



ADDENDUM NO. 3

March 26, 2013

TO: ALL PROSPECTIVE BIDDERS

SUBJECT: BID NO.: 6694-0/18

TITLE: SERVICES TO FIRE ALARM SYSTEMS

BID OPENING DATE: Wednesday, April 10, 2:00 P.M.

This Addendum is and does become a part of the above mentioned bid.

Please note the following change(s):

I. Change the bid opening date to read: Wednesday, April 17, 2013, 2:00 P.M

II. Site visits have been scheduled for the following sites on Wednesday, April 3, 2013:

Group & Item #	Location	Start Time
Group M/ Item 3	Medley Warehouse 7301 N.W. 70th St. Miami, Fl. 33166	8:30 AM
Group A/ Item 22	New Directions 3140 N.W. 76 Street, Miami, Fl. 33147	9:15 AM
Group A/ Item 10	Edison N.S.C 150 N.W. 79 Street, Miami, Fl. 33150	9:55 AM
Group A/ Item 4	Liberty Square Head Start 6304 N.W. 14th Ave, Miami, Fl. 33147	10:35 AM
Group A/ Item 1	Caleb Center Head Start 5400 N.W. 22nd Ave, Miami, Fl. 33142	11:20 AM
Group A/ Item 14	Allapattah N.S.C. 1897 N.W. 20th Street, Miami, Fl. 33142	12:00 PM
Group A/ Item 3	Jackson-Dade Head Start - 801 N.W. 17th St., Miami, Fl. 33136	12:35 PM
Group A/ Item 9	Culmer N.SC Head Start 1600 N.W. 3rd Ave. # B Miami, Fl. 33136	1:45 PM
Group A/ Item 18 (A) & (B)	Wynwood N.S.C.- DeHostos 2902 N.W. 2nd Ave. Bldg. A & B Miami, Fl. 33127	2:25 PM
Group H/ Item 24	Helen Sawyer 1150 N.W. 11th Street, Miami, Fl. 33136	3:05 PM
Group H/ Item 3	Robert King High Towers 1407 N.W. 7th Street, Miami, Fl. 33125	3:40 PM
Group H/ Item 6	Haley Sofge Towers 800 N.W. 13th Ave, Miami, Fl. 33125	3:55 PM
Group H/ Item 5	Haley Sofge Towers 750 N.W. 13th Ave, Miami, Fl. 33125	4:10 PM
Group H/ Item 18	Martin Fine Villas 1301 N.W. 7th Street, Miami, Fl. 33125	4:30 PM



ADDENDUM NO. 3

Group H/ Item 9	Jack Orr Plaza 550 N.W. 5th Street, Miami, Fl. 33136	5:00 PM
Group H/ Item 21	Parkside I Apartments 333 N.W. 4th Ave, Miami, Fl. 33128	5:25 PM
Group H/ Item 22	Parkside II Apartments 357 N.W. 3rd Street, Miami, Fl. 33128	5:45 PM

III. Site visits have been scheduled for the following sites on Thursday, April 4, 2013:

Group & Item #	Location	Start Time
Group M/ Item 2	Westwood Lakes Maint Center 4801 SW 117 Ave. Miami, Fl. 33175	1:30 PM
Group M/ Item 1	LeJeune Office Center 3575 S. LeJeune Road, Miami, Fl. 33134	2:20 PM

IV. All attending parties must RSVP to ssandov@miamidade.gov. Please be prepared to provide photo identification when requested at each of the locations.

V. Data collected from other locations listed in the solicitation is attached. Every effort has been made to offer the most current County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

All terms, covenants and conditions of the subject solicitation and any addenda issued thereto shall apply, except to the extent herein amended.

Miami-Dade County

Lenny Sandoval
Procurement Contracting Officer
cc: Clerk of the Board

Firm Name:

GROUP K	MIAMI-DADE SEAPORT DEPARTMENT	Fire Alarm Manufacture	Fire Alarm Model #	Monitoring Service YES/NO
ITEM	SITE ADDRESS			
1	Passenger Terminal (H) 901 S. America Way	Notifier	NFS2-3030	YES
2	Passenger Terminal (B/C) 1751 African Way	Simplex	4100U	YES
3	Passenger Terminal Boarding Hall C (West C) 1741 N. Cruise Blvd.	Simplex	4100U	YES
4	Passenger Terminal No. 10 1303 N. Cruise Blvd.	Simplex	2001	YES
5	Passenger Terminal J 1120 Caribbean Way	Simplex	2001	YES
6	Royal Caribbean Cruise Line (RCLL) 1050 Caribbean Way	Edwards EST	Response 3000	NO
7	Royal Caribbean Cruise Line (RCLL) 1080 Caribbean Way	GE Security	EST-3	YES
8	Passenger Terminal D 1435 N. Cruise Blvd.	Notifier	NFS-320	YES
9	Passenger Terminal E 1265 N. Cruise Blvd	Notifier	NFS-320	YES
10	1015 Building 1015 North America Way	Notifier	NF 640	YES
11	Transit Shed B 1509 Cruise Blvd.	Firelite	MP-24	NO
12	Transit Shed C 1720 African Way	Faraday	Firewatch I	NO
13	Transit Shed E 567 Australia Way	Firelite	MP-24	NO

14	Transit Shed G 1500 Bahama Drive	Faraday	Firewatch I	NO
15	Parking Garage J 1122 Caribbean Way	Notifier	AFP-200	YES
16	Parking Garage D 1400 N. Cruise Blvd.	Simplex	4010	YES
17	US Custom Building (CBP) 1500 Port Blvd.	Notifier	AFP-100	NO
18	Royal Caribbean Cruise Lines 1040 Caribbean Way	Simplex	4010/4003 Voice	YES
19	Passenger Terminal F/ G 909 N. Cruise Blvd	Simplex	4100	YES
20	Parking Garage G 921 S. America Way	Simplex	4020	YES
21	Parking Garage C 1648 N. Cruise Blvd.	ADT	Unimode 200	YES
22	Interim Control Room 1790 Port Blvd.	Notifier	AFP-200	NO
23	Seaport Maintenance Shop 1580 N. Cruise Blvd	Simplex	4010	YES

** Every effort has been made to offer the most current County site information possible. The County and its authorized agents disclaim any responsibility for typographical errors and accuracy of the information provided in this bid on site locations, fire alarm system types and alarm device quantities.

SUB-TOTAL (Item 1 thru 23)
TOTAL GROUP K

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 8-22-2012
 TIME: 11:00 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PORT OF MIAMI TERMINAL "C" & "B"
 Address: 1741 & 1751 N. AMERICAN WAY
 Owner Contact: CARLOS MADRONES
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: SIMPLEX
 Circuit Styles: 4 & 4
 Number of Circuits: 3
 Software Rev.: _____
 Last Date System Had Any Service Performed: 10-25-10
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4120

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>40</u>	<u>4</u>
<u>114</u>	<u>4</u>
<u>29</u>	<u>4</u>
<u>9</u>	<u>4</u>
<u>11</u>	<u>4</u>
<u>23</u>	<u>4</u>
<u>7</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): SMOKE BEZEL

RECEIVED
 DEPARTMENT OF
 PROCUREMENT MANAGEMENT
 13 MAR 25 PM 2:39
 MIAMI-DADE COUNTY
 FLORIDA

Alarm verification feature is disabled _____ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
31	4
33	4
92	4

- Bells
- Horns
- Chimes
- Strobes
- Speakers
- Other (Specify): SPEAKER STROBES

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
N/A	

- Building Temp.
- Site Water Temp.
- 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
- Generator or Controller Trouble
- Switch Transfer
- Generator Engine Running
- Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 6
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL "B" ELECT. RM UNDER SIDE
 Disconnecting Means Location: CKT #10

(b) Secondary (Standby): 2 X 12V DC Storage Battery: Amp-Hr. Rating 35
 Calculated capacity to operate system, in hours: ✓ 24 _____ 60
 _____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SIMPTEX</u> <u>ADVISORY</u> <u>CARLOS</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	_____
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>40</u>	<u>PULL</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>114</u>	<u>SMOKE</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>29</u>	<u>DUCT</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>9</u>	<u>HEAT</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>7</u>	<u>BEAM</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) <u>A/C SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) <u>ELEV. RECALL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>DOOR RELEASE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____

(Specify) _____

(Specify) _____

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<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"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS</u>	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SIMPLEX</u>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADVISE</u>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 8/22/12 Time: 12:00M

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIQUEIRA / DELSOL Date: 8/22/12 Time: 12:00M

Signature: _____

Name of Owner or Representative: CARLOS MADRONEZ

Date: 8/22/2012 Time: 12:00M

Signature: CARLOS MADRONEZ

INSPECTION AND TESTING FORM

DATE: 8-22-2012
 TIME: 2:30 PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: BOARDING HALL "C"
 Address: _____
 Owner Contact: CARLOS MARDONES
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: M-D
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: SIMPLEX
 Circuit Styles: 4 4 4
 Number of Circuits: 10F 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: 7-14-11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4100

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>14</u>	<u>4</u>
<u>9</u>	<u>4</u>
<u>12</u>	<u>4</u>
<u>8</u>	<u>4</u>
<u>11</u>	<u>4</u>
<u>14</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	_____
_____	_____
7	4
19	4
17	4

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? Yes No

- Bells
- Horns
- Chimes
- Strobes
- Speakers
- Other (Specify): SPEAKER STROBES

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	_____
_____	_____
N/A	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Building Temp.
- Site Water Temp.
- 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
- Generator or Controller Trouble
- Switch Transfer
- Generator Engine Running
- Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 6.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM
 Disconnecting Means Location: _____

(b) Secondary (Standby): 2X12V. DC. Storage Battery: Amp-Hr. Rating 18 AH
 Calculated capacity to operate system, in hours: 1 / 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
 - Nickel-Cadmium
 - Sealed Lead-Acid
 - Lead-Acid
 - Other (Specify): _____
- (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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING		Who	Time
	Yes		
NOTIFICATIONS ARE MADE			
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Building Occupants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	

SYSTEM TESTS AND INSPECTIONS			Comments
TYPE	Visual	Functional	
Control Unit	<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"/>	OK
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER			Comments
TYPE	Visual	Functional	
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Load Voltage		<input checked="" type="checkbox"/>	}
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			OK
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	}
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SMOKE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DUCT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HEAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	W/F	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	T/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT:

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
A/C SHUT DOWN.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELEV. RECALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	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: _____

SUPERVISING STATION MONITORING

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

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CARLOS	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SIMPLEX	
Building Occupants	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 8-22-12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: R. VIQUEIRA / J DELSOL Date: 8/22/12 Time: PM

Signature: _____

Name of Owner or Representative: CARLOS MARDONES

Date: 8/22/2012 Time: PM

Signature: CARLOS MARDONES

INSPECTION AND TESTING FORM

DATE: 3/20/2013
 TIME: 10:00 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Port of Miami Terminal D
 Address: 1435 N. Cause Blvd
 Owner Contact: Carlos Macdonos
 Telephone: _____

MONITORING ENTITY

Contact: CAC
 Telephone: 305 238 0800
 Monitoring Account Ref No.: 1101-3139

APPROVING AGENCY

Contact: _____
 Telephone: ←

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: Notifier
 Circuit Styles: 4 2 Y 1
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: NFS-320
12/11/12

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>37</u>	<u>f</u>
<u>66</u>	<u>4</u>
<u>22</u>	<u>4</u>
<u>9</u>	<u>4</u>
<u>11</u>	<u>4</u>
<u>20</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
29	Y
3	Y
105	Y
No. of alarm notification appliance circuits: <u>15</u>	
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

- Bells
- Horns
- Chimes
- Strobes
- Speakers
- Other (Specify): Speakers Strobes.

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	4
1	4
1	4

- Building Temp.
- Site Water Temp.
- 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
- Generator or Controller Trouble
- Switch Transfer
- Generator Engine Running
- Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 39
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Switch gear room Panel 1LA
 Disconnecting Means Location: CKT # 25

(b) Secondary (Standby): 2 x 12V Storage Battery: Amp-Hr. Rating 20 AH
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

- (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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CAC</u>	<u>10:00 AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>10:00 AM</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos Alandans</u>	<u>10:00 AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
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="checkbox"/>	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Voice Clarity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>37</u>	<u>Pull st</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>666</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>22</u>	<u>D/P</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>9</u>	<u>H/D</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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: OK

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

- Phone Set
- Phone Jacks
- Off-Hook Indicator
- Amplifier(s)
- Tone Generator(s)
- Call-in Signal
- System Performance

Visual	Functional
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

_____ *OK* _____

INTERFACE EQUIPMENT

- (Specify) NC shut down
- (Specify) dev. Recall
- (Specify) _____

Visual	Device Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Simulated Operation

SPECIAL HAZARD SYSTEMS

- (Specify) _____
- (Specify) _____
- (Specify) _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

- Alarm Signal
- Alarm Restoration
- Trouble Signal
- Supervisory Signal
- Supervisory Restoration

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Time

Comments

NOTIFICATIONS THAT TESTING IS COMPLETE

- Building Management
- Monitoring Agency
- Building Occupants
- Other (Specify) _____

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who
Carlos A.
CAC
Advisory

Time

The following did not operate correctly: _____

All system is working properly.

System restored to normal operation: Date: 3/20/13 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 3/20/13 Time: 3:00 pm

Name of Owner or Representative: _____

Date: 3/20/13 Time: _____

Signature: [Signature]

INSPECTION AND TESTING FORM

DATE: 8-9-2012
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PORT OF MIAMI TERMINAL 'E'
 Address: 1265 N. CRUISE BLVD.
 Owner Contact: CARLOS MADRONES
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: 1-888-746-7539
 Monitoring Account Ref. No.: 204.3959

APPROVING AGENCY

Contact: MDFD
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: NOTIFIER
 Circuit Styles: A & Y
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: 2011
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: NFS - 320

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>33</u>	<u>A</u>
<u>53</u>	<u>A</u>
<u>20</u>	<u>A</u>
<u>7</u>	<u>A</u>
<u>9</u>	<u>A</u>
<u>15</u>	<u>A</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	Y
31	Y
84	Y

- Bells
- Horns
- Chimes
- Strobes
- Speakers
- Other (Specify): SPEAKERS STROBES

No. of alarm notification appliance circuits: 14 OF 24
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	N/A
1	A
1	A
1	A

- Building Temp.
- Site Water Temp.
- 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
- Generator or Controller Trouble
- Switch Transfer
- Generator Engine Running
- Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 14 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 3.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): FIRST FL SWITCH GEAR PNL 11A
 Disconnecting Means Location: CKT #125

(b) Secondary (Standby):
2x12V DC Storage Battery: Amp-Hr. Rating 26
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

- (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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SIMPLEX</u>	_____
Building Occupants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS</u>	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		<u>OK</u>
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

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>33</u>	<u>PULL STATION</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>53</u>	<u>SMOKE D.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>80</u>	<u>DUST</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>7</u>	<u>HEAT</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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
A/C SHUT DN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELEV. RECALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: ALL SYSTEM WORKING PROPERLY.

SUPERVISING STATION MONITORING

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

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 8/9/12 Time: 8:30AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: F. YIGUEIRA / J. DELSOL Date: 8/9/2012 Time: AM

Signature: _____

Name of Owner or Representative: CARLOS MADRUGAS

Date: 8/9/2012 Time: AM

Signature: CARLOS MADRUGAS

INSPECTION AND TESTING FORM

DATE: 3/12/2013
 TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Port of Miami (Terminal F&E)
 Address: 909 N. CAULDS BLVD
 Owner Contact: CARLOS MARDONEZ
 Telephone: _____

MONITORING ENTITY

Contact: Simplex
 Telephone: 1 888 746 7539
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: _____
 Number of Circuits: _____
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4100
12/28/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>39</u>	<u>4</u>
<u>04</u>	<u>4</u>
<u>27</u>	<u>4</u>
<u>22</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>7</u>	<u>4</u>
<u>0</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): Power Supply

Alarm verification feature is disabled _____ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
09	4
209	4

- Bells
- Horns
- Chimes
- Strobes
- Speakers
- Other (Specify): speaker strobes

No. of alarm notification appliance circuits: 6
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	4
1	4
1	4

- Building Temp.
- Site Water Temp.
- 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
- Generator or Controller Trouble
- Switch Transfer
- Generator Engine Running
- Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL PANEL HLDY2 200R
 Disconnecting Means Location: CUT # 37

(b) Secondary (Standby): 7 x 12VDC Storage Battery: Amp-Hr. Rating 36
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING		Who	Time
NOTIFICATIONS ARE MADE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Simplex</u>	<u>AM</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<u>Andres</u>	<u>AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<u>Carlos</u>	<u>AM</u>
Building Management	<input checked="" type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>		

TYPE	SYSTEM TESTS AND INSPECTIONS		Comments
	Visual	Functional	
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

TYPE	SECONDARY POWER		Comments
	Visual	Functional	
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OK</u>
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 checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS	Visual	Functional	Comments
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
NOTIFICATION APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	<u>OK</u>
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>39</u>	<u>Roll of</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>04</u>	<u>Spoke</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>27</u>	<u>Dust Roll</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>26</u>	<u>Heat Roll</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>22</u>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/C Control Panel</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Elevator Recall</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<u>Sprinkler System</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

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

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Parlos</u>	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Strotz</u>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Announcement</u>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

All system normal.

System restored to normal operation: Date: 3/12/2013 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JOWISUBIRIA Date: 3/12/2013 Time: PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: 3/12/2013 Time: PM
 Signature: _____

(NFPA Inspection and Testing, 4 of 4)

INSPECTION AND TESTING FORM

DATE: 3/25/09
 TIME: 9:30 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Sea Port Terminal H
 Address: 905 S America Way
 Owner Contact: _____
 Telephone: _____

MONITORING ENTITY

Contact: _____
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: Notifier
 Circuit Styles: BY
 Number of Circuits: 1
 Software Rev.: 73480
 Last Date System Had Any Service Performed: 2/10/07
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 1010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>23</u>	<u>B</u>
<u>27</u>	<u>B</u>
<u>13</u>	<u>B</u>
<u>7</u>	<u>B</u>
<u>2</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>5</u>	<u>Y</u>	Bells
<u>22</u>	<u>Y</u>	Horns <u>P24</u>
<u>10</u>	<u>Y</u>	Chimes
<u>11</u>	<u>Y</u>	Strobes
		Speakers <u>strobe</u>
		Other (Specify): <u>Horn Strobe</u>

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	<u>NA</u>	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 3.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): 1ST FL Electrical Room
 Disconnecting Means Location: PANEL A CKT #16

(b) Secondary (Standby):
2 x 12V Storage Battery: Amp Hr. Rating 26 AH
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE
 Monitoring Entity
 Building Occupants
 Building Management
 Other (Specify)
 AHJ Notified of Any Impairments

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<u>Neil</u>	<u>8:00</u>
<u>CARLOS M</u>	<u>9:30</u>
<u>CARLOS M</u>	<u>9:30</u>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE
 Control Unit
 Interface Equipment
 Lamps/LEDS
 Fuses
 Primary Power Supply
 Trouble Signals
 Disconnect Switches
 Ground-Fault Monitoring

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments
OK

SECONDARY POWER

TYPE
 Battery Condition
 Load Voltage
 Discharge Test
 Charger Test
 Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments
OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
 Visible
 Speakers
 Voice Clarity

<input type="checkbox"/>	<input type="checkbox"/>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	<u>Pull</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>SD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>smct Det</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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments SEE FIRE ALARM REPORT TO AHJ

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<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	Device Operation	Simulated Operation
<u>AC SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>ELEV. RECALL</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<u>HALON</u>	<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"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS M</u>	<u>1:00 PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS M</u>	<u>1:00 PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS M</u>	<u>1:00 PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: SEE FIRE ALARM REPORT TO AHT

System restored to normal operation: Date: 3/25/09 Time: 1:00 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 3/25/09 Time: 1:00 PM

Signature: _____

Name of Owner or Representative: CARLOS MARDONES

Date: 3/25/09 Time: 1:00 PM

Signature: [Signature]

INSPECTION AND TESTING FORM

DATE: 7-19-12

TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc

Address: 7487 S.W. 50th Terrace, Miami, FL 33155

Representative: Carlos Javech

License No.: EC - 13001219

Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Port of Miami Terminal J

Address: 1120 COBICAN WAY

Owner Contact: Carlos MORDONES

Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX

Telephone: 1800 746-7539

Monitoring Account Ref. No.: 1074782

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) COMM - SILENT KNIGHT
MOD - 5104B

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: SIMPLEX

Circuit Styles: B & Y

Number of Circuits: 13 OF 14

Software Rev.: _____

Model No.: 2001

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: 6/9/11

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>15</u>	<u>B</u>
<u>8</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>2</u>	<u>B</u>
	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
5	Y	Strobes
10	Y	Speakers
2	Y	Other (Specify): <u>SPEAKER</u>

No. of alarm notification appliance circuits: 2012
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	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
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

N/A

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 8.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELEC. RM PANEL "E1"
 Disconnecting Means Location: CKT # 4

(b) Secondary (Standby): 2x12VDC Storage Battery: Amp-Hr. Rating 7.0 AH
 Calculated capacity to operate system, in hours: ✓ 24 _____ 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

		PRIOR TO ANY TESTING		Who	Time
NOTIFICATIONS ARE MADE		Yes	No		
Monitoring Entity		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CORTES M</u>	<u>PM</u>
Building Occupants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CORTES M</u>	<u>PM</u>
Building Management		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CORTES M</u>	<u>PM</u>
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments		<input type="checkbox"/>	<input type="checkbox"/>		

TYPE	SYSTEM TESTS AND INSPECTIONS		Comments
	Visual	Functional	
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

TYPE	SECONDARY POWER		Comments
	Visual	Functional	
Battery Condition	<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="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	<u>Pull stat</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>DUCT ID</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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Comments							

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<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	Visual	Device Operation	Simulated Operation
(Specify) <u>NO SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos</u>	<u>PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: 7/19/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Juan G. Vaz Date: 7/19/12 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 07/19/12 Time: _____

Signature: Carlos Maldonado



FLORIDA FIRE ALARM, INC.

For All Your Fire Protection Needs

Ph: (305) 665-5156 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

Date: 7/19/12 To: _____

FIRE ALARM REPORT TO A.H.J

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on PORT OF MIAMI on the following location: TERMINAL "J"

Customer Signature _____

1120 CARIBBEAN WAY
MIAMI, F.

System Type: SIMPLEX

Device Number: _____ Device Type: BATTERIES (2) 12V. 7AH
Location: F.D.C.P.
Problem Found: DUE D.

Device Number: _____ Device Type: BATTERY (1) 12V 7AH
Location: COMMUNICATOR
Problem Found: DUE D.

Device Number: _____ Device Type: _____
Location: DONE. by JOANDY #RAY
Problem Found: _____

Device Number: _____ Device Type: _____
Location: JULY 24 / 2012.
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 1/8/2008
 TIME: 5:00 PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: 1007 Bldg POM Admin.
 Address: 1007 W American Way
 Owner Contact: _____
 Telephone: 305 347 4831

MONITORING ENTITY

Contact: _____
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
 - Multiplex
 - Digital
 - Reverse Priority
 - RF
 - Other (Specify) _____
- N/A*

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: EST
 Circuit Styles: B
 Number of Circuits: 19 OF 32
 Software Rev.: N/A
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 10632

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>20</u>	<u>B</u>
<u>46</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>8</u>	<u>B</u>
<u>10</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>28</u>	<u>Y</u>	Bells
<u>12</u>	<u>Y</u>	Horns / <u>STROBES</u>
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 7 - 10
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	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
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 9
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): LP-1 GENERATOR RM
 Disconnecting Means Location: BREAKER # 12

(b) Secondary (Standby):
4 x 12V Storage Battery: Amp-Hr. Rating 18AH EACH
 Calculated capacity to operate system, in hours: X 24 _____ 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell
 Nickel-Cadmium
 Sealed Lead-Acid
 Lead-Acid
 Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	<u>Florida FA</u>	<u>5:00 AM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>FFA</u>	<u>5:00 AM</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Ground fault inside of Main Board.</u>

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>ISSUE LATE 2014</u>
Discharge Test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Charger Test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<input 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

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<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"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments Ground Fault inside of Main Board

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

N/A

INTERFACE EQUIPMENT

(Specify) _____	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FFA	8:30 PM
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FFA	8:30 PM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: SAD FIRE ALARM REPORT TO A11J.

System restored to normal operation: Date: 1/9/08 Time: 8:30 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: RICARDO E. GARCIA & UNAR HDA Date: 1/9/08 Time: 8:30 PM

Signature: _____

Name of Owner or Representative: _____

Date: 1/9/08 Time: 8:30 PM

Signature: [Signature]



FLORIDA FIRE ALARM, INC.

For All Your Fire Protection Needs

Ph: (305) 665-5156 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 1/08/2008 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of

Fire Alarm System on 1007 Bldg POU AD on the following location: 1007 DO AMERICAN WAY

Customer Signature M. Mendez Miami, FL, 33132

System Type: EST 0032

Device Number:	Device Type: <u>4 x 12V 18AH</u>
Location: <u>Fire Alarm Panel</u>	
Problem Found: <u>ISSUE DATE (2004)</u>	

Device Number:	Device Type: <u>S. Detector</u>
Location: <u>Bldg 1001, Hall by front electrical RM.</u>	
Problem Found: <u>out of order</u>	

Device Number:	Device Type: <u>S. Detector</u>
Location: <u>Bldg 1001, 2nd FL next to door 212</u>	
Problem Found: <u>out of order</u>	

Device Number:	Device Type: <u>S. Detector</u>
Location: <u>Bldg 1001, 2nd FL next to Door 208</u>	
Problem Found:	

Device Number:	Device Type: <u>S. Detector</u>
Location: <u>Bldg 1005, 2nd FL 2nd door #95</u>	
Problem Found:	

Device Number:	Device Type: <u>S. Detector</u>
Location: <u>Bldg 1005, 2nd FL Hall, 2nd door</u>	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

INSPECTION AND TESTING FORM

DATE: 5-30-2012
 TIME: 9:15 AM.

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PORT OF MIAMI PARKING 'C'
 Address: 1648 N. CRUISE BLVD.
 Owner Contact: CARLOS MARDONES
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: _____
 Monitoring Account Ref. No.: 209-5569

APPROVING AGENCY

Contact: MIAMI DADE COUNTY
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: UNIMODE
 Circuit Styles: A E Y
 Number of Circuits: _____
 Software Rev.: _____
 Last Date System Had Any Service Performed: 11-30-11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>30</u>	<u>4</u>
<u>7</u>	<u>4</u>
<u>9</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>6</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<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

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<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

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	SMOKE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	DUCT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	HEAT	<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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

N/A.

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>ELEV. RECALL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>GENERATOR</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<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"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

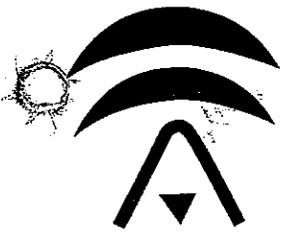
NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: 05/30/12 Time: 9:30 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.
 Name of Inspector: R. NIQUEIRA ROANDY DELSOL Date: 5/30/12 Time: 9:30 AM
 Signature: _____
 Name of Owner or Representative: CARLOS MARDONES
 Date: 5/30/2012 Time: 9:30 AM
 Signature: CARLOS MARDONES



FLORIDA FIRE ALARM, INC.

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Ph: (305) 665-5156 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 5/30/12 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of

Fire Alarm System on SEA PORT on the following location: PARKING "C"
1648 N. CRUISE BLVD
Customer Signature CARLOS MARDONIS MIAMI, FL.
System Type: SIMPLEX.

Device Number: _____ Device Type: HORN / STROBE.
Location: 3RD FLOOR SOUTH.
Problem Found: OUT OF SERVICES.

Device Number: _____ Device Type: BATTERIES 12V. 18AH. (S)
Location: F.A.C.P.
Problem Found: DUE DATE.

Device Number: 8 Device Type: BATTERIES 12V 7AH.
Location: POWER BOOSTERS (8 BATTERIES)
Problem Found: OUT OF SERVICES

Device Number: _____ Device Type: POWER BOOSTER.
Location: ABOVE F.A.C.P.
Problem Found: NAC #3 IS OPEN.

Device Number: _____ Device Type: _____
Location: _____
Problem Found: ALL WAS DONE BY F.F.A

Device Number: _____ Device Type: _____
Location: _____
Problem Found: 6/6/12

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

SimplexGrinnell

NFPA INSPECTION AND TESTING FORM

DATE Wednesday, November 14, 2012
 TASK 35310192

SERVICE ORGANIZATION

NAME SIMPLEXGRINNELL
 ADDRESS 10550 COMMERCE PARKWAY
 City, State, Zip Miramar, FL 33025
 REP NAME Juan Diaz de Villalvilla
 LICENSE NO. EF 20000808
 TELEPHONE 954-431-3900

PROPERTY NAME (USER)

NAME Port of Miami Garage D
 ADDRESS 1015 N. American Way
 CITY, ST, ZIP Miami FL 33132
 OWNER CONTACT Carlos Mardones
 TELEPHONE 305 347 4974
 FAX 305 905 3925

MONITORING ENTITY

CONTACT SimplexGrinnell
 TELEPHONE 888 746 7539
 ACCT. REF. NO. UL-2407

APPROVING AGENCY

CONTACT Not Applicable
 TELEPHONE Not Applicable

TRANSMISSION TYPE

- McCulloh
- Multiplex
- Digital
- Reverse Polar
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Sensitivity & Cleaning

PANEL MANUFACTURER Simplex
 CIRCUIT STYLES B & Y
 NO. OF CIRCUITS 1 Map and 6 Sig
 SOFTWARE REVISION n/a
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED _____
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED _____

MODEL NO. 4010-9101
September 3, 2010
n/a

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Devices	Tested	CIRCUIT STYLE
20	20	B
N/A	N/A	B
10	10	B
N/A	N/A	N/A
4	4	B
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/a

- MANUAL STATIONS
- ION DETECTORS
- PHOTO DETECTORS
- DUCT DETECTORS
- HEAT DETECTORS
- WATERFLOW SWITCHES
- SUPERVISORY SWITCHES
- BEAM DETECTORS

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
N/A	N/A
1	Y
N/A	N/A
20	Y
N/A	N/A
78	Y

- BELLS
- HORNS
- PHONE JACKS
- STROBES
- SPEAKERS
- AUDIO VISUALS

NO. OF ALARM NOTIFICATION CIRCUITS: 6

ARE CIRCUITS MONITORED FOR INTEGRITY?

- Yes No

SimplexGrinnell

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
N/A	N/A	BUILDING TEMP
N/A	N/A	SITE WATER TEMP
N/A	N/A	SITE WATER LEVEL
N/A	N/A	FIRE PUMP POWER
N/A	N/A	FIRE PUMP RUNNING
N/A	N/A	FIRE PUMP AUTO POSITION
N/A	N/A	FIRE PUMP OR PUMP CONTROLLER
N/A	N/A	FIRE PUMP RUNNING
N/A	N/A	GENERATOR IN AUTO POSITION
N/A	N/A	GENERATOR OR CONTROLLER TROUBLE
N/A	N/A	SWITCH TRANSFER
N/A	N/A	GENERATOR ENGINE RUNNING
N/A	N/A	OTHER

SIGNALING LINE CIRCUITS

Quantity and Style (See NFPA 72 Table 3-6) of signaling line circuits connected to system

Quantity _____ Styles) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120VAC, Amps 100A
 Over current Protection: Type Breaker, Amps 20
 Location (Panel Number) Electrical room
 Connecting Means Location Panel LEP-2 ckt 36

b. Secondary (Standby)

2X12Vdc Storage Battery: Amp-Hr. Rating 18

Calculated capacity to operate system, in hours: 24 X 60

N/A Engine driven generator dedicated to fire alarm system:

Location of fuel storage: N/A

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead Acid
- Other (Specify)

c. Emergency or standby system used as backup to primary power supply, instead of using a secondary power supply

- N/A Emergency system described in NFPA 70, Article 700
- N/A Legally required standby described in NFPA 70, Article 701
- N/A 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 MADE	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SimplexGrinnell</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staaff</u>	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos Mardones</u>	_____
OTHER (SPECIFY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Security</u>	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SimplexGrinnell

EMERGENCY COMMUNICATION EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	N/A
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	N/A
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	N/A
AMPLIFIERS	<input type="checkbox"/>	<input type="checkbox"/>	N/A
TO NE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	N/A
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	N/A

INTERFACE EQUIPMENT

(SPECIFY)	VISUAL	FUNCTIONAL	SIMULATED OPERATION
<u>Elevator</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Recall
<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(SPECIFY) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES Call monitoring company prior to test.

COMMENTS: N/A

ON/OFF PREMISES MONITORING:

	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATION THAT TESTING IS COMPLETE:

	YES	NO	TIME	COMMENTS
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Juan L. Bergouignan</u>
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>SimplexGrinnell</u>
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Staaff</u>
OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY: N/A

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH THE APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR	<u>Juan Diaz/Pablo A.</u>	DATE	<u>Nov 14, 12</u>	TIME	<u>4:00 PM</u>
SIGNATURE					
NAME OF OWNER/REP.	<u>Carlos Mardones</u>	DATE	<u>11/14/12</u>	TIME	<u>4:00 PM</u>
SIGNATURE	<u>Carlos Mardones</u>				

SimplexGrinnell

10550 Commerce Parkway
Miramar, FL 33025
Sales (954)431-3700
Service (954)431-3900
Fax (954)435-6650
Certification # EF 20000580

TR: Juan Diaz de Villalvilla
System: Simplex 4010-9101
Attn: Carlos Mardones Task 35310192
Tel: 305 347 4974
Fax: 305 905 3925

FIRE ALARM REPORT TO A.H.J.

Date: 11/14/12 To: AHJ/Cynthia Macon SimplexGrinnell System Integrity Coordinator

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of the Fire Alarm system on 11/14/12 on the following location:

Customer Signature: x Carlos Mardones Port of Miami Garage D
1015 N. American Way
Miami FL 33132

Device number:	Device type:	8x12v10ah SLA Batteries
Location:	<u>3rd floor electrical room inside Nacs 2,3,4 and 6</u>	
Problem found:	Failed Load test.	
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	
Device number:	Device type:	
Location:		
Problem found:		
Repaired by	On this Date.	

SimplexGrinnell

FIRE ALARM INSPECTION REPORT

**Performed in Accordance with Applicable
National Fire Protection Association Standards**

November 2012 Inspection

PREPARED FOR

**Carlos Mardones
EEETech.
Port of Miami Garage D
1400 N. Cruise Blvd.
Miami, FL 33132
(305) 347-4870**

11/14/2012

SimplexGrinnell

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Port of Miami Garage D

TABLE OF CONTENTS

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**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

PAGE 1

SITE: Port of Miami Garage D

Monitoring Agency:

SimploexGrinnell

**Jennifer
(888) 745-7539**

Authority Having Jurisdiction:

**City of Miami
Fire Department**

Inspection Service:

**SimplexGrinnell
10550 Commerce Parkway
Miramar, FL 33025
Phone: (954) 431-3900
Fax: (954) 435-6682**

9544313900: (954) 431-3700

License No.: EF 20000808

**Service Mgr: Bryan Robert
Service Sales: David Cory
Inspector: Juan Diaz de Villalvilla**

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

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SITE: Port of Miami Garage D

CONTROL PANEL/CENTRAL PROCESSING UNIT

SimplexGrinnell 4010-9101

Serial # H9974209

Building: Garage D Floor: 3 Area: Inside Electrical room 307

<u>Test Performed</u>	<u>Result</u>	<u>Value</u>	<u>Notes</u>
Voltage w/ Charger	Passed	27.4	
Voltage w/o Charger	Passed	13.7	
Battery % of Charge	Passed	100.0	
Battery Age Check	Passed	201.1	
Control Function(s)	Passed		

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

SITE: Port of Miami Garage D

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

<u>Dev. Type</u>	<u>Description</u>	<u>Total</u>	<u>Number Tested</u>	<u>Number Failed</u>	<u>Number Not Tested</u>
ASD	Analog Smoke Detector	10	10	0	0
HD	Heat Detector	4	4	0	0
PSSA	Pull Station-Single Action	20	20	0	0

DETAIL TEST RESULTS

<u>Dev</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
PSSA	Garage D	1	By stair # 1			M1-3	Tested	Passed
PSSA	Garage D	1	By stair # 2			M1-2	Tested	Passed
PSSA	Garage D	1	By stair # 3			M1-4	Tested	Passed
PSSA	Garage D	1	By stair # 4			M1-1	Tested	Passed
PSSA	Garage D	1	Central elevator lobby			M1-5	Tested	Passed
HD	Garage D	1	Elevator lobby			M1-37	Tested	Passed
ASD	Garage D	1	Inside room 106			M1-24	Tested	Passed
ASD	Garage D	1	Inside room 107			M1-23	Tested	Passed
ASD	Garage D	1	Storage room			M1-22	Tested	Passed
ASD	Garage D	1	Storage room			M1-21	Tested	Passed
PSSA	Garage D	2	By stair # 1			M1-8	Tested	Passed
PSSA	Garage D	2	By stair # 2			M1-7	Tested	Passed
PSSA	Garage D	2	By stair # 3			M1-10	Tested	Passed
PSSA	Garage D	2	By stair # 4			M1-6	Tested	Passed
PSSA	Garage D	2	Central elevator lobby			M1-9	Tested	Passed
ASD	Garage D	2	Electrical room 206 elevator machine rm.			M1-26	Tested	Passed
HD	Garage D	2	Elevator lobby			M1-36	Tested	Passed
ASD	Garage D	2	Mechanical room 205 elevator machine rm			M1-25	Tested	Passed
PSSA	Garage D	3	By stair # 1			M1-15	Tested	Passed
PSSA	Garage D	3	By stair # 2			M1-12	Tested	Passed
PSSA	Garage D	3	By stair # 3			M1-13	Tested	Passed
PSSA	Garage D	3	By stair # 4			M1-11	Tested	Passed
HD	Garage D	3	Elevator lobby			M1-35	Tested	Passed
PSSA	Garage D	3	Elevator lobby			M1-14	Tested	Passed
AC	Garage D	3	Inside Electrical room 306			M1-27	Tested	Passed

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

SITE: Port of Miami Garage D

ALARM INITIATING DEVICES

DETAIL TEST RESULTS

<u>Dev Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
ASD	Garage D	3	Inside Electrical room 307			M1-28	Tested	Passed
HD	Garage D	4	Elevator lobby			M1-34	Tested	Passed
PSSA	Garage D	4	In elevator lobby			M1-19	Tested	Passed
PSSA	Garage D	4	In stair # 1			M1-18	Tested	Passed
PSSA	Garage D	4	In stair # 2			M1-17	Tested	Passed
PSSA	Garage D	4	In stair # 3			M1-20	Tested	Passed
PSSA	Garage D	4	In stair # 4			M1-16	Tested	Passed
ASD	Garage D	4	Inside electrical room 406 storage			M1-29	Tested	Passed
ASD	Garage D	4	Inside room 407 telephone room			M1-30	Tested	Passed

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

SITE: Port of Miami Garage D

ALARM INDICATING DEVICES

SUMMARY TEST RESULTS

<u>Dev. Type</u>	<u>Description</u>	<u>Total</u>	<u>Number Tested</u>	<u>Number Failed</u>	<u>Number Not Tested</u>
A/V	Audio/Visual Signal Device	78	78	0	0
ANNC	Annunciator	1	1	0	0
HORN	Horn	1	1	0	0
VSIG	Visual Only Signal	20	20	0	0

DETAIL TEST RESULTS

<u>Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
A/V	Garage D	1	By central east south				Tested	Passed
A/V	Garage D	1	By elevator lobby west				Tested	Passed
VSIG	Garage D	1	By handicapped parking east				Tested	Passed
VSIG	Garage D	1	By handicapped parking west				Tested	Passed
A/V	Garage D	1	By NE side fire extinguisher				Tested	Passed
VSIG	Garage D	1	By ramp to level 2 central east				Tested	Passed
A/V	Garage D	1	By ramp to level 2 central north				Tested	Passed
VSIG	Garage D	1	By ramp to level 2 central north				Tested	Passed
VSIG	Garage D	1	By ramp to level 2 central south				Tested	Passed
A/V	Garage D	1	By ramp to level 2 central west				Tested	Passed
A/V	Garage D	1	By stair # 2				Tested	Passed
A/V	Garage D	1	By stair # 3				Tested	Passed
A/V	Garage D	1	By stair # 4				Tested	Passed
A/V	Garage D	1	Center north by elevator lobby				Tested	Passed
A/V	Garage D	1	Center west south				Tested	Passed
A/V	Garage D	1	Central by west column				Tested	Passed
A/V	Garage D	1	Central east side by fence				Tested	Passed
A/V	Garage D	1	Central east south side				Tested	Passed
A/V	Garage D	1	Central east south side by fence				Tested	Passed
A/V	Garage D	1	Central north by handicap park				Tested	Passed
A/V	Garage D	1	Central NW area				Tested	Passed
VSIG	Garage D	1	Central south				Tested	Passed
A/V	Garage D	1	Central south central				Tested	Passed
A/V	Garage D	1	Central west south				Tested	Passed
A/V	Garage D	1	Central west south column				Tested	Passed

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

SITE: Port of Miami Garage D

ALARM INDICATING DEVICES

DETAIL TEST RESULTS

<u>Dev</u> <u>Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust</u> <u>Zone</u>	<u>Cust</u> <u>Dev#</u>	<u>Address/</u> <u>Zone No.</u>	<u>Service</u> <u>Performed</u>	<u>Test</u> <u>Result</u>
A/V	Garage D	1	Elevator lobby				Tested	Passed
HORN	Garage D	1	Elevator lobby				Tested	Passed
ANNC	Garage D	1	Elevator lobby area				Tested	Passed
A/V	Garage D	1	NE side central north				Tested	Passed
A/V	Garage D	1	West center corner				Tested	Passed
A/V	Garage D	1	West side area by handicap parking				Tested	Passed
A/V	Garage D	1	West side by stair #1				Tested	Passed
A/V	Garage D	1	west side central				Tested	Passed
VSIG	Garage D	2	By mechanical room 205 corner				Tested	Passed
A/V	Garage D	2	By stair # 1 exit				Tested	Passed
A	Garage D	2	By stair # 2				Tested	Passed
A	Garage D	2	By stair # 3				Tested	Passed
A/V	Garage D	2	By stair # 3 central				Tested	Passed
A/V	Garage D	2	By stair # 3 north east				Tested	Passed
A/V	Garage D	2	By stair # 4				Tested	Passed
A/V	Garage D	2	Central east south				Tested	Passed
A/V	Garage D	2	Central end of ramp				Tested	Passed
A/V	Garage D	2	Central north by handicap				Tested	Passed
VSIG	Garage D	2	Central north east by handicap				Tested	Passed
A/V	Garage D	2	Central south				Tested	Passed
A/V	Garage D	2	Central south				Tested	Passed
A/V	Garage D	2	Central south east				Tested	Passed
A/V	Garage D	2	Central south east by ramp				Tested	Passed
A/V	Garage D	2	Central south west by ramp				Tested	Passed
A/V	Garage D	2	Elevator lobby				Tested	Passed
A/V	Garage D	2	North west area by stair 1				Tested	Passed
A/V	Garage D	2	North west corner by ramp				Tested	Passed
VSIG	Garage D	2	North west side by handicap parking				Tested	Passed
A/V	Garage D	2	Ramp to level 3 central NE				Tested	Passed
VSIG	Garage D	2	Ramp to level 3 central north east				Tested	Passed
VSIG	Garage D	2	Ramp to level 3 central north west				Tested	Passed
VSIG	Garage D	2	Ramp to level 3 central south area				Tested	Passed
VSIG	Garage D	2	Ramp to level 3 north west corner				Tested	Passed
A/V	Garage D	2	South east by ramp				Tested	Passed
A/V	Garage D	2	South east by stair # 2				Tested	Passed
A/V	Garage D	2	South east by stair # 4				Tested	Passed

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

SITE: Port of Miami Garage D

ALARM INDICATING DEVICES

DETAIL TEST RESULTS

<u>Dev Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
VSIG	Garage D	2	South west by ramp				Tested	Passed
A/V	Garage D	3	By stair # 2				Tested	Passed
A/V	Garage D	3	By stair # 4				Tested	Passed
A/V	Garage D	3	Central by handicap parking				Tested	Passed
VSIG	Garage D	3	Central by handicap parking				Tested	Passed
A/V	Garage D	3	Central east by ramp				Tested	Passed
A/V	Garage D	3	Central east side				Tested	Passed
A/V	Garage D	3	Central side north west area				Tested	Passed
VSIG	Garage D	3	Central west by handicap parking				Tested	Passed
A/V	Garage D	3	Central west by ramp				Tested	Passed
A/V	Garage D	3	Elevator lobby				Tested	Passed
A/V	Garage D	3	In front of elevator lobby				Tested	Passed
A/V	Garage D	3	North central by elevator				Tested	Passed
VSIG	Garage D	3	North central by elevator mach room				Tested	Passed
A/V	Garage D	3	North east side				Tested	Passed
A/V	Garage D	3	Nw side by ramp				Tested	Passed
A/V	Garage D	3	South central				Tested	Passed
A/V	Garage D	3	South central by fire extinguisher				Tested	Passed
VSIG	Garage D	3	South central by fire pipe.				Tested	Passed
A/V	Garage D	3	South east by ramp				Tested	Passed
A/V	Garage D	3	South east by stair # 4				Tested	Passed
A/V	Garage D	3	Stair # 1				Tested	Passed
A/V	Garage D	3	Stair # 3				Tested	Passed
A/V	Garage D	3	Sw by ramp				Tested	Passed
A/V	Garage D	3	Sw by stair #2				Tested	Passed
A/V	Garage D	3	Sw side by ramp				Tested	Passed
A/V	Garage D	4	By stair # 3				Tested	Passed
A/V	Garage D	4	By stair # 3				Tested	Passed
A/V	Garage D	4	By Stair #1				Tested	Passed
A/V	Garage D	4	Central east				Tested	Passed
VSIG	Garage D	4	Central east area				Tested	Passed
A/V	Garage D	4	Central west				Tested	Passed
VSIG	Garage D	4	Central west by handicap parking				Tested	Passed
A/V	Garage D	4	Elevator lobby				Tested	Passed
A/V	Garage D	4	Stair #1				Tested	Passed
A/V	Garage D	4	Stair #2				Tested	Passed

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

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SITE: Port of Miami Garage D

ALARM INDICATING DEVICES

DETAIL TEST RESULTS

<u>Dev</u> <u>Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust</u> <u>Zone</u>	<u>Cust</u> <u>Dev#</u>	<u>Address/</u> <u>Zone No.</u>	<u>Service</u> <u>Performed</u>	<u>Test</u> <u>Result</u>
A/V	Garage D	4	Stair #2				Tested	Passed
A/V	Garage D	4	Stair #4				Tested	Passed
A/V	Garage D	4	Stair #4				Tested	Passed

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

SITE: Port of Miami Garage D

CONTROL/AUXILIARY DEVICES

SUMMARY TEST RESULTS

<u>Dev. Type</u>	<u>Description</u>	<u>Total</u>	<u>Number Tested</u>	<u>Number Failed</u>	<u>Number Not Tested</u>
PWRS	Power Supply	6	6	0	0

DETAIL TEST RESULTS

<u>Dev Type</u>	<u>Building</u>	<u>Floor</u>	<u>Area</u>	<u>Cust Zone</u>	<u>Cust Dev#</u>	<u>Address/ Zone No.</u>	<u>Service Performed</u>	<u>Test Result</u>
PWRS	Garage D	1	Inside room 107				Tested	Passed
P	3 Garage D	3	Inside Electrical room 307				Tested	Passed
PWRS	Garage D	3	Inside Electrical room 307				Tested	Passed
PWRS	Garage D	3	Inside Electrical room 307				Tested	Passed
PWRS	Garage D	3	Inside Electrical room 307				Tested	Passed
PWRS	Garage D	3	Inside Electrical room 307				Tested	Passed

SimplexGrinnell
FIRE ALARM INSPECTION REPORT

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SITE: Port of Miami Garage D

INSPECTION DEFICIENCIES SUMMARY

THERE WERE NO DEFICIENCIES NOTED DURING THIS INSPECTION

**SimplexGrinnell
FIRE ALARM INSPECTION REPORT**

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SITE: Port of Miami Garage D

Carlos MARDONIS
Customer

11/14/2012
Date

Juan Diaz de Villalvilla

Date

Pablo Agüero

Date

IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT, PLEASE CONTACT

Bryan Robert Branch Service Manager

**Phone: (954) 431-3900
Fax: (954) 435-6682
Address: 10550 Commerce Parkway
Miramar, FL 33025**

00001015.A11

INSPECTION AND TESTING FORM

DATE: 10/12/2012
 TIME: AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Port of Miami
PARKING GARAGE "G"
 Address: 923 SOUTH AMERICAN BLVD
 Owner Contact: Carlos Nardone
 Telephone: _____

MONITORING ENTITY

Contact: Simplex
 Telephone: 954-431-3900
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: Simplex
 Circuit Styles: 4 BY
 Number of Circuits: 2
 Software Rev.: 8.03
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4020
10/30/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>38</u>	<u>4</u>
<u>22</u>	<u>4</u>
<u>1</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>60</u>	<u>4</u>
<u>36</u>	<u>4</u>
_____	_____
_____	_____

Bells _____
 Horns strobes
 Chimes _____
 Strobes _____
 Speakers _____
 Other (Specify): _____

No. of alarm notification appliance circuits: 12
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Building Temp. _____
 Site Water Temp. _____
 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 _____
 Generator or Controller Trouble _____
 Switch Transfer _____
 Generator Engine Running _____
 Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 12 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 6.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): GRD FL NORTH RM PAVER LPE1
 Disconnecting Means Location: OUT-17

(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr. Rating 33
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

Monitoring Entity Yes No
 Building Occupants Yes No
 Building Management Yes No
 Other (Specify) Yes No
 AHJ Notified of Any Impairments Yes No

PRIOR TO ANY TESTING

Who	Time
<i>Simplex</i>	<i>ASD</i>
<i>Advisory</i>	<i>AWJ</i>
<i>Carlos</i>	<i>M</i>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>OK</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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Dated 7/11</i>
Load Voltage		<input checked="" type="checkbox"/>	<i>OK</i>
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>SEE REPORT</i>
Voice Clarity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>30</i>	<i>Pull stat</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>22</i>	<i>3 Detect</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1</i>	<i>Heat Det</i>	<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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *horn strobes need to be replaced*

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A.

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>ELEVATOR RECALL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AW</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AW</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AW</u>	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AW</u>	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AW</u>	

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos Machado</u>	<u>AW</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Simplex</u>	<u>AW</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>AW</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: See APT report.

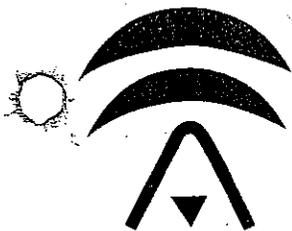
System restored to normal operation: Date: 6/14/2012 Time: AW

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.
 Name of Inspector: JOUQUERA / RAC Date: 6/14/2012 Time: AW

Signature: _____

Name of Owner or Representative: _____
 Date: 6/14/2012 Time: AW

Signature: Carlos Machado



FLORIDA FIRE ALARM, INC.

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7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 6/14/2012 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on Part of Miami on the following location: PARKING GARAGE "G"

Customer Signature Carlos Mardoual 923 South American way

System Type: Simplex MIAMI FL

Device Number: _____ Device Type: HOEN STROBE w/p
Location: FIFTH FLOOR EXIT SOUTH
Problem Found: NOT WORKING (SOUND)

Device Number: _____ Device Type: HORN STROBE w/p
Location: FIFTH FLOOR EXIT NORTH
Problem Found: NOT WORKING (LIGHT)

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

*Done by Oswald,
M. Queiroz 6/20/12*

INSPECTION AND TESTING FORM

DATE: 7/25/2012
 TIME: 9:00 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PARKING GARAGE "J"
 Address: 1122 CARIBBEAN WAY
 Owner Contact: CARLOS MADRONES
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: 1-800-746-7539
 Monitoring Account Ref. No.: 2030070

APPROVING AGENCY

Contact: MDFD
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: NOTIFIER
 Circuit Styles: 4 9 9
 Number of Circuits: 1 1 1
 Software Rev.: P/N 73609
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: AFP-200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>17</u>	<u>4</u>
<u>7</u>	<u>4</u>
<u>0</u>	<u>4</u>
<u>0</u>	<u>4</u>
<u>11</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING		Who	Time
	Yes		
NOTIFICATIONS ARE MADE			
Monitoring Entity	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS			Comments
TYPE	Visual	Functional	
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER			Comments
TYPE	Visual	Functional	
Battery Condition	<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="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NOTIFICATION APPLIANCES			_____
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
17	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	SMOKE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	HEAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	FLOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	TAMPER	<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"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) <u>ELEVATOR RECA/1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<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"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS</u>	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SIMPLEX</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: 7/24/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: RZ VIQUEIRA - J DELSOL Date: 7/24/12 Time: AM

Signature: _____

Name of Owner or Representative: CARLOS MARDONNE

Date: 7/25/2012 Time: _____

Signature: CARLOS MARDONNE

(NFPA Inspection and Testing, 4 of 4)



FLORIDA FIRE ALARM, INC.

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Electrical Lic # EC130619

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 7/25/2012 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of

Fire Alarm System on SEA PORT on the following location: PARKING "I"

Customer Signature Carlos MANDON 1122 CARIBBEAN WAY

System Type: NOTIFIER MIAMI, FL

Device Number: _____ Device Type: HORN STROBE
Location: FIRST FLOOR NORTH WHEEL LOCK
Problem Found: NOT FLASHING

Device Number: _____ Device Type: HORN STROBE
Location: IN FRONT OF ELEVATOR WHEEL LOCK
Problem Found: OUT OF SERVICE

Device Number: _____ Device Type: BATTERY 12V. 7AH
Location: COMMUNICATOR ONLY ONE
Problem Found: DUE DATE

Device Number: (2) Device Type: MONITOR MODULE (2)
Location: _____ NOTIFIER FMM-10T
Problem Found: NEED TO BE REPLACED

Device Number: _____ Device Type: _____
Location: _____
Problem Found: DONE 8/01/2012

Device Number: _____ Device Type: _____
Location: _____
Problem Found: BY J. DELSOL & RAY

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____



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Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 7/25/2012 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of

Fire Alarm System on SEA PORT on the following location: PARKING "I"

Customer Signature X Carlos MARDAMP 1122 CARIBBEAN WAY

System Type: NOTIFIER MIAMI, FL

Device Number: _____ Device Type: HORN STROBE
Location: FIRST FLOOR NORTH WHEEL LOCK
Problem Found: NOT FLASHING

Device Number: _____ Device Type: HORN STROBE
Location: IN FRONT OF ELEVATOR WHEEL LOCK
Problem Found: OUT OF SERVICE

Device Number: _____ Device Type: BATTERY 12V. 7AH
Location: COMMUNICATOR ONLY ONE
Problem Found: TUE DATE

Device Number: (2) Device Type: MONITOR MODULE (2)
Location: _____ NOTIFIER FMM-10T
Problem Found: NEED TO BE REPLACED

Device Number: _____ Device Type: _____
Location: _____
Problem Found: DONE 8/01/2012

Device Number: _____ Device Type: _____
Location: _____
Problem Found: BY J. DELSOL & RAY

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

INSPECTION AND TESTING FORM

DATE: 5-30-2012
 TIME: 11:20 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: SHED "B"
 Address: 1507 AFRICAN WAY
 Owner Contact: CARLOS MARDONES
 Telephone: _____

MONITORING ENTITY

Contact: _____
 Telephone: N/A
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: MIAMI DADE
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) LOCAL

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: FIRE LITE
 Circuit Styles: B & Y
 Number of Circuits: 2 OF 2
 Software Rev.: _____
 Last Date System Had Any Service Performed: 5-12-11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: MP-24

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	_____
_____	_____
_____	_____
_____	_____
<u>10</u>	<u>B</u>
_____	_____
_____	_____

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 2 of 2
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>	<u></u>	Building Temp.
_____	_____	Site Water Temp.
_____	_____	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
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1): ✓
 Quantity 1 Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 1.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM
 Disconnecting Means Location: _____

(b) Secondary (Standby): 2 1/2 V. DC Storage Battery: Amp-Hr. Rating 7 AH
 Calculated capacity to operate system, in hours: ✓ 24 _____ 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

- (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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LOCAL</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<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

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	<u>FLOW</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"/>	<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"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
SPRINKLER	<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"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: 5/30/12 Time: 11:00 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.
 Name of Inspector: F. VIGUEIRA LHOA DECSOL Date: 5/30/12 Time: 11:30 AM

Signature: _____
 Name of Owner or Representative: CARLOS MADRONES
 Date: 5/30/2012 Time: 11:30 AM
 Signature: Carlos MADRONES



FLORIDA FIRE ALARM, INC.

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7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 5/30/12 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on SEA FORT on the following location: SHED "B"

Customer Signature CARLOS MARDONES 1507 AFRICAN WAY

System Type: FIRE LIFE MP24 MIAMI, DADE, FL.

Device Number:	Device Type: <u>BATTERIES</u>
Location: <u>F. A. C.P.</u>	<u>12V. 7AH.</u>
Problem Found: <u>DUE DATE</u>	<u>K2</u>

Device Number:	Device Type:
Location:	<u>DONE F.F.A 6/6/12</u>
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

INSPECTION AND TESTING FORM

DATE: 11-29-2012
 TIME: DM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PORT OF MIAMI SHED "C"
 Address: 1720 AFRICAN WAY
 Owner Contact: CARLOS MADRONES
 Telephone: _____

MONITORING ENTITY

Contact: _____
 Telephone: N/A
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) LOCAL

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: FARADAY
 Circuit Styles: B & Y
 Number of Circuits: 10 F 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: FIRE WATCH I

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>3</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input 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="checkbox"/>	<input type="checkbox"/>	_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<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

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
4	FULL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	TAMPER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	FLOW	<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"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

- Phone Set
- Phone Jacks
- Off-Hook Indicator
- Amplifier(s)
- Tone Generator(s)
- Call-in Signal
- System Performance

- | | |
|--------------------------|--------------------------|
| Visual | Functional |
| <input type="checkbox"/> | <input type="checkbox"/> |

Comments

N/A

INTERFACE EQUIPMENT

- (Specify) SPZLUKLER
- (Specify) _____
- (Specify) _____

- | | |
|-------------------------------------|--------------------------|
| Visual | Device Operation |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Simulated Operation

-
-
-

SPECIAL HAZARD SYSTEMS

- (Specify) _____
- (Specify) _____
- (Specify) _____

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

-
-
-

Special Procedures: _____

Comments: All SYST. NORMAL

All SYST. NORMAL

SUPERVISING STATION MONITORING

- Alarm Signal
- Alarm Restoration
- Trouble Signal
- Supervisory Signal
- Supervisory Restoration

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Time

Comments

_____	_____
_____	_____
_____	_____
_____	_____

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

- Building Management
- Monitoring Agency
- Building Occupants
- Other (Specify) _____

- | | |
|-------------------------------------|-------------------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Who

Time

_____	_____
_____	_____
_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: 11/29/12 Time: 11:40 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIGVEIRD / O. PIRA Date: 11/29/12 Time: 11:40 AM

Signature: _____

Name of Owner or Representative: ENLOS MADRONES

Date: 11/29/12 Time: 11/29/12

Signature: E. G. MARDONCI

(NFPA Inspection and Testing, 4 of 4)

INSPECTION AND TESTING FORM

DATE: 5/31/2012
 TIME: 1 PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: SHED "E"
 Address: 507 Australia Way.
 Owner Contact: Carlos Macdonald
 Telephone: _____

MONITORING ENTITY

Contact: LOCAL
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: FIRE Dept.
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) LOCAL

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: FIRE LIFE
 Circuit Styles: B & Y
 Number of Circuits: 2
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: NP-24

5/26/11

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	_____
_____	_____
_____	_____
_____	_____
<u>A</u>	<u>B</u>
_____	_____
_____	_____

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
4	B	Bells
1	B	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 1
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		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
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity 4 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 2.5
 Overcurrent Protection: Type BREAKER Amps 2.0
 Location (of Primary Supply Panelboard): ELECT. RM PANEL "P"
 Disconnecting Means Location: CKT # 6

(b) Secondary (Standby): 24/12VDC Storage Battery: Amp-Hr. Rating 45 amp.
 Calculated capacity to operate system, in hours: (24) 60
 Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify):

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

- Monitoring Entity
- Building Occupants
- Building Management
- Other (Specify)
- AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

- | | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Who Time

<u>Advised</u>	<u>AM</u>
<u>Travis Harrison</u>	<u>Travis Harrison</u>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE

- Control Unit
- Interface Equipment
- Lamps/LEDS
- Fuses
- Primary Power Supply
- Trouble Signals
- Disconnect Switches
- Ground-Fault Monitoring

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments

OK

SECONDARY POWER

TYPE

- Battery Condition
- Load Voltage
- Discharge Test
- Charger Test
- Specific Gravity

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <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"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments

Date 2/20/19

see report

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

- Audible
- Visible
- Speakers
- Voice Clarity

-
-
-

-
-
-
-
-

Comments

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>4</u>	<u>Flow</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"/>	<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"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation
(Specify) <u>SPRINKLER SYSTEM</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

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

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CARLOS MARDONES</u>	<u>PW</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>LOCAL</u>	<u>PW</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ADISON</u>	<u>PW</u>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: See report

System restored to normal operation: Date: 5/31/12 Time: PW

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JCVIBUELOS ADANDY Date: 5/31/12 Time: PW

Signature: _____

Name of Owner or Representative: _____

Date: 5/31/12 Time: _____

Signature: CARLOS MARDONES



FLORIDA FIRE ALARM, INC.

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7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 5-31-12 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of

Fire Alarm System on PORT OF MIAMI on the following location: SHED "E"

Customer Signature CARLOS MARDONES 567 AUSTRALIAN AVE

System Type: FIRE LITE MP-24

Device Number:	<u>(2)</u>	Device Type:	<u>BATTERIES 12VDC 4.5AH.</u>
Location:	<u>FACP.</u>		
Problem Found:	<u>OUT OF DATE</u>		<u>NEED TO BE REPLACED</u>

Device Number:		Device Type:	
Location:	<u>DONE BY F.F.A 6/7/12</u>		
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
4	4
1	4

Bells
 Horns / STROBE
 Chimes
 Strobes
 Speakers
 Other (Specify): _____

No. of alarm notification appliance circuits: 1
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
N/A	

Building Temp.
 Site Water Temp.
 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
 Generator or Controller Trouble
 Switch Transfer
 Generator Engine Running
 Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 3
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. RM.
 Disconnecting Means Location: CKT #

(b) Secondary (Standby):
2 X 12V DC Storage Battery: Amp-Hr. Rating 5.0 AH
 Calculated capacity to operate system, in hours: 24 60

Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LODOL</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PAOLO M.</u>	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<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

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

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

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>4</u>	<u>FLOW</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>4</u>	<u>TAMPER</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>4</u>	<u>BELL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input 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"/>

Comments

SEE FIRE REPORT.

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	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"/>

N/A

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	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: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	LOCK	
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	SYST.	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRBS	
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 8/15/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS
 Name of Inspector: R. VIQUEIRA / T. PELSOL Date: 8/15/12 Time: AM
 Signature: _____
 Name of Owner or Representative: CRBS MADRONES
 Date: 8/15/2012 Time: AM
 Signature: CARLOS MADRONES



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info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 8/15/2012 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on PORT OF MIAMI on the following location: SHED G

Customer Signature X CARLOS MARDONS 1500 PORT BLVD.

System Type: FARADAY FIRE WATCH I MIAMI, FLORIDA.

Device Number: _____ Device Type: ZONE IN BYPASS
Location: WE NEED TO REWIRED FROM THE F.A.C.P
Problem Found: TO DEVICES (ZONE IN FAULT)

Device Number: _____ Device Type: BATTERIES 12V. 5AH.
Location: F.A.C.P.
Problem Found: DUE DATE (2)

Device Number: _____ Device Type: SPRINKLER SYST
Location: NOT WORKING BECAUSE NEED REPLACE
Problem Found: WIRES FROM PANEL.

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

INSPECTION AND TESTING FORM

DATE: 7-25-12
 TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PORT OF MIAMI T-10
 Address: 1303 ORUISE BLVD
 Owner Contact: Carlos
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: 954-431-3900
 Monitoring Account Ref No.: 20-32534

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: SIMPLEX
 Circuit Styles: B & U
 Number of Circuits: 8 OF 8
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: 4/5/12

Model No.: 2001

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>6</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>4</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
2	Y	Strobes
5	Y	Speakers
1	Y	Other (Specify): <u>SPEAKER/STROBE</u>
No. of alarm notification appliance circuits: <u>3</u>		
Are circuits monitored for integrity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	N/A	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 6

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECT. RM - PANEL #31

Disconnecting Means Location: CURT - 26 AND 28

(b) Secondary (Standby): 2 X 12VDC Storage Battery: Amp-Hr. Rating 12

Calculated capacity to operate system, in hours: ✓ 24 _____ 60

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

Dry Cell

Nickel-Cadmium

Sealed Lead-Acid

Lead-Acid

Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE

PRIOR TO ANY TESTING

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Simplex</u>	<u>PM</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	<u>Carlos</u>	<u>PM</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input 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

REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Flow & Tamper only</u>
---------------------	-------------------------------------	-------------------------------------	-------------------------------

NOTIFICATION APPLIANCES

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

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>6</u>	<u>Pull</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>B/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>B/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>T/S</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<u>F/S</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: ZONE #7 & 8 IN TROUBLE upon Arrival.

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<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	Device Operation	Simulated Operation
<u>AIC SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: SEE FIRE ALARM REPORT.

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	<u>Carlos</u>
Alarm Restoration	<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"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Simplex</u>	<u>PM</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 7/25/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Jeanette G. Roy Date: 7/25/12 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 07/25/12 Time: _____

Signature: Carlos MARDONES

(NFPA Inspection and Testing, 4 of 4)



FLORIDA FIRE ALARM, INC.

For All Your Fire Protection Needs

Ph: (305) 665-5156 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 7-25-12 To: Fire Department

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on Port of Miami on the following location: Terminal # 10

Customer Signature Carla Mardones 1303 Cruise Blvd

System Type: Simplex 2001

Device Number:	Device Type:
Location:	Zone 7 and 8 Tamper Switch and Flow.
Problem Found:	Switch open ckt upon arrival.
Device Number:	Device Type:
Location:	Zone 7 and 8
Problem Found:	Need to be trouble shooting to repair.
Device Number:	Device Type:
Location:	Trouble shoot in both zones
Problem Found:	
Device Number:	Device Type:
Location:	Simplex
Problem Found:	Founded damages need to call July 26, 2012
Device Number:	Device Type:
Location:	
Problem Found:	Done by Simplex on 08/29/12
Device Number:	Device Type:
Location:	
Problem Found:	
Device Number:	Device Type:
Location:	
Problem Found:	
Device Number:	Device Type:
Location:	
Problem Found:	

A Tyco International Company

TR # 83911

TASK/CALL #

LICENSE # EE 20000808

PROJECT #

10550 Commerce Parkway
Miramar, FL 33025
P. 954-431-3900 F 954-435-6682

NAME PORT OF MIAMI TERMINAL
ADDRESS (OR ATTENTION OF) # 10
ADDRESS
CITY Miami STATE FL ZIP
TR ARRIVAL DATE 08/29/12 BILL NON-BILL SERV. COMPL. ACE CODE NAT. ACCT.

CUSTOMER PURCHASE ORDER
LABOR - REG. LABOR - OT LABOR - DT
TRAVEL - REG. TRAVEL - OT TRAVEL - DT
MIN. INSP. MONTH
PHONE MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

*W/O # R-80630 CM
Reflex call
8/29/12*

NAME (BILL TO)
ADDRESS
CITY STATE ZIP

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY. SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature _____ Date _____

PAYMENT TERMS
 Time and Material Price Not to Exceed \$ _____ Fixed Price of \$ _____
 DEPOSIT \$ _____ BALANCE DUE \$ _____
 IMMEDIATE COD NET 10
 BILLABLE NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE RETURN WITH PART

WORK PERFORMED / RESOLUTION CODE
INSTALL LISTED PART FOR ZONE 7 SWD 8
WATERFLOW/TAMPER SWITCH. ALSO CONNECTED THROUGH
CONTACT FOR DISCRE

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO.	USG.	UNIT PRICE
	<u>15156-10821</u>		<u>1</u>				
	<u>208179628</u>		<u>1</u>				
SYSTEM TYPE/LOCATION <u>2001 Simplex</u>			CONTACT NAME		TOTALS		

IMPORTANT NOTICE TO CUSTOMER
 Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE
CARLOS MARDONES
 (Customer Acceptance)

SIMPLEXGRINNELL LP
[Signature]
 (SimplexGrinnell Representative)

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 12/19/12
 TIME: 9:00 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Port of Miami U.S. Customs
 Address: 1500 Port Blvd.
 Owner Contact: _____
 Telephone: _____

MONITORING ENTITY

Contact: _____
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) LOCAL

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: Notifier
 Circuit Styles: 4 R Y 1
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: AFP-200
12/15/11

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>6</u>	<u>4</u>
<u>25</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>2</u>	<u>4</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>13</u>	<u>Y</u>	Bells
<u>25</u>	<u>Y</u>	Horns / Strobes
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 4
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/A</u>	<u>A</u>	Building Temp.
_____	_____	Site Water Temp.
_____	_____	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
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 3.0
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Control Door behind Door
 Disconnecting Means Location: Panel R CKT #3

(b) Secondary (Standby):
2x12V Storage Battery: Amp-Hr. Rating 7
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

- (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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

- Monitoring Entity
- Building Occupants
- Building Management
- Other (Specify)
- AHJ Notified of Any Impairments

- | | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Who	Time
<u>Carlos M.</u>	<u>9:20 AM</u>
<u>Manager</u>	<u>9:20 AM</u>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

- TYPE**
- Control Unit
 - Interface Equipment
 - Lamps/LEDS
 - Fuses
 - Primary Power Supply
 - Trouble Signals
 - Disconnect Switches
 - Ground-Fault Monitoring

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments
<u>OK</u>

SECONDARY POWER

- TYPE**
- Battery Condition
 - Load Voltage
 - Discharge Test
 - Charger Test
 - Specific Gravity

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> |

Comments
<u>OK</u>

TRANSIENT SUPPRESSORS

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

REMOTE ANNUNCIATORS

- | | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|

NOTIFICATION APPLIANCES

- Audible
- Visible
- Speakers
- Voice Clarity

- | | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

<u>OK</u>

<u>OK</u>
<u>OK</u>

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	<u>D/I</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>H/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>D/D</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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments All system is working properly

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
A/C shut down	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: OK

SUPERVISING STATION MONITORING

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

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manager	10:00 AM
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R. Adams	10:00 AM
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system is working properly.

System restored to normal operation: Date: 12/19/12 Time: 10:00 AM.

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 12/19/12 Time: 10:00 AM.
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 11/29/12
 TIME: 11:00 AM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Part of Miami EOC Bldg
 Address: 1790 Port Blvd.
 Owner Contact: Carlos Mardones
 Telephone: _____

MONITORING ENTITY

Contact: Simplex
 Telephone: 208 3637
 Monitoring Account Ref No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) AFP-200

Control Unit Manufacturer: Notifier
 Circuit Styles: B 24
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: AFP-200
11/16/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>4</u>	<u>B</u>
<u>12</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>3</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>5</u>	<u>Y</u>	Bells
<u>8</u>		Horns / <u>strobes</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 3
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N</u>	<u>A</u>	Building Temp.
		Site Water Temp.
		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
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 3
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL A3 ELECT RM
 Disconnecting Means Location: CCT # 24 & 28

(b) Secondary (Standby): 2 x 12V Storage Battery: Amp-Hr. Rating 7. AH
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell
 Nickel-Cadmium
 Sealed Lead-Acid
 Lead-Acid
 Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

- Monitoring Entity Yes No
- Building Occupants Yes No
- Building Management Yes No
- Other (Specify) Yes No
- AHJ Notified of Any Impairments Yes No

Who	Time
<u>SIMBLEY</u>	<u>AM</u>
<u>MARISOL</u>	<u>AM</u>
<u>C. Morales</u>	<u>AM</u>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE

- Control Unit Visual Functional
- Interface Equipment Visual Functional
- Lamps/LEDS Visual Functional
- Fuses Visual Functional
- Primary Power Supply Visual Functional
- Trouble Signals Visual Functional
- Disconnect Switches Visual Functional
- Ground-Fault Monitoring Visual Functional

Comments

OK

SECONDARY POWER

TYPE

- Battery Condition Visual Functional
- Load Voltage Visual Functional
- Discharge Test Visual Functional
- Charger Test Visual Functional
- Specific Gravity Visual Functional

Comments

Sept 2011

TRANSIENT SUPPRESSORS

Visual Functional

REMOTE ANNUNCIATORS

Visual Functional

OK

NOTIFICATION APPLIANCES

- Audible Visual Functional
- Visible Visual Functional
- Speakers Visual Functional
- Voice Clarity Visual Functional

OK

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>4</u>	<u>P/I</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>12</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>D/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>3</u>	<u>H/D</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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments OK

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/C shut down</u>	<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"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11:AM	OK
Alarm Restoration	<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"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Mardow	11:00 AM
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Simples	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: OK All system is working properly

System restored to normal operation: Date: 11/29/12 Time: 11:00 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 11/29/12 Time: 11:00 AM

Signature: _____

Name of Owner or Representative: Carlos Mardow

Date: 11/29/12 Time: 11:00 AM

Signature: [Signature]

INSPECTION AND TESTING FORM

DATE: 5/31/12
 TIME: PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Port of Miami
FACILITY MAINTENANCE BLDG
 Address: 1580 N. CRUISE BLVD
 Owner Contact: CARLOS MARQUEZ
 Telephone: _____

MONITORING ENTITY

Contact: Simplex
 Telephone: 1-888-746-7539
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: Fire Dept
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: SIMPLEX
 Circuit Styles: BY
 Number of Circuits: 2
 Software Rev.: 3.03

Model No.: 4010

Last Date System Had Any Service Performed: 5/26/11
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>8</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>8</u>	<u>2</u>
<u>1</u>	<u>4</u>
<u>5</u>	<u>2</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE
 Monitoring Entity
 Building Occupants
 Building Management
 Other (Specify)
 AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
<i>SIMPLEY</i>	<i>PM</i>
<i>ADVISOR</i>	<i>PM</i>
<i>CARLOS HANCOCK</i>	<i>PM</i>
_____	_____

TYPE
 Control Unit
 Interface Equipment
 Lamps/LEDS
 Fuses
 Primary Power Supply
 Trouble Signals
 Disconnect Switches
 Ground-Fault Monitoring

SYSTEM TESTS AND INSPECTIONS

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

SECONDARY POWER

TYPE
 Battery Condition
 Load Voltage
 Discharge Test
 Charger Test
 Specific Gravity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

Done 2010
see report

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible
 Visible
 Speakers
 Voice Clarity

Visual	Functional
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>8</i>	<i>Pull stat</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>8</i>	<i>Duct Det.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1</i>	<i>S Detect</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>5</i>	<i>Flam</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>5</i>	<i>1 amper</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>A/E Shut Down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<u>Sprinkler system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Alarm system</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	<u>OK</u>
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>PM</u>	

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos Hardones</u>	<u>PM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Simplex</u>	<u>PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: System Normal

System restored to normal operation: Date: 5/31/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JENIQUE JORDON Date: 5/31/12 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 5/31/12 Time: PM

Signature: Carlos Hardones



FLORIDA FIRE ALARM, INC.

For All Your Fire Protection Needs

Ph: (305) 665-5156 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 5-31-12 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on PORT OF MIAMI on the following location: MAINTENANCE BUILDING

Customer Signature CARLOS MARDONES 1580 N. CRUISE BLVD

System Type: SIMPLEX 4010

Device Number:	<u>2</u>	Device Type:	<u>BATTERIES 12VDC-26AH</u>
Location:	<u>FACP.</u>		
Problem Found:	<u>OUT OF DATED</u>		<u>NEED TO BE REPLAC.</u>

Device Number:	<u>2</u>	Device Type:	<u>BATTERIES 12VDC-7AH.</u>
Location:	<u>FACPS.</u>		
Problem Found:	<u>OUT OF DATED</u>		

Device Number:		Device Type:	
Location:	<u>DONE BU F.F.A</u>		
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			<u>6/6/12</u>

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

Device Number:		Device Type:	
Location:			
Problem Found:			

INSPECTION, TESTING, AND MAINTENANCE

INSPECTION AND TESTING FORM

DATE: 4-7-12
 TIME: 5:00 PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: PART OF MIAMI 1040 BLDG
 Address: 1040 BLDG ROCK
 Owner Contact: CARLOS MARDONES
 Telephone: _____

MONITORING ENTITY

Contact: SIMPLEX
 Telephone: 1800 7407 539
 Monitoring Account Ref. No.: 107 4487

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: SIMPLEX
 Circuit Styles: B & Y
 Number of Circuits: 173
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>3</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

- Monitoring Entity
- Building Occupants
- Building Management
- Other (Specify)
- AHJ Notified of Any Impairments

- | | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Who	Time
<i>Carlos M</i>	<i>6:00 PM</i>
<i>Carlos M</i>	<i>6:00 PM</i>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE

- Control Unit
- Interface Equipment
- Lamps/LEDS
- Fuses
- Primary Power Supply
- Trouble Signals
- Disconnect Switches
- Ground-Fault Monitoring

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments

OK

↓

SECONDARY POWER

TYPE

- Battery Condition
- Load Voltage
- Discharge Test
- Charger Test
- Specific Gravity

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <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"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Comments

OK

↓

TRANSIENT SUPPRESSORS

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

- Audible
- Visible
- Speakers
- Voice Clarity

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

OK

OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>5</i>	<i>Pullst</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>4</i>	<i>SD</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>3</i>	<i>DID</i>	<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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	↓
Tone Generator(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
A/C SHUT DOWN	<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"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	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: SYSTEM OK.

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos M.	
Alarm Restoration	<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"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos M.	
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos M.	
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	CA	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 4/7/12 Time: 11:30 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Josely Vinas / Vinas Date: 4/7/12 Time: 11:30 PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: Carlos MARDONS

INSPECTION AND TESTING FORM

DATE: 4/7/12
 TIME: 6:15 PM

SERVICE ORGANIZATION

Name: Florida Fire Alarm, Inc
 Address: 7487 S.W. 50th Terrace, Miami, FL 33155
 Representative: Carlos Javech
 License No.: EC - 13001219
 Telephone: 305-665-5156

PROPERTY NAME (USER)

Name: Royal Caribbean Cruises Ltd
 Address: 1050 Caribbean way
 Owner Contact: Carlos Mardones
 Telephone: _____

MONITORING ENTITY

Contact: _____
 Telephone: _____
 Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: EST
 Circuit Styles: B & Y
 Number of Circuits: 3
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: Response 3000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>19</u>	<u>B</u>
<u>3</u>	<u>B</u>
<u>224</u>	<u>B</u>
<u>12</u>	<u>D</u>
<u>4</u>	<u>B</u>
<u>14</u>	<u>B</u>
<u>13</u>	<u>B</u>

Manual Fire Alarm Boxes EST 50605
 Ion Detectors _____
 Photo Detectors EST 2551F
 Duct Detectors _____
 Heat Detectors _____
 Waterflow Switches _____
 Supervisory Switches _____
 Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
15	Y	Strobes S 1224 MC
121	Y	Speakers SP 200W
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 16
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	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
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 3 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 35
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): 2ND FLOOR Electrical Room 2LE
 Disconnecting Means Location: CKT # 13

(b) Secondary (Standby):
2 x 12V Storage Battery: Amp. Hr. Rating 18 AH
 Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell
 Nickel-Cadmium
 Sealed Lead-Acid
 Lead-Acid
 Other (Specify): _____

(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, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

- Monitoring Entity
- Building Occupants
- Building Management
- Other (Specify)
- AHJ Notified of Any Impairments

- | | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Who

Time

<u>Advisory</u>	<u>6:00 PM</u>
<u>Carlostal</u>	<u>6:00 PM</u>
_____	_____
_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE

- Control Unit
- Interface Equipment
- Lamps/LEDS
- Fuses
- Primary Power Supply
- Trouble Signals
- Disconnect Switches
- Ground-Fault Monitoring

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments

OK

↓

SECONDARY POWER

TYPE

- Battery Condition
- Load Voltage
- Discharge Test
- Charger Test
- Specific Gravity

- | | |
|-------------------------------------|-------------------------------------|
| Visual | Functional |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

Comments

OK

↓

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

- Audible
- Visible
- Speakers
- Voice Clarity

- | | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

OK

↓

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	<u>Pull St</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>SD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>HD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>DD</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"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments

All system is working properly

NATIONAL FIRE ALARM CODE

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Off-Hook Indicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>D/C Shut Down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Elev Recall</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Door Holder</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	Visual	Device Operation	Simulated Operation
<u>Halon System</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: Fire Alarm Test was done with Smoke Evacuation System, Door Holder and on disable.

Comments: _____

SUPERVISING STATION MONITORING

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

N/A

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Carlos Mardor</u>	<u>11:00 PM</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>11:00 PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All system is working properly
See Fire Alarm Report to AHT.

System restored to normal operation: Date: 4/7/12 Time: 11:00 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Carlos Mardor Date: 4/7/12 Time: 11:00 PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: 4/7/12 Time: 11:00 PM
 Signature: Carlos Mardor



FLORIDA FIRE ALARM, INC.

For All Your Fire Protection Needs

Ph: (305) 665-5156 • Fax: (305) 665.5157

7487 S.W. 50th Terrace • Miami, FL 33155

info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 4/7/12 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of Fire Alarm System on Part of Miami on the following location: Royal Caribbean Cruises Lt

Customer Signature Carlos Marrero

1050 Caribbean Way

System Type: EST Response 3000

Miami FL

Device Number:	Device Type:
Location: <u>FA CPSupply</u>	<u>4 Batteries 12V 18 AH</u>
Problem Found:	

Device Number:	Device Type:
Location: <u>FAPS</u>	<u>2 Batteries 12 7AH</u>
Problem Found:	

Device Number:	Device Type:
Location: <u>FACP</u>	<u>2 Batteries 12V 18AH</u>
Problem Found:	

Device Number:	Device Type:
Location: <u>OTL Men Bathroom</u>	<u>Strobe S1224 MC</u>
Problem Found: <u>Out of Service</u>	

Device Number:	Device Type:
Location: <u>OTL Men Bathroom</u>	<u>Strobe</u>
Problem Found: <u>MISSING</u>	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	

Device Number:	Device Type:
Location:	
Problem Found:	



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info@floridafirealarm.com

Electrical Lic # EC13001219

Att: _____

Tel: _____

Fax: _____

FIRE ALARM REPORT TO A.H.J

Date: 4/7/12 To: _____

Per Florida Statute 633 Rule 4A-48, we are reporting the following defective or non-functional items during testing of

Fire Alarm System on Part of Miami on the following location: Royal Caribbean Cruise Ltd

Customer Signature Carlos Mardones 1050 Caribbean Way

System Type: EST Response 3000 Miami FL

Device Number: _____ Device Type: 4 Batteries 12V 18 AH
Location: FA CPSupply
Problem Found: _____

Device Number: _____ Device Type: 2 Batteries 12 7AH
Location: FAPS
Problem Found: _____

Device Number: _____ Device Type: 2 Batteries 12V 18AH
Location: FACP
Problem Found: _____

Device Number: _____ Device Type: strobe S1224 MC
Location: 6FL Men Bathroom
Problem Found: Out of Service

Device Number: _____ Device Type: strobe
Location: 3FL Men Bathroom
Problem Found: Missing

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

Device Number: _____ Device Type: _____
Location: _____
Problem Found: _____

*Down by P Ray
OMAR
4/25/12*



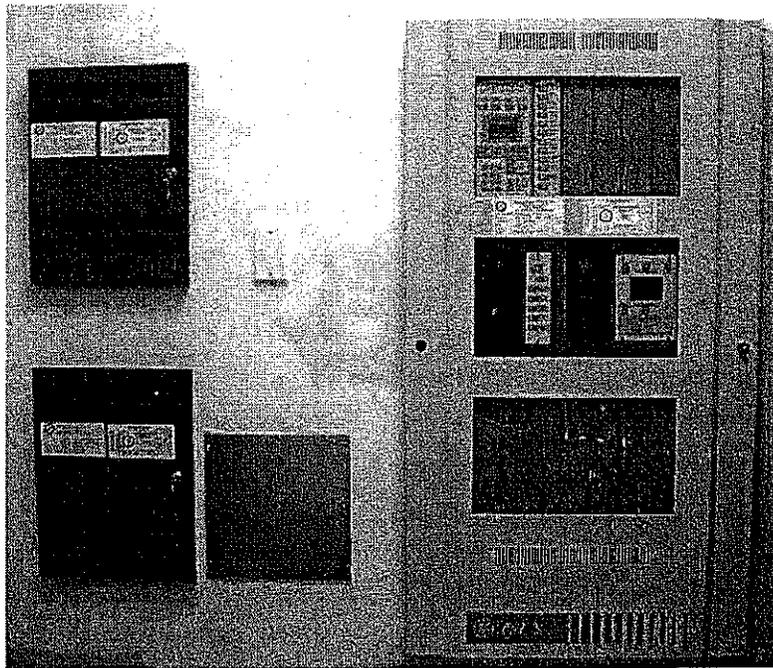
Engineering Systems Technology, Inc.
2400 WEST 84th ST., Suite 9, Hialeah, FL. 33016
Telephone: (305) 823-7444 • Facsimile (305) 823-0553

Date: 06/23/2012

Annual Test and Inspection Attachment sheets

Royal Caribbean Cruise Line
1080 Caribbean Way
Miami FL 33132

Fire Control Panel : GE Security EST-3
Version: 3.70



Work Order

Engineering Systems Technology, Inc.

2400 West 84th Street
Suite 9
Hialeah, FL 33016
(305)823-7444 Fax: (305)823-0553



Seaport Department
C/O Accounts Payable
1015 N.America Way 2nd Floor
Miami, FL 33132

1080 RCCL Building
1080 Caribbean Way
Tax Exempt# 85-8012621859C-3
Miami, FL 33132

Call Slip Number	P.O. Number	Invoice Date	Invoice Number
25558	POSP120030		S-17021548

Tech	Date	Hours
WILFREDOL	06/23/2012	0.6666 TT hours
WILFREDOL	06/23/2012	3.8166 OT hours
GONZALO	06/23/2012	0.6666 TT hours
GONZALO	06/23/2012	3.8166 OT hours
WILFREDOL	06/24/2012	1.7666 OT hours
GONZALO	06/24/2012	1.7666 OT hours

ADDITIONAL DETAILS:

Arrived and found the system normal:
Performed the annual test and inspection, the system was tested in alarm trouble and supervisory conditions.

All devices were tested and they are working properly exception:

-PULL STATION 808 4th FL NORTH STAIR (01040108) inaccessible to test it doesn't open (need to be replace)

All signals were tested with the central monitoring station.

BPS & FACP the batteries shall be replace:

16 batteries 7 A/H & 2 batteries 12 A/H

Tag 17-13252 to 17-13260

Authorized Signature

CARLOS MARDONES

Date: 06/24/2012

INSPECTION AND TESTING FORM			
SERVICE ORGANIZATION		DATE: <u>06/24/2012</u>	
Name: <u>Engineering Systems Technology, Inc.</u>		TIME: <u>01:00 am</u>	
Address: <u>2400 W 84th St Unit 9 Hialeah, FL 33016</u>		PROPERTY NAME (USER)	
Representative: <u>Rick Borja</u>		Name: <u>Royal Caribbean Cruise Line</u>	
License No.: <u>EF-0000335</u>		Address: <u>1080 Caribbean Way, Miami FL 33132</u>	
Telephone: <u>305-823-7444</u>		Owner Contact: <u>Ralf</u>	
MONITORING ENTITY		Telephone: <u>305-298-6584</u>	
Contact: <u>Central Alarm Control</u>		APPROVING AGENCY	
Telephone: <u>305-238-0800</u>		Contact: _____	
Monitoring Account Ref. No.: <u>1101-5146</u>		Telephone: _____	
TYPE TRANSMISSION		SERVICE	
<input type="checkbox"/> McCulloh		<input type="checkbox"/> Weekly	
<input type="checkbox"/> Multiplex		<input type="checkbox"/> Monthly	
<input checked="" type="checkbox"/> Digital		<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Reverse Priority		<input type="checkbox"/> Semiannually	
<input type="checkbox"/> RF		<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Other (Specify) _____	
Control Unit Manufacturer: <u>GE Security</u>		Model No.: <u>EST-3</u>	
Circuit Styles: <u>4(SLC) & Y(NAC)</u>			
Number of Circuits: <u>4(SLC), 32(NAC) & 2(Risers)</u>			
Software Rev.: <u>3-SDU 3.74</u>			
Last Date System Had Any Service Performed: <u>01/27/2012</u>			
Last Date That Any Software or Configuration Was Revised: <u>01/27/12</u>			
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION			
Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>26</u>	<u>4</u>	<u>26</u>	Manual Fire Alarm Boxes
<u>221</u>	<u>4</u>	<u>221</u>	Ion Detectors
<u>38</u>	<u>4</u>	<u>38</u>	Photo Detectors
<u>20</u>	<u>4</u>	<u>20</u>	Duct Detectors
<u>7</u>	<u>4</u>	<u>7</u>	Heat Detectors
<u>17</u>	<u>4</u>	<u>17</u>	Waterflow Switches
			Supervisory Switches
			Other (Specify): _____
Alarm verification feature is disabled <input checked="" type="checkbox"/> enabled <input type="checkbox"/> .			
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FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
			Horns
			Chimes
208	y	207	Strobes
189	y	188	Speakers
1	y	1	Other (Specify): <u>Speaker/Strobe</u>

No. of alarm notification appliance circuits: STK 25 + SPK 7 = 32
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
N/A			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
 Quantity 4 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V AC Amps 5 A
 Overcurrent Protection: Type Breaker Amps 20A
 Location (of Primary Supply Panelboard): Electrical RM 1st FL
 Disconnecting Means Location: Panel "1LUA" Circuit "1", "5", "13" & "18"

(b) Secondary (Standby):
 Battery 12V x 2 = 24V Storage Battery: Amp-Hr Rating (FACP & BPS) 12+7+7+7+7+7+7+7=68
 Calculated capacity in 10 Amp-Hrs to operate system for 4 hours
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Lead-Acid
 Nickel-Cadmium Other (Specify): _____
 Sealed Lead-Acid

(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, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE		Yes	No	Who	Time		
Monitoring Entity		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wilfredo	21:00pm 06/23/12		
Building Occupants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos	21:00pm 06/23/12		
Building Management		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos	21:00pm 06/23/12		
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>				
AHJ Notified of Any Impairments		<input type="checkbox"/>	<input type="checkbox"/>				

SYSTEM TESTS AND INSPECTIONS							
TYPE	Visual	Functional	Comments				
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	System is working properly				
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok				
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok				
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ok				
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok				
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok				

SECONDARY POWER							
TYPE	Visual	Functional	Comments				
Battery Condition	<input checked="" type="checkbox"/>		BPS & FACP Shall be replace				
Load Voltage		<input checked="" type="checkbox"/>	ok				
Discharge Test		<input type="checkbox"/>					
Charger Test		<input type="checkbox"/>					
Specific Gravity		<input type="checkbox"/>					

TRANSIENT SUPPRESSORS							
TYPE	Visual	Functional	Comments				
TRANSIENT SUPPRESSORS	<input type="checkbox"/>						

REMOTE ANNUNCIATORS							
TYPE	Visual	Functional	Comments				
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>					

NOTIFICATION APPLIANCES							
TYPE	Visual	Functional	Comments				
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Notification appliances				
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	are working properly				
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok				
Voice Clarity		<input checked="" type="checkbox"/>	ok				

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<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"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: The devices were tested and they are working properly.
 See attachment sheets for details.
 Exception: -PULL STATION 808 4th FL NORTH STAIR (01040108) inaccessible to test it doesn't open (need to be replace)

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ok
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) AHU shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) Elevator recall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Specify) Suppression Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: System was tested in alarm, supervisory and trouble conditions.
 The System is working properly.

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	23:00 pm	ok
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23:00 pm	ok
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22:30 pm	ok
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22:30 pm	ok
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22:30 pm	ok
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22:30 pm	ok

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos	1:20 am
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gonzalo	1:25 am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carlos	1:25 am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Date: 06/24/2012 Time: 01:12 am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Wilfredo / Gonzalo Date: 06/24/2012 Time: 01:30 am
 Signature: *Wilfredo*

Name of Owner or Representative: Carlos Mardones Date: 06/24/2012 Time: 01:30 am
 Signature: *CARLOS MARDONES*

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FIGURE 10.6.2.3 Continued