

REPORT OF INSPECTION

Wet-Protac/Fire Sprinkler Inc.

3204 Shearwater dr.

Bradenton, Florida 34207

State Cert # 73775300012002

(941) 345-7095



Licensed by the Florida State Fire Marshals Office

SUBMITTED TO <i>BROADWAY PROMENADE</i>	DATE <i>06-16-15</i>
STREET <i>10604 No. TAMMARA TRL</i>	JOB NAME <i>FIRE SPRINKLER SYSTEMS</i>
CITY, STATE AND ZIP CODE <i>SARASOTA, FL. 34230</i>	JOB LOCATION <i>Complex</i>
PHONE <i>951-0260</i>	

Inspector's Section (All responses references current inspection) NA = NOT APPLICABLE

	Y	N/A	N
1. General			
a. Is the building occupied?	✓		
b. Are all systems in service?	✓		
c. Is there a minimum of 18 in clearance between the top of the storage and the sprinkler deflector's?	✓		
2. Control Valves			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves in the open position locked, sealed or equipped with a tamper switch?	✓		
3. Water Supplies			
a. Was a water flow test of main drain made at the sprinkler riser(s)?	✓		
4. Tanks, Pumps, Fire Department Connections			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	✓		
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves light?	✓		
5. Wet Systems			
a. Are valves (O.S. & Y.) in the appropriate open or closed position?	✓		
b. In areas protected by wet systems(s), does the building appear to be properly heated in all areas including blind attics and perimeter areas where accessible?	✓		
c. Backflow assemble valve operated and returned to open position?	✓		
d. Visual inspection: Hanger/Seismic bracing appear attached and secure?	✓		
e. Visual inspection: "exposed" piping appear in good condition?	✓		
f. Piping appears free of mechanical damage?	✓		
g. Piping appears free of leakage?	✓		
h. Piping appears free of corrosion?	✓		
i. Piping appears property aligned?	✓		
6. Alarms			
a. Did water motor(s) and gong(s) test satisfactory?	✓		
b. Did electric alarms(s) test satisfactorily?	✓		
c. Did supervisory alarm service test satisfactorily?	✓		
7. Sprinklers			
a. Are all sprinklers free from comosion, loading or obstruction to to spray discharge?	✓		
b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing)	✓		
c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing)	✓		
d. Is stock of spare sprinklers available?	✓		
e. Does the exterior condition of sprinkler system appear to be satisfactory?	✓		
f. Are sprinklers of proper temperature ratings for their locations?	✓		

8. Explain any "No" answers and comments:

Signature: *David H. [Signature]* Date: *06-16-15*

REPORT OF INSPECTION

Wet-Protec/Fire Sprinkler Inc.

3204 Shearwater dr.

Bradenton, Florida 34207

State Cert # 73775300012002



See control Valve Maintenance Table.

Control Valve Maintenance Table

CONTROL VALVES	TYPE	OPEN	SECURED	CLOSED	SIGNS	EXPLAIN ABNORMAL CONDITION
City Connection Control Valve	OSEY	✓	✓		✓	
Drinking Water Control Valves						
Fire Pump Control Valves						
Functional Control Valves	RTF4	✓	✓		✓	
System Control Valves	GATE	✓	✓		✓	
Other Control Valves						

Water Flow Test at Sprinkler Riser

DATE	Test Pipe Location	Size of Test pipe	Static Pressure	Residual (Flow) Pressure
6-10-15	MAIN	2"	100	60
	DRAIN			

Water Flow Test

Supervisory And Alarms

Floor	Tamper		Flow Time	Comments
	Yes	NO		
1 st	✓		28	
2 nd	✓		26	
3 rd	✓		32	
4 th	✓		38	
5 th	✓		20	
6 th	✓		22	

Signature: *[Handwritten Signature]*

Date: 6-10-15

STANDPIPE TEST

DATE: 6-16-15

NAME OF BUILDING: BROADWAY PROMENADE

OCCUPANT: RESIDENTIAL / COMMERCIAL

ADDRESS: 1064 NO. TAMiami TRl.
SARASOTA, FL 34236

STANDPIPE: WET

COMMENTS: _____
_____ IN FACT _____

TESTED BY:

Wet-Protec/Fire Sprinkler Inc.
3204 Shearwater dr.
Bradenton, Florida 34207
State Cert # 73775300012002

Wet-Protec/Fire Sprinkler Inc.
 3204 Shearwater dr.
 Bradenton, Florida 34207
 State Cert.# 73775300012002

FIRE PUMP TEST



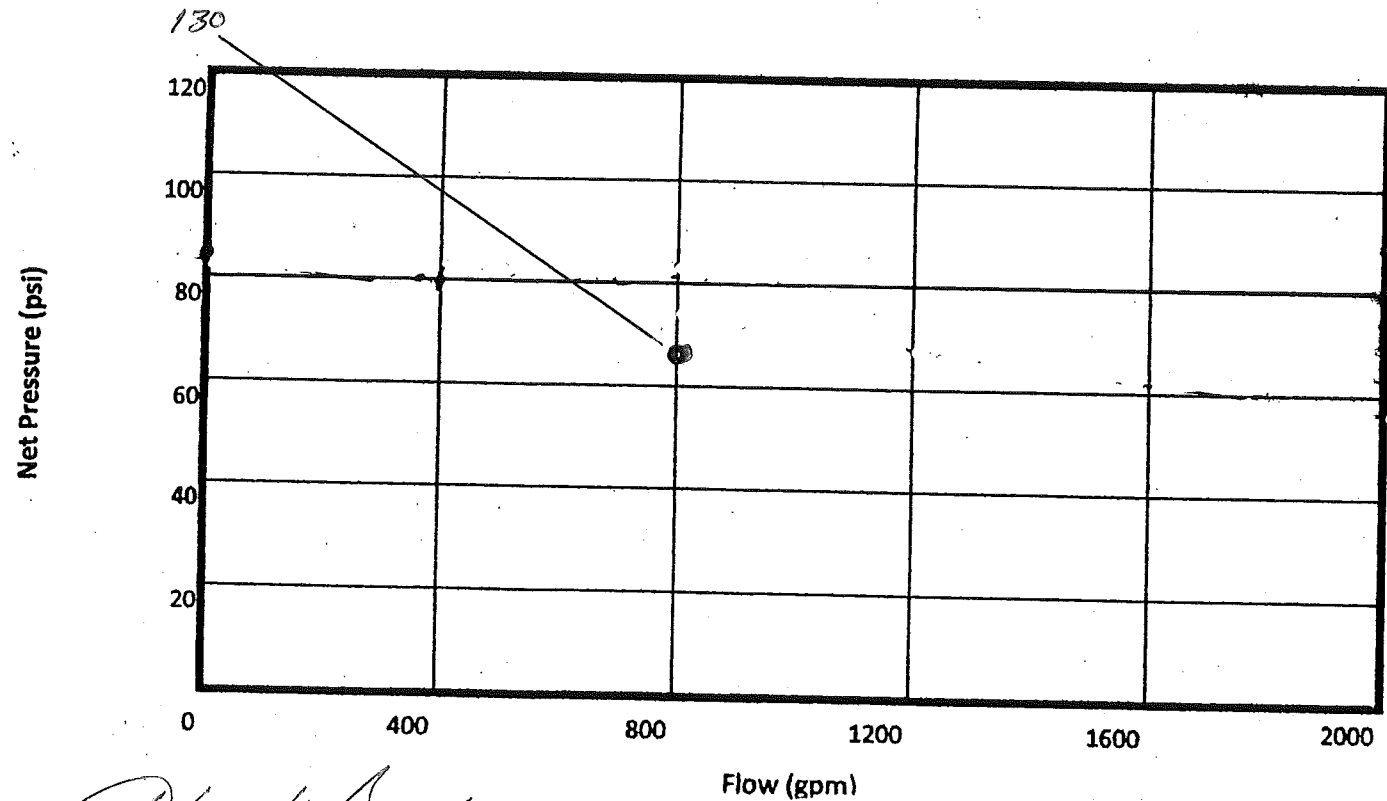
(941) 345-7095

Job Name: BROADWAY PROMENADE Job No: _____
 Address: 1064 N. TAMMAM TRL.
 System(s) Involved: 2 Sprinkler Demand: _____
 PUMP: Make: FAIRBANKS POWER: Type: ELECTRIC
 Type: VERTICAL Supervision: YES

Date: 6-16-15
 GPM @ 500 PSI
 FIRE PUMP SETTING:
 On: 50 PSI
 Reset: 100 PSI

Suction Pressure	Discharge Pressure	Net Pressure	RPM	ORIFICE		(NUMBER/SIZE)	TOTAL DISCHARGE
				PITOT	GPM		
50	127	77		PITOT 0	GPM 0	0	CHURN
44	117	73		PITOT 9	GPM 3.75	2.5	
15	75	60		PITOT 20	GPM 750	210	
				PITOT	GPM		150%
				PITOT	GPM		

ump Curve



David L. [Signature]
 Name and Title of Person Making Test: Inspector

Backflow Preventer Assembly Test Report

Service Address

Tester Information

Customer Name BROADWAY Promenade
 Address 1064 N. Tamiami Trl.
 City/State/Zip SARASOTA, FL 34230
 Phone _____

Company Wet-Protect/Fire Sprinkler Inc.
 Address 3204 Shearwater dr.
 City/State/Zip Bradenton, Florida 34207
 Phone (941)-345-7095

Residential Premise Evaluation: Mark (X) in boxes to represent auxiliary water system.

Backflow Preventer(s)	Auxiliary Water Supply	Auxiliary Water System	Cross Connection
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Meter	<input type="checkbox"/> None	<input type="checkbox"/> No
<input type="checkbox"/> None	<input type="checkbox"/> Well	<input type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Surface / Reverse Water	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown
	<input type="checkbox"/> None / Other _____		

Test Data: Provide service information. Record initial test results, maintenance, repairs, and final test.

	Reason for test:	<input type="checkbox"/> New Install <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Retrofit			
	Service Type:	<input checked="" type="checkbox"/> Potable <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Service <input type="checkbox"/> Fire Bypass Meter # _____			
	Service Information	Meter or RF # <u>29740355</u> Location: <u>North side Road</u>			
	Check Valve #1	Check Valve #2	Relief Valve	Backflow Preventer	
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held @ <u>5.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held @ <u>4.0</u> PSID	Did not Open <input type="checkbox"/> -or- Opened @ <u>2.0</u> PSID	Make: <u>Wilkins</u> Model: <u>ADA</u> Type: <u>RP2</u> Size: <u>6"</u> S/N: <u>Non-legible</u>	
Repairs Details	<input type="checkbox"/> Cleaned <input type="checkbox"/> Rebuilt <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Other				
Final Test	Closed Tight <input type="checkbox"/> Held @ _____ PSID	Closed Tight <input type="checkbox"/> Held @ _____ PSID	RV Opened @ _____ PSID	<input type="checkbox"/> Isolation -or- <input type="checkbox"/> Containment	

Certification: Provide permit number, replacement information, location, and describe cross connections. Sign and date.

Comments:	TEST KIT Make: <u>Mid-West</u> Model: <u>845-S</u> S/N: <u>12041373</u> Calibrated: <u>2/21/15</u>
-----------	---

	Date	Tester Name & Cert #	Signature	Pass/ Fail
Initial Test	<u>6-16-15</u>	<u>Harold H. Rooney, Sr. BT-5441</u>		<input checked="" type="checkbox"/> <input type="checkbox"/>
Repairs				<input type="checkbox"/> <input type="checkbox"/>
Final Test				<input type="checkbox"/> <input type="checkbox"/>

Backflow Preventer Assembly Test Report

Service Address

Tester Information

Customer Name: Broadway Proenade
 Address: 1004 No. Tamiami Trl.
 City/State/Zip: Sarasota, FL 34236
 Phone: _____

Company: Wet-Protec/Fire Sprinkler Inc.
 Address: 3204 Shearwater dr.
 City/State/Zip: Bradenton, Florida 34207
 Phone: (941)-345-7095

Reason for Test: Reinstall, Evaluate, or Test Water System, or Test or Repair Backflow Preventer or Water System

Backflow Preventer(s)	Auxiliary Water Supply	Auxiliary Water System	Cross Connection
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Meter	<input type="checkbox"/> Mains	<input type="checkbox"/> No
<input type="checkbox"/> None	<input type="checkbox"/> Well	<input type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Surface / Reuse Water	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown
	<input type="checkbox"/> In Home / Other: _____		

Test Parameters: Service Information, Reason for Test, Results, Make/Model/Size/Type and Initial Test

	Reason for test:		<input type="checkbox"/> New Install <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Retrofit	
	Service Types:		<input type="checkbox"/> Potable <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fire Service <input type="checkbox"/> Fire Bypass Meter # _____	
	Service Information:		Meter or RF # <u>3010013</u> Location <u>Northside Road</u>	
	Check Valve #1	Check Valve #2	Relief Valve	Backflow Preventer
Initial Test:	Leaked: <input type="checkbox"/> Closed Tight: <input checked="" type="checkbox"/> Held @ <u>4.0</u> PSID	Leaked: <input type="checkbox"/> Closed Tight: <input checked="" type="checkbox"/> Held @ <u>3.0</u> PSID	Did not Open: <input type="checkbox"/> -or- Opened @ <u>2.0</u> PSID	Make: <u>Wilkins</u> Model: <u>375 ADA</u> Type: <u>DC</u> Size: <u>6"</u> SN: <u>400210</u> <input type="checkbox"/> Isolation -or- <input type="checkbox"/> Containment
Repairs Details:	<input type="checkbox"/> Cleaned <input type="checkbox"/> Rebuilt <input type="checkbox"/> Rubber Mat <input type="checkbox"/> Other: _____			
Final Test:	Closed Tight: <input type="checkbox"/> Held @ _____ PSID	Closed Tight: <input type="checkbox"/> Held @ _____ PSID	RV Opened @ _____ PSID	

Certification: Provide permit number, replacement, or correction, location and describe cross connections. Sign and date

Comments: _____	TEST KIT Make: <u>Mid-west</u> Model: <u>845-5</u> SN: <u>12071373</u> Calibrated: <u>2/2/15</u>
-----------------	---

ID	Date	Tester Name & Cert ID	Signature	Pass/Fail
Initial Test	10-16-15	Harold Monaghan RT-54211	<i>Harold Monaghan</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Repairs				<input type="checkbox"/> <input type="checkbox"/>
Final Test				<input type="checkbox"/> <input type="checkbox"/>