



ADDENDUM 6

May 6, 2020

ITB FM 24-20

**Repair, Inspection and Service of Fire Protection Equipment Components
for Okaloosa County Facilities**

This addendum is to provide additional annual reports for review; to schedule a site visit for interested vendors to view fire protection equipment at the new Crestview Courthouse; and to extend the bid opening, so as to provide time for interested vendors to review new information.

The additional annual reports are attached.

The Crestview Courthouse site visit will be conducted at 9:00 am on Thursday, May 14, 2020 at 101 E. James Lee Blvd, Crestview. A supervisor will meet attendees on the Courthouse steps.

The new bid opening date will by May 27, 2020 at 3:30 P.M.

Baker Rec Arena Kitchen Suppression

* Not in Contract (2015)

* No Addendum

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: EOC NICEVILLE

Date: 4/30/20

Address: 90 EAST College Blvd

Contact Person: Ken Wolfe

Telephone: 671-7150

COMMENTS:

• TYPE OF SYSTEM

FM 200 Halon 1301 Halon 1211

Other _____

• TYPE OF INSPECTION

Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: 6

PHOTO Detectors: 6

ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 4

Horns: 4

Bells: _____

Other: _____

• AGENT TANK

Weight: 17.25 / 17.5

Tank Measurement: _____

Hydro: 9/08 7/08 9/08 9/08

Serial Number: AA330303 AA375159 AA376287

AA376271

• FANS / DAMPERS SHUTDOWN

Working: Yes No

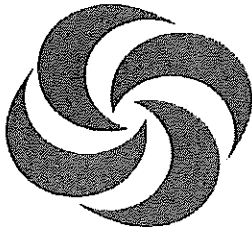
Service Technician

Henry Jablonik

Customer Representative

[Signature]

The above service technician certified that the system was personally inspected and found condition to be as indicated on this report.



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup
 Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTHCUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569578-1
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	89
Max PSI	132
Rated RPM	1775
Pump Type	SC

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDN702FDR1
Horse Power	350
Rated RPM	1775
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

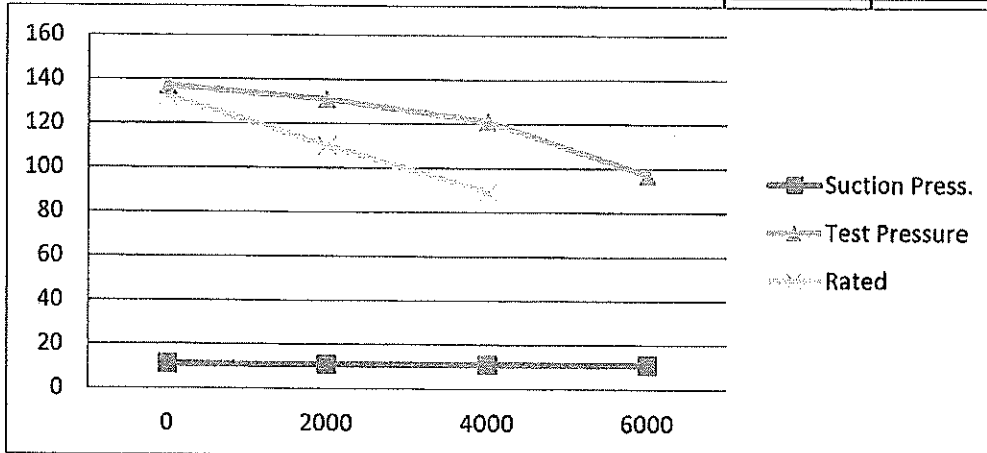
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-3
Model Number	LX2100
Start Pressure	75
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

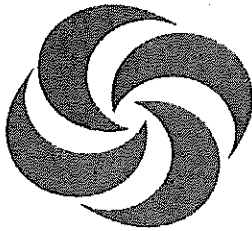
Jockey Pump

Start Pressure	115
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Streams			RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
Number	Pitot PSI	Size								
0	0	1 3/4	1790	148	11	137	0	0%	482	286
4	30	1 3/4	1791	142	11	131	2000	50%	482	320
8	30	1 3/4	1784	132	11	121	4000	100%	481	326
10	44	1 3/4	1786	108	11	97	6000	150%	480	404



Remarks:
 WO# 3635



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup _____
 Annual

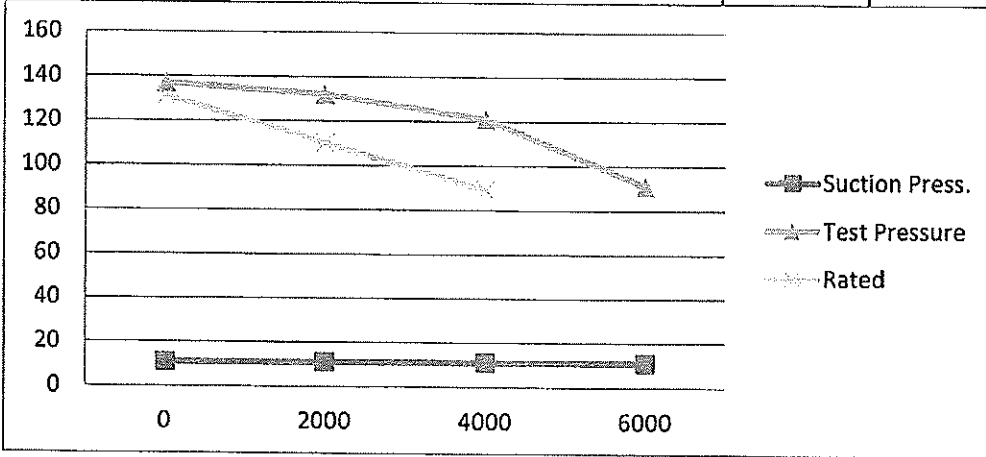
Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

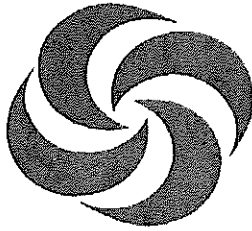
Date 10/11/2019
Technician FREEMAN NORTHCUTT
For B & C FIRE

Pump	Driver	Controller	Jockey Pump
Manufacturer PENTAIR	Manufacturer MARATHON	Manufacturer HUBBELL	Start Pressure 110
Serial Number 19-2569578-2	Serial Number MM49922	Serial Number A-234056-1-1	Stop Pressure 132
Model Number 10-1824F	Model/Frame 447TSTDNZ027FDR	Model Number LX12100	Voltage 460
Gallons per Minute 4000	Horse Power 350	Start Pressure 95	H.P. 5.00
Rated PSI 110	Rated RPM 1785	Stop Pressure 135	Pump Tested At <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
PSI at 150% 89	Rated Volts 460	Stopping Method	
Max PSI 131	Rated Amps 450	Starting Type	Main Relief Valve <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Rated RPM 1775	Phase/Hertz/S.F. 3/60/1.15	Auto Transfer Switch <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pump Type SC	Type <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel		

Streams			RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
Number	Pitot PSI	Size								
0	0	1 3/4	1799	148	11	137	0	0%	483	297
4	30	1 3/4	1797	143	11	132	2000	50%	482	338
8	30	1 3/4	1794	132	11	121	4000	100%	481	388
10	44	1 3/4	1787	102	11	91	6000	150%	480	423



Remarks:
 WO#3635



Hydro Technologies

1047 Sledge Drive
 Mobile, AL 36606
 251-478-1104

New Startup _____
 Annual

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP
 5759 JOHN GIVENS RD
 CRESTVIEW, FL

Date 10/11/2019
Technician FREEMAN NORTH CUTT
For B & C FIRE

Pump

Manufacturer	PENTAIR
Serial Number	19-2569579
Model Number	10-1824F
Gallons per Minute	4000
Rated PSI	110
PSI at 150%	91
Max PSI	133
Rated RPM	1775
Pump Type	

Driver

Manufacturer	MARATHON
Serial Number	MM49922
Model/Frame	447TSTDN702FDR1
Horse Power	350
Rated RPM	1775
Rated Volts	460
Rated Amps	450
Phase/Hertz/S.F.	3/60/1.15
Type	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel

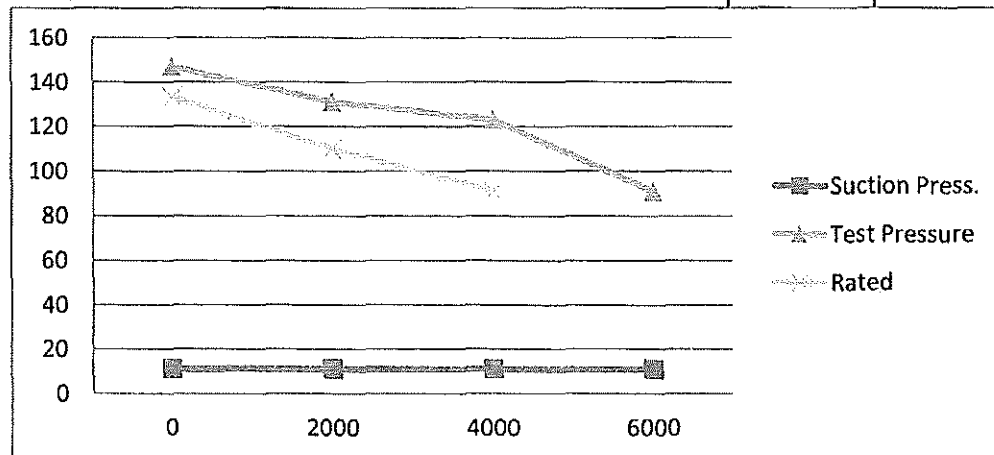
Controller

Manufacturer	HUBBELL
Serial Number	A-234056-1-2
Model Number	LX12100
Start Pressure	85
Stop Pressure	135
Stopping Method	
Starting Type	
Auto Transfer Switch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Jockey Pump

Start Pressure	115
Stop Pressure	132
Voltage	460
H.P.	5.00
Pump Tested At	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter <input type="checkbox"/> Roof
Main Relief Valve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Streams			RPM	Discharge PSI	Suction PSI	Net PSI	GPM	Rated %	Voltage	Amps
Number	Pitot PSI	Size								
0	0	1 3/4	1785	158	11	147	0	0%	485	284
4	30	1 3/4	1790	142	11	131	2000	50%	484	336
8	30	1 3/4	1788	134	11	123	4000	100%	483	382
10	44	1 3/4	1794	102	11	91	6000	150%	485	420



Remarks:
 WO# 3635

Clerk of Courts Storage (old)

No Fire Alarm in this bldg

Crestview Courthouse

Have not done this this contract.

Building was down for renovations.

This was installed by Fire Control.

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 11/20/19
TIME: _____
JOB NO: _____

PROPERTY NAME: (User) Okaloosa County Health Dept.
NAME: Okaloosa County Health Department
ADDRESS: 810 E James Lee Blvd.
CITY/STATE: Crestview, FL 32539
TELEPHONE: 850-689-7808
OWNER CONTACT: John Alfone

MONITORING ENTITY

Contact: Security Central
Telephone: 1-800-286-5699
Monitoring Account Reference #: A1126-452

APPROVING AGENCY

Contact: Crestview Fire Dept
Telephone: 850-882+3741

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
RF Other specify _____

SERVICE

Weekly Monthly Quarterly Semi-Annually
Annually Other specify _____

PANEL MANUFACTURER:

FCI Model Number: 72
Circuit Styles: B&Y Number of Circuits: 9 Zones 4 NACS
Software Revision: _____

Last Date System Had Any Service Performed: NOV 2018
Last Date That Any Software or Configuration was Revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:

Circuit Style:

	8
	19
	9
	1
	1

B	Manual Stations
	Ion Detectors
B	Photo Detectors
B	Duct Detectors
	Heat Detectors
B	Waterflow Switches
B	Supervisory Switches
	Other (Specify) _____

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:

Circuit Style:

	1
	21
	25

Y	Bells
	Horns/Strobes
Y	Chimes
Y	Strobes
	Speakers
	Other (Specify) _____

Number of Indicating Circuits: 4

Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature	
	Site Water Temperature	
	Site Water Level	
	Fire Pump Power	
	Fire Pump Running	
	Fire Pump Auto Position	
	Fire Pump or Pump Controller Trouble	
	Fire Pump Running	
	Generator in Auto Position	
	Switch Transfer	
	Generator Engine Running	
	Other	<input style="width: 80px; height: 20px;" type="text"/>
		<input style="width: 80px; height: 20px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage Amps
 Overcurrent Protection: Type Amps
 Panel Label and Location:
 Disconnecting Means Location:

B. Secondary (Standby):
 Storage Battery (Y or N) Quantity: Amp-Hour Rating:
 Calculated capacity to operate system in hours: 60
 Engine-driven generator dedicated to Fire Alarm:
 Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell	
<input type="checkbox"/>	Nickel Cadmium	
<input checked="" type="checkbox"/>	Sealed Lead-Acid	
<input type="checkbox"/>	Lead-Acid	
<input type="checkbox"/>	Other	<input style="width: 450px;" type="text" value="(Specify) : 2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/>	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/>	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/>	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6:30	Ebony
BUILDING OCCUPANTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	John
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	Angelique
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Crestview FD"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	↓

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input type="text" value="Pass"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
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REMOTE ANNUNCIATORS	<input type="text" value="NA"/>	
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NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="text" value="NA"/>	<input type="checkbox"/>	
Phone Jacks	<input type="text" value="NA"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="text" value="NA"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="text" value="NA"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="text" value="NA"/>	<input type="checkbox"/>	
Call In Signal	<input type="text" value="NA"/>	<input type="checkbox"/>	
System Performance	<input type="text" value="NA"/>	<input type="checkbox"/>	

Public Works Kitchen Suppression report

* Not in contract no inspection

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516

INVOICE # 113615					
DATE OF SERVICE 12/16/16			TIME 3:44		A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Cabinet next to Range Hood					
MANUFACTURER Guardino III		MODEL NUMBER G-300B		WET CHEM <input checked="" type="checkbox"/>	DRY CHEM
FUSE LINKS 360° F	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER Thermal Sensors		
FUEL SHUT-OFF CPU	ELECTRICAL Shunt Trip	GAS N/A	SIZE -		
SERIAL NUMBER 993967	LAST HYDRO TEST DATE 2012		LAST RECHARGE DATE N/A		
MANUFACTURER'S MANUAL REFERENCE					Page 25
PAGE NUMBER: 16, 17			DRAWING NUMBER:		

Name Univ of Florida Okaloosa Est.
 Address 3098 Airport Rd.
 City Crestview, FL 32536
 Telephone (850) 689-4698 Store # N/A
 Owner or Manager Randy

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT



4 X Burner Range			
Own-Elect.			
	DUCT NOZZLE N/A		PLENUM NOZZLE N/A

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles N/A 2. Duct and plenum covered w/correct nozzles N/A 3. Check positioning of all nozzles ✓ 4. System installed in accordance w/MFG UL listing ✓ 5. System Piping Penetrating hood/duct sealed w/weld or UL device ✓ 6. Check if seals intact, evidence of tempering N/A 7. If system has been discharged, report same N/A 8. Pressure gauge in proper range (if gauged) N/A 9. Check cartridge weight (if applicable) N/A 10. Hydrostatic test date 2012 11. 6 Year Maintenance date N/A 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link CPU 14. Test for proper operation from remote N/A 15. Check operation of micro switch Shunt Trip 16. Check operator of gas valve N/A 17. Clean nozzles N/A 18. Proper nozzle covers in place N/A 19. Check fuse links and clean N/A | <ol style="list-style-type: none"> 20. Replaced fuse links N/A 21. Check travel of cable nuts/S-hooks N/A 22. Piping & conduit securely bracketed N/A 23. Proper separation between fryers & flame N/A 24. Proper clearance-flame to filters N/A 25. Exhaust fan in operating order ✓ 26. All filters replaced ✓ 27. Fuel shut-off in ON position ✓ 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System Operational & System Seals in place N/A 31. Fan warning sign on hood N/A 32. Personnel instructed in manual operation of system ✓ 33. Proper hand portable extinguishers ✓ 34. Portable extinguishers properly serviced ✓ 35. Service & Certification tag on system ✓ |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

	83258300012006	12/16/16	3:44	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	A.M. P.M.	CUSTOMERS AUTHORIZED AGENT

The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 1/21/2020

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY

Contact:

Telephone:

Monitoring Account Reference #:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
 RF Other

SERVICE

Weekly Monthly Quarterly Semi-Annually
 Annually Other

PANEL MANUFACTURER:

Model Number:

Circuit Styles:

Number of Circuits:

Software Revision:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	
	20
	1
	5
	22

Circuit Style:	SLC	Manual Stations
		Ion Detectors
	SLC	Photo Detectors
	SLC	Duct Detectors
	SLC	Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify) <input type="text"/>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:	
	28
	22

Circuit Style:		Bells
		Horns/Strobes
		Chimes
	Y	Strobes
		Speakers
	Y	Other (Specify) <input type="text" value="HORNS"/>

Number of Indicating Circuits:

Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:

JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px;" type="text"/>
	<input style="width: 250px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
CB	Amps	20
Panel Label and Location: FACP Room Panel C		
Disconnecting Means Location: #22		

B. Secondary (Standby):

Storage Battery (Y or N)	<input type="text" value="Y"/>	Quantity:	<input type="text" value="2"/>	Amp-Hour Rating:	<input type="text" value="18"/>
Calculated capacity to operate system in hours:	24	X		60	
Engine-driven generator dedicated to Fire Alarm:	Yes			No	X
Location of fuel storage:	<input style="width: 400px;" type="text" value="NA"/>				

TYPE OF BATTERY

	Dry Cell
	Nickel Cadmium
X	Sealed Lead-Acid
	Lead-Acid
	Other <input style="width: 150px;" type="text" value="(Specify) : 2X (12V 18AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

NA	Emergency system described in NFPA 70, Article 700
NA	Legally required standby described in NFPA 70, Article 701
NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="text"/>	x	2:45	Dispatch
BUILDING OCCUPANTS	<input type="text"/>			
BUILDING MANAGEMENT	<input type="text"/>	x	2:45	Manager
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="text"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="EGLIN DISP"/>	<input type="text"/>	x	2:45	Dispatch

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:

Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:
INTERFACE EQUIPMENT

(Specify Type of Equipment)

VISUAL
**DEVICE
OPERATION**
**SIMULATED
OPERATION**

Booster Panel
Monaco Dialer
NA
NA
NA
NA

x
x

x
x

SPECIAL PROCEDURES

FACP located in rear outside electric room.

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	3:45	
ALARM RESTORAL	<input type="checkbox"/>	x	3:45	
TROUBLE SIGNAL	<input type="checkbox"/>	x	3:45	
SUPERVISORY SIGNAL	<input type="checkbox"/>			
SUPERVISORY RESTORAL	<input type="checkbox"/>			

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	3:45	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	3:45	Manager
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	3:45	Dispatch

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Heat detecor 1-45 top of stair failed to alarm.

SYSTEM RESTORED TO NORMAL OPERATION:

 DATE:

 TIME:
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

 Inspector's Name: (Please Print)

 Date: Time:

 Inspector's Signature:

 Owner or Representative's Name (Please Print)

 Date: Time:

 Owner/Representative Signature Below:

JOB NAME:

Destin-FWB Reg Airport-Rental Car Bldg 1725

JOB NO:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
ENTERPRISE									
Fire Alarm Control Panel	SD	x	x			x			1-16
HERTZ									
Hertz Garage East	PS	x	x			x			1-5
Upstairs Garage	HT	x	x				x		1-45
Upstairs Mechanical Room Storage	HT	x	x			x			1-44
Upstairs Mechanical Room	HT	x	x			x			1-43
Upstairs Mechanical Room	DD	x	x			x			1-42
Hertz Garage West	PS	x	x			x			1-8
Garage Tire Room Storage	HT	x	x			x			1-7
Office West	PS	x	x			x			1-9
Break Room East	PS	x	x			x			1-4
Outside Electric Room	HT	x	x			x			1-6
ALAMO / NATIONAL									
Lower Garage East	PS	x	x			x			1-10
Upper Garage	HT	x	x			x			1-46
Upper Mechanical Room Storage	HT	x	x			x			1-47
Upper Mechanical Room	HT	x	x			x			1-48
Upper Mechanical Room	DD	x	x			x			1-49
Lower Garage West	PS	x	x			x			1-13
Lower Garage Tire Room	HT	x	x			x			1-14
Office West	PS	x	x			x			1-12
Break Room	PS	x	x			x			1-11
Outside Elec Room	HT	x	x			x			1-3
AVIS									
Lower Garage East	PS	x	x			x			1-15
Upper Garage	HT	x	x			x			1-50
Upper Mechanical Room	HT	x	x			x			1-51
Upper Mechanical Room Storage	HT	x	x			x			1-52
Upper Mechanical Room	DD	x	x			x			1-53
Lower Garage West	PS	x	x			x			1-18
Lower Tire Room	HT	x	x			x			1-17
Break Room	PS	x	x			x			1-20
Office West	PS	x	x			x			1-19
Empty i									
Lower Garage East	PS	x	x			x			1-21
Upper Garage	HT	x	x			x			1-54
Upper Mechanical Room Storage	HT	x	x			x			1-55
Upper Mechanical Room	HT	x	x			x			1-56
Upper Mechanical Room	DD	x	x			x			1-57
Lower Garage West	PS	x	x			x			1-24
Lower Garage Tire Room	HT	x	x			x			1-23
Outside Electric Room	HT	x	x			x			1-22
Office West	PS	x	x			x			1-25
Break Room	PS	x	x			x			1-26

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 1/21/2020
TIME:
JOB NO:

PROPERTY NAME: (User)
NAME:
ADDRESS:
CITY/STATE:
TELEPHONE:
OWNER CONTACT:

MONITORING ENTITY

Contact:
Telephone:
Monitoring Account Reference #:

APPROVING AGENCY

Contact:
Telephone:

TYPE TRANSMISSION

McCulloch RF Multiplex Other specify
Digital Reverse Polarity

SERVICE

Weekly Monthly Quarterly Semi-Annually
Annually Other specify

PANEL MANUFACTURER:

Model Number:
Circuit Styles: Number of Circuits:
Software Revision:

Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	
<input type="text"/>	2
<input type="text"/>	
<input type="text"/>	1
<input type="text"/>	
<input type="text"/>	6
<input type="text"/>	
<input type="text"/>	

Circuit Style:	
<input type="text" value="SLC"/>	Manual Stations
<input type="text"/>	Ion Detectors
<input type="text" value="SLC"/>	Photo Detectors
<input type="text"/>	Duct Detectors
<input type="text" value="SLC"/>	Heat Detectors
<input type="text"/>	Waterflow Switches
<input type="text"/>	Supervisory Switches
<input type="text"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:	
<input type="text"/>	
<input type="text"/>	2
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Circuit Style:	
<input type="text"/>	Bells
<input type="text" value="Y"/>	Horns/Strobes
<input type="text"/>	Chimes
<input type="text"/>	Strobes
<input type="text"/>	Speakers
<input type="text"/>	Other (Specify) <input type="text" value="HORNS"/>

Number of Indicating Circuits:
Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

CIRCUIT STYLE

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 100px;" type="text"/>
	<input style="width: 100px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity Style(s)
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
--------	------	----

Overcurrent Protection: Type

CB	Amps	20
----	------	----

Panel Label and Location:

Disconnecting Means Location:

B. Secondary (Standby):

Storage Battery (Y or N)

Quantity:

Amp-Hour Rating:

Calculated capacity to operate system in hours:

Engine-driven generator dedicated to Fire Alarm:

Location of fuel storage:

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell
<input type="checkbox"/>	Nickel Cadmium
<input checked="" type="checkbox"/>	Sealed Lead-Acid
<input type="checkbox"/>	Lead-Acid
<input type="checkbox"/>	Other <input style="width: 150px;" type="text" value="(Specify) 2X (12V 7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

<input type="checkbox"/>	Emergency system described in NFPA 70, Article 700
<input type="checkbox"/>	Legally required standby described in NFPA 70, Article 701
<input type="checkbox"/>	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:15	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:15	Manager
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>			
OTHER (SPECIFY) <input style="width: 100px;" type="text" value="EGLIN DISP"/>	<input type="checkbox"/>	x	8:15	Dispatch

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses			
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches			
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity			

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
-----------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>		
---------------------	---------------------------------	--	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers			
Voice Clarity			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:
INTERFACE EQUIPMENT

(Specify Type of Equipment)

VISUAL
DEVICE
OPERATION
SIMULATED
OPERATION

MONACO DIALER
NA
NA
NA
NA
NA

x

x

SPECIAL PROCEDURES

FACP located in East FACP Room

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	x	8:45	
ALARM RESTORAL	<input type="checkbox"/>	x	8:45	
TROUBLE SIGNAL	<input type="checkbox"/>	x	8:45	
SUPERVISORY SIGNAL	<input type="checkbox"/>	x	8:45	
SUPERVISORY RESTORAL	<input type="checkbox"/>	x	8:45	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	x	8:45	Dispatch
BUILDING OCCUPANTS	<input type="checkbox"/>			
BUILDING MANAGEMENT	<input type="checkbox"/>	x	8:45	Manager
AHJ	<input type="checkbox"/>			
OTHER (Specify below)	<input type="checkbox"/>	X	8:45	Dispatch
EGLIN AFB				

THE FOLLOWING DID NOT OPERATE CORRECTLY: Both 7Ah batteries failed. Rooms 105 and 103 heat detecotors are rusted

(System Sensor 135)

SYSTEM RESTORED TO NORMAL OPERATION: DATE: 1/21/2020 TIME: 8:45

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

 Inspector's Name: (Please Print)
Dvid Woodard

 Date: 1/21/2020 Time: 8:45 AM

 Inspector's Signature:
Signature on file

 Owner or Representative's Name (Please Print)
Tami C. Youngblood

 Date: 1/21/2020 Time: 8:45

 Owner/Representative Signature Below:
Signature on file

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 10/11/19
TIME: _____
JOB NO: _____

PROPERTY NAME: (User) Okaloosa County Courthouse Annex
NAME: Okaloosa County Courthouse Annex Ext
ADDRESS: 1940 Lewis Turner Blvd
CITY/STATE: Fort Walton Beach, FL 32547
TELEPHONE: 420-1267
OWNER CONTACT: Randy Overly

MONITORING ENTITY

Contact: Security Central
Telephone: 800-286-5699
Monitoring Account Reference #: A1126-464

APPROVING AGENCY

Contact: Okaloosa Dispatch
Telephone: 850-689-5766

TYPE TRANSMISSION

McCulloh Multiplex Digital Reverse Polarity
RF Other specify _____

SERVICE

Weekly Monthly Quarterly Semi-Annually
Annually Other specify _____

PANEL MANUFACTURER:

Silent Knight Model Number: IFP-1000
Circuit Styles: SLC & Y Number of Circuits: 1 SLC
Software Revision: _____

Last Date System Had Any Service Performed: October 2018
Last Date That Any Software or Configuration was Revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	
	14
	67
	13
	3
	4
	12
	1

Circuit Style:	<u>SLC</u>	Manual Stations
		Ion Detectors
	<u>SLC</u>	Photo Detectors
	<u>SLC</u>	Duct Detectors
	<u>SLC</u>	Heat Detectors
	<u>SLC</u>	Waterflow Switches
	<u>SLC</u>	Supervisory Switches
	<u>SLC</u>	Other (Specify) <u>Press Switch</u>

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION

Quantity of:	
	56
	159

Circuit Style:		Bells
		Horns/Visual
		Chimes
		Strobes
		Speakers
		Other (Specify) _____

Number of Indicating Circuits: 34
Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME:

 JOB NO:
QUANTITY OF
CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator In Auto Position
	Switch Transfer
	Generator Engine Running
	Other
	

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity 1 Style(s) SLC
SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
Overcurrent Protection: Type CB	Amps	20
Panel Label and Location: Electric Panel E/A		
Disconnecting Means Location: CB #1		

B. Secondary (Standby):

Storage Battery (Y or N)	Y	Quantity:	2	Amp-Hour Rating:	18 18
Calculated capacity to operate system in hours:		24	X	60	
Engine-driven generator dedicated to Fire Alarm:		Yes		No	X
Location of fuel storage:		NA			

TYPE OF BATTERY

	Dry Cell
	Nickel Cadmium
X	Sealed Lead-Acid
	Lead-Acid
	Other (Specify) 2x(12v 42ah) 2x(12v 18Ah)

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

NA	Emergency system described in NFPA 70, Article 700
NA	Legally required standby described in NFPA 70, Article 701
NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY		✓	6:00	Nesa / Ebony
BUILDING OCCUPANTS				
BUILDING MANAGEMENT		✓	6:00	Randy
AHJ (Notified) OF ANY IMPAIRMENTS				
OTHER (SPECIFY) Okaloosa Dispatch		✓	6:00	Steve / Marla

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>PASS</i>
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Failed</i>
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="checkbox" value="NA"/>	
-----------------------	-------------------------------------	--

REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox" value="LOBBY"/>
---------------------	-------------------------------------	-------------------------------------	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>PASS</i>
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

INTERFACE EQUIPMENT <small>(Specify Type of Equipment)</small>	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Booster Panel 3rd FI Security Rm Y021	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Booster Panel 3rd FI Comm Rm 3-T020	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Booster Panel 3rd FI Elect Rm E041	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Booster Panel 3rd FI Elect Rm E010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Booster Panel 2nd FI Elect Rm E010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Booster Panel 2nd FI Elect Rm E041	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES

Booster Panel 1st FI Security Rm 1-Y021
Booster Panel 1st FI Electric Rm E702
Booster Panel 1st FI Electric Rm E041
Elevator Machine Rm Smoke Detector Recalls ALL 4 Elevators (Including INMATE Elevator). Need thin person to test AHU#6 top of W Stair

COMMENTS:

FM200 systems in rooms: 2-702 AND 2-518. <input checked="" type="checkbox"/>
Drill button recalls elevators <input checked="" type="checkbox"/>

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00	Katy / Dawn
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00	Katy
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>		
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00	Randy
AHJ	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER (Specify below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9:00	Operator 603 / Melissa
Okaloosa Dispatch	<input type="checkbox"/>			

THE FOLLOWING DID NOT OPERATE CORRECTLY:

	Batteries Failed & Replaced in Sallyport B.P
	& 1st FL Security Rm. Tamper Switch in Pump Room Failed to Notify FACP
	High pressure Switch Bypassed due to sticking after Full Trip.

SYSTEM RESTORED TO NORMAL OPERATION:

 DATE: TIME:
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

 Inspector's Name: (Please Print)

 Owner or Representative's Name (Please Print)

 Date: Time:

 Date: Time:

 Inspector's Signature:

 Owner/Representative Signature Below:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
FACP	SD	✓	✓			✓			
Electric Room E041	SD	✓	✓			✓			
3RD FLOOR									
Stair 2	PS	✓	✓			✓			
Electrical Room E100	SD	✓	✓			✓			
Closet Court Admin	SD	✓	✓			✓			F011
Stair 4	PS	✓	✓			✓			
Law Library Closet	SD	✓	✓			✓			
Elevator Room 3-M013	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Security Room	SD	✓	✓			✓			
3-T020 Communications	SD	✓	✓			✓			AND F02
Stair 3	PS	✓	✓			✓			
Closet Siemens	SD	✓	✓			✓			
3rd Floor Stairwell	WF	✓	✓			✓			
3rd Floor Stairwell	T	✓	✓			✓			
Elevator Machine Room	HD	✓	✓			✓			
3rd Floor Electric Room E010	SD	✓	✓			✓			
2ND FLOOR									
2nd Floor Stairwell	WF	✓	✓			✓			
2nd Floor Stairwell	T	✓	✓			✓			
2nd Floor Stairwell	PS	✓	✓			✓			
2-E010	SD	✓	✓			✓			
Stair 2	PS	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
Elevator Landing	SD	✓	✓			✓			
2-515	SD	✓	✓			✓			
Stair 4	PS	✓	✓			✓			
Electrical Room E-401	SD	✓	✓			✓			
Storage 2-523	SD	✓	✓			✓			
Office 2-517	SD	✓	✓			✓			
Elevator landing 2	SD	✓	✓			✓			
Security 2-6021	SD	✓	✓			✓			
Communication 2-T020	SD	✓	✓			✓			
Mechanical Room 2-M603	SD	✓	✓			✓			
Stair 2	PS	✓	✓			✓			
Closet 2B	SD	✓	✓			✓			
2nd Floor Courtroom A AV Closet	SD	✓	✓			✓			
2nd Floor Security Room	SD	✓	✓			✓			
2nd Floor 1st Appearance	SD	✓	✓			✓			
1st Floor North Prison Elevator	SD	✓	✓			✓			
2nd Floor North Prison Elevator	SD	✓	✓			✓			
3rd Floor North Prison Elevator	SD	✓	✓			✓			
1st Floor South Prison Elevator	SD	✓	✓			✓			

10/10

JOB NAME:

Okaloosa County Courthouse Annex

JOB NO:

Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
2nd Floor South Prison Elevator	SD	✓	✓			✓			
1ST FLOOR									
1st Floor Electric Room E010	SD	✓	✓			✓			
1st Floor Central Control Exit	SD	✓	✓			✓			
1st Floor Stairwell #2 Exit	SD	✓	✓			✓			
1st Floor Comm Room T020	SD	✓	✓			✓			
1st Floor Security Romm Y021	SD	✓	✓			✓			
1st Floor Room E041	SD	✓	✓			✓			
1st Floor Stairwell #4	PS	✓	✓			✓			
1st Floor Corr Storage	SD	✓	✓			✓			
1st Floor Service Delivery	PS	✓	✓			✓			
1st Floor Main Electric Room	SD	✓	✓			✓			
1st Floor Room E702	SD	✓	✓			✓			
1st Floor Service Delivery Exit	PS	✓	✓			✓			
1st Floor Jail Area						✓			
Sally Port W	PS	✓	✓			✓			
Sally Port E.	PS	✓	✓			✓			
Sally Port	T	✓	✓			✓			
Sally Port	T	✓	✓			✓			
Sally Port	Low PrSW	✓	✓			✓			
Sally Port	High PrSW	✓	✓			✓	✓		
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓			
O.S. Pump Room	T	✓	✓			✓	✓	See S. Report	
O.S. Pump Room Bypass	T	✓	✓			✓			
O.S. Pump Room Bypass	T	✓	✓			✓			
3rd Floor Roof Hatch AHU6	DD	✓	✓			✓			
Hall 3-414 AHU #5	DD	✓	✓			✓			
West Stair #6 3rd floor Mech	DD	✓	✓			✓			
Ceiling 601 Jail AHU 1	DD	✓	✓			✓			
Near 601 Jail AHU1	DD	✓	✓			✓			
3rd Floor EL 2	DD	✓	✓			✓			
Bathroom 33-34 AHU #4	DD	✓	✓			✓			
2nd Floor Bath Room AHU4	DD	✓	✓			✓			
Multipurp./Sec (Dep. Break) (2)	DD	✓	✓			✓			
Judges Suite (2)	DD	✓	✓			✓			
In Jail (#1) AHU2	DD	✓	✓			✓			
3rd Floor N. Hatch	DD	✓	✓			✓			
Bath Room AHU #3	DD	✓	✓			✓			

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC
823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 10/25/19

TIME:

JOB NO:

PROPERTY NAME: (User)
 NAME:
 ADDRESS:
 CITY/STATE:
 TELEPHONE:
 OWNER CONTACT:

MONITORING ENTITY
 Contact:
 Telephone:
 Monitoring Account Reference #:

APPROVING AGENCY
 Contact:
 Telephone:

TYPE TRANSMISSION

McCulloh	<input type="checkbox"/>	Multiplex	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>	Reverse Polarity	<input type="checkbox"/>
RF	<input type="checkbox"/>	Other	<input type="checkbox"/>	specify <input type="text"/>			

SERVICE

Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	specify <input type="text"/>			

PANEL MANUFACTURER: Model Number:
 Circuit Styles: Number of Circuits:
 Software Revision:
 Last Date System Had Any Service Performed: NOV. 2018
 Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="1"/>	<input type="text" value="SLC"/>	Manual Stations
<input type="text"/>		Ion Detectors
<input type="text"/>		Photo Detectors
<input type="text" value="13"/>	<input type="text" value="SLC"/>	Duct Detectors
<input type="text" value="3"/>	<input type="text" value="SLC"/>	Heat Detectors
<input type="text" value="3"/>	<input type="text" value="SLC"/>	Waterflow Switches
<input type="text" value="6"/>	<input type="text" value="SLC"/>	Supervisory Switches
<input type="text" value="6"/>	<input type="text" value="SLC"/>	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:	Circuit Style:	
<input type="text" value="1"/>	<input type="text" value="B"/>	Bells
<input type="text"/>		Horns/Strobes
<input type="text"/>		Chimes
<input type="text" value="92"/>	<input type="text" value="B"/>	Strobes
<input type="text" value="62"/>	<input type="text" value="B"/>	Speakers
<input type="text"/>		Other (Specify) <input type="text"/>

Number of Indicating Circuits:
 Are Circuits Supervised? NO YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:

JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature
	Site Water Temperature
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Switch Transfer
	Generator Engine Running
	Other <input style="width: 150px; height: 15px;" type="text"/>
	<input style="width: 150px; height: 15px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
Overcurrent Protection: Type	Amps	20
Panel Label and Location:	Panel EMP Switchgear room	
Disconnecting Means Location:	CR11	

B. Secondary (Standby):

Storage Battery (Y or N)	<input checked="" type="checkbox"/>	Quantity:	<input style="width: 40px;" type="text" value="2"/>	Amp-Hour Rating:	<input style="width: 40px;" type="text" value="18"/>
Calculated capacity to operate system in hours:	24	X		60	
Engine-driven generator dedicated to Fire Alarm:	Yes			No	X
Location of fuel storage:	<input style="width: 480px;" type="text" value="NA"/>				

TYPE OF BATTERY

<input type="checkbox"/>	Dry Cell	
<input type="checkbox"/>	Nickel Cadmium	
<input checked="" type="checkbox"/>	Sealed Lead-Acid	
<input type="checkbox"/>	Lead-Acid	
<input type="checkbox"/>	Other	<input style="width: 380px;" type="text" value="(Specify) 2x(12v18ah)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

NA	Emergency system described in NFPA 70, Article 700
NA	Legally required standby described in NFPA 70, Article 701
NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	800	Robin
BUILDING OCCUPANTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Security / Dave
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		MURK
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
OTHER (SPECIFY) <input style="width: 150px;" type="text" value="Okaloosa Dispatch"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Ground Fault Bypassed</i>
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECONDARY POWER:			
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSIENT SUPPRESSORS	<input type="checkbox"/> NA	<input type="checkbox"/>
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REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <i>Main Entrance Lobby</i>
---------------------	-------------------------------------	-------------------------------------	---

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
						<input type="checkbox"/>	<input type="checkbox"/>
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA	<input type="checkbox"/>	<input type="checkbox"/>
Phone Jacks	NA	<input type="checkbox"/>	
Off-Hook Indicator	NA	<input type="checkbox"/>	
Amplifier(s)	NA	<input type="checkbox"/>	
Tone Generator(s)	NA	<input type="checkbox"/>	
Call In Signal	NA	<input type="checkbox"/>	
System Performance	NA	<input type="checkbox"/>	

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:
INTERFACE EQUIPMENT

(Specify Type of Equipment)

VISUAL
DEVICE OPERATION
SIMULATED OPERATION

Booster PAD 2
NA
NA
NA
NA
NA

✓

✓

SPECIAL PROCEDURES

FACP in Security office at the back of the building.
 Booster panels by FACP

COMMENTS:

Customer stated Ground Fault is bypassed on panel due to a ground fault issue prior. Would like someone to come back out to correct the Ground Fault issue. (heavy rains would cause a ground fault issue on the panel)

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL		✓	200	Ebony
ALARM RESTORAL				
TROUBLE SIGNAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL		✓		

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY		✓	200	Ebony
BUILDING OCCUPANTS				
BUILDING MANAGEMENT		✓		
AHJ				Jennifer
OTHER (Specify below)				

 Okaloosa Dispatch

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Ground fault is bypassed

SYSTEM RESTORED TO NORMAL OPERATION:

 DATE: TIME:
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

 Inspector's Name: (Please Print)

 Owner or Representative's Name (Please Print)

 |
 |

INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



FIRE SAFETY, INC.

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 6/28/19

TIME:

JOB NO:

PROPERTY NAME: (User) Okaloosa EMS
 NAME: EMS Essex
 ADDRESS: 714 Essex Rd
 CITY/STATE: Fort Walton Beach, FL 32547
 TELEPHONE: 259-9419
 OWNER CONTACT: Shane McGuffin

MONITORING ENTITY

Contact: Security Central

Telephone: 800 286-5699

Monitoring Account Reference #: A1126-461

APPROVING AGENCY

Contact: Okaloosa

Telephone: 850 684-5766

TYPE TRANSMISSION

McCulloch

RF

Multiplex

Other

Digital

Reverse Polarity

specify

SERVICE

Weekly

Annually

Monthly

Other

Quarterly

Semi-Annually

specify

PANEL MANUFACTURER:

Silent Knight

Model Number: 5208

Circuit Styles: B + Y

Number of Circuits: 6 zone 3 NACS

Software Revision:

Last Date System Had Any Service Performed: July 2018

Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:

	8
	8
	1
	2

Circuit Style:

B	Manual Stations
	Ion Detectors
B	Photo Detectors
	Duct Detectors
	Heat Detectors
B	Waterflow Switches
B	Supervisory Switches
	Other (Specify) <input type="text"/>

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity of:

	7
	4

Circuit Style:

	Bells
Y	Horns/Strobes
	Chimes
Y	Strobes
	Speakers
	Other (Specify) <input type="text"/>

Number of Indicating Circuits: 3

Are Circuits Supervised?

NO

YES

INSPECTION AND TESTING FORM

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:

JOB NO:

QUANTITY OF

CIRCUIT STYLE

NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

	Building Temperature	
	Site Water Temperature	
	Site Water Level	
	Fire Pump Power	
	Fire Pump Running	
	Fire Pump Auto Position	
	Fire Pump or Pump Controller Trouble	
	Fire Pump Running	
	Generator in Auto Position	
	Switch Transfer	
	Generator Engine Running	
	Other	<input style="width: 150px;" type="text"/>
		<input style="width: 150px;" type="text"/>

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity Style(s)

SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage

120VAC	Amps	20
Overcurrent Protection: Type	Amps	20
Panel Label and Location: MECH ROOM WEST PANEL A		
Disconnecting Means Location: CB#9		

B. Secondary (Standby):

Storage Battery (Y or N) <input style="width: 50px;" type="text" value="Y"/>	Quantity: <input style="width: 50px;" type="text" value="2"/>	Amp-Hour Rating: <input style="width: 50px;" type="text" value="7"/>
Calculated capacity to operate system in hours: <input style="width: 50px;" type="text" value="24"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 60
Engine-driven generator dedicated to Fire Alarm: <input type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Location of fuel storage: <input style="width: 300px;" type="text" value="NA"/>		

TYPE OF BATTERY

	Dry Cell	
	Nickel Cadmium	
X	Sealed Lead-Acid	
	Lead-Acid	
	Other	(Specify) <input style="width: 350px;" type="text" value="2X(12V7AH)"/>

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

	Emergency system described in NFPA 70, Article 700
NA	Legally required standby described in NFPA 70, Article 701
NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

	NO
MONITORING ENTITY	<input type="checkbox"/>
BUILDING OCCUPANTS	<input type="checkbox"/>
BUILDING MANAGEMENT	<input type="checkbox"/>
AHJ (Notified) OF ANY IMPAIRMENTS	<input type="checkbox"/>
OTHER (SPECIFY) Okaloosa County Disp	<input type="checkbox"/>

	YES	TIME	TO WHOM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3:15	Monitoring
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	NACON
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓	Dispatch

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

 JOB NAME:

 JOB NO:

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER:			
Battery Condition	<input type="text" value="Pass"/>	<input checked="" type="checkbox"/>	
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="text" value="NA"/>	
-----------------------	---------------------------------	--

REMOTE ANNUNCIATORS	<input type="text" value="NA"/>	
---------------------	---------------------------------	--

NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial Number	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	PASS	FAIL
SEE PAGE 5							

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT			
	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	NA		
Phone Jacks	NA		
Off-Hook Indicator	NA		
Amplifier(s)	NA		
Tone Generator(s)	NA		
Call In Signal	NA		
System Performance	NA		

INSPECTION AND TESTING FORM

SYSTEM TESTS AND INSPECTIONS

JOB NAME:

JOB NO:

INTERFACE EQUIPMENT

(Specify Type of Equipment)

NA
NA
NA
NA
NA
NA

VISUAL

DEVICE OPERATION

SIMULATED OPERATION

SPECIAL PROCEDURES

COMMENTS:

ON/OFF PREMISES MONITORING:

	NO	YES	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	/	4:15	
ALARM RESTORAL	<input type="checkbox"/>	/	↓	
TROUBLE SIGNAL	<input type="checkbox"/>	/	↓	
SUPERVISORY SIGNAL	<input type="checkbox"/>	/	↓	
SUPERVISORY RESTORAL	<input type="checkbox"/>	/	↓	

NOTIFICATIONS THAT TESTING IS COMPLETE:

	NO	YES	TIME	TO WHOM
MONITORING ENTITY	<input type="checkbox"/>	/	4:15	JRM
BUILDING OCCUPANTS	<input type="checkbox"/>	/	↓	AARON
BUILDING MANAGEMENT	<input type="checkbox"/>	/	↓	DISPATCH
OTHER (Specify below)	<input type="checkbox"/>	/	↓	DISPATCH

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION:

DATE:

TIME:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date: Time:

Date: Time:

Inspector's Signature:

Owner/Representative Signature Below:

Range Hood Systems Report

B & C Fire Safety, Inc.
 823 Navy Street
 Ft. Walton Beach, FL 32547
 Phone (850) 862-7812
 Fax (850) 863-1516

INVOICE #					
DATE OF SERVICE 5-10-19			TIME 11:00	A.M.	P.M. <input checked="" type="checkbox"/>
ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS Right End Cap					
MANUFACTURER Ansul		MODEL NUMBER R-102 1.5gal		WET CHEM <input checked="" type="checkbox"/>	DRY CHEM
FUSE LINKS 360° F 1 SL	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER		
FUEL SHUT-OFF <input checked="" type="checkbox"/>	ELECTRIC Alarm Cont.	GAS Mech	SIZE 3/4"		
SERIAL NUMBER 056259	LAST HYDRO TEST DATE 2014	LAST RECHARGE DATE N/A			
MANUFACTURER'S MANUAL REFERENCE					
PAGE NUMBER:			DRAWING NUMBER:		

Name Okaloosa Island F.D.
 Address 104 Santa Rosa Blvd
 City FWB, FL 32548
 Telephone 244-5373 Store # _____
 Owner or Manager _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<u>6 Burner Range</u>			
DUCT NOZZLE	1	PLENUM NOZZLE	1

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> 3. Check positioning of all nozzles <input checked="" type="checkbox"/> 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> 5. System Piping Penetrating hood/duct sealed w/weld or UL device <input checked="" type="checkbox"/> 6. Check if seals intact, evidence of tempering <input checked="" type="checkbox"/> 7. If system has been discharged, report same <input checked="" type="checkbox"/> 8. Pressure gauge in proper range (if gauged) <input checked="" type="checkbox"/> 9. Check cartridge weight (if applicable) <input checked="" type="checkbox"/> 10. Hydrostatic test date <u>2014</u> 11. 6 Year Maintenance date <u>N/A</u> 12. Inspect cylinder and mount <input checked="" type="checkbox"/> 13. Operate system from terminal link <input checked="" type="checkbox"/> 14. Test for proper operation from remote <input checked="" type="checkbox"/> 15. Check operation of micro switch <input checked="" type="checkbox"/> 16. Check operator of gas valve <input checked="" type="checkbox"/> 17. Clean nozzles <input checked="" type="checkbox"/> 18. Proper nozzle covers in place <input checked="" type="checkbox"/> 19. Check fuse links and clean <input checked="" type="checkbox"/> | <ol style="list-style-type: none"> 20. Replaced fuse links <input checked="" type="checkbox"/> 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> 22. Piping & conduit securely bracketed <input checked="" type="checkbox"/> 23. Proper separation between fryers & flame <input checked="" type="checkbox"/> 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> 25. Exhaust fan in operating order <input checked="" type="checkbox"/> 26. All filters replaced <input checked="" type="checkbox"/> 27. Fuel shut-off in ON position <input checked="" type="checkbox"/> 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> 29. Replace systems covers <input checked="" type="checkbox"/> 30. System Operational & System Seals in place <input checked="" type="checkbox"/> 31. Fan warning sign on hood <input checked="" type="checkbox"/> 32. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> 33. Proper hand portable extinguishers <input checked="" type="checkbox"/> 34. Portable extinguishers properly serviced <input checked="" type="checkbox"/> 35. Service & Certification tag on system <input checked="" type="checkbox"/> |
|---|--|

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS:

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

X	<u>JCK</u>	<u>FFP18-000157</u>						X <u>Dannie Delaney</u>
SERVICE TECHNICIAN	PERMIT NO.	DATE	TIME	A.M.	P.M.	CUSTOMERS AUTHORIZED AGENT		

The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.

WHITE - CUSTOMER COPY YELLOW - DISTRIBUTOR PINK - AUTHORITY HAVING JURISDICTION

* No FIRE Alarm

B&C FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Fiber Hub Shalimar
Address: 13 9th Ave Shalimar, FL
Contact Person: Randy Oonly
Telephone: 830-1600

Date: 5/21/19

COMMENTS:

BATTERY-PASS

• TYPE OF SYSTEM

- FM 200 Halon 1301 Halon 1211
 Other _____

• TYPE OF INSPECTION

- Annual Semi-Annual Recharge New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2
ION Detectors: _____
PHOTO Detectors: 5
ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 7
Horns: 7
Bells: _____
Other: _____

• AGENT TANK

Weight: 500
Tank Measurement: _____
Hydro: 01/06
Serial Number: AA 273134

• FANS / DAMPERS SHUTDOWN

Working: Yes No

Service Technician E. Frongore

Customer Representative [Signature]

The above service technician certified that the system was personally inspected and found condition to be as indicated on this report.