided via the reports currently.
- 4) How about any vehicles and/or log haulers that may be associated with this specific location?
 - a. Not currently

Do the questions warrant a change in the information/dates that are indicated on the original solicitation?

Yes, the quotes/bids are now due no later than 5:00pm PST on September 16, 2022.

If you have any questions, comments, or concerns, please let me know and I will be happy to address them.


Sincerely,

Christopher Martinez
Contract and Grant Administrator
ChrisM@portolympia.com
Phone: (360) 528-8010

BACKFLOW PREVENTER INSPECTION AND FIELD TEST REPORT

| | | | |
|------------------------------|--|--|--|
| Job Number | 25015754 | | |
| <input type="checkbox"/> NEW | <input checked="" type="checkbox"/> EXISTING | <input type="checkbox"/> REPLACEMENT (OLD SER #) | |

| | | | | | | |
|---|---|------------------------------|--|---|------------------------------------|---|
| ASSEMBLY MANUFACTURER Watts | | MODEL 709-A | SERIAL NUMBER 326164 | SIZE 8" | FACILITY ID | |
| FACILITY NAME Warehouse A | | CONTACT PERSON Dan Musser | | PHONE 360-528-8060 x1 | EMAIL | |
| SERVICE ADDRESS 927 Washington Street | | | CITY Olympia | ZIP 98501 | | |
| PREVENTER PHYSICAL LOCATION Warehouse - Riser room | | | | HAZARD TYPE / DOWNSTREAM PROCESS Fire Line | | |
| DCVA yes Other | RPBA no | PVBA no | AG no | WATER SERVICE RESTORED yes | | RECORD DETECTOR METER READING – WHEN APPLICABLE |
| USC APPROVED yes | | PROPER INSTALLATION yes | | PROPER ORIENTATION yes | CONFINED SPACE no | LINE PRESSURE 115 psi |
| Initial Test Passed | DCVA | | RPBA | | PVBA/SVBA | |
| | Check Valve 1 Leaked no 1.7 psid | | Relief Valve Opened psid | | Air Inlet Valve Opened psid | |
| | Check Valve 2 Leaked no 4.2 psid | | Check Valve 2 Closed Tight Leaked | | Check Valve psid | |
| | | | Check Valve 1 Approved Air Gap | | Leaked | |
| | | | | | | |
| Cleaning, Repairs, & Parts | Disc | | O-Ring(s) | | Air Inlet Disc | |
| | Spring | | Module | | Air Inlet Spring | |
| | Guide | | Diaphragm | | Check Disc | |
| | Seat | | Rubber Kit | | Rubber Kit | |
| | | | | | | |
| Final Test | Check Valve 1 Leaked psid | | Relief Valve Opened psid | | Air Inlet Valve Opened psid | |
| | Check Valve 2 Leaked psid | | Check Valve 2 Closed Tight | | Opened Fully | |
| | | | Check Valve 1 psid | | Check Valve psid | |
| AIR GAP INSPECTION | | | SUPPLY PIPE DIAMETER | | AIR GAP SEPARATION | |

| | | | | | |
|---|--|--|-------------------------|-------------------------------|---------------------------|
| REMARKS* Passed | | | | | |
| By this signature, I certify: | | 1. I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB. 2. The information in this report is true, complete, and accurate. | | | |
| INITIAL TEST BY (PRINT BAT TESTER NAME) Craig Schulte | | BAT COMPANY NAME AAA FIRE PROTECTION | BAT PHONE 2067434639 | BAT CERT #: B6457 | DATE TESTED 2022-05-25 |
| BAT SIGNATURE  | | TEST KIT MAKE & MODEL MW845 | SERIAL # 04091222 | VER/CAL DATE ** 2021-09-25 | |
| REPAIRED BY | | | DATE | | |
| AFTER REPAIR TESTED BY (PRINT NAME) | | BAT COMPANY NAME | BAT PHONE | BAT CERT #: | DATE TESTED |
| BAT SIGNATURE | | TEST KIT MAKE & MODEL | SERIAL # | VER/CAL DATE ** | |

*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.

**The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.

BACKFLOW PREVENTER INSPECTION AND FIELD TEST REPORT

SPRINKLER SYSTEM TEST REPORT

JOB NUMBER: 25015754

| SPRINKLER | | STATUS | |
|---|-----|--|---------------------------------|
| Confidence Test | | Yellow | |
| Occupancy Information | | | |
| Premises Name: Warehouse A | | Premises Address: 927 Washington Street, Olympia, WA 98501 | |
| Contact Name: | | Contact Phone: | |
| Contact Address: | | Contact Email: | |
| Central Station Monitoring: yes | | Monitoring Required: yes | |
| Monitoring Company Name: ACI | | Monitoring Company Phone: 18007522490 | |
| Sprinkler Inventory (M-mandatory) | | | |
| Fields are mandatory for new systems, optional for existing systems, except where indicated. | | | |
| System Info | | | |
| System Types (select all that apply) (M) | | Dry | |
| Describe system (Example: 2 dry risers and 1 pre-action) | | 2 dry risers | |
| Pipe schedule or hydraulic calculated? | | Pipe schedule | |
| Describe what areas are covered, and note any areas not covered. | | Riser one covers north warehouse Riser two covers south warehouse | |
| Original Time for Water to Inspectors Test (trip, flood system, and get out of port) from Acceptance Test (for subsequent 3 year full wet trip test results see individual test reports). | | 60 | |
| Testing Frequency (M) | | Annual | |
| Due Dates | | | |
| Standard Sprinkler Heads Sample Testing | | | |
| Test performed date (month/year) | | 1984 | Next Due Date (month/year) 2034 |
| Quick Response Sprinkler Heads Sample | | | |
| Test performed date (month/year) | | NA | Next Due Date (month/year) NA |
| Dry Type Sprinkler Heads Sample Testing | | | |
| Test performed date (month/year) | | NA | Next Due Date (month/year) NA |
| Full Wet Trip Test (every 3 years) | | | |
| Test performed date (month/year) | | 2021 | Next Due Date (month/year) 2024 |
| Gauge Comparison Test | | | |
| Last Test Date (month/year) | | 2018 | Next Due Date (month/year) 2023 |
| FDC Obstruction Investigation: 2018 | | | |
| Last Test Date (due every 5 years): 2018 | | | |
| Piping Obstruction Examination | | | |
| Last Test Date (due every 5 years): 2018 | | | |
| Riser Info | | | |
| Riser Number (assign each standpipe riser a unique sequential number like 1, 2, 3...) (M) | | 1 | |
| Riser Type (M) | Dry | Riser Location (M) | Riser room closet |
| Riser Diameter | 6" | Main Drain Diameter | 2" |
| Initial Static Pressure at the base of the riser (from the Acceptance Test) | 90 | Initial Residual Pressure from Main Drain Test at base of the riser (from the Acceptance Test) | 70 |
| Riser Info | | | |

SPRINKLER SYSTEM TEST REPORT

JOB NUMBER: 25015754

| | | | |
|---|-----|--|----|
| Riser Number (assign each standpipe riser a unique sequential number like 1, 2, 3...) (M) | | Riser Location (M) | 2 |
| Riser Type (M) | Dry | Riser room closet | |
| Riser Diameter | 6" | Main Drain Diameter | 2" |
| Initial Static Pressure at the base of the riser (from the Acceptance Test) | 90 | Initial Residual Pressure from Main Drain Test at base of the riser (from the Acceptance Test) | 80 |

Inspection & Testing Agency Information

| | |
|--|---------------------------------------|
| Company Name: AAA Fire Protection Inc. | Phone: 1-800-223-FIRE(3473) |
| Address: 3013 3rd Ave N., Seattle WA 98109 | Emergency Phone: 1-800-223-FIRE(3473) |
| | Email: info@aaafire.com |

Inspector/Tester Information

| |
|---|
| Inspector Name: Craig Schulte |
| Certification No.: SCHULCT868JN, 6050-1118-E, S-08374 |

Test Information

| |
|--------------------------|
| Date of Test: 2022-05-25 |
|--------------------------|

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 25 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements.

PRE-TEST CHECKS

AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

| | |
|--|-----|
| 1 All signs, placards, and labels are provided on doors and system controls. | yes |
| 2 There is an up-to-date log of any inspections and testing of the system(s) covered by this report. | yes |

SPRINKLER HEADS

| | |
|--|-----|
| 3 All sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage. Exception: sprinkler heads in NFPA 25 "concealed" spaces do not require inspection. | yes |
| 4 The sprinkler coverage appears to be OK. | Yes |
| 5 The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If "No", have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. | Yes |
| 6 The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If "No", have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. | N/A |
| 7 The dry type sprinkler heads are less than 10 years old or within a prescribed testing period. If "No", have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. | N/A |
| 8 The proper number of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location. | yes |

HEAT ACTIVATED DEVICES

| | |
|---|-----|
| 9 Heat actuation devices function on pre-action and deluge systems. | N/A |
|---|-----|

FLOW TESTS

| | |
|--|-----|
| 10 The system(s) passed the Main Drain flow test when performed at the base of each riser. | yes |
|--|-----|

SPRINKLER SYSTEM TEST REPORT

JOB NUMBER: 25015754

| | |
|---------------------------------------|-----|
| 11 The Main Drain is the proper size. | yes |
|---------------------------------------|-----|

| Riser | Riser location | Static pressure at base of riser (psi) | Flow pressure at base of riser (psi) | Return to static pressure (min/sec) |
|-------|----------------|--|--------------------------------------|-------------------------------------|
| | | | | |

ALARMS AND SUPERVISORY DEVICES

| | |
|---|-----|
| 12 Panel identifies flow switch activation correctly. Only use N/A if sprinkler is not monitored by a fire alarm. | Yes |
| 13 All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly. Only use N/A if sprinkler is not monitored by a fire alarm. | Yes |

VALVES

| | |
|--|-----|
| 14 Sprinkler control valve pressure regulating valves (PRVs) are set properly. For hose PRVs see 5 YEAR section. | N/A |
| 15 All supply valves are secured or supervised. | yes |
| 16 All supply valves have been lubricated (where required) | yes |
| 17 The maintenance on the system gauges is up-to-date. | yes |

Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check should be done for multiple floors at static pressure using one calibrated gauge and hydraulic

5 YEAR TESTS INCLUDING OBSTRUCTION INVESTIGATION

| | |
|--|-----|
| 18 The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with NFPA 25 Chap. 14. | Yes |
| 19 The 5-year hose PRV test is up-to-date in accordance with NFPA 25. | N/A |
| 20 The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14. Date of Test, If Known: | Yes |
| 21 The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve. | N/A |

FIRE DEPARTMENT CONNECTIONS

| | |
|--|-----|
| 22 The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street. | Yes |
| 23 All FDCs have protective plugs or covers. | Yes |
| 24 If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required) | N/A |
| 25 All caps and plugs have at least 12" clearance for operating wrenches. | Yes |
| 26 All swivels turn freely. | Yes |

RECALLS

| | |
|--|----|
| 27 Did the inspector find any recalled devices during the visual inspection? | no |
| <i>Note: the technician's inspection is visual and from the floor level in accessible areas.</i> | |
| If so, list all recalled devices: | |

ALARM MONITORING

| | |
|---|-----|
| 28 A signal was received at the Central Station monitoring company. | Yes |
|---|-----|

FOAM GENERATING EQUIPMENT

SPRINKLER SYSTEM TEST REPORT

JOB NUMBER: 25015754

| | | |
|----|---|--|
| 29 | Control valves, including all automatic and manual actuating devices operate properly. | |
| 30 | All control valves are secured or supervised. | |
| 31 | Supervisory switches operate properly. | |
| 32 | The alarm indication device operates properly. | |
| 33 | Alarm bells operate properly. | |
| 34 | All of the proportioning devices, their accessory equipment, and foam makers have been inspected, tested, and are functioning properly. | |
| 35 | A sample of the foam concentrate was sent to a testing laboratory and passed the analysis. | |
| 36 | The above-ground piping is in good condition and drains properly. | |
| 37 | The Underground piping has been spot-checked for deterioration within the last 5 years as required by 2010 NFPA 11 Sec. 12.3.3 | |
| 38 | All the strainers have been inspected and cleaned quarterly (by maintenance) and as necessary during confidence testing. | |

DRY SPRINKLER SYSTEMS

| 39 | Air compressor(s) refills system in 30 minutes or less. | Yes |
|--------|---|-----------------------------|
| 40 | The system's low points were drained and the system was restored to service. | Yes |
| System | System location | System tripped in (seconds) |
| North | Warehouse Riser | 45 |
| 41 | The system(s) passed the trip test. (Also compare to values at time of system acceptance (preferred) or other previous test result as stored in inventory section.) | Yes |
| 42 | This service visit included full wet trip test? | no |
| | Next full trip test due date | |
| 43 | The systems reported on this test are current and not past due for the full trip test. | yes |
| System | System location | System tripped in (seconds) |
| South | Warehouse - Riser room | 48 |
| 41 | The system(s) passed the trip test. (Also compare to values at time of system acceptance (preferred) or other previous test result as stored in inventory section.) | Yes |
| 42 | This service visit included full wet trip test? | no |
| | Next full trip test due date | |
| 43 | The systems reported on this test are current and not past due for the full trip test. | yes |

FINAL CHECKS, MANDATORY TAGGING, AND REPORTS

| | | |
|--|---|--------------------|
| Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.) | | |
| 44 | The system was left in service. | yes |
| 45 | A current red, yellow, or white tag was placed on the sprinkler system indicating the system's status consistent with my inspection today and SFD Administrative Rule 9.02. I have removed all expired tags related to this system or covered them with a new sticker, if using stickers. | yes |
| | The color of the tag is | Yellow |
| | Reason for tag status | See problems found |
| 46 | I will provide a copy of the confidence test report to the owner. | yes |
| 47 | I will submit this test report to the fire department through TCE. | yes |



SPRINKLER SYSTEM TEST REPORT

JOB NUMBER: 25015754



By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02.

| | | |
|-----------|---|------------------------|
| I accept. | I am authorized to submit this report for the certified technician who has accepted this statement. | (Initials of Employee) |
| yes | yes | GB |

SIGNATURE (OPTIONAL)

Signature of Technician: 

Signature of Building Representative:

| Deficiencies | | |
|--|-----------|--|
| Description | Severity | Image |
| 03: Main Waterflow switch in-op (works electronically), each respective riser has independent flow switch that operates properly | deficient |  |
| Note: Unable to trip valves from IT obstructed | suggested |  |

FIRE ALARM SYSTEM TEST REPORT

JOB NUMBER: 25015754

| FIRE ALARM | | STATUS | |
|--|--------------|---|--|
| Confidence Test | | Yellow | |
| Occupancy Information | | | |
| Premises Name: | Warehouse A | Premises Address: | 927 Washington Street, Olympia, WA 98501 |
| Contact Name: | Dan Musser | Contact Phone: | 360-528-8060 x1 |
| Contact Address: | | Contact Email: | |
| Central Station Monitoring: | yes | Monitoring Required: | yes |
| Monitoring Company Name: | Alarm Center | Internal Dialer?: | no |
| Monitoring Company Phone: | 18007522490 | AES/Radio?: | yes |
| | | Cellular | no |
| Fire Alarm Inventory (M-mandatory) | | | |
| Fire Alarm Panel Unit ID (TCE will assign one per system) (M): N/A | | | |
| Smoke Detector Sensitivity (required every 5 yrs, after passing 1st annual calibration test) | | | |
| Last Test Date (mth/yr): N/A | | | |
| Smoke Detector Sensitivity – Test Due Date (mth/yr): N/A | | | |
| FACP & Annunciators | | | |
| Fire Alarm Control Panel/Unit Location (M): Floor 2 Open Office | | | |
| Fire Alarm Panel Brand: Simplex | | Fire Alarm Panel Model: 2001 | |
| FACP – location of key (M): FACP | | Annunciator location (M): Outside Office Entry Door | |
| Notification Power Expander(s) Installed?: (If “yes”, list expander(s) below.) | | | |
| Notification Power Expander: | | Expander Location: | |

FIRE ALARM SYSTEM TEST REPORT

JOB NUMBER: 25015754

Note: This section is optional except at time of new system acceptance. Please enter number of devices or items tested on this report. Should match U.L. label.

| Initiating Devices | | # of | | Initiating Devices | | # of | |
|---------------------------------|--------|---------|---------------------------------|---------------------------|---------|------|---------|
| | Tested | Counted | | Tested | Counted | | Counted |
| Beam detectors | 0 | 0 | Smoke detectors - Regular | 0 | 0 | | |
| Duct detectors | 0 | 0 | Smokes – above ceiling | 0 | 0 | | |
| Heat tape supervisory signals | 0 | 0 | Smokes – under floor | 0 | 0 | | |
| Heats – above ceiling | 0 | 0 | Sprinkler flow switches | 3 | 3 | | |
| Heats – regular | 1 | 1 | Sprinkler valve tamper switches | 4 | 4 | | |
| Heats – under floor | 0 | 0 | High/low air switches | 0 | 0 | | |
| Pull stations (manual stations) | 7 | 7 | Other supervisory switches | 0 | 0 | | |

| Notification Devices | | # of | | Notification Devices | | # of | |
|-------------------------------|--------|---------|-------------------|-----------------------------|---------|------|---------|
| | Tested | Counted | | Tested | Counted | | Counted |
| Bells, chimes | 0 | 0 | Horn/strobe combo | 7 | 7 | | |
| Exterior sprinkler alarm bell | 0 | 0 | Horns only | 0 | 0 | | |

| Auxiliary Equipment | | # of | | Auxiliary Equipment | | # of | |
|----------------------------|--------|---------|--------------------------|----------------------------|---------|------|---------|
| | Tested | Counted | | Tested | Counted | | Counted |
| Auto door release | 0 | 0 | Fire/smoke dampers | 0 | 0 | | |
| Auto door unlock | 0 | 0 | Generators | 0 | 0 | | |
| Elevator recall | 0 | 0 | Ventilation controls | 0 | 0 | | |
| Fire doors | 0 | 0 | Fire fighter phone jacks | 0 | 0 | | |
| Fire fighter phone sets | 0 | 0 | | | | | |
| Other (DAS/Vesda...): | 0 | 0 | | | | | |

| Stairway Door Locks | | # of | | Stairway Door Locks | | # of | |
|----------------------------|--------|---------|--------------------------|----------------------------|---------|------|---------|
| | Tested | Counted | | Tested | Counted | | Counted |
| Electric bolt | 0 | 0 | Other locking devices | 0 | 0 | | |
| Electric strike | 0 | 0 | Stairwell egress devices | 0 | 0 | | |

Number of Initiating Circuits: 15

Number of Signal Circuits: 2

Battery Info

| | |
|---|---|
| Date Installed (month/year): 2018-02-25 | Date due for next testing (month/year): |
| Number of batteries: 2 | Battery Size (AH): 12v18Ah |


| Inspection & Testing Agency Information | |
|--|---------------------------------------|
| Company Name: AAA Fire Protection Inc. | Phone: 1-800-223-FIRE(3473) |
| Address: 3013 3rd Ave N., Seattle WA 98109 | Emergency Phone: 1-800-223-FIRE(3473) |
| | Email: info@aaafire.com |



| Inspector/Tester Information |
|-------------------------------------|
| Inspector Name: Jack Brown |
| Certification No.: B-09191 |


| Test Information |
|--|
| Date of Test: 2022-05-25 |
| Test Type: Annual Fire Alarm |
| This is the final report for the testing year, indicating completion of 100% of the mandatory tests. (Reports confirming tests of 100% of devices must be submitted annually.) |
| The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 72 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements. ONLY SELECT N/A FOR |

| | | |
|---|---|------------|
| ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE. | | |
| PRE-TEST CHECKS | | |
| AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms. | | |
| 1 | The building occupants were notified. | Yes |
| 2 | The onsite supervisory station was notified. | N/A |
| 3 | The Central Station Monitoring Service was notified to place FAS in test mode. | Yes |
| GENERAL | | |
| 4 | The key to the panel is available at the FACP. | Yes |
| 5 | The operating instructions are available at the FACP. | Yes |
| 6 | Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc. | Yes |
| ALARM PANEL | | |
| 7 | The FACP operates on AC power. | yes |
| 8 | If the system has batteries, the FACP operates on Battery power. | Yes |
| 9 | If the system has emergency generator/standby power, the FACP operates on emergency generator/standby power. | N/A |
| 10 | If the system has battery or standby power, the trouble indicators function properly and a trouble signal comes on with AC power off. | Yes |
| INITIATING DEVICES AND NOTIFICATION APPLIANCES | | |
| 11 | Initiating & notification appliances tested operate properly on AC power. | Yes |
| 12 | If system has generator/standby power, initiating and notification appliances tested operate properly on generator/standby power. | N/A |
| 13 | If system has batteries, initiating and notification appliances tested operate properly on battery power. | Yes |
| 14 | 100% of the INITIATING DEVICES per circuit that were tested and included as part of this report were in accordance with the NFPA 72 Chapter 14 standards referenced by the current fire code. | yes |
| Note: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to be tested annually. Records shall be kept to ensure that every detector is tested every five years. | | |
| 15 | The sensitivity test for smoke detectors is up-to-date in accordance with NFPA 72. (After passing the 2nd required calibration test, sensitivity may be calibrated once every 5 years [2013 NFPA 72 Sec 14.4.4.3]). | yes |
| | Date most recent smoke detector sensitivity test was passed: | 2022-05-25 |
| 16 | 100% of the AUDIBLE NOTIFICATION APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2013 NFPA 72 Chapter 14. | yes |
| 17 | The audible notification appliances tested operate at the levels required by NFPA 72. | yes |
| 18 | The audible notification appliances tested in residential units generate a minimum of 60DBA at the pillow in the sleeping areas. | N/A |
| 19 | 100% of the VISUAL NOTIFICATION APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2013 NFPA 72 Chapter 14. (Only select N/A if no such devices in building.) | Yes |
| BATTERIES | | |
| 20 | Battery voltage (no load) | 25.5 |
| 21 | Battery voltage (full load) | 24.9 |
| 22 | New batteries installed? | No |
| | Battery installation date [current month/year]: 02/2018 | |
| 23 | Charge circuit voltage | 27.3 |

| INTERFACE DEVICES | |
|--|------------|
| The FACP received signals from the following Interface devices: | Operation |
| Tested by: | Jack Brown |
| 24 Emergency Generator(s) | N/A |
| 25 Flow Switch(es) | No |
| 26 Supervisory Switch(es) | Yes |
| 27 Range Hood Suppression System(s) | N/A |
| 28 Dry Chemical System(s) | N/A |
| 29 Clean Agent System(s) | N/A |
| 30 Pre-action Systems(s) | N/A |
| 31 Pull Stations | Yes |
| OTHER EQUIPMENT CONTROLLED BY FACP | |
| The following Fire Safety Functions responded to signals from the FACP: | Operation |
| Tested by: | Jack Brown |
| Note: This section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings. | |
| 32 Fan controls | N/A |
| 33 Smoke Dampers | N/A |
| 34 Elevator Recall system | N/A |
| 35 Elevator Shunt Switch(es) | N/A |
| 36 Magnetic Door Holders | N/A |
| 37 Door Lock devices | N/A |
| 38 Fire Pump(s) | N/A |
| 39 General alarm automatic time delay (minutes) | N/A |
| 40 Remote Annunciator Panels | Yes |
| COMMUNICATION EQUIPMENT | |
| 41 All phone sets function properly. | N/A |
| 42 All phone jacks function properly. | N/A |
| 43 All phone indicating signals at the FACP work properly. | N/A |
| 44 The public address equipment at the FACP works properly. | N/A |
| ALARM PANEL MONITORING | |
| 45 A signal was received at the Central Station monitoring company. | Yes |
| STAIRWAY DOOR LOCKS [if no stairways in building, skip this section and proceed to final checks] | |
| This building has stairways: | no |
| 46 All stairway door locking devices release simultaneously, without unlatching, upon activation of the fire alarm system from anywhere in the building. | |
| 47 All stairway door locking devices release simultaneously, without unlatching, upon activation from the fire command center. | |
| 48 The door(s) to the roof unlocks upon activation of the fire alarm system. | |
| 49 There is an access key at the control panel for doors that fail to unlock. | |
| 50 All of the doors open, close, and latch properly. | |
| FINAL CHECKS, MANDATORY TAGGING, AND REPORTS | |
| Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.) | |
| 51 A current red, yellow or white tag was placed at the fire alarm control panel indicating the system's status consistent with my inspection today and SFD Administrative Rule 9.02. | yes |
| The color of the tag is: | Yellow |

| | | |
|--|---|------------------------|
| Reason for tag status: | | See Report |
| 52 | I will provide a copy of the confidence test report to the owner. | yes |
| 53 | I will submit this test report to the fire department through TCE. | yes |
| By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. | | |
| I accept. | I am authorized to submit this report for the certified technician who has accepted this statement. | (Initials of Employee) |
| yes | yes | JB |
| SIGNATURE (OPTIONAL) | | |
| Signature of Technician:  | | |
| Signature of Building Representative: | | |

| Deficiencies | | |
|---|-----------|---|
| Description | Severity | Image |
| 02; Batteries Due 12v18Ah x2 | deficient |  |
| 03; Main Waterflow Switch Inoperable, Works Manually. Each Respective Riser has its own independent Waterflow switch that reports properly. | deficient |  |

| | | |
|---|-----------|---|
| Note; FACP starting to show signs of age. Suggest looking into Panel Replacement. | suggested |  |
|---|-----------|---|