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Service Center No: 1
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**CENTRAL STATION - FIRE
FIRE ALARM SYSTEM CERTIFICATE DESCRIPTION
FOR Certificate Serial No: FC22308157**

Protected Property:

FIRE STATION 40
975 SW 62 AVE
MIAMI, FL 33144

Alarm Service Company:

FLORIDA FIRE ALARM INC
7487 SW 50 TER
MIAMI FL 33155

Comments and Clarifications:

Smoke Detector coverage for all commun areas

System Description:

Area Covered: Entire Building
Authority Having Jurisdiction: Miami Dade Fire Rescue Department
Responding Fire Department: Miami Dade fire Rescue Department
Testing and Maintenance Contract date: 07/05/2012

SYSTEM DEVIATIONS FROM REFERENCED NFPA STANDARDS

None

Automatic Fire Detection and Alarm Service

Coverage is Partial (Described under "System Deviations")

31 - Smoke Detectors : 0 - Ionization 31 - Photoelectric

3 - Heat Detectors : 0 - ROR (Rate of temperature rise) 0 - Fixed Temperature 3 - Combination

Sprinkler System Waterflow Alarm and Supervisory Service

Sprinkler System Type: Wet Pipe

1 - Waterflow Switch

4 - Sprinkler Valve Supervisory Services

Manual Fire Alarm and Guard's Tour Supervisory Service

8 - Manual Fire Alarm Boxes

Alarm Notification and Annunciation Devices

12 - Visual Signals : Type - Strobe

1 - Bell

3 - Horns

17 - Audible/Visual Signals : Type - Strobe

Control and Transmitter Unit

Silent Knight, 5700

Silent Knight Model 5700

INSPECTION AND TESTING FORM

DATE: 3-15-2012
 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: FIRE STATION #42
 Address: 65 FISHER ISLAND DR
 Owner Contact: RICK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 Telephone: _____

TYPE TRANSMISSION

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

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.: 4002

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

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

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches HANGER SWITCH
- Other (Specify): KITCHEN HOOD VALVE - GAS

Alarm verification feature is disabled _____ enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>9</u>	<u>Y</u>	Bells
_____	_____	Horns <u>1 STROBE</u>
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 5
 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
<u>1</u>	<u>B</u>	Other: <u>KITCHEN HOOD / GAS VALVE</u>

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 3
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): TRAIL HALLWAY
 Disconnecting Means Location: CKT # 6

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

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		Who	Time
NOTIFICATIONS ARE MADE	Yes No		
Monitoring Entity	<input type="checkbox"/> <input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>ADWISON</u>	<u>11M</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"/>		

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"/>	<u>OK</u>
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	Visual	Functional	Comments
SECONDARY POWER			
Battery Condition	<input checked="" type="checkbox"/>		<u>(2012)</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"/>		
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 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>4</u>	<u>715</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>370</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<u>210</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 <u>OK</u>							

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
AC/SHUT DOWN	<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) KITCHEN HOOD	<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 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"/>	ADVISORY	AM
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: 3/15/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: SAUNDY J. PRYDE Date: 3/15/12 Time: AM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/14/12
 TIME: 10:40 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: Fire Station #43
 Address: 13340 SW 152nd St
 Owner Contact: Rick Alario
 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: Detection System
 Circuit Styles: B & Y
 Number of Circuits: 8
 Software Rev.: V2.04
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: DS 9400
3/11/11

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>10</u>	<u>B</u>
<u>12</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</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>10</u>	<u>Y</u>	Bells
_____	_____	Horns / <u>STROBES</u>
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 2
 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 120V Amps 3.0
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECTRICAL RM Panel A
 Disconnecting Means Location: CKT #8

(b) Secondary (Standby): 2 x 12V 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

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>10:30 AM</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>WDFR</u>	<u>10:30 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"/>		<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"/>		
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REMOTE ANNUNCIATORS

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

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
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>10</u>	<u>pullst</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<u>D/D</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"/>
		<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 OK

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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>1/2c 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 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>WBF</u>	<u>11:30 AM</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Adusany</u>	<u>11:30 AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: All systems is working properly

System restored to normal operation: Date: 3/14/12 Time: 11:30 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 3/14/12 Time: 11:30 AM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/16/12
 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: Fire Station # 44
 Address: 7700 NW 180th
 Owner Contact: RICK
 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: Percheron
 Circuit Styles: B & Y
 Number of Circuits: 8
 Software Rev.: _____
 Last Date System Had Any Service Performed: 3/25/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: Pyrotechnics SXL

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>3</u>	<u>B</u>
<u>19</u>	<u>B</u>
<u>1</u>	<u>B</u>

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

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	Y
9	Y
2	Y

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

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

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	B

- 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: Gas Valve

SIGNALING LINE CIRCUITS

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

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 2.0
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electrical RM Panel A
 Disconnecting Means Location: CKT # 24

(b) Secondary (Standby): 2 x 12V Storage Battery: Amp-Hr. Rating 7 AH
 Calculated capacity to operate system, in hours: 24 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 type="checkbox"/>	<input type="checkbox"/>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MD & RJ</u>
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"/>	<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 type="checkbox"/>	

SECONDARY POWER			Comments
TYPE	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 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"/>	<u>OK</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
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
<u>3</u>	<u>Pull</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>19</u>	<u>S/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<u>H/P</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<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
<u>A/C Shut Down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Water Gas</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 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>WBF</u>	<u>12:00</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Adigary</u>	<u>12:00</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

System restored to normal operation: Date: 3/16/12 Time: 12:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Doug P. Piva Date: 3/16/12 Time: 12:00
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-15-2012
 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: FIRE STATION # 45.
 Address: 9716 N.W. 58 ST
 Owner Contact: FIRE
 Telephone: 3/9868654.

MONITORING ENTITY

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

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: FIRE LIFE
 Circuit Styles: B AND 9
 Number of Circuits: 11 OF 24.
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: SENSIRA/ 2000
3-11-2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>A</u>
<u>11</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>

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

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>10</u>	<u>Y</u>	Bells
<u>3</u>	<u>Y</u>	Horns <u>1/4 STROBE</u>
		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	
		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
<u>1</u>	<u>B</u>	Other: <u>GENERATOR RUNNING AND TROUBLE</u>

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 4

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECT. ROOM. PANEL "P"

Disconnecting Means Location: PANEL # 124

(b) Secondary (Standby):

24V DC Storage Battery: Amp-Hr. Rating 18 AH

Calculated capacity to operate system, in hours: 1 (5) 24 _____ 60

TOWER AT BLDG Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: OUTSIDE BLDG

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

NOTIFICATIONS ARE MADE		PRIOR TO ANY TESTING		Who	Time
	Yes	No			
Monitoring Entity	<input type="checkbox"/>	<input 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"/>		_____	_____

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

TYPE	SECONDARY POWER		Comments
	Visual	Functional	
Battery Condition	<input type="checkbox"/>		<u>DUE DATE</u>
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input 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 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>SMOKE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>DUCT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>PULL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>FLOW</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<u>TAMPER</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"/>

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>NO SHUT DOWN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>SPEAKER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>GENERATOR</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: SEE FIRE REPORTS A/F

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	<u>LOCAL</u>	_____
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: 3/15/2012 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: JO VIGORIO / JACOB Date: _____ Time: _____
 Signature: _____
 Name of Owner or Representative: LT
 Date: 3/15/2012 Time: PM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/21/12
 TIME: 12:50 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: Fire Station #46
 Address: 10200 NW 116th Way
 Owner Contact: Rick
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: _____
 Telephone: _____

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: Detection System
 Circuit Styles: B&Y
 Number of Circuits: 7
 Software Rev.: 2.03
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: DS 9400
3/11/11

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>B</u>
<u>13</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</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

NOTIFICATIONS ARE MADE		PRIOR TO ANY TESTING		Who	Time
	Yes	No			
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>			
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Advisory</u>	<u>12:20 AM</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>WAFR</u>	<u>12:20 AM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>			
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>			

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"/>	

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	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>OK</u>
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>5</u>	<u>R1/st</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>13</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>1</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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<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"/>	WAFD	1:20 PM
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	1:20 PM
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: 3/21/12 Time: 1:20 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Dwight Page Date: 3/21/12 Time: 1:20 PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/6/12
 TIME: 2:00 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: Fire station # 47
 Address: 9361 SW 24th St
 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: Silent Knight
 Circuit Styles: 4 P Y
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: 3/7/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 5020

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>4</u>
<u>10</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</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

NOTIFICATIONS ARE MADE

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

N/A

PRIOR TO ANY TESTING

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

Who

Time

_____	_____
_____	_____
_____	_____
_____	_____

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"/>

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

Comments

Date 2-2008

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 type="checkbox"/>	<input 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
5	Bill St	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	310	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Tampel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	FLOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" 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"/>	

N/A

INTERFACE EQUIPMENT

(Specify) A/C Shut Down
 (Specify) _____
 (Specify) _____

	Visual	Device Operation	Simulated Operation
(Specify) <u>A/C 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) _____
 (Specify) _____
 (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 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>MDFD</u>	<u>3:00 PM</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	<u>3:00 PM</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

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

System restored to normal operation: Date: 3/6/12 Time: 3:00 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Gregory R. ... Date: 3/6/12 Time: 3:00 PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-15-2012
 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: FIRE STATION # 48.
 Address: 8825 N.W. 18TH TERR.
 Owner Contact: RICK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 Telephone: _____

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: DETENTION SYS
 Circuit Styles: B AND 4
 Number of Circuits: 5
 Software Rev.: V.0.3.0
 Last Date System Had Any Service Performed: 3/5/2011
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: DS 9400

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>6</u>	<u>B</u>
<u>13</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>6</u>	<u>B</u>
<u>1</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 _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</u>	Bells
<u>12</u>	<u>4</u>	Horns <u>1300098</u>
<u>6</u>	<u>4</u>	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 2
 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
<u>✓</u>	_____	Generator In Auto Position
<u>✓</u>	_____	Generator or Controller Trouble
<u>✓</u>	_____	Switch Transfer
<u>1</u>	<u>4</u>	Generator Engine Running
_____	_____	Other: <u>GENERATOR</u>

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 3.5
 Overcurrent Protection: Type WEEKER Amps 20
 Location (of Primary Supply Panelboard): PANEL "1" ELECT. ROOM BACK
 Disconnecting Means Location: PRT #23

(b) Secondary (Standby):
2x12V DC 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.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE		PRIOR TO ANY TESTING		Who	Time
	Yes	No			
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>LUBIN</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____	_____
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		Visual	Functional	Comments
TYPE				
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>		_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>		_____

SECONDARY POWER		Visual	Functional	Comments
TYPE				
Battery Condition	<input 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 checked="" 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
_____	<u>PULL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>SMOKE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>HEAT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>DLGT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>W/F</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<u>TAMPER</u>	<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 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
N/A SHUT DN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<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 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"/>	LOCAL	_____
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: 3/15/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: 19 YIQUERD / J DECSU Date: 3/15/12 Time: PM
 Signature: _____
 Name of Owner or Representative: LT
 Date: 3/15/2012 Time: PM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/15/12
 TIME: 9:45 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: Fire Station # 49
 Address: 10850 SW 57 AVE
 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: Bosch
 Circuit Styles: B & Y
 Number of Circuits: 4
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: D 7024

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>3</u>	<u>B</u>
<u>10</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>3</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>5</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>12</u>	<u>Y</u>	Bells
<u>2</u>	<u>Y</u>	Horns / <u>strokes</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

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

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>N/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 2 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 3.0
 Overcurrent Protection: Type BREAKER Amps 120
 Location (of Primary Supply Panelboard): HOUSE PANEL IN OFFICE A
 Disconnecting Means Location: CKT # 21

(b) Secondary (Standby):
2 + 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:
Y Emergency system described in NFPA 70, Article 700
Y Legally required standby described in NFPA 70, Article 701
Y 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

NOTIFICATIONS ARE MADE		Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>			
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		ADVISOR	9:45 AM
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		MAINT	9:45 AM
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"/>	OK
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"/>		OK
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			Comments
TYPE	Visual	Functional	
Battery Condition	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
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
3	Roll St	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	S/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Flam	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	+amp	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments		All system is working properly.					

INSPECTION AND TESTING FORM

DATE: 3-16-2012
 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: FIRE STATION #50
 Address: 9798 HIBISCUS ST.
 Owner Contact: DICK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 Telephone: _____

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: SILENT KNIGHT Model No.: 5207
 Circuit Styles: B AND G
 Number of Circuits: 8 of 8
 Software Rev.: _____
 Last Date System Had Any Service Performed: 4/12/11
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>4</u>	<u>B</u>
<u>20</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>7</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</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>10</u>	<u>4</u>	Bells
<u>2</u>	<u>4</u>	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
No. of alarm notification appliance circuits: <u>4054</u>		Other (Specify): _____
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
<u>1</u>	_____	Fire Pump Running
<u>1</u>	_____	Generator In Auto Position
<u>1</u>	_____	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 5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM PANEL "A"
 Disconnecting Means Location: CKT # 23

(b) Secondary (Standby): 2 X 12 ✓ DL 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.

(NFPA Inspection and Testing, 2 of 4)

INSPECTION, TESTING, AND MAINTENANCE

PRIOR TO ANY TESTING		Who	Time
	Yes	No	
NOTIFICATIONS ARE MADE	<input type="checkbox"/>	<input type="checkbox"/>	
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			Comments
TYPE	Visual	Functional	
Control Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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
_____	DUL	<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
AIR SHUT DN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<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: SEE FIRE ALARM REPORT

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: 3/16/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. VIGORIS / J. RECISO Date: 3/16/12 Time: AM
 Signature: _____
 Name of Owner or Representative: BT
 Date: 3/16/12 Time: AM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-28-2012
 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: FIRE STATION # 51
 Address: 4775 N.W. 199 ST
 Owner Contact: RICK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 Telephone: _____

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: SILENT KNIGHT
 Circuit Styles: B & Y
 Number of Circuits: 130 OF 20
 Software Rev.: _____
 Last Date System Had Any Service Performed: 2/29/12
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: SK 5808

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>B</u>
<u>15</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>6</u>	<u>B</u>
<u>1</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): TAMPER

Alarm verification feature is disabled _____ enabled _____

INSPECTION, TESTING, AND MAINTENANCE

NOTIFICATIONS ARE MADE		PRIOR TO ANY TESTING		Who	Time
	Yes	No			
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"/>		_____	_____

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 type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

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
5	PULL STATION	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15	SMOKE	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6	HEAT	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7	DRIFT	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	WATER FLOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	TAMPER	<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 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 DN	<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"/>	_____	_____

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: 3/28/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J. VIGUEN Date: 3/28/12 Time: AM
 Signature: _____
 Name of Owner or Representative: LA
 Date: 3/28/12 Time: AM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 03-16-2012

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: FIRE STATION #52

Address: 12105 S.W. GUNL ROOST

Owner Contact: RICK

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: N/A

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: MDFD

Telephone: _____

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: SILENT KNIGHT

Model No.: 5820XL

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>B</u>
<u>20</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</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 TAMPER
- 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

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

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

REMOTE ANNUNCIATORS

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

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
_____	<u>TULL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>SMOKE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>DUCT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>HEAT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>TAMPER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<u>FLOW</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
1	B	Bells
2	Y	Horns 1 STROBE
1		Chimes
1		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: 2
 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
1	B	Fire Pump Running
1	B	Generator In Auto Position
1	B	Generator or Controller Trouble
1	B	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 3.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): PANEL "LD" ELECT. ROOM
 Disconnecting Means Location: CKT #91

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

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)

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
W/O CHUY DN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERATOR	<input checked="" 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: 3/16/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: W. J. VICKERMAN / J. DELSOL Date: 3/16/12 Time: _____
 Signature: _____
 Name of Owner or Representative: LT
 Date: 3/16/12 Time: AM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 13-21-2012
 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: FIRE STATION # 53
 Address: 11600 N.W. TURNPIKE HWY
 Owner Contact: ELIK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 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: 4 AND 7
 Number of Circuits: _____
 Software Rev.: _____
 Last Date System Had Any Service Performed: 3/10/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: EST 2

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>6</u>	<u>4</u>
<u>18</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>1</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): TAMPER

Alarm verification feature is disabled enabled _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
1	✓
4	✓
11	✓

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

No. of alarm notification appliance circuits: 4 of 6
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
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: GENERATOR VALVE
GAS

SIGNALING LINE CIRCUITS

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

Quantity 4 Style(s) ✓

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 3
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM. PANEL "A"
 Disconnecting Means Location: CIR #5

(b) Secondary (Standby): 2 X 12V 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

NOTIFICATIONS ARE MADE

PRIOR TO ANY TESTING

	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	<u>OK</u>
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input 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 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>PULL</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>SMOKE</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>DUCT</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>HEAT</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>TAMPER</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<u>F.U.O.W.</u>	<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 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
<i>A/C SHUT DOWN</i>	<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: *All system working properly*

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 type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ADVISORY</i>	<i>PM</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: *3/21/12* Time: *PM*

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: *Stanley A. Ray* Date: *3/21/12* Time: *PM*
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-12-2012
 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: FIRE STATION #54
 Address: 15250 N.W. 27 AVE.
 Owner Contact: RICK
 Telephone: 305-986-8654

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 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 AND 9
 Number of Circuits: 1
 Software Rev.: V 2.3.4 B 3
 Last Date System Had Any Service Performed: 4/4/2011
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: MS 9200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>4</u>
<u>23</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>3</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>11</u>	<u>4</u>	Bells
<u>6</u>	<u>4</u>	Horns <u>1 STROBE <</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2 of 4

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</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: <u>GENERATOR VALVE GAS</u> <u>SHUT DN</u>

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 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM. PANEL "L"
 Disconnecting Means Location: OUT # 21

(b) Secondary (Standby): 2 V12 ✓ Storage Battery: Amp-Hr. Rating 20

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 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

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

<input type="checkbox"/>	_____
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REMOTE ANNUNCIATORS

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
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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
_____	<i>PULL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<i>HEAT</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<i>SMOKE</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<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 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/R SHUT DN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS VALVE	<input checked="" 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: 3/12/12 Time: DM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. YIQUEIRA / J. DEISOL Date: 3/12/12 Time: DM
 Signature: _____
 Name of Owner or Representative: RICK
 Date: 3/12/12 Time: DM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-12-2012
 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: FIRE STATION #54
 Address: 15250 N.W. 27 AVE.
 Owner Contact: RICK
 Telephone: 305-986-8654

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 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 AND 9
 Number of Circuits: 1
 Software Rev.: V 2.3.4 B 3
 Last Date System Had Any Service Performed: 4/4/2011
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: MS 9200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>4</u>
<u>23</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>3</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>11</u>	<u>4</u>	Bells
<u>6</u>	<u>4</u>	Horns <u>1 STROBE <</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2 of 4

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>4</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: <u>GENERATOR VALVE GAS</u> <u>SHUT DN</u>

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 4
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM. PANEL "L"
 Disconnecting Means Location: OUT # 21

(b) Secondary (Standby): 2 V12 ✓ Storage Battery: Amp-Hr. Rating 20

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		Who	Time
NOTIFICATIONS ARE MADE	Yes	No	
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			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 type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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
_____	<i>PULL</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<i>HEAT</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<i>SMOKE</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<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 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/R SHUT DN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS VALVE	<input checked="" 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: 3/12/12 Time: DM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. YIQUEIRA / J. DEISOL Date: 3/12/12 Time: DM
 Signature: _____
 Name of Owner or Representative: RICK
 Date: 3/12/12 Time: DM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-20-2012
 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: FIRE STATION #56
 Address: 16235 S.W. 72 ST
 Owner Contact: RICK
 Telephone: 313314505

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: FIRE LITE
 Circuit Styles: 4 & 4
 Number of Circuits: 1
 Software Rev.: V03.1B3
 Last Date System Had Any Service Performed: 3/9/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: M59200UDLS

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>5</u>	<u>A</u>
<u>20</u>	<u>A</u>
<u>1</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</u>	<u>4</u>

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

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>10</u>	<u>4</u>	Bells
<u>12</u>	<u>4</u>	Horns
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 4 or 4
 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
<u>1</u>	<u>4</u>	Other: <u>GENERATOR GDS W/VE</u>

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 Amps 3
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM, PANEL "P"
 Disconnecting Means Location: ORT #29

(b) Secondary (Standby):
2 x 12 V. Storage Battery: Amp-Hr. Rating 7
 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		Who	Time
NOTIFICATIONS ARE MADE	Yes	No	
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			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 type="checkbox"/>	<input 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
_____	PULL	<input checked="" type="checkbox"/>	<input 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"/>
_____	HEAT	<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"/>
_____		<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
A/R SHUT DN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<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: SEE FIRE REPORT

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"/>	MDFD	_____
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: 3/20/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: E. VIQUEIRA / J. DALSOL Date: 3/20/12 Time: PM
 Signature: _____
 Name of Owner or Representative: LT
 Date: 3/20/2012 Time: PM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-16-2012
 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: FIRE STATION # 57
 Address: 8501 S.W. 127 AVE.
 Owner Contact: TRICK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDID
 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: 1 & 4
 Number of Circuits: 1
 Software Rev.: V. 2.33
 Last Date System Had Any Service Performed: 3/9/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: 2

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

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

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches 70MPER
- Other (Specify): _____

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>4</u>
<u>10</u>	<u>4</u>
<u>5</u>	<u>4</u>

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

No. of alarm notification appliance circuits: 20 of 2
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>4</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 120 Amps 2.5
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): ELECT. ROOM PANEL "P"
 Disconnecting Means Location: CIR # 29

(b) Secondary (Standby):
24V DC Storage Battery: Amp-Hr. Rating 7
 Calculated capacity to operate system, in hours: 24 60
ALL POWER BLDG Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: OUT SIDE BLDG

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

NOTIFICATIONS ARE MADE

PRIOR TO ANY TESTING

	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input 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 type="checkbox"/>	_____
Visible	<input checked="" type="checkbox"/>	<input 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
_____	PULL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	SMOKE	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	PULL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	DUAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	TAMPER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	FLOW	<input checked="" 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
D/O SHUT DN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

GAS VALVE	<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: SEE FIRE REPORT

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 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: 3/16/12 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIGUERA / J. DELSOL Date: 3/16/12 Time: PM

Signature: _____

Name of Owner or Representative: _____

Date: 3/16/12 Time: PM

Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/14/12
 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: Fire Station #58
 Address: 12701 SW 6th St
 Owner Contact: Rick Neary
 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: 4 2Y
 Number of Circuits: 1
 Software Rev.: V 3.00
 Last Date System Had Any Service Performed: 3/7/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: EST-2

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>4</u>
<u>12</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>3</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 _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>1</u>	<u>Y</u>	Bells
<u>8</u>	<u>Y</u>	Horns / <u>strokes</u>
<u>2</u>	<u>Y</u>	Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2
 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 2 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 5.0
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Panel B Electrical RM
 Disconnecting Means Location: CKT #20

(b) Secondary (Standby):
2 x 12V Storage Battery: Amp-Hr. Rating 12 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 type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MURPHY</u>	<u>2:00PM</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MURPHY</u>	<u>2:00PM</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"/>		<u>dated 2011</u>
Load Voltage		<input checked="" type="checkbox"/>	<u>OK</u>
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input checked="" 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"/>	<u>OK</u>
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<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>2</u>	<u>PIU/ST</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>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>H/D</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<u>FLOOR</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>3</u>	<u>TANKS</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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
<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 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>WBT R</u>	<u>3:00 PM</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Alverson</u>	<u>3:00 PM</u>
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: 3/14/12 Time: 3:00 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Ronald Silva Date: 3/14/12 Time: 3:00 PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-30-2012
 TIME: 8:00 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: FIRE STATION # 60
 Address: 17060 S.W. 298ST
 Owner Contact: ZICK.
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 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 1 4
 Number of Circuits: 10 of 10
 Software Rev.: V03.3
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: MS 9200 UD.

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

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

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

Alarm verification feature is disabled enabled _____

NATIONAL FIRE ALARM CODE

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>B</u>
<u>11</u>	<u>B</u>
<u>3</u>	<u>B</u>

- Bells
- Horns / STROBE
- 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>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</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: GPS WAVE CONTROL

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 120 Amps 3
 Overcurrent Protection: Type BREAKER Amps 20 "P"
 Location (of Primary Supply Panelboard): ELECT. RM PANEL "P"
 Disconnecting Means Location: CKT # 29

(b) Secondary (Standby): 24 12V DC Storage Battery: Amp-Hr. Rating 7

Calculated capacity to operate system, in hours: 24 60
POWER ALL BUILDINGS. Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: OUT SIDE BLDG.

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		Who	Time
	Yes	No	
NOTIFICATIONS ARE MADE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building Occupants	<input 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		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 type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER		Comments	
TYPE	Visual	Functional	
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
_____	<u>PULL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>SMOKE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>DUCT</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>HEAT</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<u>FLOW</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<u>TDM</u>	<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 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/D SHUT IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS VALVE	<input checked="" 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 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: 3/30/12 Time: AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.
 Name of Inspector: R. VIQUEIRA / J. DELSE Date: 3/30/12 Time: AM
 Signature: _____
 Name of Owner or Representative: LT.
 Date: 3/30/2012 Time: AM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/5/12
 TIME: 1:40 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: Fire Station # 61
 Address: 15155 SW 10th St
 Owner Contact: _____
 Telephone: _____

MONITORING ENTITY

Contact: CAC
 Telephone: 305 238 0800
 Monitoring Account Ref. No.: 1101-2855

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: Bosch
 Circuit Styles: F & Y
 Number of Circuits: 1
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: D7024
9/19/11

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>2</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</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"/>	CAC	11:30 AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADVISORY	11:30 AM
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"/>	OK
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"/>	
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

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

REMOTE ANNUNCIATORS

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

NOTIFICATION APPLIANCES

TYPE	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
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
1	WLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	SD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	DD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	HD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
6	Panel	<input checked="" 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"/>	

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"/>
Sprinkler	<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"/>	1:40 PM	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"/>	Manager	1:40
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAC	1:40
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	1:40
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: SEE FIRE Alarm Report to ASES.

System restored to normal operation: Date: 3/5/12 Time: 1:50 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 3/5/12 Time: 1:50 PM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3-14-2012
 TIME: 10:30 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: FIRE STATION #63
 Address: 1655 N.E. 205 ST
 Owner Contact: ZICK
 Telephone: _____

MONITORING ENTITY

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

APPROVING AGENCY

Contact: MDFD
 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 8 9
 Number of Circuits: 1
 Software Rev.: V 3.3
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: NFW2-100
3/31/2011

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>2</u>	<u>4</u>
<u>5</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 _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>4</u>	<u>4</u>	Bells
<u>0</u>	<u>4</u>	Horns <u>STROBE</u>
		Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 207 4

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 2 Style(s) 7

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 3

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): ELECT. PANEL "7" LOBBY

Disconnecting Means Location: PAN # 7

(b) Secondary (Standby):

24V 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		Who	Time
	Yes	No			
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"/>		_____	_____

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

TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____ <i>OK</i>
Load Voltage		<input checked="" type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input 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 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>2</u>	<u>PULL ST.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<u>SMOKE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1</u>	<u>HEAT</u>	<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"/>	<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) <i>N/A</i>	<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
(Specify) _____ <i>N/A</i>	<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 type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal <i>N/A</i>	<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"/>	_____	_____
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: 3/14/2012 Time: PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: R. VIGUERA / J. DELSO Date: 3/14/2012 Time: PM
 Signature: _____
 Name of Owner or Representative: LT
 Date: 3/14/2012 Time: AM
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/12/12
 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: Fire Station # 05
 Address: 1350 SE 24th St
 Owner Contact: _____
 Telephone: _____

MONITORING ENTITY

Contact: CAC
 Telephone: 305 238 0800
 Monitoring Account Ref. No.: 1101-2832

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: Bosch
 Circuit Styles: 4 RT
 Number of Circuits: 1
 Software Rev.: V 2.07
 Last Date System Had Any Service Performed: 2/21/12
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: D 7024

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>4</u>
<u>8</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</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	
1	Y	Bells
11	Y	Horns <i>1 Strobe</i>
5	Y	Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2
 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
1	4	Other: <u>gas valve shut down</u>

SIGNALING LINE CIRCUITS

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

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 4.5
 Overcurrent Protection: Type Breaker Amps 30
 Location (of Primary Supply Panelboard): Utility RM Panel P
 Disconnecting Means Location: CKT #29

(b) Secondary (Standby):
24 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:
3 Emergency system described in NFPA 70, Article 700
3 Legally required standby described in NFPA 70, Article 701
3 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

NOTIFICATIONS ARE MADE

PRIOR TO ANY TESTING

- 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
CAC	10:00 AM
Advisory	10:00 AM
MDFD	10:00 AM

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

Comments

OK

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

- Audible
- Visible
- Speakers
- Voice Clarity

-

-

Comments

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	PJH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	S/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	FLM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Tamper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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"/>	

N/A

INTERFACE EQUIPMENT

(Specify)	Visual	Device Operation	Simulated Operation
<u>N/A shut down</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Chase shut down</u>	<input checked="" 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 type="checkbox"/>	<u>10:30</u>	<u>OK</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>UBED</u>	<u>10:30 AM</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CAC</u>	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Advisory</u>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: SEE FIRE Alarm Report to A&T

System restored to normal operation: Date: 3/12/12 Time: 10:30 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 3/12/12 Time: 10:30 AM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____

INSPECTION AND TESTING FORM

DATE: 3/12/12
 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: Fire Station # 66
 Address: 3100 SE 8th St Homestead
 Owner Contact: _____
 Telephone: _____

MONITORING ENTITY

Contact: CAC
 Telephone: 305 238 0800
 Monitoring Account Ref. No.: 1101-2831

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: BOSCH
 Circuit Styles: 4 2 Y
 Number of Circuits: 1
 Software Rev.: ✓ 2.07
 Last Date System Had Any Service Performed: 9/20/11
 Last Date that Any Software or Configuration Was Revised: _____

Model No.: D 7024

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>1</u>	<u>4</u>
<u>8</u>	<u>4</u>
<u>3</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>1</u>	<u>4</u>
<u>4</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>1</u>	<u>Y</u>	Bells
<u>12</u>	<u>Y</u>	Horns <u>1 strobes</u>
<u>5</u>	<u>Y</u>	Chimes
		Strobes
		Speakers
		Other (Specify): _____

No. of alarm notification appliance circuits: 2
 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
<u>1</u>	<u>4</u>	Other: <u>gas valve shut down</u>

SIGNALING LINE CIRCUITS

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

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V Amps 4.5
 Overcurrent Protection: Type Breaker Amps 20
 Location (of Primary Supply Panelboard): Electrical RM Panel P
 Disconnecting Means Location: ckt # 29

(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.

(NFPA Inspection and Testing, 2 of 4)

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 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
CAC	9:00 AM
Advisory	9:00 AM
MDFD	9:00 AM
_____	_____
_____	_____

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

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

- Audible
- Visible
- Speakers
- Voice Clarity

OK
OK

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
1	pull st	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	S/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Temp/R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input checked="" 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"/>
Gas Valve Shut Down	<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"/>	10:00 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"/>	MDFD	10:00 AM
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAC	10:00 AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory	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: 3/12/12 Time: 10:00 AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: [Signature] Date: 3/12/12 Time: 10:00 AM
 Signature: _____
 Name of Owner or Representative: _____
 Date: _____ Time: _____
 Signature: _____