

Fire Alarm Inspection and Testing Report



4-story

DATE: 6-17-15 TIME: 7:25 AM

SERVICE ORGANIZATION NAME: FIRE-ONE, INC. Address: 8141 Blaikie Ct., Suite 3, Sarasota, FL 34240

Rep: Davis B License No.: E- EF20001202 Telephone: 941-366-7952

PROPERTY NAME (User): Broadway Promenade Address: 1268 11th Street

Owner Contact: _____ Telephone: Nathan 536-6723

MONITORING ENTITY: Contact: Mid Smith Telephone: (504) 333 9876 Monitoring Acct. Ref. No.: 503-396

APPROVING AGENCY: SCFD Contact: 861 7790 Telephone: 861-7190

TYPE TRANSMISSION: McCulloh Multiplex Digital Reverse Priority RF Other—specify: _____

SERVICE: Weekly Monthly Quarterly Semi-annually Annually Other—specify: _____

PANEL MANUFACTURER: Exelide Model No.: MS 9210 UDLS

Circuit Styles: SIC No. of Circuits: 1 Software Rev.: _____

Last date system had any service performed: 7-15 Last date any software or configuration was revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION:

	Circuit Style	Quantity		Circuit Style	Quantity
<input checked="" type="checkbox"/> Manual Stations	<u>B</u>	<u>7</u>	<input checked="" type="checkbox"/> Heat Detectors	<u>B</u>	<u>60</u>
<input type="checkbox"/> Ion Detectors	—	—	<input type="checkbox"/> Waterflow Switches	<u>B</u>	<u>3</u>
<input checked="" type="checkbox"/> Photo Detectors	<u>B</u>	<u>2</u>	<input type="checkbox"/> Supervisory Switches	—	<u>3</u>
<input type="checkbox"/> Duct Detectors	—	—	<input type="checkbox"/> Other:	—	—

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION:

	Circuit Style	Quantity		Circuit Style	Quantity
<input checked="" type="checkbox"/> Horns	<u>B</u>	<u>54</u>	<input type="checkbox"/> Bells	—	—
<input type="checkbox"/> Chimes	—	—	<input checked="" type="checkbox"/> Horn/Strobes	<u>B</u>	<u>13</u>
<input type="checkbox"/> Strobes	—	—	<input type="checkbox"/> Speaker/Strobes	—	—
<input type="checkbox"/> Speakers	—	—	<input type="checkbox"/> Piezos	—	—
			<input type="checkbox"/> Other:	—	—

NUMBER OF ALARM INDICATING CIRCUITS: 4

ARE CIRCUITS SUPERVISED?: Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION:

	Circuit Style	Quantity		Circuit Style	Quantity
<input type="checkbox"/> Building Temp.	—	—	<input type="checkbox"/> Fire Pump or Pump Controller Trouble	—	—
<input type="checkbox"/> Site Water Temp.	—	—	<input type="checkbox"/> Generator in Auto Position	—	—
<input type="checkbox"/> Site Water Level	—	—	<input type="checkbox"/> Generator or Controller Trouble	—	—
<input type="checkbox"/> Fire Pump Power	—	—	<input type="checkbox"/> Switch Transfer	—	—
<input type="checkbox"/> Fire Pump Running	—	—	<input type="checkbox"/> Generator Engine Running	—	—
<input type="checkbox"/> Fire Pump Auto Position	—	—	<input type="checkbox"/> Other:	—	—

SIGNALING LINE CIRCUITS: Quantity and Style (See NFPA 72, Table 3-6) of Signaling Line Circuits Connected to System:

Style: _____ Quantity: _____ Style: _____ Quantity: _____

SYSTEM POWER SUPPLIES

A. PRIMARY (Main): Nominal Voltage: 120 Amps: 20 Overcurrent Protection: Nominal Voltage: 120 Amps: 20

Location (Panel No.): #3 Disconnecting Means Location: Next to FACP

B. SECONDARY (Standby): Storage Batteries: 12 Amps: 7 (x2)

Calculated to operate system for: 24 Hrs. 60 Hrs. Engine-driven Generator Location of fuel storage: _____

Type of Battery: Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead Acid Other: _____

C. EMERGENCY OR STANDBY SYSTEM USED AS A BACKUP TO PRIMARY POWER SUPPLY, INSTEAD OF USING A SECONDARY POWER SUPPLY:

Emergency system described in NFPA 70, Article 700 Legally required standby described in NFPA 70, Article 701

Optional standby system described in NFPA 70, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

Monitoring Entity YES NO Who: Mid Smith Time: AM

Building Occupants YES NO Who: All Time: AM

Building Management YES NO Who: All Time: AM

Other (specify): _____ YES NO Who: _____ Time: _____

AHJ (notified) of any impairments YES NO Who: Inspector Time: _____

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SYSTEM TESTS AND INSPECTIONS:

	Visual	Functional	Comments:
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>GOOD</u>
Interface Eq.	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>

	Visual	Functional	Comments:
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>✓</u>
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"/>	<u>OK</u>

SECONDARY POWER:

	Visual	Functional	Comments:
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>FACP- 3/15</u>
Load Voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>21.5</u>
Discharge Test	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Functional	Comments:
Charger Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>27.1</u>
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS: Visual Functional Comments: _____

REMOTE ANNUNCIATORS: Visual Functional Comments: GOOD

NOTIFICATION APPLIANCES:

	Visual	Functional	Comments:
Audible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OK</u>
Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OK</u>

	Visual	Functional	Comments:
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS & INSPECTIONS:

Location & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail	Comments
		<input checked="" type="checkbox"/>	<input checked="" 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"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

EMERGENCY COMMUNICATIONS EQUIPMENT:

	Visual	Functional	Comments:
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>① 991-366 8176</u>
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>② 991-954 2432</u>
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Functional	Comments:
Tone Generators	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT (SPECIFY):

	Visual	Functional	Simulated Operation
<u>Elev. Recall</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS (SPECIFY):

	Visual	Functional	Simulated Operation
	<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"/>

SPECIAL PROCEDURES: _____

COMMENTS:

all devices tested normal

ON/OFF PREMISES MONITORING:

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Alarm Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>/</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AM</u>	
Supervisory Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE:

	Yes	No	Who	Comments
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Mid South</u>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY: None

SYSTEM RESTORED TO NORMAL OPERATION: DATE: 6-18-15 TIME: 1:00 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: David B, Gary M.

Signature: [Signature]

Name of Owner or Representative: _____

Signature: [Signature]

Date: 6-17-15

Time: 1:00 PM

Fire Alarm Inspection and Testing Report



6 Story

DATE: 6-16-15 TIME: 9:10 AM

SERVICE ORGANIZATION NAME: FIRE-ONE, INC. Address: 8141 Blaikie Ct., Suite 3, Sarasota, FL 34240

Rep: DAVID B License No.: EF20001202 Telephone: 941-366-7952

PROPERTY NAME (User): Broadway Promenade Address: 1064 North Tamiami Trail

Owner Contact: _____ Telephone: Nathan - 536-6723

MONITORING ENTITY: Contact: MID SOUTH Telephone: (800) 333 8876 Monitoring Acct. Ref. No.: 503-393

APPROVING AGENCY: _____ Contact: _____ Telephone: _____

TYPE TRANSMISSION: McCulloh Multiplex Digital Reverse Priority RF Other—specify: _____

SERVICE: Weekly Monthly Quarterly Semi-annually Annually Other—specify: _____

PANEL MANUFACTURER: Fire-It Model No.: MS 9600

Circuit Styles: SLC No. of Circuits: 1 Software Rev.: _____

Last date system had any service performed: 8/14 Last date any software or configuration was revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION:

	Circuit Style	Quantity		Circuit Style	Quantity
<input checked="" type="checkbox"/> Manual Stations	SBC	39	<input checked="" type="checkbox"/> Heat Detectors	SBC	5
<input type="checkbox"/> Ion Detectors	—	—	<input type="checkbox"/> Waterflow Switches	SLC	10
<input checked="" type="checkbox"/> Photo Detectors	SBC	21	<input checked="" type="checkbox"/> Supervisory Switches	SLC	15
<input checked="" type="checkbox"/> Duct Detectors	SBC	2	<input checked="" type="checkbox"/> Other: <u>SIGNS RECALL</u>	—	2

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION:

	Circuit Style	Quantity		Circuit Style	Quantity
<input checked="" type="checkbox"/> Horns	R	513	<input type="checkbox"/> Bells	—	—
<input type="checkbox"/> Chimes	—	—	<input checked="" type="checkbox"/> Horn/Strobes	R	172
<input checked="" type="checkbox"/> Strobes	R	113	<input type="checkbox"/> Speaker/Strobes	—	—
<input type="checkbox"/> Speakers	—	—	<input type="checkbox"/> Piezos	—	—
			<input checked="" type="checkbox"/> Other: <u>AC SHUT DOWN</u>	—	2

NUMBER OF ALARM INDICATING CIRCUITS: 4

ARE CIRCUITS SUPERVISED?: Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION:

	Circuit Style	Quantity		Circuit Style	Quantity
<input type="checkbox"/> Building Temp.	—	—	<input checked="" type="checkbox"/> Fire Pump or Pump Controller Trouble	SLC	1
<input type="checkbox"/> Site Water Temp.	—	—	<input type="checkbox"/> Generator in Auto Position	—	—
<input type="checkbox"/> Site Water Level	—	—	<input type="checkbox"/> Generator or Controller Trouble	—	—
<input type="checkbox"/> Fire Pump Power	—	—	<input type="checkbox"/> Switch Transfer	SLC	1
<input type="checkbox"/> Fire Pump Running	—	—	<input type="checkbox"/> Generator Engine Running	—	—
<input type="checkbox"/> Fire Pump Auto Position	—	—	<input type="checkbox"/> Other: _____	—	—

SIGNALING LINE CIRCUITS: Quantity and Style (See NFPA 72, Table 3-6) of Signaling Line Circuits Connected to System:

Style: BPS A6 Quantity: 8 Style: _____ Quantity: _____

SYSTEM POWER SUPPLIES

A. PRIMARY (Main): Nominal Voltage: 120 Amps: 20 Overcurrent Protection: Nominal Voltage: 120 Amps: 20

Location (Panel No.): 15-FL ELECTRIC Disconnecting Means Location: H.P. (B-1)

B. SECONDARY (Standby): Storage Batteries: 24V Amps: 18A x 2

Calculated to operate system for: 24 Hrs. 60 Hrs. Engine-driven Generator Location of fuel storage: _____
 Type of Battery: Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead Acid Other: _____

C. EMERGENCY OR STANDBY SYSTEM USED AS A BACKUP TO PRIMARY POWER SUPPLY, INSTEAD OF USING A SECONDARY POWER SUPPLY:

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

PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:

Monitoring Entity YES NO Who: MID SOUTH Time: AM
 Building Occupants YES NO Who: _____ Time: _____
 Building Management YES NO Who: MGR Time: AM
 Other (specify): _____ YES NO Who: _____ Time: _____
 AHJ (notified) of any impairments YES NO Who: IN WRITING Time: _____

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SYSTEM TESTS AND INSPECTIONS:

	Visual	Functional	Comments:
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GOOD
Interface Eq.	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK

	Visual	Functional	Comments:
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GOOD

SECONDARY POWER:

	Visual	Functional	Comments:
Battery Condition	<input type="checkbox"/>	<input type="checkbox"/>	New 6-R
Load Voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26.41
Discharge Test	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Functional	Comments:
Charger Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.2
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSIENT SUPPRESSORS: Visual Functional Comments: _____

REMOTE ANNUCIATORS: Visual Functional Comments: OK - LOBBY

NOTIFICATION APPLIANCES:

	Visual	Functional	Comments:
Audible	<input type="checkbox"/>	<input type="checkbox"/>	OK
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK

	Visual	Functional	Comments:
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS & INSPECTIONS:

Location & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail	Comments
BPCA 1 - RISE ROOM	Power supply	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	BATT: 2/14
BPS A 2	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	" : 2/14
BPCA 3	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	" : 2/14
BPS A 4	Power supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	BATT: 7/13
BPS A 5	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	BATT: 6/11
BPCA 6	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	BATT: 9/11

EMERGENCY COMMUNICATIONS EQUIPMENT:

	Visual	Functional	Comments:
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(911) 366-5842
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(911) 366-2604
Off-hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Functional	Comments:
Tone Generators	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT (SPECIFY):

	Visual	Functional	Simulated Operation
/	<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"/>

SPECIAL HAZARD SYSTEMS (SPECIFY):

	Visual	Functional	Simulated Operation
/	<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"/>

SPECIAL PROCEDURES:

COMMENTS: all pulls, smokers, horns, modules functioning normal.

ON/OFF PREMISES MONITORING:

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	
Alarm Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	/	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AM	
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE:

	Yes	No	Who	Comments
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MID SOUTH	
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY: GRD FAULT ON FACP - FROM FACP TO GROUND LOOP. UNIT 1623 MSTR HORN INOP. UNIT 1531 MSTR HORN INOP. UNIT 1525 DORN HORN INOP. UNIT 1125 GUEST RR HORN INOP.

SYSTEM RESTORED TO NORMAL OPERATION: DATE: 6-17-15 TIME: 3:25

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: DAVID BRAUNERS
 Name of Owner or Representative: _____
 Date: 6-17-15

Signature: [Signature]
 Signature: [Signature]
 Time: 3:30 PM