



13075 US Highway 19 N
 Clearwater, FL 33764
 Phone: 727-581-9339

Invoice

Date: 8/27/2019
Invoice No.: 50754

Bill to: Broadway Promanade Condos
 1064 N Tamiami Trail
 Sarasota, FL 34236

Service at: Broadway Promanade Condos
 1064 N. Tamiami Trail
 Sarasota, FL34236-2435

Customer ID: 15380

Location ID: I-13350 BROADWAYPROM

Description: Work Order Billing

Reference: Work Order

Terms:

PO Number:

Work Order	Description	Item	Quantity	Unit Price	Amount
64997	SRQ Sprinkler Inspection	Agreement	1.00	1,365.00	1,365.00
		Labor	14.00	0.00	0.00
		Work Order Subtotal:			1,365.00
64998	SRQ Fire Pump 150% Test	Agreement	1.00	425.00	425.00
		Labor	2.00	0.00	0.00
		Work Order Subtotal:			425.00
65000	SRQ Backflow Inspection	Agreement	1.00	145.00	145.00
		Labor	1.00	0.00	0.00
		Work Order Subtotal:			145.00

Subtotal:	1,935.00
Sales Tax:	0.00
Total Due:	1,935.00

Pay online at www.piperfire.com

Lic.# 45152300011999
 13075 US HWY 19 N
 CLEARWATER, FL 33764
 STATEWIDE (800) 327-7604
 pfpmail@piperfire.com



PINELLAS (727) 581-9339
 SARASOTA (941) 377-2100
 PINELLAS FAX (727) 581-8332
 SARASOTA FAX (941) 377-2001

Service Order

WO #	64997	Combo	<input type="checkbox"/>	I #:	13350
CUSTOMER NAME	Broadway Promanade Condos		CUSTOMER #	DATE	8/27/2019
SERVICE ADDRESS	1064 N. Tamiami Trail	CITY	Sarasota	STATE	FL
BILLING ADDRESS	15380	CITY		STATE	
CONTACT	Kaline Goveia/Kaline Mar	PHONE	941-951-0260	FAX	
CASH	CHECK	CREDIT CARD		VALID THRU	
				EMAIL: kgoveia@broadwaypromanade.net/KMar@broadwaypromanade.net	

TROUBLE REPORTED	
DESCRIPTION OF WORK DONE	Annual Fire Sprinkler System Test & Inspection WO 64997 Annual Fire Pump 150% Test & Inspection WO 64998 Annual Fire Backflow Test & Inspection WO 65000 (1@6" & 1@3/4")

VALVE SEAL #	
COLOR OF INSPECTION TAG ON DEPARTURE	<input checked="" type="checkbox"/> RED <input type="checkbox"/> Yellow <input type="checkbox"/> GREEN
ALARM PANEL NORMAL AT ARRIVAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ALARM PANEL NORMAL AT DEPARTURE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

QTY.	MATERIAL DESCRIPTION	PRICE	TOTAL	DATE	SERVICE PERSON	HOURS	RATE/HR.	LABOR
				8/26/19	Cary Johnson	8.00		
				8/26/19	Andrew Rooks	8.00		
				8/27/19	Cary Johnson	6.50		
				8/27/19	Mark Mustipich	4.00		
				8/26/19	Mark Mustipich BF	1.00		
	Annual Sprinkler Inspection	\$1,365.00						
	Annual Fire Pump Run	\$425.00						
	Annual Backflow Inspection	\$145.00						
Total								\$1,935.00

Impairments may reduce or eliminate the effectiveness of this life safety system. As such it is the property owner / agents responsibility to provide a fire watch program to protect life & property.

This work was performed to customer satisfaction	
NA	8/26/2029
Customer Signature	Date
Cary Johnson	8/26/2019
Technician Signature	Date

TOTAL MATERIAL	
TOTAL LABOR	\$1,935.00
MIN. TRIP CHARGE \$40.00 X	DAYS
CONTRACT/QUOTE	
SUB TOTAL	\$1,935.00
SALES TAX	
PAY THIS AMOUNT	\$1,935.00

Did we arrive on time? Yes No
 Did we leave the work space clean? Yes No
 (See below for terms and conditions)

Service • Design • Install • Inspect



Report of Inspection of Wet Based Fire Protection Systems

PROPERTY NAME		Broadway Promenade Condos		INSPECTION FILE #		13350		DATE		8/27/2019						
STREET		1064 N. Tamiami Trail		INSPECTOR NAME		Cary Johnson		#		FPI 19-000007						
CITY		Sarasota		LOCATION		Same										
ATTENTION		Kaline Goveia/Kaline Martinez		E-MAIL ADDRESS		kgoveia@broadwaypromenade.net/KMa										
PHONE NUMBER		941-951-0260		FAX NUMBER												
SERVICE PROVIDED		<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual								<input checked="" type="checkbox"/>						
NO. OF SYSTEMS		SIZE		TYPE		Wet		WATER SOURCE		City/Pump						
TO BE ANSWERED BY OWNER OR OWNER'S REPRESENTATIVE										YES	N/A	NO				
A-1 Has the occupancy classification, machinery or operations remained the same since the last inspection: (4.1.5)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-2 Is the Building currently occupied? (4.1.5)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-3 Has the system(s) remained in service without modification since the last inspection: (4.1.4)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-4 Are all fire protection systems in service?										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-5 If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced:										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
A-6 Has internal inspection of piping and check valves been completed: (14.2 & 13.4.2.1)										Date Completed:		Unknown		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A-7 Are any high temperature solder sprinklers regularly exposed to temperatures near 300 degrees: (5.3.1.1.1.3)										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
TO BE ANSWERED BY INSPECTOR - CONTROL VALVES										YES	N/A	NO				
A-8 Control valves sealed, locked or supervised in the appropriate open or closed position: (13.3.2.2)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-9 Control valves lubricated and fully exercised: (valve left ¼ turn from appropriate fully open or closed position) (13.3.3.1)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-10 Post indicator valves fully exercised and number of turns recorded: (13.3.3.2)										No. of turns		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
CONTROL VALVE LOCATION (13.3.2.2)	QTY	TYPE OF VALVE	EASY ACCESS		SIGNS		VALVES OPEN		FREE OF LEAKS		SECURED		SEALED LOCKED SUPERVISED	SUPERVISORY OPERATIONAL		
			YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		YES	N/A	NO
A-11 CITY CONNECTION	2	OS&Y	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	locked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-12 SYSTEM	10	Butterfly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	supvd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-13 SECTIONAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-14 PUMP	7	OS&Y / Butterfly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	supvd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN DRAIN TEST PIPE LOCATION (13.2.5)	PIPE SIZE	STATIC BEFORE	FLOW	STATIC AFTER	TIME TO REFILL	MAIN DRAIN TEST PIPE LOCATION (13.2.5)	PIPE SIZE	STATIC BEFORE	FLOW	STATIC AFTER	TIME TO REFILL					
B-1						B-5										
B-2	See Pump Report					B-6										
B-3						B-7										
B-4						B-8										
FIRE DEPARTMENT CONNECTIONS										YES	N/A	NO				
B-9 Fire Department Connections visible, accessible, and identification plate in place: (13.7.1)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
B-10 Fire Department Connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight: (13.7.1)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
HYDRAULIC NAME PLATE AND GAUGES										YES	N/A	NO				
B-11 Hydraulic name plate attached: (5.2.6)										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
B-12 Gauges functional & within 5yr. limit: (5.2.4.1)										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
ALARMS			YES	N/A	NO	ALARMS			YES	N/A	NO					
C-1 Alarm devices pass visual inspection (5.2.5)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-7 Alarm panel reset properly: (NFPA 72)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C-2 Valve supervisory switches operate: (13.3.3.5.1)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-8 Monitoring restored: (NFPA 72)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C-3 Water motor gong operate: (13.2.6.1) (5.3.3.1)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C-9 Alarm panel clear after testing (NFPA 72)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C-4 Electric bell operate properly: (5.3.3.1)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C-10 System left in service:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C-5 Water flow alarm switch operate: (5.3.3.2)			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C-11 Inspection tag in place			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C-6 Time to ring alarms: (range)			<60 sec.		C-12 Time for monitoring to receive signals (NFPA72)			<90 sec.		<input type="checkbox"/>	<input type="checkbox"/>					
PIPING, HANGERS, & SPRINKLERS (TO BE ANSWERD ANNUALLY)										YES	N/A	NO				
D-1 Sprinkler systems have been extended to all visible areas of the building:										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-2 Building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible: (5.2.5)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-3 Pipe and fittings appear to be in good condition free from external loads, mechanical damage, leakage, and corrosion: (5.2.2.1)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-4 Hangers and seismic braces appear to be free from damage, and are not loose: (5.2.3.1)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-5 Do sprinklers generally appear to be free of damage, corrosion, paint, or loading and visible obstructions: (5.2.1.1.1)										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
D-6 Proper clearance between the top of all storage and the sprinkler head deflector: (5.2.1.2)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-7 Spare head supply installed with appropriate number of sprinklers and head wrench? (5.2.1.3)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-8 All sprinklers in building less than 50 years old or all quick response sprinklers less than 20 years old. (5.3.1.1.1)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-9 If building contains dry sprinklers, have they been in service for 10 years or less, or has representative samples been tested: (5.3.1.1.1.5)										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
D-10 Sprinklers installed in areas free from harsh environments, including corrosive atmospheres & corrosive water supplies: (5.3.1.1.2)										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-11 Antifreeze solution checked to provide adequate freeze protection: (5.3.4)										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				



Report of Inspection and Testing of Standpipe Systems

PROPERTY NAME	Broadway Promanade Condos			INSPECTION FILE #	13350	DATE	8/27/2019		
STREET	1064 N. Tamiami Trail			INSPECTOR NAME	Cary Johnson			#	FPI 19-000007
CITY	Sarasota	STATE	FL	LOCATION					
ATTENTION	Kaline Goveia/Kaline Martinez			E-MAIL ADDRESS	kgoveia@broadwaypromenade.net/KMa				
PHONE NUMBER	941-951-0260			FAX NUMBER					
STANDPIPE									
NO. OF SYSTEMS		TYPE	Wet			WATER SOURCE	City/Pump		
STANDPIPE CLASS OF SERVICE	I	II	III	IV	V	YES	N/A	NO	
E-1 System in service on inspection: (6.1.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-2 Pipe containing water maintained at a minimum 40° F and building free of conditions exposing pipe to freezing: (5.2.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-3 System piping in good condition, free from mechanical damage, leakage, corrosion and external loads: (5.2.2.1 and 5.2.2.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-4 Are all pipe support devices present and undamaged: (5.2.3.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-5 Inspection tag in place:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-6 Hydrostatic test performed: (6.3.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HOSE VALVES									
E-7 Cap, valve handle, gaskets, & restricting device present & free from deterioration: (6.2.2 & 13.5.6.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-8 Hose connection undamaged, valve free from leakage & obstruction: (6.2.2 & 13.5.6.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CABINETS - ANNUAL									
E-9 Cabinet and parts free from damage, corrosion, tampering, obstructions or conditions preventing operation: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-10 Cabinet identified as containing fire equipment: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-11 Opens easily & completely, glazing not cracked or broken: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-12 All valves, hose, nozzle, etc. easily accessible: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-13 Cabinet-break glass type, lock functioning properly, & break glass device attached: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HOSE - ANNUAL									
E-14 Hose free from mildew, cuts, abrasions & deterioration, gaskets present & free from deteriorations: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-15 Hose couplings undamaged and free from incompatible threads: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-16 Hose including gaskets, removed, inspected and re-racked or re-reeled:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-17 Hose meets service testing requirements: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HOSE STORAGE DEVICE - ANNUAL									
E-18 Hose storage device easy to operate and free from damage and obstruction (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-19 Rack free to swing out or reel free to turn, nozzle clip in place and nozzle correctly contained: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-20 Hose properly racked or rolled: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HOSE NOZZLE - ANNUAL									
E-21 Nozzle present, free of obstructions & operates smoothly: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-22 Nozzle threads undamaged & compatible, gaskets preset & free of deteriorations: (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-23 Type of Nozzle: (6.2.2)									
HOSE CONNECTION - PRESSURE REDUCING VALVE -									
E-24 Valve good condition, no leaks, hand wheel installed with reducer and cap on hose connection & outlet hose threads undamaged: (13.5.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-25 Partial flow test conducted maintaining appropriate pressures: (13.5.2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E-26 Full flow conducted and results compared favorably to previous test results: (13.4.3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
STANDPIPE FLOW TESTS									
E-27 Flow (gpm) at most remote outlet: (6.3.1)							NA	GPM	
E-28 Pressure (psi) shown on supply gauge under no flow conditions: (6.3.1)							NA	PSI	
E-29 Pressure (psi) shown on supply gauge with designed flow flowing: (6.3.1)							NA	PSI	
E-30 Pressure (psi) shown on gauge at top of riser with designed flow flowing: (6.3.1)							NA	PSI	
E-31 Flow Test last performed: (Required every 5 years)							NA		



Report of Inspection and Testing of Electric Fire Pumps

PROPERTY NAME Broadway Promanade Condos		INSPECTION FILE # 13350		DATE 8/27/2019		
STREET 1064 N. Tamiami Trail		INSPECTOR NAME Cary Johnson		# FPI 19-000007		
CITY Sarasota		STATE FL		LOCATION		
ATTENTION Kaline Goveia/Kaline Martinez		E-MAIL ADDRESS kgoveia@broadwaypromenade.net/KMa				
PHONE NUMBER 941-951-0260		FAX NUMBER				
ELECTRIC FIRE PUMP						
NO. OF SYSTEMS		YEAR		TYPE Electric		
				WATER SOURCE City		
ELECTRIC FIRE PUMP WEEKLY INSPECTION ITEMS						
				YES	N/A	NO
I-1 Heat is adequate, not less than 40 degrees F: (8.2.2.1.a)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 Ventilating louver are free to operate: (8.2.2.1.b)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I-3 Pump suction and discharge and bypass valves are fully open position: (8.2.2.2.a)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 Piping is free of leaks: (8.2.2.2.b)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 Suction line pressure gauge reading is within acceptable range: (8.2.2.2.c)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 System line pressure gauge reading is within acceptable range: (8.2.2.2.d)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 Suction reservoir full: (8.2.2.2.e)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I-8 Wet pit suction screens are unobstructed and in place: (8.2.2.2.f)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I-9 Controller pilot light (power on) illuminated: (8.2.2.3.a)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 Transfer switch normal pilot light is illuminated: (8.2.2.3.b)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-11 Isolating switch is closed - standby (emergency) source: (8.2.2.3.c)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-12 Reverse phase alarm pilot light off, or normal phase rotation pilot light on: (8.2.2.3.d)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-13 Oil level in vertical motor sight glass, if available, within acceptable range: (8.2.2(3e))				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRIC FIRE PUMP WEEKLY TESTING ITEMS						
				YES	N/A	NO
I-14 Fire pump run log present: (Qualified operating personnel shall be in attendance during weekly pump operation) (8.3.2.1)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-15 Pump start by reducing pressure in pump controller pressure sensing line: (8.3.2.2)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-16 With pump running is there a slight discharge of water from both pump packing glands. Adjust if necessary (8.3.2.2.1.b)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-17 Pump free from any unusual noise or vibration when running: (8.3.2.2.1.d)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-18 Pump packing boxes, bearing, or pump casing maintain an acceptable temperature during the test: (8.3.2.2)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-19 Circulation relief valve operate and discharge water: (13.5.7.1.1)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-20 Pressure (psi) shown on suction side pressure gauge during Churn: (8.3.2.2 .1.a)				50		PSI
I-21 Pressure (psi) shown on discharge side pressure gauge during churn: 8.3.2.2.1.a)				118		PSI
I-22 Sensing line pressure (psi) when the fire pump started (8.3.2.2)				88		PSI
I-23 Time (sec) for drive to accelerate to full speed: (8.3.2.2.a)				2		SEC
I-24 Record the time controller is on first step (for reduced voltage or reduced current starting) (3.2.2.2.b)				2		SEC
I-25 Record the time pump runs after starting (for automatic stop controllers): (3.2.2.2.c)				5		MIN
I-26 Sensing line pressure (psi) when the Jockey pump started:				118		PSI
I-27 Sensing line pressure (psi) when the Jockey pump stopped:				130		PSI
ELECTRIC FIRE PUMP ANNUAL ITEMS						
				YES	N/A	NO
I-28 Pressure relief valve if applicable, operate properly: (8.3.3.2)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-29 Churn test conditions maintained for 30 minutes: (8.3.3.2)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-30 All fire pump controller alarm conditions and supervisory sensors operate when tested through simulations: (8.3.3.5)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-31 Fire pump considered acceptable: (8.3.3.3)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-33 Suction screens inspected and cleaned after water flow: (8.3.3.7)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I-34 Fire pump and driver checked for parallel and angular alignment: (8.3.4.4)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AUTOMATIC TRANSFER SWITCH						
				YES	N/A	NO
I-35 Switch operate properly on stand-by power mode:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-36 Switch operate properly on primary power mode:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-37 While operating at peak load, power failure simulated: (8.3.3.4)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-38 During simulation, switch transfers to alternate power source: (8.3.3.4)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-39 After simulation, switch transfers back to normal power source: (8.3.3.4)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-40 Transfer switch and alternative power source tested and exercised:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BYPASS FLOW METER						
				YES	N/A	NO
I-41 Flow meter calibrated and maintenance performed: (8.3.3.1.4)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



PROPERTY NAME	Broadway Promenade Condos	INSPECTION FILE #	13350	Date:	8/27/2019
STREET	1064 N. Tamiami Trail	INSPECTOR NAME	Cary Johnson		
CITY	Sarasota	STATE	FL	LOCATION	
ATTENTION	Kaline Goveia/Kaline Martinez	E-MAIL ADDRESS	kgoveia@broadwaypromenade.net/KMartinez@t		
PHONE NUMBER	941-951-0260	FAX NUMBER			

FIRE PUMP INFORMATION

PUMP MAKE:	Pentair	SHOP OR SERIAL No.	13-2309553	MODEL:	4"1591BF	SHAFT:	VERTICAL
APPROVED:	Yes	RATED GPM:	500	RATED PSI:	65	RPM:	3560
SUCTION FROM:	PUBLIC WATER		RATED MAX PSI:	79	RATED PSI @ 150%:	59	
		RATED FT OF HEAD:					
TANK SIZE:		TANK HEIGHT:					
	GALLONS		FEET				

DRIVER INFORMATION

TYPE DRIVER:	Electric	DRIVER MAKE:	Weg	DRIVER SERIAL No.:	03ABR13 101918344		
DRIVER MODEL:	030360P3V284JPV	HORSE POWER:	30	SERVICE FACTOR:	1.15		
(ELECTRIC ONLY)							
RATED VOLT:	200/400	OPERATING VOLTS:		RATED FL AMPS:	79.3/39.7		
AMPS @ 150%:		PHASE:	3	CYCLES:			

CONTROLLER INFORMATION

MANUFACTURER:	Metron	APPROVED:	YES				
SHOP/SERIAL No.	LL-06N22176-11	MODEL:	M30A-30-208C MTS				
FIRE PUMP SETTINGS ON:	88	RESET:					
JOCKEY PUMP SETTINGS ON:	115	RESET:	130				
START	STOP	JOCKEY PUMP MAKE:	Fairbanks	MODEL:	06-1388988		
AUTO	AUTO	VOLTAGE:		GPM:			
TRANSFER SWITCH							
MANUFACTURE:	Metron	MODEL No.	MTS-100A	SERIAL No.	LL-06N22176-11		
SWITCH OPERATIONAL:	YES						

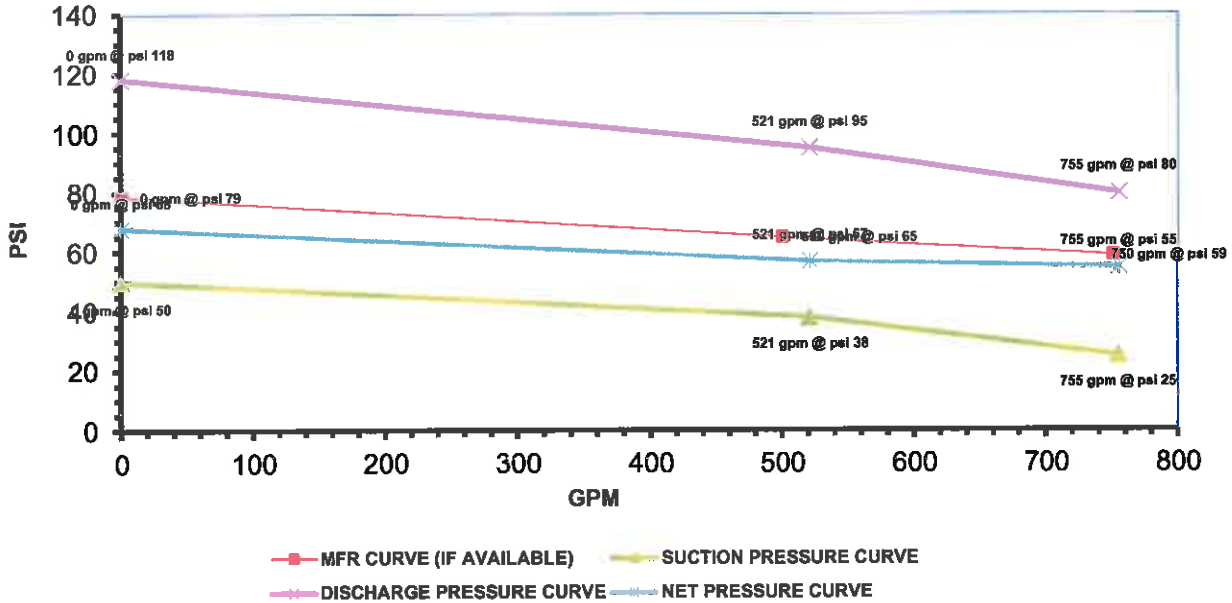
PUMP TEST INFORMATION

SUCTION PSI	DIS-CHARGE PSI	NET PSI	RPM	STREAMS			GPM	% OF CAP	VOLTS	AMPS			AVERAGE
				No.	SIZE	PITOT				LG 1	LG 2	LG 3	
50	118	68	NA	N/A	N/A	N/A	0	churn	NA	NA	NA	#VALUE!	
38	95	57	NA	1	2	10	521	104%	NA	NA	NA	#VALUE!	
38	95	57	NA	1	2	10	521	104%	NA	NA	NA	#VALUE!	
25	80	55	NA	1	2	21	755	151%	NA	NA	NA	#VALUE!	

MFR. CURVE INFOFORMATION	CHURN	100%	150%		TIME FOR SYSTEM TO RE-PRESSURIZE AFTER	SECONDS
(IF AVAILABLE)	78.6	65	59	PSI	TEST HEADER IS CLOSED.	
	0	500	750	GPM		

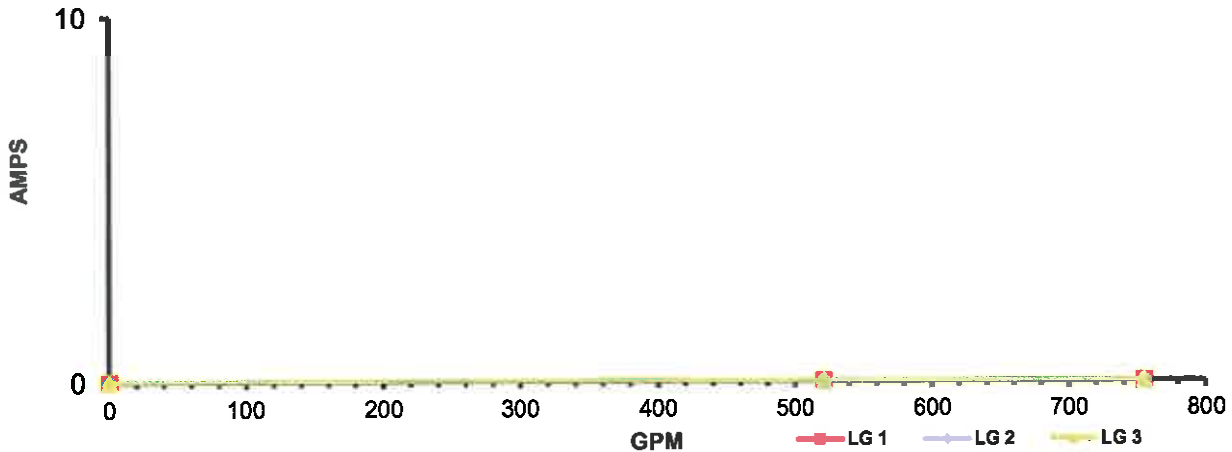


PSI	GPM	PERCENT OF FLOW
68	0	CHURN
57	521	104%
57	521	104% FLOW
55	755	151% FLOW



AMPS	GPM	PERCENT OF FLOW
NA	0	CHURN
NA	521	104%
NA	521	104% FLOW
NA	755	151% FLOW

FIRE PUMP AMPERE CURVE



VERSION: PFP-PMP 6.2 Label



Report of inspection of Wet Based Fire Protection Systems

Combo

PROPERTY NAME		Broadway Promanade Condos					INSPECTION FILE #		13350		DATE		8/27/2019																		
STREET		1064 N. Tamiami Trail					INSPECTOR NAME		Cary Johnson		#		FPI 19-000007																		
CITY		Sarasota					STATE		FL		LOCATION																				
	K	NPT	MFG	MODEL	TEMP	METAL	NAME	ESCUT/COAT	RESPONSE	SIN#																					
A	4.9	1/2"	Tyco	TY	155	White	Pendent	White Recessed	QR	TY2234																					
B	4.9	1/2"	Tyco	TY	175	White	Pendent	White Recessed	QR	TY2234																					
C		1/2"	Tyco	TY	155	White	Sidewall	White Recessed	QR																						
D		1/2"	Tyco	TY	175	White	Sidewall	White Recessed	QR																						
E	5.6	1/2"	Tyco	TY	155	White	Pendent	White Recessed	QR	TY3231																					
Bld	Unit #	Room Area	Deficiency					Type	Bld	Unit #	Room Area	Deficiency					Type														
			D	P	O	L	E					D	P	O	L	E															
6th	1601	ok						5th	1501	ok							4th	1401	ok												
	1602	ok							1502	ok								1402	ok												
	1603	ok							1503	ok								1403	ok												
	1604	ok							1504	ok								1404	ok												
	1605	ok							1505	ok								1405	ok												
	1606	ok							1506	ok								1406	ok												
	1607	ok							1507	ok								1407	ok												
	1608	ok							1508	ok								1408	ok												
	1609	Br1	1				C		1509	ok								1409	ok												
	1611	ok							1510	ok								1410	ok												
	1612	ok							1511	ok								1411	ok												
	1613	ok							1512	ok								1412	ok												
	1614	ok							1513	ok								1413	ok												
	1615	ok							1514	ok								1414	ok												
	1616	ok							1515	ok								1415	ok												
	1617	ok							1516	ok								1416	ok												
	1618	ok							1517	ok								1417	ok												
	1619	AC	1				B		1518	ok								1418	ok												
	1620	ok							1519	ok								1419	ok												
	1621	ok							1520	ok								1420	ok												
	1622	ok							1521	ok								1421	ok												
	1623	ok							1522	ok								1422	ok												
	1625	ok							1523	ok								1423	ok												
	1627	ok							1524	ok								1424	AC		1			B							
	1629	ok							1525	ok								1425	ok												
	1631	ok							1527	ok								1427	ok												
	1633	ok							1529	ok								1429	ok												
	1635	ok							1531	ok								1431	ok												
	1637	ok							1533	ok								1433	ok												
									1535	ok							cor'd	1435	Br1,Cl	2				A,C							
lv6	Guest	ok							1537	ok								1437	ok												
									Hall	Nr 1522				1	A																
									Hall	Nr1503				1	A			Comm	ok												
									Guest	Br1				1	A																
Totals			0	2	0	0	0	Totals			0	0	2	0	1	Totals			2	0	1	0	0	Grand Total			2	2	3	0	1

LOCATION LEGEND

- | | | | |
|--------------------|----------------------|------------------|-------------------|
| AC = Air Condition | BRM = Bedroom Master | G= Garage | PC = Porch Closet |
| BR1 = Bedroom 1 | CL = Closet | H = Hall | RR = Restroom |
| BR2 = Bedroom 2 | DR = Dinning Room | KIT = Kitchen | SU = Storage Unit |
| BR3 = Bedroom 3 | Ent = Entrance | LR = Living Room | ST = Stairs |
| | | OS = Outside | WD = Laundry Room |

SPRINKLER LEGEND

- | |
|------------------|
| D = Damaged |
| P = Painted |
| O = Overspray |
| L = Loaded |
| E = Missing Esc. |

Lic.# 45152300011999
 13075 US HWY 19 N
 CLEARWATER, FL 33764
 STATEWIDE (800) 327-7604
 pfpmail@piperfire.com



PINELLAS (727) 581-9339
 SARASOTA (941) 377-2100
 PINELLAS FAX (727) 581-8332
 SARASOTA FAX (941) 377-2001

Meter No: 30110013

Customer: Broadway Promanade Condos
 Street Address: 1064 N. Tamiami Trail Sarasota FL 34236
 Mailing Address: 15380
 Location of Assembly: North Side of Building
 Type of Assembly: RP DC PVB SVB Fire Line Domestic Irrigation Size 6"
 Manufacturer: Wilkins Zurn Model: Painted/Scratched Serial No: Painted/Scratched

This Device is; Existing Yes New No or, replacing prior device serial number _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight	Opened at: <u>2.8</u> psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight	Air Inlet: did not open <input type="checkbox"/> or opened at: _____ psi
gauge pressure across check valve <u>7.5</u> psi	Outlet shut-off valve: <input type="checkbox"/> leaked <input checked="" type="checkbox"/> closed tight	gauge pressure across check valve <u>3.3</u> psi	Check Valve: <input type="checkbox"/> leaked or held at _____ psi
<input type="checkbox"/> Cleaned only Replaced: rubber kit _____ CV assembly _____ or disc _____ O-rings _____ Seat _____ spring _____ stem/guide _____ Other _____	<input type="checkbox"/> RV cleaned only Replaced: RV rubber kit _____ RV assembly _____ or disc _____ diaphragm(s) _____ O-rings _____ Other _____	<input type="checkbox"/> Cleaned only Replaced: rubber kit _____ CV assembly _____ or disc _____ O-rings _____ Seat _____ spring _____ stem/guide _____ Other _____	<input type="checkbox"/> Cleaned only Replaced: rubber kit _____ CV assembly _____ disc, air inlet _____ disc, CV _____ seat, CV _____ spring, air inlet _____ spring, CV _____ O-rings _____ Other _____
gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	gauge pressure across check valve _____ psi	Air inlet _____ psi Check valve _____ psi

Note: All repairs shall be complete within five (5) working days.

Remarks: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly, as tested on data indicated below:

Test gauge Manufacturer: MidWest Serial No: 01130881 Date Calibrated: 5/17/19
 TESTER: Mark Mustipich CERT NO. P02-18-12088 EXPIRTATION DATE: 2-28-20
 TESTING COMPANY NAME: Piper Fire Protection Inc. TELEPHONE #: 727-581-9339
 TEST DATE: 8/27/19 TIME: 9:00 AM

This assembly: **PASSED** **FAILED** BUFFER: 4.7 PSI



Meter No: 30110013

Customer: Broadway Promanade Condos
 Street Address: 1064 N. Tamiami Trail Sarasota FL 34236
 Mailing Address: 15380
 Location of Assembly: North Side of Building
 Type of Assembly: RP DC PVB SVB Fire Line Domestic Irrigation Size 3/4"
 Manufacturer: Wilkins Zurn Model: 975 XL Serial No: 199654 XLD

This Device is; Existing Yes New No or, replacing prior device serial number _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight	Opened at: <u>2.2</u> psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight	Air Inlet: did not open <input type="checkbox"/> or opened at: _____ psi
gauge pressure across check valve <u>8.5</u> psi	Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	gauge pressure across check valve <u>2.5</u> psi	Check Valve: <input type="checkbox"/> leaked or held at _____ psi
<input type="checkbox"/> Cleaned only Replaced: rubber kit _____ CV assembly _____ or disc _____ O-rings _____ Seat _____ spring _____ stem/guide _____ Other _____	<input type="checkbox"/> RV cleaned only Replaced: RV rubber kit _____ RV assembly _____ or disc _____ diaphragm(s) _____ O-rings _____ Other _____	<input type="checkbox"/> Cleaned only Replaced: rubber kit _____ CV assembly _____ or disc _____ O-rings _____ Seat _____ spring _____ stem/guide _____ Other _____	<input type="checkbox"/> Cleaned only Replaced: rubber kit _____ CV assembly _____ disc, air inlet _____ disc, CV _____ seat, CV _____ spring, air inlet _____ spring, CV _____ O-rings _____ Other _____
gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	gauge pressure across check valve _____ psi	Air inlet _____ psi Check valve _____ psi

Note: All repairs shall be complete within five (5) working days.

Remarks: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly, as tested on data indicated below:

Test gauge Manufacturer: MidWest Serial No: 01130881 Date Calibrated: 5/17/19
 TESTER: Mark Mustipich CERT NO. P02-18-12088 EXPIRTATION DATE: 2-28-20
 TESTING COMPANY NAME: Piper Fire Protection Inc. TELEPHONE #: 727-581-9339
 TEST DATE: 8/27/19 TIME: 9:00 AM

This assembly: **PASSED** **FAILED** BUFFER: 6.3 PSI



PROPERTY NAME	Broadway Promanade Condos			INSPECTION FILE #	13350	DATE	8/27/2019
Area	Location	Type	Size	Make/Model	Pass	Fail	Seal #/Delay
North Side of Building	Backflow	OS&Y Valve	6"	FxF Clow	X		
North Side of Building	Backflow	OS&Y Valve	6"	FxF Clow	X		
Pump Room	Pump Suction	OS&Y Valve	6"	FxF Mueller	X		
Pump Room	Pump Suction	Tamper Switch		System Sensor OSY2	X		
Pump Room	Pump Discharge	Butterfly Valve	6"	GxG Nibco	X		
Pump Room	Bypass #1	Butterfly Valve	6"	GxG Nibco	X		
Pump Room	Bypass #2	Butterfly Valve	6"	GxG Nibco	X		
Pump Room	Test Header	Butterfly Valve	4"	GxG Central	X		
Pump Room	Jockey Suction	Butterfly Valve	1.25"	TxT Milwaukee	X		
Pump Room	Jockey Discharge	Butterfly Valve	1.25"	TxT Milwaukee	X		
Stairwell #1	6th Floor	Butterfly Valve	2"	GxG Milwaukee	X		
Stairwell #1	6th Floor	Flow Switch	1"	Threaded System Sensor	X		
Stairwell #1	5th Floor	Butterfly Valve	2"	GxG Milwaukee	X		
Stairwell #1	5th Floor	Flow Switch	1"	Threaded System Sensor	X		
Stairwell #1	4th Floor	Butterfly Valve	2"	GxG Milwaukee	X		
Stairwell #1	4th Floor	Flow Switch	1"	Threaded System Sensor	X		
Stairwell #1	3rd Floor	Butterfly Valve	2"	GxG Milwaukee	X		
Stairwell #1	3rd Floor	Flow Switch	1"	Threaded System Sensor		X	
Stairwell #1	2nd Floor	Butterfly Valve	2"	GxG Milwaukee	X		
Stairwell #1	2nd Floor	Flow Switch	1"	Threaded System Sensor	X		
Pump Room	1st Floor	Butterfly Valve	3"	GxG Nibco	X		
Pump Room	1st Floor	Flow Switch	3"	System Sensor U-Bolt	X		
Garage	SE Corner	Butterfly Valve	4"	GxG Central	X		
Garage	SE Corner	Flow Switch	4"	Potter VSR-F U-Bolt	X		
Stairwell #1	Garage	Butterfly Valve	2.5"	GxG Central	X		
Stairwell #1	Garage	Flow Switch	2.5"	Potter VSR-F U-Bolt	X		
4-Story Building	Unit 2104	Butterfly Valve	4"	GxG Central	X		
4-Story Building	Unit 2104	Flow Switch	4"	System Sensor U-Bolt	X		
4-Story Building	Unit 2104	Butterfly Valve	4"	GxG Central	X		
4-Story Building	Unit 2104	Flow Switch	4"	System Sensor U-Bolt	X		
4-Story Building	Unit 2104	Butterfly Valve	2"	GxG Milwaukee	X		
4-Story Building	Unit 2104	Flow Switch	2"	System Sensor U-Bolt	X		
Garage	Southeast corner	ITV					
(3) FDC's							

Pictures from Inspection

PROPERTY NAME	Broadway Promanade Condos		
INSPECTION FILE #	13350	DATE	8/27/2019





Report of Inspection and Testing Discrepancies and Recommended Improvements

PROPERTY NAME	Broadway Promanade Condos		
INSPECTION FILE #	13350	DATE	8/27/2019

EXPLANATION OF "NO" ANSWERS & NONCRITICAL DEFICIENCIES: (30 DAY NOTICE TO OWNER & 90 DAYS NOTICE TO AHJ) YELLOW TAG

1313 AC closet - raise head or seal around pipe.
No record of a 5 year and gauges over 5 years.
No hydraulic placard

EXPLANATION OF "NO" ANSWERS & CRITICAL DEFICIENCIES: (24 HOUR NOTICE TO OWNER & 30 DAYS NOTICE TO AHJ) RED TAG

3rd Floor - Flow Switch did not report to FACP
See walk through for missing escutcheons, damaged, or painted sprinkler heads.

EXPLANATION OF "NO" ANSWERS & IMPAIRMENTS: (24 HOUR NOTICE TO OWNER & 72 HOUR NOTICE TO AHJ) RED TAG

The system was restored to normal operation & all control valves left in the open position on:

Date: _____ Time: _____

This testing was performed in accordance with applicable NFPA Standard.



Standard Terms and Conditions

1. Subscriber agrees to pay Contractor its agents or assigns for a period of 1 year(s) from the date inspection service is started and in advance thereafter unless this contract is terminated at end of the year, or until terminated at the end of any subsequent contract year by written notice of such termination by either party at least thirty (30) days prior to the end of such year. Contractor shall have the right to increase the annual service charge provided for herein at any time after one year from effective date of this agreement if an effective date is herein specified, upon giving Subscriber written notice sixty (60) days in advance of the effective date of such increase, and if Subscriber is unwilling to pay such increase charge, Subscriber may terminate the Agreement by notifying Contractor in writing by registered or certified mail thirty (30) days prior to the otherwise effective date of any increase.

2. It is understood that neither PIPER FIRE PROTECTION, INC. nor any third party designated by PIPER FIRE PROTECTION, INC. which provides service to the subscriber is an insurer, that insurance if any, shall be obtained by the subscriber and that the amounts payable to the contractor hereunder are based upon the value of the services and the scope of liability as herein set forth and are unrelated to the value of the subscriber(s) property or others located in subscriber(s) premises. The subscriber does not desire this contract to provide for full liability of the contractor or any such third party and agrees that the contractor and any such third party shall be exempt from liability for loss or damage due directly to occurrences, or consequences therefrom, which the service is designed to detect or avert; that if the contractor or any such third party should be found liable for loss or damage due to failure of service in any respect, its liability shall be limited to a sum equal to ten percent of the annual service charge or \$250.00, whichever is greater, and that the provisions of this paragraph shall apply if loss or damage, irrespective of cause or origin, results directly or indirectly to person or property from performance or non performance of obligations imposed by this contract or from negligence, active or otherwise of the contractor and any such third party and their agents or employees. No suit or action shall be brought against the contractor more than one (1) year after the accrual of the cause of action thereof.

3. Subscriber is hereby given an absolute and unequivocal option to require the contractor to assume liability beyond that indicated above. If the subscriber exercises such option, a rider to this contract will be entered into and signed by the parties hereto providing for the extent of contractor's additional liability in consideration for which subscriber agrees to pay the contractor additional service charges specified in the rider which shall be consonant with contractor's additional cost of obtaining liability insurance covering the full scope of liability requested by subscriber, in which event clause No. 4 above will be null and void, provided, however, that such additional obligation shall in no way be interpreted to hold contractor as an insurer.

4. Schedule of Service:

- * Provide 24-hour emergency services and give Subscriber telephone contact,
- * Furnish completed copy of Service Technician's report indicating what repairs, if any, are needed. Complete and provide work with proper authorization from Subscriber at addition cost to subscriber.
- * See lists or inspection quote form page 1, attached.

5. It is agreed that all maintenance and other work, including inspections and tests of said system(s), shall be performed during regular daytime business hours, exclusive of Saturdays, Sundays and holidays, unless Subscriber otherwise directs in such case Subscriber hereby agrees to pay contractor any increased cost resulting therefrom.

6. If Subscriber shall default in the making of any payment herein provided for or fails to comply with any of the other terms, conditions, or covenants of this agreement, Contractor may give Subscriber ten days written notice of intention to terminate this agreement and thereupon at the expiration of said ten days (if such default continues) this agreement shall terminate and Contractor may in all respects discontinue the service. Such notice shall be deemed to be sufficiently given if delivered to Subscriber personal, or sent by certified mail postpaid and addressed to Subscriber at said premises; and the time of giving such notice shall be deemed the time when same is delivered or mailed as aforesaid. In the event of such termination and discontinuance of service, Subscriber agrees to pay Contractor, in addition to the amount then accrued and due, a sum equal to seventy-five percent of the service charge pro-rated for the period from such termination to the next permissible lamination date by Subscriber plus attorney's fees and/or collection charges not exceeding twenty-five percent.

7. Contractor's obligation shall relate solely to inspection service and it shall in no way be obligated to maintain, repair, service, alter, replace or operate, nor shall it be in any way responsible for the condition or operation of any equipment, device, or property of any sort of Subscriber or others.

8. Contractor assumes no liability for delays of service due to strikes, riots, floods, fires, acts of God, or any cause beyond its control, and will not be required to supply service while any such delay or interruption shall continue.

9. **WAIVER OF SUBROGATION** - Subscriber does hereby for himself and any other parties, claiming under him, release and discharge Contractor from and against all hazards covered by Subscriber's insurance, it being expressly agreed and understood that no insurance company or insurer will have any right of subrogation against Contractor.

10. **IDEMINITY AGREEMENT** - The Subscriber agrees to and shall indemnify and save harmless the Contractor and any third party designated by the Contractor which provides service and all their employees and agents, for and against any claims, suits, losses, demands, and expenses arising from any death of or injury to any person or any loss or damage to property occasioned or alleged to be occasioned by Contractor's or any third party's performances or failure to perform its obligations under this agreement whether due to contractor's negligence or otherwise, or through burglary, theft, robbery, fire or any other cause.

11. This agreement may be assigned by the Subscriber provided the written consent of Contractor is first obtained, which consent shall not be unreasonably withheld and shall be conditioned upon the assignees' agreement, in form satisfactory to Contractor to make the payments herein provided and to perform and comply with all the other terms, covenants, and conditions hereof on Subscriber's part to be preformed and complied with. There are no agreements, understandings, or representations changing, modifying, or otherwise affecting any of the terms of this agreement. This agreement cannot be changed, modified or discharged orally.

12. The laws of the State of Florida shall govern this Agreement.

(The inspector suggests the improvements from the discrepancies sheet; however these suggestions are not the result of an engineering survey)

TEST FREQUENCY PER NFPA 72 - 2007 TABLE 7-3.2. NOTED STANDARDS IN PARENTHESES ARE FROM NFPA 25 - 2008
DISCREPANCIES AND RECOMMENDED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S

NA

Name of Owner or Representative:

NA

Signature

8/27/2019

Date