

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	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 psid		Leaked
Cleaning, Repairs, & Parts	Disc		O-Ring(s)		Disc	O-Ring(s)
	Spring		Module		Spring	Module
	Guide		Rubber Kit		Diaphragm	Rubber Kit/Guide
	Seat				Seat	
					Air Inlet Disc	Float
				Air Inlet Spring	Diaphragm	
				Check Disc	Rubber Kit	
				Check Spring		
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	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.	
<i>System Info</i>	
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
<i>Due Dates</i>	
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	
<i>Riser Info</i>	
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
<i>Riser Info</i>	

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

10 The system(s) passed the Main Drain flow test when performed at the base of each riser.	yes
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11 The Main Drain is the proper size.	yes
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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
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FOAM GENERATING EQUIPMENT

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? Next full trip test due date	no	
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? Next full trip test due date	no	
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. The color of the tag is Reason for tag status	yes Yellow 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	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?: <i>(If “yes”, list expander(s) below.)</i>	
Notification Power Expander:	Expander Location:

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		<u># of</u>		Initiating Devices		<u># of</u>	
	<u>Tested</u>	<u>Counted</u>		<u>Tested</u>	<u>Counted</u>		<u>Counted</u>
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		<u># of</u>		Notification Devices		<u># of</u>	
	<u>Tested</u>	<u>Counted</u>		<u>Tested</u>	<u>Counted</u>		<u>Counted</u>
Bells, chimes	0	0	Horn/strobe combo	7	7		
Exterior sprinkler alarm bell	0	0	Horns only	0	0		
Auxiliary Equipment		<u># of</u>		Auxiliary Equipment		<u># of</u>	
	<u>Tested</u>	<u>Counted</u>		<u>Tested</u>	<u>Counted</u>		<u>Counted</u>
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		<u># of</u>		Stairway Door Locks		<u># of</u>	
	<u>Tested</u>	<u>Counted</u>		<u>Tested</u>	<u>Counted</u>		<u>Counted</u>
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: Tested by:	Operation 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: Tested by:	Operation 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 Swtich Inoperable, Works Manually. Each Respective Riser has its own independent Waterflow switch that reports properly.	deficient	

<p>Note; FACP starting to show signs of age. Suggest looking into Panel Replacement.</p>	<p>suggested</p>	
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