



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/13/2021

SITE CML - WHETSTONE

CONTACT Mark Sporck

ADDRESS 3909 NORTH HIGH ST.

PHONE 614-246-1220

CITY COLUMBUS

STATE OH ZIP 43214

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 - OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>		
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: No signature/covid19 concerns Signature: [Signature]

**2 - GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2023	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2018 Year Due: 2023	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2023	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JAN Year Due: 2022		<input checked="" type="checkbox"/>	
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA		<input checked="" type="checkbox"/>	

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Chain & Lock	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			6

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MECH ROOM	2"	105	85	95	20SEC	.15	1500	77	367

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	4"	NA	NA	NA	Make & Models	VIKING	F1
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Is the air pressure and priming water level normal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Did the nitrogen generators operate satisfactorily? Generator hour meter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Did the air compressor operate satisfactorily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Did the low air pressure alarm operate during the test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Auxiliary drains that were identified by the owner were drained during this inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Valves and trim appear to be protected from temperatures below 40°F?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Pipe that passes through freezers is free of ice blockage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature  Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative No signature/covid19 concerns Signature 



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 07/27/2021  
SITE CML - NORTHERN LIGHTS  
ADDRESS 4093 CLEVELAND AVE  
CITY COLUMBUS

CONTACT CHRISTIAN FIELDS  
PHONE 614-357-0245  
STATE OH ZIP 43224

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

1 - OWNERS SECTION *This section is to be answered and signed by the Owner or Owners Representative* YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (if no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?		<input checked="" type="checkbox"/>	
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: Chris Allen Signature: *CHRIS ALLEN*

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?			<input checked="" type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2021			<input checked="" type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: NA Year Due: 2021			<input checked="" type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2021			<input checked="" type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JUL Year Due: 2021	<input checked="" type="checkbox"/>		
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2022	<input checked="" type="checkbox"/>		

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>		

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MECH ROOM MEP	2"	45	40	50	:77 sec.	.15	900	19.15	186.7

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>		

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	4"	NA	NA	NA	Make & Models	VICTAULIC	717R
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?									<input checked="" type="checkbox"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)									<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA									<input checked="" type="checkbox"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)									<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?									<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA	Remote	NA		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?		<input checked="" type="checkbox"/>	
B. Is the air pressure and priming water level normal?		<input checked="" type="checkbox"/>	
C. Did the nitrogen generators operate satisfactorily? Generator hour meter		<input checked="" type="checkbox"/>	
D. Did the air compressor operate satisfactorily?		<input checked="" type="checkbox"/>	
E. Did the low air pressure alarm operate during the test?		<input checked="" type="checkbox"/>	
F. Auxiliary drains that were identified by the owner were drained during this inspection?		<input checked="" type="checkbox"/>	
G. Valves and trim appear to be protected from temperatures below 40°F?		<input checked="" type="checkbox"/>	
H. Pipe that passes through freezers is free of ice blockage?		<input checked="" type="checkbox"/>	
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA		<input checked="" type="checkbox"/>	

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>		
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>		
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>		
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?		<input checked="" type="checkbox"/>	
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2016		<input checked="" type="checkbox"/>	
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA		<input checked="" type="checkbox"/>	

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU28194 which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Scott Jones Signature Scott Jones Certification # 54-25-3647

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Chris Allen Signature CARIS ALLEN VERBAL APPROVAL



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 08/09/2021  
SITE CML - NEW DRIVING PARK  
ADDRESS 1422 EAST LIVINGSTON AVE  
CITY COLUMBUS

CONTACT JOE GREENE  
PHONE 614-374-2887  
STATE OH ZIP 43205

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 - OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?		<input checked="" type="checkbox"/>	
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: verbal approval via Chris Allen Signature: verbal approval

**2 - GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2023	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2018 Year Due: 2023	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2023	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JAN Year Due: 2020		<input checked="" type="checkbox"/>	
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA		<input checked="" type="checkbox"/>	

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test? NA			

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MECH ROOM MEP	2"	65	55	60	40	.15	1245	46	494

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Did waterflow through the inspectors test actuate all mechanical alarms? YES, NO. Row 2: B. Did waterflow through the inspectors test actuate all electrical alarms? YES, NO.

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: Number of systems 1, Sizes 4" NA NA NA, Make & Models VICTAULIC 717. Row 2: A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? YES, NO. Row 3: B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? YES, NO. Row 4: C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA. Row 5: D. The antifreeze system protection is normal and is not overcharged? Row 6: E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system? Row 7: F. Area Protected? NA, Type NA, Connection NA, Remote NA.

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Table with 3 columns: Question, YES, N/A, NO. Row 1: Number of Dry Systems 0, Make and Model NA, NA, Trip test report attached [X] Trip test not required. Row 2: Number of Pre-Action Systems 0, Make and Model NA, NA, Trip test report attached [X] Trip test not required. Row 3: Number of Deluge Systems 0, Make and Model NA, NA, Trip test report attached [X] Trip test not required.

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position? YES, NO. Row 2: B. Is the air pressure and priming water level normal? YES, NO. Row 3: C. Did the nitrogen generators operate satisfactorily? Generator hour meter. Row 4: D. Did the air compressor operate satisfactorily? YES, NO. Row 5: E. Did the low air pressure alarm operate during the test? YES, NO. Row 6: F. Auxiliary drains that were identified by the owner were drained during this inspection? YES, NO. Row 7: G. Valves and trim appear to be protected from temperatures below 40°F? YES, NO. Row 8: H. Pipe that passes through freezers is free of ice blockage? YES, NO. Row 9: I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA.

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? YES, NO. Row 2: B. Are visible pipe hangers and seismic braces free of physical damage? YES, NO. Row 3: C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation? YES, NO. Row 4: D. Have standard sprinklers 50 or more years old been replaced or successfully tested? YES, NO. Row 5: E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2013. Row 6: F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA.

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

System has Fire Pump: Y [ ] N [X] Fire Pump Test Performed This Inspection: Y [ ] N [ ] N/A [X] Report Attached: Y [ ] N [ ] N/A [X] Water Storage Tank Supplies Water: Y [ ] N [X] Tank Inspection Performed: Y [ ] N [ ] N/A [X] Report Attached: Y [ ] N [ ] N/A [X]

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # which is attached to this form.
No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative verbal approval via Chris Allen Signature [Signature]



# S.A. Comunale

An EMCOR Company

# DRY PIPE VALVE TRIP TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/21/2021  
SITE CML - HICKORY CHASE  
ADDRESS 4500 HICKORY CHASE  
CITY HILLIARD

CONTACT RYAN DRAKE  
PHONE 614-645-2275  
STATE OH ZIP 43215

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

This inspection is:  Full trip test (water flowed to inspectors test)  Partial trip test (no water at inspectors test) Year Full Flow Test Due 2023

DRY PIPE VALVES		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Valve Serial Number?		W00381577				
Manufacturer Name?		VIKING				
Valve Model Number?		F-2				
Valve Size?		6"				
Area Covered?		ATTIC				
Date Last Full Trip Test?		M: 05 Y: 2020	M: Y:	M: Y:	M: Y:	M: Y:
Date last operated?		M: 05 Y: 2020	M: Y:	M: Y:	M: Y:	M: Y:
Pressure Before Test:	Air?	36 psi	psi	psi	psi	psi
	Water?	70 psi	psi	psi	psi	psi
Size of outlet at test valve?		1/2"				
Was gate valve below dry valve open wide at test?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If not, how many turns?		THREE				
Valve Tripped At:	Air Pressure?	31 psi	psi	psi	psi	psi
	Water Pressure?	70 psi	psi	psi	psi	psi
	Time?	0 min 20 sec	min sec	min sec	min sec	min sec
If full trip test, list time water reached test opening?		NA min NA sec	min sec	min sec	min sec	min sec
Is water delivery to ITC less than 60 seconds?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
VALVE CONDITION / PERFORMANCE		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Acceptable Condition	Interior of Valve?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Moving Parts?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Rubber Facing?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Seats?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Performance	Valve Operated as Designed?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Valve Reset?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Water Flow Alarm Operate?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Low Air Trouble Alarm Operate?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
QUICK OPENING DEVICES		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Device Serial Number?		33089				
Manufacturer Name?		VIKING				
Model Number?		D-2				
Quick Opening Device In Service / Operated?		NA				
Air Pressure In Upper Chamber?		NA psi	psi	psi	psi	psi
Quick Opening Device Tripped At?		NA sec NA psi	sec psi	sec psi	sec psi	sec psi

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative verbal acceptance by Chris Signature N/A



# S.A. Comunale

An EMCOR Company

## INITIATING and SUPERVISORY DEVICE REPORT

(Functional & Sensitivity Testing)

DATE: 05/21/2021

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

BRANCH PHONE NUMBER: 614-291-7001

JOB NAME: \_\_\_\_\_

INSPECTION FREQUENCY:  Annual  SemiAnnual

ADDITIONAL BUILDING DATA: \_\_\_\_\_

Quarterly  Monthly  Weekly  Other

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
EXISTING MEP RM 228	PSD	1D038	FUNCTIONAL			PASS
RM 231 - HPU 8	PDD	1D039	FUNCTIONAL			PASS
EXISTING MEP 231B - HPL 13	PDD	1D040	FUNCTIONAL			PASS
EXISTING MEP RM 231	PSD	1D041	FUNCTIONAL			PASS
EXISTING MEP RM 237	PSD	1D042	FUNCTIONAL			PASS
EXISTING MEP RM 237A - HPU 9	PDD	1D043	FUNCTIONAL			PASS
EXISTING MEP 237B - HPU 11	PDD	1D044	FUNCTIONAL			PASS
STAFF ELEV LOBBY	PSD	1D045	FUNCTIONAL			PASS
EXISTING MEP RM 239 - HPU 12	PSD	1D048	FUNCTIONAL			PASS
EXISTING MEP 2ND FL	PSD	1D049	FUNCTIONAL			PASS
TECHNOLOGY RM 110	PSD	1D051	FUNCTIONAL			PASS
MEETING RM STORAGE	PSD	1D053	FUNCTIONAL			PASS
KITCHENETTE	RRD	1D054	FUNCTIONAL			PASS
TECHNOLOGY RM 137	PSD	1D055	FUNCTIONAL			PASS
BOOK DROP	PSD	1D056	FUNCTIONAL			PASS
TECHNOLOGY RM 211	PSD	1D057	FUNCTIONAL			PASS
STORAGE RM 230	PSD	1D058	FUNCTIONAL			PASS
TECHNOLOGY RM 234	PSD	1D059	FUNCTIONAL			PASS
RM 223 POOL ATTN	PDD	1D061	FUNCTIONAL			PASS
ELEV SHAFT PUBLIC	PSD	1D063	FUNCTIONAL			PASS
ELEV SHAFT PUBLIC	RRD	1D064	FUNCTIONAL			PASS
ELEV SHAFT SERVICE	PSD	1D065	FUNCTIONAL			PASS
ELEV SHAFT SERVICE	RRD	1D066	FUNCTIONAL			PASS

Are services required on Fire Alarm Components:  YES  NO How many devices this page require Service: 0

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL





# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_

SITE \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other \_\_\_\_\_

**1 – OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>		
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: verbal acceptance by Chris Signature: N/A

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2020 Year Due: 2025	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2022	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: MAY Year Due: 2022	<input checked="" type="checkbox"/>		
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2021	<input checked="" type="checkbox"/>		

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Chain, Lock & Tamper	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Sprinkler Riser Room	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1 WET	WATER SERVICE ROOM	2"	80	60	75	20SEC	NA	1080	55.02	300.58
2 WET	WATER SERVICE ROOM	2"	70	60	70	22SEC	NA	902	70.4	281.44
3 DRY	WATER SERVICE ROOM	2"	70	55	70	20SEC	NA	2535	63.5	713.8

SITE \_\_\_\_\_

DATE \_\_\_\_\_

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	2	Sizes	4"	NA	NA	NA	Make & Models	VIKING	F-1
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?	<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"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	1	Make and Model	VIKING	6IN F-2	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the air pressure and priming water level normal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Did the nitrogen generators operate satisfactorily? Generator hour meter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did the air compressor operate satisfactorily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Did the low air pressure alarm operate during the test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Auxiliary drains that were identified by the owner were drained during this inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Valves and trim appear to be protected from temperatures below 40°F?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Pipe that passes through freezers is free of ice blockage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: 2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2017	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers 2017	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Report Attached: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 06/30/2021  
SITE CML - NEW ALBANY  
ADDRESS 200 MARKET ST  
CITY NEW ALBANY

CONTACT 614-374-5708 ERV CARSON  
PHONE 614-374-5466  
STATE OH ZIP 43054

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

1 - OWNERS SECTION This section is to be answered and signed by the Owner or Owners Representative

	YES	N/A	NO
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: CHAD - TECH Signature: Verbal

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

	YES	N/A	NO
A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: NOW	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2018 Year Due: 2023	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JAN Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

	YES	N/A	NO
A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

	YES	N/A	NO
A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MECH ROOM OUTSIDE WET	2"	81	62	88	50	.10	1500	64.4	372.3
2	MECH ROOM OUTSIDE DRY	2"	81	60	83	4	.10	2535	69.2	375.3

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>		

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	4"	NA	NA	NA	Make & Models	VIKING	J-1
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?									<input checked="" type="checkbox"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)									<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA									<input checked="" type="checkbox"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)									<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?									<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified YES

Number of Dry Systems	1	Make and Model	VIKING	F-1	<input checked="" type="checkbox"/>	Trip test report attached	<input type="checkbox"/>	Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Is the air pressure and priming water level normal?	<input checked="" type="checkbox"/>		
C. Did the nitrogen generators operate satisfactorily? Generator hour meter			<input checked="" type="checkbox"/>
D. Did the air compressor operate satisfactorily?	<input checked="" type="checkbox"/>		
E. Did the low air pressure alarm operate during the test?	<input checked="" type="checkbox"/>		
F. Auxiliary drains that were identified by the owner were drained during this inspection?			<input checked="" type="checkbox"/>
G. Valves and trim appear to be protected from temperatures below 40°F?	<input checked="" type="checkbox"/>		
H. Pipe that passes through freezers is free of ice blockage?			<input checked="" type="checkbox"/>
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: 2014			<input checked="" type="checkbox"/>

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>		
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>		
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>		
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?			<input checked="" type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2003			<input checked="" type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA			<input checked="" type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU17793 which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jarret Hopkins Signature Jarret Hopkins Certification # 54-25-5152

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative CHAD - TECH Signature Verbal

# DRY PIPE VALVE TRIP TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 06/30/2021  
 SITE CML - NEW ALBANY  
 ADDRESS 200 MARKET ST  
 CITY NEW ALBANY

CONTACT 614-374-5708 ERV CARSON  
 PHONE 614-374-5466  
 STATE OH ZIP 43215

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

This inspection is:  Full trip test (water flowed to inspectors test)  Partial trip test (no water at inspectors test) Year Full Flow Test Due **2022**

DRY PIPE VALVES		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Valve Serial Number?		00210945				
Manufacturer Name?		VIKING				
Valve Model Number?		F-1				
Valve Size?		4"				
Area Covered?		ATTIC				
Date Last Full Trip Test?		M: 06 Y: 2019	M: Y:	M: Y:	M: Y:	M: Y:
Date last operated?		M: 06 Y: 2021	M: Y:	M: Y:	M: Y:	M: Y:
Pressure Before Test:	Air?	34 psi	psi	psi	psi	psi
	Water?	81 psi	psi	psi	psi	psi
Size of outlet at test valve?		1/2"				
Was gate valve below dry valve open wide at test?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If not, how many turns?		SIX				
Valve Tripped At:	Air Pressure?	15 psi	psi	psi	psi	psi
	Water Pressure?	81 psi	psi	psi	psi	psi
	Time?	PT min PT sec	min sec	min sec	min sec	min sec
If full trip test, list time water reached test opening?		PT min PT sec	min sec	min sec	min sec	min sec
Is water delivery to ITC less than 60 seconds?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
VALVE CONDITION / PERFORMANCE		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Acceptable Condition	Interior of Valve?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Moving Parts?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Rubber Facing?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Seats?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Performance	Valve Operated as Designed?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Valve Reset?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Water Flow Alarm Operate?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Low Air Trouble Alarm Operate?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
QUICK OPENING DEVICES		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Device Serial Number?		NA				
Manufacturer Name?		VIKING				
Model Number?		E-1				
Quick Opening Device In Service / Operated?		NO				
Air Pressure In Upper Chamber?		0 psi	psi	psi	psi	psi
Quick Opening Device Tripped At?		NA sec NA psi	sec psi	sec psi	sec psi	sec psi

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU17793 which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jarret Hopkins Signature [Signature] Certification # 54-25-5152

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative CHAD - TECH Signature Verbal



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 09/10/2021

SITE CML - BARNETT

CONTACT CHRISTIAN FIELDS

ADDRESS 3434 EAST LIVINGSTON AVE

PHONE 614-374-5466

CITY COLUMBUS

STATE OH ZIP

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 - OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative

	YES	N/A	NO
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: verbal approval via Chris Allen Signature: verbal approval

**2 - GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

	YES	N/A	NO
A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

	YES	N/A	NO
A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

	YES	N/A	NO
A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	EAST OS MECH ROOM	NA	NA	NA	NA	NA	NA	NA	NA	NA



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 07/19/2021  
SITE CML - REYNOLDSBURG  
ADDRESS 1402 BRICE RD.  
CITY REYNOLDSBURG

CONTACT CHRIS  
PHONE 614-374-5466  
STATE OH ZIP 43068

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 - OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?		<input checked="" type="checkbox"/>	
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: verbal approval via Chad Signature: Verbal approval

**2 - GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)		<input checked="" type="checkbox"/>	
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?		<input checked="" type="checkbox"/>	
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2022	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2017 Year Due: 2022	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2022	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: NA Year Due: NA		<input checked="" type="checkbox"/>	
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA		<input checked="" type="checkbox"/>	

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Chain & Lock	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?		<input checked="" type="checkbox"/>	
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	Mech Room	1-1/4"	90	60	85	30	NA	NA	NA	NA

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>		

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	2 1/2" NA	NA	NA	Make & Models	VIKING	CHK VALVE -LIMITED AREA
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?								<input checked="" type="checkbox"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)								<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA								<input checked="" type="checkbox"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)								<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?								<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°	

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?		<input checked="" type="checkbox"/>	
B. Is the air pressure and priming water level normal?		<input checked="" type="checkbox"/>	
C. Did the nitrogen generators operate satisfactorily? Generator hour meter		<input checked="" type="checkbox"/>	
D. Did the air compressor operate satisfactorily?		<input checked="" type="checkbox"/>	
E. Did the low air pressure alarm operate during the test?		<input checked="" type="checkbox"/>	
F. Auxiliary drains that were identified by the owner were drained during this inspection?		<input checked="" type="checkbox"/>	
G. Valves and trim appear to be protected from temperatures below 40°F?		<input checked="" type="checkbox"/>	
H. Pipe that passes through freezers is free of ice blockage?		<input checked="" type="checkbox"/>	
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA		<input checked="" type="checkbox"/>	

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>		
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>		
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>		
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?		<input checked="" type="checkbox"/>	
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers NA		<input checked="" type="checkbox"/>	
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA		<input checked="" type="checkbox"/>	

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative verbal approval via Chad Signature Verbal approval





# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_

SITE \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other \_\_\_\_\_

**1 – OWNERS SECTION** *This section is to be answered and signed by the Owner or Owners Representative* YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>		
<b>Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected</b>			

Name of Owner or Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)		<input checked="" type="checkbox"/>	
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)		<input checked="" type="checkbox"/>	
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?		<input checked="" type="checkbox"/>	
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: NA		<input checked="" type="checkbox"/>	
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2016 Year Due: 2021			<input checked="" type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2021	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: NA Year Due: NA		<input checked="" type="checkbox"/>	
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA		<input checked="" type="checkbox"/>	

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Locked Door	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?		<input checked="" type="checkbox"/>	
D. Did all electrical supervisory switches actuate supervisory alarms?		<input checked="" type="checkbox"/>	
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Closet	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)		<input checked="" type="checkbox"/>	
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	CUSTODIAL CLOSET	NA	175	.	.	.	NA	NA	NA	NA

SITE

DATE

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Did waterflow through the inspectors test actuate all mechanical alarms? Row 2: B. Did waterflow through the inspectors test actuate all electrical alarms?

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Includes sub-table for 'Number of systems', 'Sizes', 'Make & Models'. Rows A-F: Alarm valves, trim valves, antifreeze system protection, etc.

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Table with 3 columns: Question, YES, N/A, NO. Rows: Number of Dry Systems, Pre-Action Systems, Deluge Systems. Includes 'Trip test report attached' checkboxes.

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Rows A-I: Valves, air pressure, nitrogen generators, air compressor, low air pressure alarm, auxiliary drains, ice blockage, Air Leakage Test.

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Rows A-F: Visible pipe condition, pipe hangers, sprinkler damage, sprinkler age, fast response sprinklers, dry type sprinklers.

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

Form with checkboxes for: System has Fire Pump, Fire Pump Test Performed, Report Attached, Water Storage Tank Supplies Water, Tank Inspection Performed, Report Attached.

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU996008 which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections.

Name of Inspector Signature Certification # 54-25-4951

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Tracey Signature [Handwritten Signature]



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_

SITE \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 – OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative **YES N/A NO**

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>		
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: no signature/covid19 concerns Signature: [Signature]

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) **YES N/A NO**

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2021	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2016 Year Due: 2021	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2021	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: OCT Year Due: 2021	<input checked="" type="checkbox"/>		
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2026	<input checked="" type="checkbox"/>		

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) **YES N/A NO**

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Chain, Lock & Tamper	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) **YES N/A NO**

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	WATER SERVICE ROOM	1-1/4"	65	49	60	25sec	.10	990	50.3	291

SITE

DATE

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Did waterflow through the inspectors test actuate all mechanical alarms? YES: X, N/A: X, NO: . Row 2: B. Did waterflow through the inspectors test actuate all electrical alarms? YES: X, N/A: , NO: .

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: Number of systems 1, Sizes 3" NA NA NA, Make & Models VICTAULIC 717HR. Row 2: A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? YES: X, N/A: , NO: . Row 3: B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided) YES: , N/A: X, NO: . Row 4: C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA YES: , N/A: X, NO: . Row 5: D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged) YES: , N/A: X, NO: . Row 6: E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system? YES: , N/A: X, NO: . Row 7: F. Area Protected? NA, Type NA, Connection NA°, Remote NA°.

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Table with 3 columns: Question, YES, N/A, NO. Row 1: Number of Dry Systems 0, Make and Model NA NA, Trip test report attached X Trip test not required. Row 2: Number of Pre-Action Systems 0, Make and Model NA NA, Trip test report attached X Trip test not required. Row 3: Number of Deluge Systems 0, Make and Model NA NA, Trip test report attached X Trip test not required.

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position? YES: , N/A: X, NO: . Row 2: B. Is the air pressure and priming water level normal? YES: , N/A: X, NO: . Row 3: C. Did the nitrogen generators operate satisfactorily? Generator hour meter YES: , N/A: X, NO: . Row 4: D. Did the air compressor operate satisfactorily? YES: , N/A: X, NO: . Row 5: E. Did the low air pressure alarm operate during the test? YES: , N/A: X, NO: . Row 6: F. Auxiliary drains that were identified by the owner were drained during this inspection? YES: , N/A: X, NO: . Row 7: G. Valves and trim appear to be protected from temperatures below 40°F? YES: , N/A: X, NO: . Row 8: H. Pipe that passes through freezers is free of ice blockage? YES: , N/A: X, NO: . Row 9: I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA YES: , N/A: X, NO: .

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? YES: X, N/A: , NO: . Row 2: B. Are visible pipe hangers and seismic braces free of physical damage? YES: X, N/A: , NO: . Row 3: C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation? YES: X, N/A: , NO: . Row 4: D. Have standard sprinklers 50 or more years old been replaced or successfully tested? YES: , N/A: X, NO: . Row 5: E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2016 YES: , N/A: X, NO: . Row 6: F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA YES: , N/A: X, NO: .

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

System has Fire Pump: Y [ ] N [X] Fire Pump Test Performed This Inspection: Y [ ] N [ ] N/A [X] Report Attached: Y [ ] N [ ] N/A [X] Water Storage Tank Supplies Water: Y [ ] N [X] Tank Inspection Performed: Y [ ] N [ ] N/A [X] Report Attached: Y [ ] N [ ] N/A [X]

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid19 concerns Signature [Signature]



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 SITE \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CITY \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 – OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative

	YES	N/A	NO
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: no signature/covid 19 concerns Signature: [Signature]

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

	YES	N/A	NO
A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2020 Year Due: 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JAN Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

	YES	N/A	NO
A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

	YES	N/A	NO
A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MECH ROOM MEP	1-1/4"	65	50	60	15SEC	.1	1500	53.6	295.2

SITE

DATE

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Did waterflow through the inspectors test actuate all mechanical alarms? Row 2: B. Did waterflow through the inspectors test actuate all electrical alarms?

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Includes fields for Number of systems (1), Sizes (3"), Make & Models (VICTAULIC 717HR). Rows A-F: Alarm valves, trim valves, antifreeze system protection, and area protected.

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Table with 3 columns: Question, YES, N/A, NO. Rows: Number of Dry Systems (0), Pre-Action Systems (0), Deluge Systems (0). Includes trip test report attached status.

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Rows A-I: Valves, air pressure, nitrogen generators, air compressor, low air pressure alarm, auxiliary drains, pipe protection, and air leakage test.

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Rows A-F: Visible pipe condition, pipe hangers, sprinkler damage, standard sprinklers, fast response sprinklers, dry type sprinklers.

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

Form fields for System has Fire Pump, Fire Pump Test Performed, Report Attached, Water Storage Tank Supplies Water, Tank Inspection Performed, Report Attached.

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid 19 concerns Signature [Signature]



# S.A. Comunale

An EMCOR Company

# ADDITIONAL SPRINKLER RISER INFORMATION REPORT

BRANCH PHONE NUMBER: 614-291-7001  
SITE CML - DUBLIN

NATIONAL ACCOUNT NUMBER: 1-800-776-7181  
DATE 04/02/2021

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	FL1 WATER SERVICE ROOM	1-1/4"	90	60	80	37	.10	1500	55.2	365.7
2	FL1 WATER SERVICE ROOM	1-1/4"	75	50	75	21	.15	1500	77.3	469.9
3	FL1 WATER SERVICE ROOM	1-1/4"	80	65	80	28	.10	1500	62.2	341.6



# S.A. Comunale

An EMCOR Company

# WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 – OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative **YES N/A NO**

A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: Christian Fields Signature: \_\_\_\_\_

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) **YES N/A NO**

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: <b>NA</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: <b>2019</b> Year Due: <b>2024</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: <b>2024</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: <b>NA</b> Year Due: <b>NA</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: <b>APR</b> Year Due: <b>2021</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: <b>NA</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) **YES N/A NO**

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) <b>Chain, Lock &amp; Tamper</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) <b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) **YES N/A NO**

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			<b>NA</b>

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
	SEE ATTACHED									



SITE

DATE

5 - FLOW ALARMS (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Did waterflow through the inspectors test actuate all mechanical alarms? YES: X, N/A: , NO: . Row 2: B. Did waterflow through the inspectors test actuate all electrical alarms? YES: X, N/A: , NO: .

6 - WET SYSTEMS (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: Number of systems 3, Sizes 3", NA, NA, NA, Make & Models GLOBE DN80. Row 2: A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage? YES: X, N/A: , NO: . Row 3: B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided) YES: , N/A: X, NO: . Row 4: C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA YES: , N/A: X, NO: . Row 5: D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged) YES: , N/A: X, NO: . Row 6: E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system? YES: , N/A: X, NO: . Row 7: F. Area Protected? NA, Type NA, Connection NA°, Remote NA°.

7 - DRY / PREACTION / DELUGE SYSTEMS It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Table with 3 columns: Question, YES, N/A, NO. Row 1: Number of Dry Systems 0, Make and Model NA, NA, Trip test report attached (checkbox), Trip test not required (checkbox checked). Row 2: Number of Pre-Action Systems 0, Make and Model NA, NA, Trip test report attached (checkbox), Trip test not required (checkbox checked). Row 3: Number of Deluge Systems 0, Make and Model NA, NA, Trip test report attached (checkbox), Trip test not required (checkbox checked).

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Valves, gauges and associated trim are free from physical damage? YES: , N/A: X, NO: . Row 2: B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? YES: , N/A: X, NO: . Row 3: C. Is the air pressure and priming water level normal? YES: , N/A: X, NO: . Row 4: D. Did the air compressor and/or nitrogen generators operate satisfactorily? YES: , N/A: X, NO: . Row 5: E. Did the low air pressure alarm operate during the test? YES: , N/A: X, NO: . Row 6: F. Auxiliary drains that were identified by the owner were drained during this inspection? YES: , N/A: X, NO: . Row 7: G. Valves and trim appear to be protected from temperatures below 40°F? YES: , N/A: X, NO: . Row 8: H. Pipe that passes through freezers is free of ice blockage? YES: , N/A: X, NO: . Row 9: I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA YES: , N/A: X, NO: .

8 - SPRINKLERS, PIPE, AND HANGERS (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

Table with 3 columns: Question, YES, N/A, NO. Row 1: A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks? YES: X, N/A: , NO: . Row 2: B. Are visible pipe hangers and seismic braces free of physical damage? YES: X, N/A: , NO: . Row 3: C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation? YES: X, N/A: , NO: . Row 4: D. Have standard sprinklers 50 or more years old been replaced or successfully tested? YES: , N/A: X, NO: . Row 5: E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2019 YES: , N/A: X, NO: . Row 6: F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA YES: , N/A: X, NO: .

9 - FIRE PUMPS AND STORAGE TANKS (General Information concerning the property)

Table with 3 columns: Question, YES, N/A, NO. Row 1: System has Fire Pump: Y [ ] N [X] Fire Pump Test Performed This Inspection: Y [ ] N [ ] N/A [X] Report Attached: Y [ ] N [ ] N/A [X]. Row 2: Water Storage Tank Supplies Water: Y [ ] N [X] Tank Inspection Performed: Y [ ] N [ ] N/A [X] Report Attached: Y [ ] N [ ] N/A [X].

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Nick Haring Signature [Signature] Certification # 54-25-4951

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Christian Fields Signature [Signature]

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 06/23/2021

SITE CML - FRANKLINTON

CONTACT 614-832-0750 DANIEL WEBB

ADDRESS 1061 WEST TOWN ST

PHONE 614-374-2494

CITY COLUMBUS

STATE OH ZIP 43222

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

1 - OWNERS SECTION *This section is to be answered and signed by the Owner or Owners Representative*

	YES	N/A	NO
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected			

Name of Owner or Representative: verbal approval via Pat Signature: Verbal approval

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

	YES	N/A	NO
A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2017 Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

	YES	N/A	NO
A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Locked Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

	YES	N/A	NO
A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	2ND FL OUTSIDE MECH ROOM	NA	80	NA	NA	NA	NA	NA	NA	NA
2	2ND FL MECH ROOM	NA	80	NA	NA	NA	NA	NA	NA	NA

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?		<input checked="" type="checkbox"/>	

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	2	Sizes	1"	NA	NA	NA	Make & Models	STRAIGHT GUT	OFF DOMESTIC
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?									<input checked="" type="checkbox"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)									<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA									<input checked="" type="checkbox"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)									<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?									<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?		<input checked="" type="checkbox"/>	
B. Is the air pressure and priming water level normal?		<input checked="" type="checkbox"/>	
C. Did the nitrogen generators operate satisfactorily? Generator hour meter		<input checked="" type="checkbox"/>	
D. Did the air compressor operate satisfactorily?		<input checked="" type="checkbox"/>	
E. Did the low air pressure alarm operate during the test?		<input checked="" type="checkbox"/>	
F. Auxiliary drains that were identified by the owner were drained during this inspection?		<input checked="" type="checkbox"/>	
G. Valves and trim appear to be protected from temperatures below 40°F?		<input checked="" type="checkbox"/>	
H. Pipe that passes through freezers is free of ice blockage?		<input checked="" type="checkbox"/>	
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA		<input checked="" type="checkbox"/>	

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?		<input checked="" type="checkbox"/>	
B. Are visible pipe hangers and seismic braces free of physical damage?		<input checked="" type="checkbox"/>	
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?		<input checked="" type="checkbox"/>	
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?			<input checked="" type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers NA			<input checked="" type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA			<input checked="" type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative verbal approval via Pat Signature Verbal approval



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 06/09/2021

SITE CML - LINDEN

CONTACT CHRISTIAN FIELDS

ADDRESS 2223 CLEVELAND AVE

PHONE 614-374-5466

CITY COLUMBUS

STATE OH ZIP 43211

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

1 - OWNERS SECTION This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no. survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: Verbal approval from Chris Allen Signature: Verbal approval

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2017 Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Locked Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	1ST FL MECH ROOM	NA	75	NA	NA	NA	NA	NA	NA	

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?		<input checked="" type="checkbox"/>	

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	2"	NA	NA	NA	Make & Models	STRAIGHT GUT	LIMITED AREA COPPER	OFF DOMESTIC
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?									<input checked="" type="checkbox"/>	
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)										<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA										<input checked="" type="checkbox"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)										<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?										<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA <sup>o</sup>	Remote	NA <sup>o</sup>			

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?		<input checked="" type="checkbox"/>	
B. Is the air pressure and priming water level normal?		<input checked="" type="checkbox"/>	
C. Did the nitrogen generators operate satisfactorily? Generator hour meter		<input checked="" type="checkbox"/>	
D. Did the air compressor operate satisfactorily?		<input checked="" type="checkbox"/>	
E. Did the low air pressure alarm operate during the test?		<input checked="" type="checkbox"/>	
F. Auxiliary drains that were identified by the owner were drained during this inspection?		<input checked="" type="checkbox"/>	
G. Valves and trim appear to be protected from temperatures below 40°F?		<input checked="" type="checkbox"/>	
H. Pipe that passes through freezers is free of ice blockage?		<input checked="" type="checkbox"/>	
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA		<input checked="" type="checkbox"/>	

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?		<input checked="" type="checkbox"/>	
B. Are visible pipe hangers and seismic braces free of physical damage?		<input checked="" type="checkbox"/>	
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?		<input checked="" type="checkbox"/>	
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?			<input checked="" type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers NA			<input checked="" type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA			<input checked="" type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Verbal approval from Chris Allen Signature Verbal approval



# S.A. Comunale

An EMCOR Company

# ADDITIONAL SPRINKLER RISER INFORMATION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

SITE CML - MAIN (INSPECTION)

DATE 12/15/2021

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	DRY FIRE PUMP ROOM AREA A	2"	117	AIR - 35	-	3	NA	NA	NA	NA
2	DRY FIRE PUMP ROOM AREA B	2"	119	AIR - 37	-	3	NA	NA	NA	NA
3	DRY MAINT SHOP SW GARAGE	2"	119	AIR - 45	-	3	NA	NA	NA	NA
4	DRY MAINT SHOP SE GARAGE	2"	120	AIR - 44	-	3	NA	NA	NA	NA
5	DRY MAINT SHOP DOCK	2"	119	79	117	3	NA	NA	NA	NA
6	PRE ACTION MAINT SHOP	1-1/4"	119	AIR - 35	-	3	NA	NA	NA	NA
7	PRE ACTION PENTHOUSE	1-1/4"	98	AIR - 21	-	3	NA	NA	NA	NA
8	PENTHOUSE STAIR (WET)	1-1/4"	86	-	-	44	.15	1950	90.36	697.7
9	3RD FL S. STAIR (WET)	1-1/4"	92	-	-	41	NA	NA	NA	NA
10	2ND FL S. STAIR (WET)	1-1/4"	94	-	-	43	NA	NA	NA	NA
11	1ST FL S. STAIR (WET)	1-1/4"	110	-	-	33	NA	NA	NA	NA
12	BASEMENT S. STAIR (WET)	1-1/4"	120	-	-	32	NA	NA	NA	NA
13	2ND FL STAIR 2	1-1/4"	110	-	-	37				
14	1ST FL STAIR 2	1-1/4"	116	-	-	28				



# S.A. Comunale

An EMCOR Company

## INITIATING and SUPERVISORY DEVICE REPORT

(Functional & Sensitivity Testing)

DATE: 12/15/2021

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

BRANCH PHONE NUMBER: 614-291-7001

JOB NAME: CML - MAIN (INSPECTION)

INSPECTION FREQUENCY:  Annual  SemiAnnual

ADDITIONAL BUILDING DATA: PG. 1

Quarterly  Monthly  Weekly  Other

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
AHU 6	PDD	L02D026	FUNCTIONAL			PASS
AHU 6 RM AREA SMOKE	PSD	L02D027	FUNCTIONAL			PASS
MICROFILM 3RD FL	PDD	L02D028	FUNCTIONAL			PASS
MENS RR 3RD FL	PDD	L02D029	FUNCTIONAL			PASS
GH INFO 3RD FL	PDD	L02D030	FUNCTIONAL			PASS
ATRIUM BALCONY 3RD FL	PDD	L02D031	FUNCTIONAL			PASS
BEAM 3RD FL	BD	L02D033	FUNCTIONAL			PASS
ELEV A LOBBY 3RD FL	PSD	L02D034	FUNCTIONAL			PASS
ELEV A TOP OF SHAFT	PSD	L02D035	VISUAL			PASS
ELEV A TOP SHAFT	FHD	L02D036	VISUAL			PASS
ADULT REFERENCE 3RD FL	PDD	L02D037	FUNCTIONAL			PASS
ADULT REFERENCE 3RD FL	PDD	L02D038	FUNCTIONAL			PASS
KITCHEN 3035A 3RD FL	PDD	L02D039	FUNCTIONAL			PASS
ADULT REF OPEN 3RD FL	PSD	L02D040	FUNCTIONAL			PASS
BY ELEC 3031 3RD FL	PDD	L02D041	FUNCTIONAL			PASS
SW ROOF	PDD	L02D042	FUNCTIONAL			PASS
SW ROOF	PDD	L02D043	FUNCTIONAL			PASS
NW ROOF	PDD	L02D044	FUNCTIONAL			PASS
NW ROOF	PDD	L02D045	FUNCTIONAL			PASS
NE ROOF	PDD	L02D046	FUNCTIONAL			PASS
NE ROOF	PDD	L02D047	FUNCTIONAL			PASS
ELEV B LOBBY ROOF PENTHOUSE	PSD	L02D048	FUNCTIONAL			PASS
ELEV B SHAFT	PSD	L02D049	VISUAL			PASS
ELEV B SHAFT	FHD	L02D050	VISUAL			PASS
ELEV A MACH RM	PSD	L02D051	FUNCTIONAL			PASS
ELEV A MACH RM	FHD	L02D052	FUNCTIONAL			PASS
AHU 4 RETURN ROOF	PDD	L02D057	FUNCTIONAL			PASS
AHU 4 SUPPLY ROOF	PDD	L02D058	FUNCTIONAL			PASS
AREA C ELEC RM 2ND FL	PDD	L02D060	FUNCTIONAL			PASS
CORRIDOR 2023 2ND FL	PDD	L02D061	FUNCTIONAL			PASS
CORRIDOR 2023 2ND FL	PDD	L02D062	FUNCTIONAL			PASS
IT CLOSET 2004 2ND FL	PSD	L02D063	FUNCTIONAL			PASS
ELEV B LOBBY 2ND FL	PSD	L02D064	FUNCTIONAL			PASS
ELEV A LOBBY 2ND FL	PSD	L02D065	FUNCTIONAL			PASS
ATRIUM BALCONY 2ND FL	PDD	L02D066	FUNCTIONAL			PASS
TEENS 2010 2ND FL	PDD	L02D067	FUNCTIONAL			PASS
BY OPEN STUDY 2ND FL	PDD	L02D068	FUNCTIONAL			PASS
IT CLOSET 3RD FL	PSD	L02D069	FUNCTIONAL			PASS
ELEC RM 2000A 2ND FL	PSD	L02D078	FUNCTIONAL			PASS
ELEC 2113 2ND FL	PSD	L02D079	FUNCTIONAL			PASS
ELEC 2005 2ND FL	PSD	L02D080	FUNCTIONAL			PASS
STORAGE 200C 2ND FL	PSD	L02D081	FUNCTIONAL			PASS
ELEC 3001 3RD FL	PSD	L02D083	FUNCTIONAL			PASS
ELEC 3056 3RD FL	PSD	L02D085	FUNCTIONAL			PASS
DETECTOR L02D086	PSD	L02D086	FUNCTIONAL			PASS
ELEC 3047A 3RD FL	PSD	L02D087	FUNCTIONAL			PASS
ELEC RM PENTHOUSE	PSD	L02D089	FUNCTIONAL			PASS

Are services required on Fire Alarm Components:  YES  NO How many devices this page require Service: 0

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



SITE CML - MAIN (INSPECTION)

System Comments - Continued:

(A) VISUAL INSPECTION BATTERIES SHALL BE INSPECTED FOR CORROSION OR LEAKAGE. TIGHTNESS OF CONNECTIONS SHALL BE CHECKED AND ENSURED. IF NECESSARY, BATTERY TERMINALS OR CONNECTIONS SHALL BE CLEANED AND COATED. ELECTROLYTE LEVEL IN LEAD-ACID BATTERIES SHALL BE VISUALLY INSPECTED.

(B) BATTERY REPLACEMENT BATTERIES SHALL BE REPLACED IN ACCORDANCE WITH THE RECOMMENDATIONS OF THE ALARM EQUIPMENT MANUFACTURER OR WHEN THE RECHARGED BATTERY VOLTAGE OR CURRENT FALLS BELOW THE MANUFACTURER'S RECOMMENDATIONS.

(C) CHARGER TEST OPERATION OF BATTERY CHARGER SHALL BE CHECKED IN ACCORDANCE WITH CHARGER TEST FOR THE SPECIFIC TYPE OF BATTERY.

(D) DISCHARGE TEST WITH THE BATTERY CHARGER DISCONNECTED, THE BATTERIES SHALL BE LOAD TESTED FOLLOWING THE MANUFACTURER'S RECOMMENDATIONS. THE VOLTAGE LEVEL SHALL NOT FALL BELOW THE LEVELS SPECIFIED.

EXCEPTION: AN ARTIFICIAL LOAD EQUAL TO THE FULL FIRE ALARM LOAD CONNECTED TO THE BATTERY SHALL BE PERMITTED TO BE USED IN CONDUCTING THIS TEST.

(E) LOAD VOLTAGE TEST WITH THE BATTERY CHARGER DISCONNECTED, THE TERMINAL VOLTAGE SHALL BE MEASURED WHILE SUPPLYING THE MAXIMUM LOAD REQUIRED BY ITS APPLICATION. THE VOLTAGE LEVEL SHALL NOT FALL BELOW THE LEVELS SPECIFIED FOR THE SPECIFIC TYPE OF BATTERY. IF THE VOLTAGE FALLS BELOW THE LEVEL SPECIFIED, CORRECTIVE ACTION SHALL BE TAKEN AND THE BATTERIES SHALL BE RETESTED.

EXCEPTION: AN ARTIFICIAL LOAD EQUAL TO THE FULL FIRE ALARM

#### TABLE 14.4.5 TESTING FREQUENCIES

#### 6. BATTERIES—FIRE ALARM SYSTEMS

(A) LEAD-ACID TYPE - (1) CHARGER TEST (REPLACE BATTERY AS NEEDED.); (2) DISCHARGE TEST (30 MINUTES); (3) LOAD VOLTAGE TEST; (4) SPECIFIC GRAVITY

(B) NICKEL-CADMIUM TYPE - (1) CHARGER TEST (REPLACE BATTERY AS NEEDED.); (2) DISCHARGE TEST (30 MINUTES); (3) LOAD VOLTAGE TEST

(C) PRIMARY TYPE (DRY CELL) - (1) AGE TEST

(D) SEALED LEAD-ACID TYPE - (1) CHARGER TEST (REPLACE BATTERY WITHIN 5 YEARS AFTER MANUFACTURE OR MORE FREQUENTLY AS NEEDED.);

(2) DISCHARGE TEST (30 MINUTES); (3) LOAD VOLTAGE TEST

NOTES:

I acknowledge that this SERVICE FOLLOW UP REPORT was discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing such information.

PLEASE SCHEDULE A SERVICE TECHNICIAN TO REPAIR THESE ITEMS AT YOUR EARLIEST CONVENIENCE.

PLEASE PROVIDE A QUOTE TO REPAIR THESE ITEMS.

Name of Owner  
or Representative

TONY H. - MAINTENANCE LEAD

Signature

Verbal



BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE: 09/23/2021  
 SITE: CML - SOUTHEAST  
 ADDRESS: 3980 S. HAMILTON RD.  
 CITY: GROVEPORT

CONTACT: CHRIS ALLEN  
 PHONE: 614-738-2087  
 STATE: OH ZIP: 43125

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 - OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative

	YES	N/A	NO
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: Chris Allen Signature: CHRIS ALLEN - CML FEDERAL APPROVAL

**2 - GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items)

	YES	N/A	NO
A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: NOW	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2019 Year Due: 2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: DEC Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NOW	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item)

	YES	N/A	NO
A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item)

	YES	N/A	NO
A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			1

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
WET	MECH ROOM	2"	85	65	75	:24	NA	1500	32	514
DRY	MECH ROOM	2"	85	65	74	:05	NA	1500	47	730

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>		

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	4"	NA	NA	NA	Make & Models	VICTAULIC	S/751
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?									<input checked="" type="checkbox"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)									<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA									
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)									<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?									<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified YES

Number of Dry Systems	1	Make and Model	VICTAULIC	S/756	<input checked="" type="checkbox"/>	Trip test report attached	<input type="checkbox"/>	Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Is the air pressure and priming water level normal?	<input checked="" type="checkbox"/>		
C. Did the nitrogen generators operate satisfactorily? Generator hour meter		<input checked="" type="checkbox"/>	
D. Did the air compressor operate satisfactorily?	<input checked="" type="checkbox"/>		
E. Did the low air pressure alarm operate during the test?	<input checked="" type="checkbox"/>		
F. Auxiliary drains that were identified by the owner were drained during this inspection?	<input checked="" type="checkbox"/>		
G. Valves and trim appear to be protected from temperatures below 40°F?	<input checked="" type="checkbox"/>		
H. Pipe that passes through freezers is free of ice blockage?		<input checked="" type="checkbox"/>	
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: 2021	<input checked="" type="checkbox"/>		

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>		
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>		
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>		
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?		<input checked="" type="checkbox"/>	
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2000			<input checked="" type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA		<input checked="" type="checkbox"/>	

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU47137 which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Scott Jones Signature Scott Jones Certification # 54-25-3647

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Chris Allen Signature CHRIS ALLEN - CML VERBAL APPROVAL

# DRY PIPE VALVE TRIP TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 09/23/2021  
 SITE CML - SOUTHEAST  
 ADDRESS 3980 S. HAMILTON RD.  
 CITY GROVEPORT

CONTACT CHRIS ALLEN  
 PHONE 614-738-2087  
 STATE OH ZIP 43215

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

This inspection is:  Full trip test (water flowed to inspectors test)  Partial trip test (no water at inspectors test) Year Full Flow Test Due **2023**

DRY PIPE VALVES		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Valve Serial Number?		S040756500				
Manufacturer Name?		VICTAULIC				
Valve Model Number?		S/756				
Valve Size?		4"				
Area Covered?		DORM / ATTIC				
Date Last Full Trip Test?		M: 10 Y: 2020	M: Y:	M: Y:	M: Y:	M: Y:
Date last operated?		M: 09 Y: 2021	M: Y:	M: Y:	M: Y:	M: Y:
Pressure Before Test:	Air?	29 psi	psi	psi	psi	psi
	Water?	85 psi	psi	psi	psi	psi
Size of outlet at test valve?		1/2"				
Was gate valve below dry valve open wide at test?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If not, how many turns?		THREE				
Valve Tripped At:	Air Pressure?	11 psi	psi	psi	psi	psi
	Water Pressure?	85 psi	psi	psi	psi	psi
	Time?	0 min 5 sec	min sec	min sec	min sec	min sec
If full trip test, list time water reached test opening?		NA min NA sec	min sec	min sec	min sec	min sec
Is water delivery to ITC less than 60 seconds?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
VALVE CONDITION / PERFORMANCE		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Acceptable Condition	Interior of Valve?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Moving Parts?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Rubber Facing?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Seats?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Performance	Valve Operated as Designed?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Valve Reset?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Water Flow Alarm Operate?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Low Air Trouble Alarm Operate?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
QUICK OPENING DEVICES		SYSTEM # 1	SYSTEM #	SYSTEM #	SYSTEM #	SYSTEM #
Device Serial Number?		NA				
Manufacturer Name?		NA				
Model Number?		NA				
Quick Opening Device In Service / Operated?		NA				
Air Pressure In Upper Chamber?		NA psi	psi	psi	psi	psi
Quick Opening Device Tripped At?		NA sec NA psi	sec psi	sec psi	sec psi	sec psi

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # SFU47137 which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Scott Jones Signature *Scott Jones* Certification # 54-25-3647

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

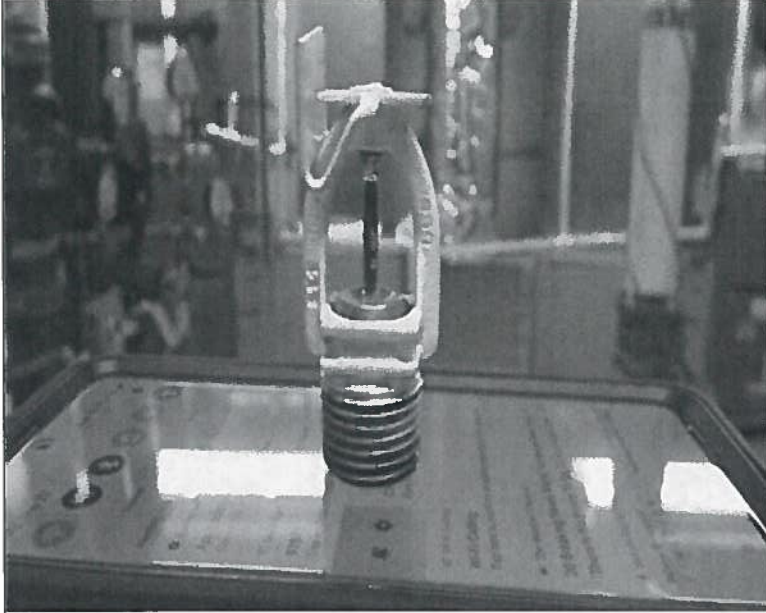
Name of Owner Chris Allen Signature *CHRIS ALLEN - CML*  
or Representative VERBAL APPROVAL

SITE CML - SOUTHEAST

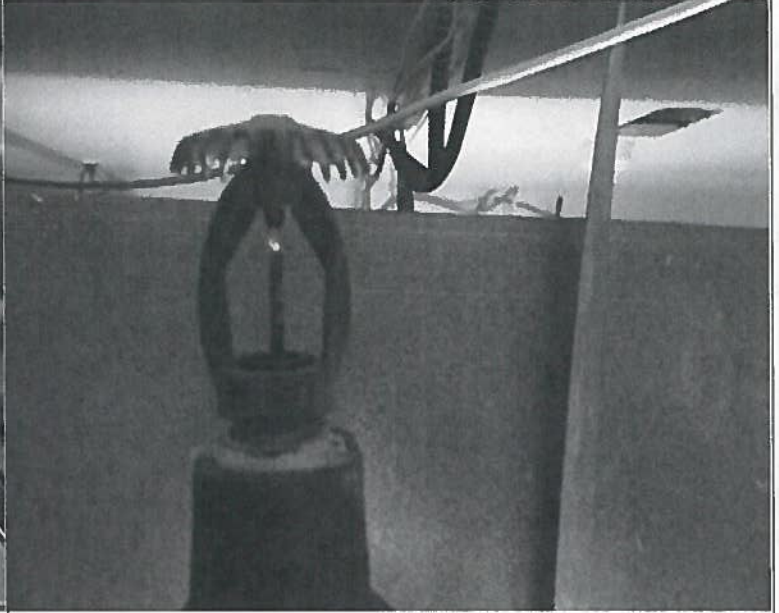
DATE 09/23/2021

TICKET# 47137

1. SAC Water Based Inspection Report  
Photo: 1 Line: 8E



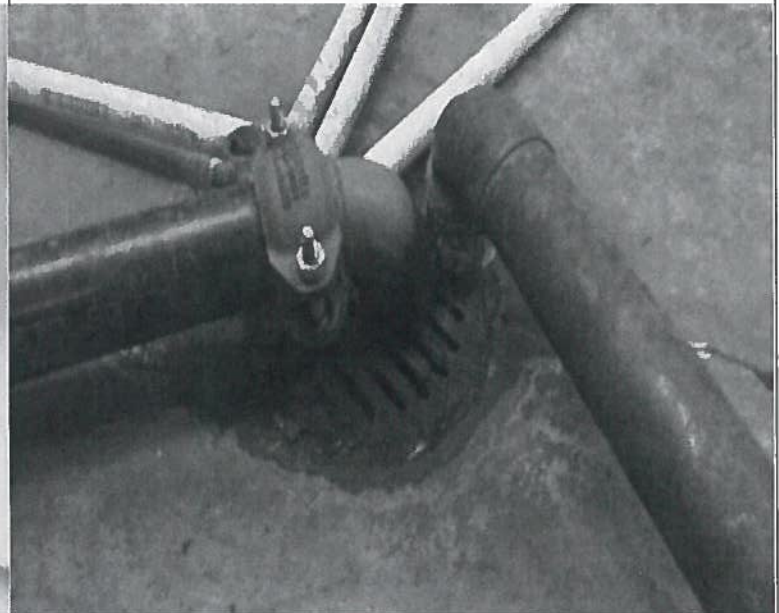
1. SAC Water Based Inspection Report  
Photo: 2 Line: 8E



1. SAC Water Based Inspection Report  
Photo: 3 Line: 2H



1. SAC Water Based Inspection Report  
Photo: 4 Line: 2M



SITE CML - SOUTHEAST

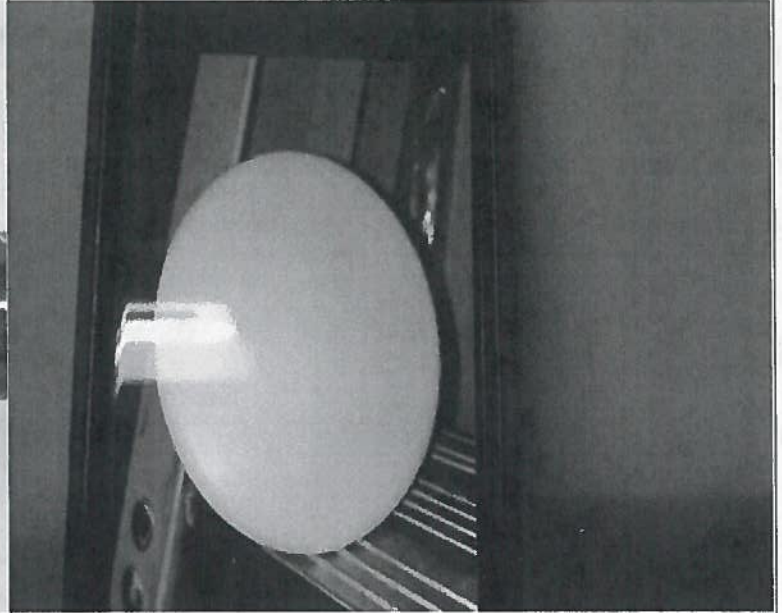
DATE 09/23/2021

TICKET# 47137

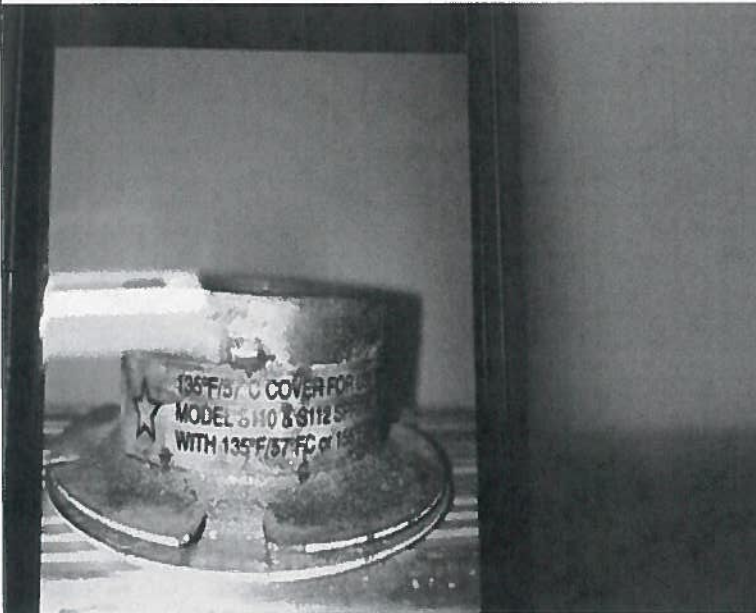
1. SAC Water Based Inspection Report  
Photo: 5 Line: 2F



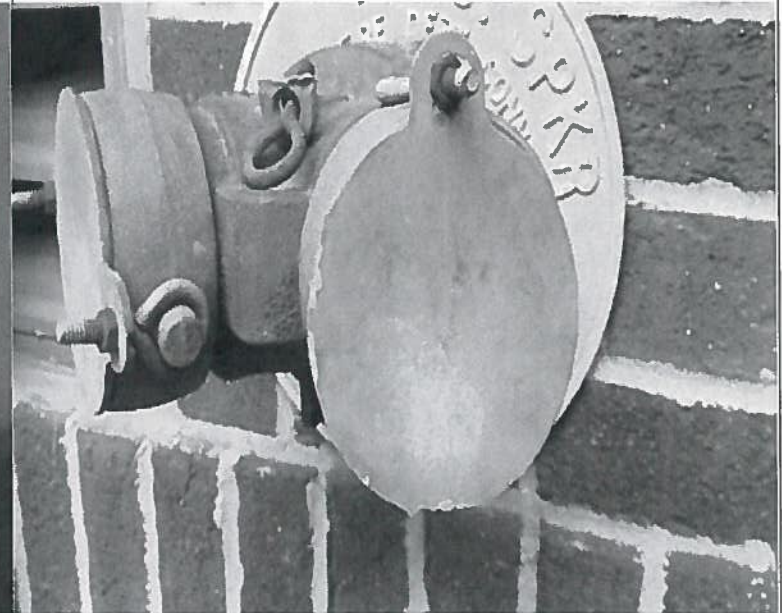
4. SAC Inspection Work Ticket  
Photo: 6 Line: General Information



4. SAC Inspection Work Ticket  
Photo: 7 Line: General Information



4. SAC Inspection Work Ticket  
Photo: 8 Line: General Information





# S.A. Comunale

An EMCOR Company

## SERVICE FOLLOW UP REPORT

SFU47137

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 09/23/2021

SITE CML - SOUTHEAST

CONTACT PAT CRUM

ADDRESS 3980 S. HAMILTON RD.

PHONE 614-374-2494

CITY GROVEPORT

STATE OH ZIP 43125

THIS SERVICE FOLLOW UP REPORT CONTAINS A DESCRIPTION OF ITEMS THAT COULD CAUSE THE SYSTEM TO NOT FUNCTION PROPERLY IN THE EVENT OF A FIRE. IT IS RECOMMENDED THAT THEY BE REPAIRED BECAUSE THEY COULD POSE SERIOUS LIFE SAFETY ISSUES TO THE BUILDING OCCUPANTS.

Name of Inspector Scott Jones

Signature *Scott Jones*

System Comments:

1. SAC WATER BASED INSPECTION REPORT

• QUESTION: 8E (SEE PHOTO 1, 2)

5.3.1.1.1.2 SPRINKLERS MANUFACTURED USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS SHALL BE REPLACED, OR REPRESENTATIVE SAMPLES SHALL BE TESTED. THEY SHALL BE RETESTED AT 10-YEAR INTERVALS.

5.3.1.1.1.1 SPRINKLERS MANUFACTURED PRIOR TO 1920 SHALL BE REPLACED.

5.3.1.2\* A REPRESENTATIVE SAMPLE OF SPRINKLERS FOR TESTING PER 5.3.1.1.1 SHALL CONSIST OF A MINIMUM OF NOT LESS THAN FOUR SPRINKLERS OR 1 PERCENT OF THE NUMBER OF SPRINKLERS PER INDIVIDUAL SPRINKLER SAMPLE, WHICHEVER IS GREATER.

NOTES: IT APPEARS 1999 & 2000 QUICK RESPONSE SPRINKLER IN MECHANICAL ROOMS NEED REPLACED AND OR TESTED.

1. SAC WATER BASED INSPECTION REPORT

• QUESTION: 2H (SEE PHOTO 3)

14.2.1 AN INSPECTION OF PIPING AND BRANCH LINE CONDITIONS SHALL BE CONDUCTED EVERY 5 YEARS BY OPENING A FLUSHING CONNECTION AT THE END OF ONE MAIN AND BY REMOVING A SPRINKLER TOWARD THE END OF ONE BRANCH LINE FOR THE PURPOSE OF INSPECTING FOR THE PRESENCE OF FOREIGN ORGANIC AND INORGANIC MATERIAL.

13.4.1.2\* ALARM VALVES AND THEIR ASSOCIATED STRAINERS, FILTERS, AND RESTRICTION ORIFICES SHALL BE INSPECTED INTERNALLY EVERY 5 YEARS UNLESS TESTS INDICATE A GREATER FREQUENCY IS NECESSARY.

13.4.2.1 INSPECTION. VALVES SHALL BE INSPECTED INTERNALLY EVERY 5 YEARS TO VERIFY THAT ALL COMPONENTS OPERATE CORRECTLY, MOVE FREELY, AND ARE IN GOOD CONDITION.

13.4.3.1.7.1 INTERNAL INSPECTION OF VALVES THAT CAN BE RESET WITHOUT REMOVAL OF A FACEPLATE SHALL BE PERMITTED TO BE CONDUCTED EVERY 5 YEARS.

13.4.3.1.8 STRAINERS, FILTERS, RESTRICTED ORIFICES, AND DIAPHRAGM CHAMBERS SHALL BE INSPECTED INTERNALLY EVERY 5 YEARS UNLESS TESTS INDICATE A GREATER FREQUENCY IS NECESSARY.

13.4.4.1.6 STRAINERS, FILTERS, AND RESTRICTED ORIFICES SHALL BE INSPECTED INTERNALLY EVERY 5 YEARS UNLESS TESTS INDICATE A GREATER FREQUENCY IS NECESSARY.

NOTES: IT APPEARS 1 WET AND 1 DRY SPRINKLER SYSTEMS ARE DUE FOR 5 YEAR INTERNAL PIPE INSPECTION. IT APPEARS 2 FIRE BACKFLOWS ARE DUE FOR 5 YEAR INTERNAL INSPECTION. IT APPEARS 1 FIRE DEPARTMENT CONNECTION CHECK VALVE IS DUE FOR 5 YEAR INTERNAL INSPECTION.



# S.A. Comunale

An EMCOR Company

## SERVICE FOLLOW UP REPORT

SFU47137

SITE CML - SOUTHEAST

System Comments - Continued:

1. SAC WATER BASED INSPECTION REPORT

• QUESTION: 2M (SEE PHOTO 4)

13.6.2.1\* ALL BACKFLOW PREVENTERS INSTALLED IN FIRE PROTECTION SYSTEM PIPING SHALL BE TESTED ANNUALLY IN ACCORDANCE WITH THE FOLLOWING:

(1) A FORWARD FLOW TEST SHALL BE CONDUCTED AT THE DESIGNED FLOW RATE, INCLUDING HOSE STREAM DEMAND OF THE SYSTEM WHERE HYDRANTS OR INSIDE HOSE STATIONS ARE LOCATED DOWNSTREAM OF THE BACKFLOW PREVENTER.

NOTES: IT APPEARS FIRE BACKFLOW IS DUE FOR ANNUAL FORWARD FLOW TEST.

NOTE: 2" GROOVED ADAPTER AND HOSE WITH HOSE MONSTER NEEDED TO PERFORM FORWARD FLOW TEST.

1. SAC WATER BASED INSPECTION REPORT

• QUESTION: 2F (SEE PHOTO 5)

13.7.4 THE PIPING FROM THE FIRE DEPARTMENT CONNECTION TO THE FIRE DEPARTMENT CHECK VALVE SHALL BE HYDROSTATICALLY TESTED AT 150 PSI (10 BAR) FOR 2 HOURS AT LEAST ONCE EVERY 5 YEARS.

NOTES: IT APPEARS 1 FIRE DEPARTMENT CONNECTION CHECK VALVE IS DUE FOR 5 YEAR HYDROSTATIC TEST.

4. SAC INSPECTION WORK TICKET

• QUESTION: GENERAL INFORMATION (SEE PHOTO 6, 7, 8)

WHILE PERFORMING THE INSPECTION, AN ISSUE OUTSIDE NFPA 25 WAS DISCOVERED AND WILL NEED TO BE ADDRESSED. SEE INSPECTORS NOTE ON SFU FOR ADDITIONAL DETAILS.

NOTES: MULTI PURPOSE ROOM MISSING TWO WHITE CONCEALED COVERS.

1 FIRE DEPARTMENT CONNECTION CAP IS BROKEN AND NEEDS REPLACED.

I acknowledge that this SERVICE FOLLOW UP REPORT was discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing such information.

PLEASE SCHEDULE A SERVICE TECHNICIAN TO REPAIR THESE ITEMS AT YOUR EARLIEST CONVENIENCE.

PLEASE PROVIDE A QUOTE TO REPAIR THESE ITEMS.

Name of Owner  
or Representative

Chris Allen

Signature

CHRIS ALLEN - CML  
VERBAL APPROVAL



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 07/27/2021  
SITE CML - NEW WHITEHALL  
ADDRESS 4445 EAST BROAD ST  
CITY COLUMBUS

CONTACT CHRISTIAN FIELDS  
PHONE 614-374-5466  
STATE OH ZIP 43213

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

1 - OWNERS SECTION This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?		<input checked="" type="checkbox"/>	

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: Chris Allen Signature: *VERBEN APPROVAL CHRIS ALLEN*

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2020 Year Due: 2025	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JAN Year Due: 2022	<input checked="" type="checkbox"/>		
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2022	<input checked="" type="checkbox"/>		

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Tamper Switch	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Sprinkler Riser Room	<input checked="" type="checkbox"/>		

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test? NA			

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	RISER ROOM	2"	80	65	71	:32	.10	1540	70	325



**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>		

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	4"	NA	NA	NA	Make & Models	VICTAULIC	717R
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?		<input checked="" type="checkbox"/>							
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)								<input checked="" type="checkbox"/>	
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA								<input checked="" type="checkbox"/>	
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)								<input checked="" type="checkbox"/>	
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?								<input checked="" type="checkbox"/>	
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxillary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?		<input checked="" type="checkbox"/>	
B. Is the air pressure and priming water level normal?		<input checked="" type="checkbox"/>	
C. Did the nitrogen generators operate satisfactorily? Generator hour meter		<input checked="" type="checkbox"/>	
D. Did the air compressor operate satisfactorily?		<input checked="" type="checkbox"/>	
E. Did the low air pressure alarm operate during the test?		<input checked="" type="checkbox"/>	
F. Auxiliary drains that were identified by the owner were drained during this inspection?		<input checked="" type="checkbox"/>	
G. Valves and trim appear to be protected from temperatures below 40°F?		<input checked="" type="checkbox"/>	
H. Pipe that passes through freezers is free of ice blockage?		<input checked="" type="checkbox"/>	
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA		<input checked="" type="checkbox"/>	

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>		
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>		
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>		
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?		<input checked="" type="checkbox"/>	
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2014		<input checked="" type="checkbox"/>	
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA		<input checked="" type="checkbox"/>	

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # **SFU28198** which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector **Scott Jones** Signature *Scott Jones* Certification # **54-25-3647**

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative **Chris Allen** Signature *CHRIS ALLEN*



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 10/17/2021

SITE CML - MLK NEW

CONTACT RYAN DRAKE

ADDRESS 1467 E. LONG STREET

PHONE 614-645-2275

CITY COLUMBUS

STATE OH

ZIP 43203

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

1 - OWNERS SECTION This section is to be answered and signed by the Owner or Owners Representative YES N/A NO

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>		

Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected

Name of Owner or Representative: verbal approval via Darren Signature: verbal approval

2 - GENERAL (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) YES N/A NO

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2023	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: NA Year Due: 2023		<input checked="" type="checkbox"/>	
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2023		<input checked="" type="checkbox"/>	
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: APR Year Due: 2022	<input checked="" type="checkbox"/>		
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: NA		<input checked="" type="checkbox"/>	

3 - CONTROL VALVES (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) YES N/A NO

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Chain, Lock & Tamper	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Outside PIV or WPIV	<input checked="" type="checkbox"/>		

4 - WATER SUPPLY (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) YES N/A NO

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MEP ROOM	2"	90	70	85	20	.10	900	49.10	183.54

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?		<input checked="" type="checkbox"/>	
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>		

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	3"	NA	NA	NA	Make & Models	STRAIGHT GUT	ST GUT
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?									<input checked="" type="checkbox"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)									<input checked="" type="checkbox"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA									<input checked="" type="checkbox"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)									<input checked="" type="checkbox"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?									<input checked="" type="checkbox"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/>	Trip test report attached	<input checked="" type="checkbox"/>	Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?								<input checked="" type="checkbox"/>
B. Is the air pressure and priming water level normal?								<input checked="" type="checkbox"/>
C. Did the nitrogen generators operate satisfactorily? Generator hour meter								<input checked="" type="checkbox"/>
D. Did the air compressor operate satisfactorily?								<input checked="" type="checkbox"/>
E. Did the low air pressure alarm operate during the test?								<input checked="" type="checkbox"/>
F. Auxiliary drains that were identified by the owner were drained during this inspection?								<input checked="" type="checkbox"/>
G. Valves and trim appear to be protected from temperatures below 40°F?								<input checked="" type="checkbox"/>
H. Pipe that passes through freezers is free of ice blockage?								<input checked="" type="checkbox"/>
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA								<input checked="" type="checkbox"/>

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?								<input checked="" type="checkbox"/>
B. Are visible pipe hangers and seismic braces free of physical damage?								<input checked="" type="checkbox"/>
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?								<input checked="" type="checkbox"/>
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?								<input checked="" type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2018								<input checked="" type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA								<input checked="" type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.
- No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature  Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative verbal approval via Darren Signature verbal approval



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

<b>Ticket #</b>	
<b>Customer #</b>	
<b>Customer PO #</b>	
<b>Scheduled Date</b>	
<b>Completed Date</b>	
<b>Inspected By</b>	

<b>JOB SITE</b>	
<b>CONTACT</b>	
<b>PHONE</b>	
<b>FAX</b>	

<b>BILL TO</b>	
<b>CONTACT</b>	
<b>PHONE</b>	
<b>FAX</b>	

**Site Notes:**

**Comments / Corrections:**

**ALL CONTROL VALVES LEFT IN OPEN POSITION**

YES NO N/A

**SERVICE FOLLOW UP REPORT ATTACHED**

YES NO SFU NUMBER: \_\_\_\_\_

**ADDITIONAL INSPECTOR OR FITTER**

1.

2.

Technician Name		Count		Thank You - Invoice to Follow	Inspection Total
I confirm that the above work has been satisfactorily completed.					Material Total
<b>SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS</b>					Other Total
Customer Name		Customer Signature			Tax
					Total Cost

Additional Inspector or Fitter: Yes No

QTY	INSPECTION ITEMS	PRICE	AMOUNT

**INSPECTION TOTAL**

QTY	INSPECTION MATERIALS	PRICE	AMOUNT

**INSPECTION MATERIALS TOTAL**

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE  
GENERATE SFU FROM INSPECTION YES NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT

**OTHER TOTAL**



# S.A. Comunale

An EMCOR Company

# WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:    Semi-Annual    Quarterly    Other \_\_\_\_\_

**1 – OWNERS SECTION** YES    N/A    NO

A. Are all fire protection systems in service? YES    N/A    NO

**2 – GENERAL (Questions A, B, C, D & E are inspection items)** YES    N/A    NO

A. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)  
B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged?  
C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition?  
D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly?  
E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?

**3 - CONTROL VALVES (Question A is a tested item)** YES    N/A    NO

A. Did all electrical supervisory switches actuate supervisory alarms?

**4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)** YES    N/A    NO

A. Are pressure results at full flow greater or equal to acceptance or previous tests? (10% or less is acceptable)

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand

**5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)** YES    N/A    NO

A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms?  
B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks?  
C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch?

**6 – SYSTEM INFORMATION (General question concerning system components)**

Number of wet systems?	Sizes	Make / Models
Number of dry systems?	Sizes	Make / Models
Number of preaction systems?	Sizes	Make / Models
Number of deluge systems?	Sizes	Make / Models

**7 – DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)** YES    N/A    NO

A. Is the air pressure and priming water level normal?  
B. Quick opening device operated correctly?  
C. Did the low air pressure alarm operate during the test?

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

Ticket #	
Customer #	
Customer PO #	
Scheduled Date	
Completed Date	
Inspected By	

<b>JOB SITE</b>	
CONTACT	
PHONE	
FAX	

<b>BILL TO</b>	
CONTACT	
PHONE	
FAX	

Site Notes:

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES NO N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: \_\_\_\_\_

ADDITIONAL INSPECTOR OR FITTER

1.

2.

Technician Name		Count	
I confirm that the above work has been satisfactorily completed.		Thank You - Invoice to Follow	
SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS			
Customer Name		Customer Signature	

Additional Inspector or Fitter: Yes No

QTY	INSPECTION ITEMS	PRICE	AMOUNT

**INSPECTION TOTAL**

QTY	INSPECTION MATERIALS	PRICE	AMOUNT

**INSPECTION MATERIALS TOTAL**

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT

**OTHER TOTAL**

Inspection Total	
Material Total	
Other Total	
Tax	
Total Cost	



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

Ticket #	
Customer #	
Customer PO #	
Scheduled Date	
Completed Date	
Inspected By	

<b>JOB SITE</b>	
<b>CONTACT</b>	
<b>PHONE</b>	
<b>FAX</b>	

<b>BILL TO</b>	
<b>CONTACT</b>	
<b>PHONE</b>	
<b>FAX</b>	

Site Notes:

Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES      NO      N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES      NO      SFU NUMBER: \_\_\_\_\_

ADDITIONAL INSPECTOR OR FITTER

1.

2.

Technician Name		Count	
I confirm that the above work has been satisfactorily completed.			
<b>SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS</b>			
Customer Name		Customer Signature	

Additional Inspector or Fitter: Yes      No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
INSPECTION TOTAL			
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
INSPECTION MATERIALS TOTAL			

YES      NO      NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES      NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
OTHER TOTAL			

Thank You - Invoice to Follow	Inspection Total	
	Material Total	
	Other Total	
	Tax	
	<b>Total Cost</b>	



# S.A. Comunale

An EMCOR Company

# WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:    Semi-Annual    Quarterly    Other \_\_\_\_\_

**1 – OWNERS SECTION** YES    N/A    NO

A. Are all fire protection systems in service? YES    N/A    NO

**2 – GENERAL (Questions A, B, C, D & E are inspection items)** YES    N/A    NO

- A. Are the hydraulic nameplate(s) securely attached to the riser and legible? *(Answer N/A if system is Pipe Scheduled)* YES    N/A    NO
- B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged?
- C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition?
- D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly?
- E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?

**3 - CONTROL VALVES (Question A is a tested item)** YES    N/A    NO

A. Did all electrical supervisory switches actuate supervisory alarms? YES    N/A    NO

**4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)** YES    N/A    NO

A. Are pressure results at full flow greater or equal to acceptance or previous tests? *(10% or less is acceptable)* YES    N/A    NO

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand

**5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)** YES    N/A    NO

- A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms?
- B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks?
- C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch?

**6 – SYSTEM INFORMATION (General question concerning system components)**

Number of wet systems?	Sizes	Make / Models
Number of dry systems?	Sizes	Make / Models
Number of preaction systems?	Sizes	Make / Models
Number of deluge systems?	Sizes	Make / Models

**7 – DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)** YES    N/A    NO

- A. Is the air pressure and priming water level normal?
- B. Quick opening device operated correctly?
- C. Did the low air pressure alarm operate during the test?

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_





# S.A. Comunale

An EMCOR Company

## BACKFLOW PREVENTER FORWARD FLOW TEST

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/13/2021  
SITE CML - NORTHSIDE (NEW)  
ADDRESS 1423 NORTH HIGH STREET  
CITY COLUMBUS

CONTACT MARK SPORCK  
PHONE (614) 246-1220  
STATE OH ZIP 43201

NFPA 25 – Requirements (2002, 2008 & 2011):

1. A forward flow test shall be conducted at the system demand, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer.
2. For backflow preventers sized 2" and under, the forward flow test shall be acceptable to conduct without measuring flow, where the test outlet is of size to flow the system demand.
3. Where connections do not permit a full flow test, tests shall be completed at the maximum flow rate possible.
4. A forward flow test shall not be required where annual fire pump testing causes the system demand to flow through the backflow preventer device.

NFPA 13 – Requirements (2007):

1. The backflow prevention assembly shall be forward flow tested to ensure proper operation.
2. The minimum flow rate required by the above reference shall be the system demand, including hose stream demand where applicable.

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED				
											YES	NO	TOTAL FT REQUIRED		
AMES	6"	1	1-1/8"	26	187	65	49	291	50.3	1-1/4"		X	NA		
Location / System Number		WATER SERVICE ROOM				Test Outlets for Forward Flow Test?				YES	N/A	X	NO	Amount? 0	Size? NA

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED			
											YES	NO	TOTAL FT REQUIRED	
Location / System Number						Test Outlets for Forward Flow Test?				YES	N/A	NO	Amount?	Size?

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED			
											YES	NO	TOTAL FT REQUIRED	
Location / System Number						Test Outlets for Forward Flow Test?				YES	N/A	NO	Amount?	Size?

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED			
											YES	NO	TOTAL FT REQUIRED	
Location / System Number						Test Outlets for Forward Flow Test?				YES	N/A	NO	Amount?	Size?

The Backflow Device (s) Passed the Forward Flow Test:  YES  NO

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is not equipped with enough test outlets to achieve the desired flow rate. This system was installed prior to the described test and does not require additional test outlets be installed. Per the above referenced NFPA 25 standard the owner is not required to add additional test outlets and this test meets the intent of NFPA 25.

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is equipped with enough test outlets to achieve the desired flow rate. Further investigation needs to be done in order to determine the root cause of this test failure. Additional information can be found on the Service Follow Up report # \_\_\_\_\_

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid19 concerns Signature N/A



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

<b>Ticket #</b>	11189
<b>Customer #</b>	146393
<b>Customer PO #</b>	
<b>Scheduled Date</b>	05/31/2021
<b>Completed Date</b>	05/13/2021
<b>Inspected By</b>	

### Columbus

ANNUAL SPRINKLER AND FWD FLOW INSPECTION

<b>JOB SITE</b>	CML - NORTHSIDE (NEW)
	1423 NORTH HIGH STREET
	COLUMBUS, OH 43201
<b>CONTACT</b>	MARK SPORCK
<b>PHONE</b>	
<b>FAX</b>	

<b>BILL TO</b>	COLUMBUS METROPOLITAN LIBRARY
	96 S GRANT AVE
	COLUMBUS, OH 43215
<b>CONTACT</b>	ACCOUNTS PAYABLE
<b>PHONE</b>	614-769-0518
<b>FAX</b>	

Additional Inspector or Fitter:  Yes  No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
1	ANNUAL WET INSPECTION		
1	FORWARD FLOW TEST BACKFLOW		
<b>INSPECTION TOTAL</b>			180

**Site Notes:**  
1WS 1FF 3BF 7FE

**Comments / Corrections:**

QTY	INSPECTION MATERIALS	PRICE	AMOUNT
<b>INSPECTION MATERIALS TOTAL</b>			

**ALL CONTROL VALVES LEFT IN OPEN POSITION**  
 YES  NO  N/A

**SERVICE FOLLOW UP REPORT ATTACHED**  
 YES  NO SFU NUMBER: \_\_\_\_\_

**ADDITIONAL INSPECTOR OR FITTER**

1. NA    2. NA

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE  
 GENERATE SFU FROM INSPECTION  YES  NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		
<b>OTHER TOTAL</b>			

<b>Technician Name</b>	Jordan Messmer	<b>Count</b>	2	Thank You - Invoice to Follow	<b>Inspection Total</b>	180
I confirm that the above work has been satisfactorily completed.					<b>Material Total</b>	
					<b>SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS</b>	<b>Other Total</b>
<b>Customer Name</b>		<b>Customer Signature</b>	N/A	<b>Tax</b>		
					<b>Total Cost</b>	180



# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 SITE \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CITY \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

**1 – OWNERS SECTION** This section is to be answered and signed by the Owner or Owners Representative **YES N/A NO**

A. Is the building occupied?	<input checked="" type="checkbox"/>		
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>		
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>		
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>		
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>		
<b>Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected</b>			

Name of Owner or Representative: no signature/covid19 concerns Signature: [Signature]

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) **YES N/A NO**

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>		
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>		
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>		
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>		
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>		
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2021	<input checked="" type="checkbox"/>		
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2016 Year Due: 2021	<input checked="" type="checkbox"/>		
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2021	<input checked="" type="checkbox"/>		
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?		<input checked="" type="checkbox"/>	
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA		<input checked="" type="checkbox"/>	
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: OCT Year Due: 2021	<input checked="" type="checkbox"/>		
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2026	<input checked="" type="checkbox"/>		

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) **YES N/A NO**

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>		
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) Chain, Lock & Tamper	<input checked="" type="checkbox"/>		
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>		
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>		
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) Mechanical Room	<input checked="" type="checkbox"/>		

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) **YES N/A NO**

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)	<input checked="" type="checkbox"/>		
B. System water supplied from: <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Suction Tank <input type="checkbox"/> Pond <input type="checkbox"/> Other			
C. Main drain is piped outside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, if no how many 25' hoses required to get outside for a Forward Flow Test?			NA

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	WATER SERVICE ROOM	1-1/4"	65	49	60	25sec	.10	990	50.3	291

SITE \_\_\_\_\_

DATE \_\_\_\_\_

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	3"	NA	NA	NA	Make & Models	VICTAULIC	717HR
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?	<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"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)	<input 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"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA	<input 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"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)	<input 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"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?	<input 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"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Is the air pressure and priming water level normal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Did the nitrogen generators operate satisfactorily? Generator hour meter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Did the air compressor operate satisfactorily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Did the low air pressure alarm operate during the test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Auxiliary drains that were identified by the owner were drained during this inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Valves and trim appear to be protected from temperatures below 40°F?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Pipe that passes through freezers is free of ice blockage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature  Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid19 concerns Signature N/A



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

Ticket #	
Customer #	
Customer PO #	
Scheduled Date	
Completed Date	
Inspected By	

<b>JOB SITE</b>	
<b>CONTACT</b>	
<b>PHONE</b>	
<b>FAX</b>	

<b>BILL TO</b>	
<b>CONTACT</b>	
<b>PHONE</b>	
<b>FAX</b>	

Site Notes:

<b>Comments / Corrections:</b>

**ALL CONTROL VALVES LEFT IN OPEN POSITION**

YES NO N/A

**SERVICE FOLLOW UP REPORT ATTACHED**

YES NO SFU NUMBER: \_\_\_\_\_

**ADDITIONAL INSPECTOR OR FITTER**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Technician Name		Count	
I confirm that the above work has been satisfactorily completed.			
<b>SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS</b>			
Customer Name		Customer Signature	

Additional Inspector or Fitter: Yes No			
QTY	INSPECTION ITEMS	PRICE	AMOUNT
<b>INSPECTION TOTAL</b>			
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
<b>INSPECTION MATERIALS TOTAL</b>			

YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION YES NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
<b>OTHER TOTAL</b>			

Thank You - Invoice to Follow	<b>Inspection Total</b>	
	<b>Material Total</b>	
	<b>Other Total</b>	
	<b>Tax</b>	
	<b>Total Cost</b>	



# S.A. Comunale

An EMCOR Company

# WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:    Semi-Annual    Quarterly    Other \_\_\_\_\_

**1 – OWNERS SECTION** YES    N/A    NO

A. Are all fire protection systems in service? YES    N/A    NO

**2 – GENERAL (Questions A, B, C, D & E are inspection items)** YES    N/A    NO

- A. Are the hydraulic nameplate(s) securely attached to the riser and legible? *(Answer N/A if system is Pipe Scheduled)* YES    N/A    NO
- B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged?
- C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition?
- D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly?
- E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?

**3 - CONTROL VALVES (Question A is a tested item)** YES    N/A    NO

A. Did all electrical supervisory switches actuate supervisory alarms? YES    N/A    NO

**4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)** YES    N/A    NO

A. Are pressure results at full flow greater or equal to acceptance or previous tests? *(10% or less is acceptable)* YES    N/A    NO

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand

**5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)** YES    N/A    NO

- A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms?
- B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks?
- C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch?

**6 – SYSTEM INFORMATION (General question concerning system components)**

Number of wet systems?	Sizes	Make / Models
Number of dry systems?	Sizes	Make / Models
Number of preaction systems?	Sizes	Make / Models
Number of deluge systems?	Sizes	Make / Models

**7 – DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)** YES    N/A    NO

- A. Is the air pressure and priming water level normal?
- B. Quick opening device operated correctly?
- C. Did the low air pressure alarm operate during the test?

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_



BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE _____	ADDITIONAL BUILDING DATA _____
SITE _____	CONTACT _____
ADDRESS _____	PHONE _____
CITY _____	STATE _____ ZIP _____
MONITORING ENTITY _____	PHONE _____

This inspection is: Annual    Semi-Annual    Quarterly    Monthly    Weekly    Other \_\_\_\_\_

Type Transmission	Digital	Multiplex	McCulloh	Reverse Polarity	RF	Other
Panel Manufacturer	Model Number		Type	Addressable	Hard Wired	

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Manual Stations			Heat Detectors
		ION Detectors			Waterflow Switches
		Photo Detectors			Supervisory Switches
		Duct Detectors			

### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Bells			Strobes
		Horns			Horn/Strobes
		Speakers			
		Chimes			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Building Temp			Generator or Controller Trouble
		Site Water Temp			Generator Engine Running
		Site Water Level			Generator in Auto Position
		Fire Pump Running			Switch Transfer
		Fire Pump or Pump Controller Trouble			
		Fire Pump Power			
		Fire Pump Auto Position			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	Style(s)
---	-----	----------

### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	AMPS
Over Current Protection: Type	Fuse      Circuit Breaker
Location (Primary Supply Panelboard)	Disconnecting Means Location (Fuse or Breaker #)
B. Secondary (Standby): Storage Battery      Other:	AMP HR Rating
Calculated capacity to operate system, in hours	24      60      Other:
Engine-Driven generator dedicated to fire alarm system. Location of fuel storage:	

### TYPE BATTERY

Dry Cell	Nickel Cadmium	Sealed Lead-Acid	Lead-Acid	Other:
C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply.				
Emergency system described in NFPA 70, Article 700				
Legally required standby described in NFPA 70, Article 701				
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701				

SITE \_\_\_\_\_

DATE \_\_\_\_\_

**PRIOR TO ANY TESTING**

Notifications Are Made	Yes	NA	No	Who	Time
Building Management					
Monitoring Entity					
Other:					

**SECONDARY POWER**

Type	Visual	Functional	NA	Comments
Battery Condition				
Load Voltage				
Discharge Test				
Amp Hour Reading				
Specific Gravity				
<b>Batteries Meet NFPA 72 Test Requirements:</b>				Yes No NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS  
(ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY  
COMMUNICATIONS EQUIPMENT \_\_\_\_\_**

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel					Transient Suppressors				
Interface Equipment					Remote Annunciators				
Lamps/LEDS					Audible				
Fuses					Visual				
Primary Power Supply					Speakers				
Trouble Signals					Voice Clarity				
Disconnect Switches					Door Holders				
Ground Fault Monitor					Door Unlock				

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set					Elevator Recall				
Phone Jack					HVAC Shut Down				
Off-Hook Indicator					Specify:				
Amplifier(s)					<b>Special Hazards</b>	Visual	Functional	NA	Comments
Tone Generators					Specify:				
Call in Signal Silence					Specify:				
System Performance					Specify:				

<b>SUPERVISING STATION MONITORING</b>				Yes	NA	No	Time	Comments
Alarm Signal								
Alarm Restoral								
Trouble Signal								
Trouble Restoral								
Supervisory Signal								
Supervisory Restoral								

<b>NOTIFIED TESTING COMPLETE</b>				Yes	NA	No	Who	Time
Building Management								
Monitoring Entity								
Other:								

**HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES NO NA**

Year Sensitivity Testing Completed: \_\_\_\_\_ Year Sensitivity Testing Due: \_\_\_\_\_ How Was Sensitivity Tested: \_\_\_\_\_

**WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES NO NA**

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_





BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE	02/04/2021	ADDITIONAL BUILDING DATA	
SITE	CML - NORTHSIDE (NEW)	CONTACT	MARK SPORCK
ADDRESS	1423 NORTH HIGH STREET	PHONE	(614) 246-1220
CITY	COLUMBUS	STATE	OH ZIP 43201
MONITORING ENTITY	STANLEY / SECURITY	PHONE	614-849-1270

 This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

Type Transmission	<input checked="" type="checkbox"/> Digital	<input type="checkbox"/> Multiplex	<input type="checkbox"/> McCulloh	<input type="checkbox"/> Reverse Polarity	<input type="checkbox"/> RF	<input type="checkbox"/> Other
Panel Manufacturer	NOTIFIER	Model Number	NFS-320	Type	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Hard Wired

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
9	CLASS B	Manual Stations	1	CLASS B	Heat Detectors
0	NA	ION Detectors	1	CLASS B	Waterflow Switches
10	CLASS B	Photo Detectors	4	CLASS B	Supervisory Switches
20	CLASS B	Duct Detectors			

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Bells	16	CLASS B	Strobes
0	NA	Horns	24	CLASS B	Horn/Strobes
0	NA	Speakers			
0	NA	Chimes			

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Building Temp	0	NA	Generator or Controller Trouble
0	NA	Site Water Temp	0	NA	Generator Engine Running
0	NA	Site Water Level	0	NA	Generator in Auto Position
0	NA	Fire Pump Running	0	NA	Switch Transfer
0	NA	Fire Pump or Pump Controller Trouble			
0	NA	Fire Pump Power			
0	NA	Fire Pump Auto Position			

**SIGNALING LINE CIRCUITS**

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	3	Style(s)	Y
---	-----	---	----------	---

**SYSTEM POWER SUPPLIES**

A. Primary (Main): Nominal Voltage	120	AMPS	20
Over Current Protection: Type	<input type="checkbox"/> Fuse	<input checked="" type="checkbox"/> Circuit Breaker	AMPS 20
Location (Primary Supply Panelboard)	ELEC RM 205B PNL 2	Disconnecting Means Location (Fuse or Breaker #)	10
B. Secondary (Standby):	<input checked="" type="checkbox"/> Storage Battery	<input type="checkbox"/> Other:	AMP HR Rating 18.0
Calculated capacity to operate system, in hours	<input checked="" type="checkbox"/> 24	<input type="checkbox"/> 60	Other:
<input type="checkbox"/> NA	Engine-Driven generator dedicated to fire alarm system. Location of fuel storage:		

**TYPE BATTERY**

<input type="checkbox"/> Dry Cell	<input type="checkbox"/> Nickel Cadmium	<input checked="" type="checkbox"/> Sealed Lead-Acid	<input type="checkbox"/> Lead-Acid	<input type="checkbox"/> Other:
C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply.				
NA	Emergency system described in NFPA 70, Article 700			
NA	Legally required standby described in NFPA 70, Article 701			
NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701			

**PRIOR TO ANY TESTING**

**SECONDARY POWER**

Notifications Are Made	Yes	NA	No	Who	Time	Type	Visual	Functional	NA	Comments
Building Management		<input checked="" type="checkbox"/>		<b>MARK</b>	<b>8:00</b>	Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		.
Monitoring Entity		<input checked="" type="checkbox"/>		<b>LIBRARY SECURITY</b>	<b>8:00</b>	Load Voltage		<input checked="" type="checkbox"/>		.
Other:						Discharge Test		<input checked="" type="checkbox"/>		.
<b>INITIATING &amp; SUPERVISORY DEVICE TESTS &amp; INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT <u>1</u></b>						Amp Hour Reading		<input checked="" type="checkbox"/>		.
						Specific Gravity		<input checked="" type="checkbox"/>		.
						<b>Batteries Meet NFPA 72 Test Requirements:</b>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel			<input checked="" type="checkbox"/>	.	Transient Suppressors		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	.
Interface Equipment			<input checked="" type="checkbox"/>	.	Remote Annunciators			<input checked="" type="checkbox"/>	.
Lamps/LEDS			<input checked="" type="checkbox"/>	.	Audible			<input checked="" type="checkbox"/>	.
Fuses			<input checked="" type="checkbox"/>	.	Visual			<input checked="" type="checkbox"/>	.
Primary Power Supply			<input checked="" type="checkbox"/>	.	Speakers			<input checked="" type="checkbox"/>	.
Trouble Signals			<input checked="" type="checkbox"/>	.	Voice Clarity		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	.
Disconnect Switches			<input checked="" type="checkbox"/>	.	Door Holders			<input checked="" type="checkbox"/>	.
Ground Fault Monitor			<input checked="" type="checkbox"/>	.	Door Unlock			<input checked="" type="checkbox"/>	.

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set			<input checked="" type="checkbox"/>	.	Elevator Recall			<input checked="" type="checkbox"/>	.
Phone Jack			<input checked="" type="checkbox"/>	.	HVAC Shut Down			<input checked="" type="checkbox"/>	.
Off-Hook Indicator			<input checked="" type="checkbox"/>	.	Specify:				
Amplifier(s)			<input checked="" type="checkbox"/>	.	<b>Special Hazards</b>	<b>Visual</b>	<b>Functional</b>	<b>NA</b>	<b>Comments</b>
Tone Generators			<input checked="" type="checkbox"/>	.	Specify:				
Call in Signal Silence			<input checked="" type="checkbox"/>	.	Specify:				
System Performance			<input checked="" type="checkbox"/>	.	Specify:				

SUPERVISING STATION MONITORING	Yes	NA	No	Time	Comments
Alarm Signal		<input checked="" type="checkbox"/>		<b>NA</b>	.
Alarm Restoral		<input checked="" type="checkbox"/>		<b>NA</b>	.
Trouble Signal		<input checked="" type="checkbox"/>		<b>NA</b>	.
Trouble Restoral		<input checked="" type="checkbox"/>		<b>NA</b>	.
Supervisory Signal		<input checked="" type="checkbox"/>		<b>NA</b>	.
Supervisory Restoral		<input checked="" type="checkbox"/>		<b>NA</b>	.

NOTIFIED TESTING COMPLETE	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			<b>MARK</b>	<b>9:30</b>
Monitoring Entity	<input checked="" type="checkbox"/>			<b>LIBRARY SECURITY</b>	<b>9:30</b>
Other:					

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES  NO  NA

Year Sensitivity Testing Completed: **2018**

Year Sensitivity Testing Due: **2020**

How Was Sensitivity Tested: **GEMINI**

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES  NO  NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector **Nick Haring**

Signature 

Certification # **54-25-4951**

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative **Mark**

Signature 

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
DATA ROOM	PSD	1D001	VISUAL	0.5-3.43		PASS
MECH ROOM 207	PSD	1D002	VISUAL	0.5-3.43		PASS
FC-4A RM 207	PDD	1D003	VISUAL			PASS
FC-2.8 RM 207	PDD	1D004	VISUAL			PASS
FC-2.4B RM 207	PDD	1D005	VISUAL			PASS
FC-2.2 RM 207	PDD	1D006	VISUAL			PASS
FC-1.1 RM 207	PDD	1D007	VISUAL			PASS
FC-2.1 RM 207	PDD	1D008	VISUAL			PASS
2ND FL ELEV LOBBY	PSD	1D009	VISUAL	0.5-3.43		PASS
ELEV SHAFT	PSD	1D011	VISUAL	0.5-3.43		PASS
FC-1.8 RM 205A	PDD	1D014	VISUAL			PASS
FC-1.5 RM 205A	PDD	1D015	VISUAL			PASS
FC-1.4 RM 205A	PDD	1D016	VISUAL			PASS
FC-2.6 RM 205A	PDD	1D017	VISUAL			PASS
FC-2.9 RM 205A	PDD	1D018	VISUAL			PASS
FC-1.6 RM 205A	PDD	1D019	VISUAL			PASS
FC-1.7 RM 205A	PDD	1D020	VISUAL			PASS
MECH RM 205A	PSD	1D021	VISUAL	0.5-3.43		PASS
ELEC RM 205B	PSD	1D022	VISUAL	0.5-3.43		PASS
WATER SERVIC RM	PSD	1D024	VISUAL	0.5-3.43		PASS
FC-1.17 RM 125	PDD	1D032	VISUAL			PASS
FC-1.8 RM 118	PDD	1D033	VISUAL			PASS
1ST FL ELEV LOBBY	PSD	1D036	VISUAL	0.5-3.43		PASS
FC 1-2 RM 109A	PDD	1D037	VISUAL			PASS
FC 1-3 RM 109	PDD	1D038	VISUAL			PASS
MECH RM 134	PSD	1D042	VISUAL	0.5-3.43		PASS
FC 1.12 RM 134	PDD	1D043	VISUAL			PASS
FC 1.13 RM 134	PDD	1D044	VISUAL			PASS
ELEV EQ RM	FHD	1D048	VISUAL			PASS
FC 2.3 RM 207	PDD	1D052	VISUAL			PASS
ELEV EQ RM	PSD	1D054	VISUAL	0.5-3.43		PASS
ELEV BATTERY BACK UP PWR	O	1M010	VISUAL			PASS
2ND FL COMMODITY	MPS	1M012	VISUAL			PASS
2ND FL CORR 206	MPS	1M013	VISUAL			PASS
STAIR 2 EXIT	MPS	1M023	VISUAL			PASS
BOOSTER PANEL	O	1M025	VISUAL			PASS
TAMPER 1 WATER SERVICE RM	TS	1M026	VISUAL			PASS
TAMPER 2 WATER SERVICE RM	TS	1M027	VISUAL			PASS
PIV VALVE	TS	1M028	VISUAL			PASS
MAIN CONTROL WATER SERVICE RM	TS	1M029	VISUAL			PASS
WATER FLOW WATER SERVICE RM	WFS	1M030	VISUAL			PASS
TOP OF STAIR 2	MPS	1M031	VISUAL			PASS
RECEIVING	MPS	1M034	VISUAL			PASS
ENTRANCE 110	MPS	1M035	VISUAL			PASS
STAIR 1 EXIT	MPS	1M039	VISUAL			PASS
ENTRANCE 101	MPS	1M040	VISUAL			PASS
KNOX BOX	O	1M041	VISUAL			PASS
TOP OF STAIR 1	MPS	1M045	VISUAL			PASS
DOAZ SHUTDOWN RELAY	O	1M046	VISUAL			PASS
HVAC SHUTDOWN RELAY	O	1M047	VISUAL			PASS
SHUNT TRIP RELAY	O	1M049	VISUAL			PASS
PRIMARY RECALL RELAY	O	1M050	VISUAL			PASS
ALTERNATE RECALL RELAY	O	1M051	VISUAL			PASS
FIREMANS HAT RELAY	O	1M053	VISUAL			PASS

Are services required on Fire Alarm Components:  YES  NO How many devices this page require Service: 0

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME  
 FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR,  
 MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN,  
 TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR,  
 ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER,  
 AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



# S.A. Comunale

An EMCOR Company

## FIRE EXTINGUISHER INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
 SITE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly

	YES	N/A	NO
A. Are all extinguishers free from obstruction to access or visibility?	X		
B. Are the operating instructions on nameplates legible and facing outward?	X		
C. Are all safety seals and tamper indicators in place and free from physical damage?	X		
D. Do all extinguishers seem to be full by weighing or hefting?	X		
E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles?	X		
F. Are all pressure gauges in the operable range or position?	X		
G. Are all HMIS (Hazardous Materials Information System) labels in place?	X		
H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor.	X		

LOCATION OF EXTINGUISHER	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAF / FFPF	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTIONS PERFORMED (X)									
					INSPECTION	SERVICE NEEDED	6YR - 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE
FL2 BY ELEV	10	ABC	2016	KIDDE	X		2022	2028	X	X	X	X	X	X
FL2 SE QUIET AREA	10	ABC	2016	KIDDE	X		2022	2028	X	X	X	X	X	X
FL2 BY STUDY RM 4	10	ABC	2017	KIDDE	X		2023	2029	X	X	X	X	X	X
FL1 BY ELEV EQ RM	10	ABC	2016	KIDDE	X		2022	2028	X	X	X	X	X	X
FL1 BREAK RM SINK	5	ABC	2017	ANSUL	X		2023	2029	X	X	X	X	X	X
FL1 BY KITCHENETTE	10	ABC	2017	KIDDE	X		2023	2029	X	X	X	X	X	X
FL2 MECH RM 205A	10	ABC	2016	KIDDE	X		2022	2028	X	X	X	X	X	X

Are services required on the Fire Extinguishers: YES NO How many units this page require Service: \_\_\_\_\_

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 10 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Nick Haring Signature [Signature] Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Mark Signature [Signature]





# S.A. Comunale

An EMCOR Company

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is: Semi-Annual Quarterly Other \_\_\_\_\_

**1 - OWNERS SECTION** YES N/A NO

A. Are all fire protection systems in service?  YES  N/A  NO

**2 - GENERAL (Questions A, B, C, D & E are inspection items)** YES N/A NO

A. Are the hydraulic nameplate(s) securely attached to the riser and legible?  YES  N/A  NO  
B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged?  YES  N/A  NO  
C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition?  YES  N/A  NO  
D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly?  YES  N/A  NO  
E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?  YES  N/A  NO

**3 - CONTROL VALVES (Question A is a tested item)** YES N/A NO

A. Did all electrical supervisory switches actuate supervisory alarms?  YES  N/A  NO

**4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)** YES N/A NO

A. Are pressure results at full flow greater or equal to acceptance or previous tests? (10% or less is acceptable)  YES  N/A  NO

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	WATER SERVICE ROOM	1-1/4"	60	.	.	.	.10	990	50.3	291

**5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)** YES N/A NO

A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms?  YES  N/A  NO  
B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks?  YES  N/A  NO  
C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch?  YES  N/A  NO

**6 - SYSTEM INFORMATION (General question concerning system components)**

Number of wet systems?	1	Sizes	3"	Make / Models	VICTAULIC	717HR
Number of dry systems?	0	Sizes	NA	Make / Models	NA	NA
Number of preaction systems?	0	Sizes	NA	Make / Models	NA	NA
Number of deluge systems?	0	Sizes	NA	Make / Models	NA	NA

**7 - DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)** YES N/A NO

A. Is the air pressure and priming water level normal?  YES  N/A  NO  
B. Quick opening device operated correctly?  YES  N/A  NO  
C. Did the low air pressure alarm operate during the test?  YES  N/A  NO

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Nick Haring Signature Certification # 54-25-4951

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Mark Signature



# S.A. Comunale

An EMCOR Company

# FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE	05/13/2021	ADDITIONAL BUILDING DATA	
SITE	CML - PARSONS (NEW)	CONTACT	ACCOUNTS PAYABLE
ADDRESS	1113 PARSONS AVE	PHONE	614-769-0518
CITY	COLUMBUS	STATE	OH ZIP 43215
MONITORING ENTITY	STANLEY	PHONE	877-476-4968

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

Type Transmission	<input checked="" type="checkbox"/> Digital	<input type="checkbox"/> Multiplex	<input type="checkbox"/> McCulloh	<input type="checkbox"/> Reverse Polarity	<input type="checkbox"/> RF	<input type="checkbox"/> Other
Panel Manufacturer	NOTIFIER	Model Number	NFS-320	Type	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Hard Wired

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
6	CLASS B	Manual Stations	0	NA	Heat Detectors
0	NA	ION Detectors	1	CLASS B	Waterflow Switches
3	CLASS B	Photo Detectors	3	CLASS B	Supervisory Switches
1	CLASS B	Duct Detectors			

### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Bells	17	CLASS B	Strobes
0	NA	Horns	14	CLASS B	Horn/Strobes
0	NA	Speakers			
0	NA	Chimes			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Building Temp	0	NA	Generator or Controller Trouble
0	NA	Site Water Temp	0	NA	Generator Engine Running
0	NA	Site Water Level	0	NA	Generator in Auto Position
0	NA	Fire Pump Running	0	NA	Switch Transfer
0	NA	Fire Pump or Pump Controller Trouble			
0	NA	Fire Pump Power			
0	NA	Fire Pump Auto Position			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	4	Style(s)	Y
---	-----	---	----------	---

### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	120	AMPS	20
Over Current Protection: Type	<input type="checkbox"/> Fuse	<input checked="" type="checkbox"/> Circuit Breaker	AMPS 20
Location (Primary Supply Panelboard)	MECH RM MEP PNL P1	Disconnecting Means Location (Fuse or Breaker #)	59
B. Secondary (Standby): <input checked="" type="checkbox"/> Storage Battery <input type="checkbox"/> Other:	AMP HR Rating	7.0	
Calculated capacity to operate system, in hours	<input checked="" type="checkbox"/> 24 <input type="checkbox"/> 60 <input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> NA	Engine-Driven generator dedicated to fire alarm system. Location of fuel storage:		

### TYPE BATTERY

<input type="checkbox"/> Dry Cell	<input type="checkbox"/> Nickel Cadmium	<input checked="" type="checkbox"/> Sealed Lead-Acid	<input type="checkbox"/> Lead-Acid	<input type="checkbox"/> Other:
C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply.				
NA	Emergency system described in NFPA 70, Article 700			
NA	Legally required standby described in NFPA 70, Article 701			
NA	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701			



**PRIOR TO ANY TESTING**

Notifications Are Made	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			PAT	7:30
Monitoring Entity		<input checked="" type="checkbox"/>		CUSTOMER CALLS	NA
Other:					

**SECONDARY POWER**

Type	Visual	Functional	NA	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		PASS
Load Voltage		<input checked="" type="checkbox"/>		PASS
Discharge Test		<input checked="" type="checkbox"/>		PASS
Amp Hour Reading		<input checked="" type="checkbox"/>		PASS
Specific Gravity			<input checked="" type="checkbox"/>	
<b>Batteries Meet NFPA 72 Test Requirements:</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1**

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel		<input checked="" type="checkbox"/>		PASS	Transient Suppressors		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment		<input checked="" type="checkbox"/>		PASS	Remote Annunciators		<input checked="" type="checkbox"/>		PASS
Lamps/LEDS		<input checked="" type="checkbox"/>		PASS	Audible		<input checked="" type="checkbox"/>		PASS
Fuses			<input checked="" type="checkbox"/>		Visual		<input checked="" type="checkbox"/>		PASS
Primary Power Supply		<input checked="" type="checkbox"/>		PASS	Speakers			<input checked="" type="checkbox"/>	
Trouble Signals		<input checked="" type="checkbox"/>		PASS	Voice Clarity			<input checked="" type="checkbox"/>	
Disconnect Switches			<input checked="" type="checkbox"/>		Door Holders			<input checked="" type="checkbox"/>	
Ground Fault Monitor			<input checked="" type="checkbox"/>		Door Unlock			<input checked="" type="checkbox"/>	

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set			<input checked="" type="checkbox"/>		Elevator Recall			<input checked="" type="checkbox"/>	
Phone Jack			<input checked="" type="checkbox"/>		HVAC Shut Down		<input checked="" type="checkbox"/>		PASS
Off-Hook Indicator			<input checked="" type="checkbox"/>		Specify:				
Amplifier(s)			<input checked="" type="checkbox"/>		<b>Special Hazards</b>	<b>Visual</b>	<b>Functional</b>	<b>NA</b>	<b>Comments</b>
Tone Generators			<input checked="" type="checkbox"/>		Specify:				
Call in Signal Silence			<input checked="" type="checkbox"/>		Specify:				
System Performance			<input checked="" type="checkbox"/>		Specify:				

SUPERVISING STATION MONITORING	Yes	NA	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>			8:05	PASS
Alarm Restoral	<input checked="" type="checkbox"/>			8:10	PASS
Trouble Signal	<input checked="" type="checkbox"/>			8:00	PASS
Trouble Restoral	<input checked="" type="checkbox"/>			8:30	PASS
Supervisory Signal	<input checked="" type="checkbox"/>			8:15	PASS
Supervisory Restoral	<input checked="" type="checkbox"/>			8:16	PASS

NOTIFIED TESTING COMPLETE	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			PAT	9:00
Monitoring Entity		<input checked="" type="checkbox"/>		CUSTOMER CALLS	NA
Other:					

**HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES:** YES  NO  NA

Year Sensitivity Testing Completed: **2020** Year Sensitivity Testing Due: **2022** How Was Sensitivity Tested: **PANEL**

**WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED:** YES  NO  NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature  Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid 19 concerns Signature 

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
MECH RM MEP ABOVE FACP	PSD	1D001	FUNCTIONAL	0.5-3.43		PASS
STORAGE RM 137	PSD	1D007	FUNCTIONAL	0.5-3.43		PASS
MENS RR	PDD	1D008	FUNCTIONAL	0.5-3.43		PASS
DATA RM 114	PSD	1D014	FUNCTIONAL	0.5-3.43		PASS
CHILDREN RM EXIT	MPS	1M001	FUNCTIONAL			PASS
STAFF LOUNGE RM	MPS	1M002	FUNCTIONAL			PASS
RECEIVING RM 121	MPS	1M003	FUNCTIONAL			PASS
BACK VESTIBULE 127	MPS	1M004	FUNCTIONAL			PASS
MAIN VESTIBULE 129	MPS	1M005	FUNCTIONAL			PASS
CORRIDOR 146	MPS	1M006	FUNCTIONAL			PASS
MECH RM MEP TAMPER	TS	1M010	FUNCTIONAL			PASS
MECH RM MEP TAMPER	TS	1M011	FUNCTIONAL			PASS
OUTSIDE MECH RM MEP TAMPER	TS	1M012	FUNCTIONAL			PASS
MECH RM MEP WATERFLOW	WFS	1M013	FUNCTIONAL			PASS

Are services required on Fire Alarm Components:  YES  NO How many devices this page require Service: NA

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME  
 FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR,  
 MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN,  
 TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR,  
 ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER,  
 AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



# S.A. Comunale

An EMCOR Company

## BACKFLOW PREVENTER FORWARD FLOW TEST

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NFPA 25 – Requirements (2002, 2008 & 2011):

1. A forward flow test shall be conducted at the system demand, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer.
2. For backflow preventers sized 2" and under, the forward flow test shall be acceptable to conduct without measuring flow, where the test outlet is of size to flow the system demand.
3. Where connections do not permit a full flow test, tests shall be completed at the maximum flow rate possible.
4. A forward flow test shall not be required where annual fire pump testing causes the system demand to flow through the backflow preventer device.

NFPA 13 – Requirements (2007):

1. The backflow prevention assembly shall be forward flow tested to ensure proper operation.
2. The minimum flow rate required by the above reference shall be the system demand, including hose stream demand where applicable.

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED			
											YES	NO	TOTAL FT REQUIRED	
WATTS	6"	1	1-3/4"	10	280	65	50	292.5	53.6	1-1/4"		X	0	
Location / System Number		MEP ROOM				Test Outlets for Forward Flow Test?		YES	N/A	X	NO	Amount?	0	Size? NA

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED		
											YES	NO	TOTAL FT REQUIRED
Location / System Number						Test Outlets for Forward Flow Test?		YES	N/A	NO	Amount?		Size?

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED		
											YES	NO	TOTAL FT REQUIRED
Location / System Number						Test Outlets for Forward Flow Test?		YES	N/A	NO	Amount?		Size?

BACKFLOW MANUFACTURE	BACKFLOW SIZE	# OF TEST OUTLETS FLOWING	TEST NOZZLE SIZE	PITOT or PSI	GPM	STATIC PSI (System side of BF)	RESIDUAL PSI (System side of BF)	SYSTEM DEMAND (Hydraulic Sticker)	SYSTEM PSI (Hydraulic Sticker)	MAIN DRAIN SIZE	FIRE HOSE REQUIRED		
											YES	NO	TOTAL FT REQUIRED
Location / System Number						Test Outlets for Forward Flow Test?		YES	N/A	NO	Amount?		Size?

The Backflow Device (s) Passed the Forward Flow Test: YES NO

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is not equipped with enough test outlets to achieve the desired flow rate. This system was installed prior to the described test and does not require additional test outlets be installed. Per the above referenced NFPA 25 standard the owner is not required to add additional test outlets and this test meets the intent of NFPA 25.

The above backflow preventer forward flow test did not meet the demand as shown on the hydraulic placard. The system is equipped with enough test outlets to achieve the desired flow rate. Further investigation needs to be done in order to determine the root cause of this test failure. Additional information can be found on the Service Follow Up report # \_\_\_\_\_

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature [Signature] Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid 19 concerns Signature N/A



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

<b>Ticket #</b>	996005
<b>Customer #</b>	146393
<b>Customer PO #</b>	
<b>Scheduled Date</b>	04/30/2021
<b>Completed Date</b>	05/16/2021
<b>Inspected By</b>	

### Columbus

ANN SPKR FWD FLOW FIRE EXT AND ALARM INSPECTION

<b>JOB SITE</b>	CML - PARSONS (NEW)
	1113 PARSONS AVE
	COLUMBUS, OH 43215
<b>CONTACT</b>	ACCOUNTS PAYABLE
<b>PHONE</b>	
<b>FAX</b>	

<b>BILL TO</b>	COLUMBUS METROPOLITAN LIBRARY
	96 S GRANT AVE
	COLUMBUS, OH 43215
<b>CONTACT</b>	ACCOUNTS PAYABLE
<b>PHONE</b>	614-769-0518
<b>FAX</b>	

#### Site Notes:

1WS 3BF 8FE

#### Comments / Corrections:

FIRE EXTINGUISHER INSPECTION COMPLETED ON SEPERATE TICKET #20886

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES  NO  N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES NO SFU NUMBER: \_\_\_\_\_

ADDITIONAL INSPECTOR OR FITTER

1. NA 2. NA

Technician Name	Jordan Messmer	Count	2
I confirm that the above work has been satisfactorily completed.			
SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS			
Customer Name		Customer Signature	N/A

Additional Inspector or Fitter:  Yes  No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
1	ANNUAL ALARM INSPECTION		
1	ANNUAL WET INSPECTION		
1	FORWARD FLOW TEST BACKFLOW		
<b>INSPECTION TOTAL</b>			435
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
<b>INSPECTION MATERIALS TOTAL</b>			

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION  YES  NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		
<b>OTHER TOTAL</b>			
	Inspection Total		435
	Material Total		
	Other Total		
	Tax		
	<b>Total Cost</b>		435

## WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 SITE \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CITY \_\_\_\_\_

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other \_\_\_\_\_

**1 – OWNERS SECTION** *This section is to be answered and signed by the Owner or Owners Representative* **YES N/A NO**

A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification and hazard contents remained the same since the last inspection (If no, survey required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all Wet Sprinkler System piping and Wet portions of Dry Systems protected from temperatures below 40°?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Owner has been instructed on maintaining the Dry System Auxiliary Drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inspection of Sprinklers, Hangers, Pipe and Fittings will be conducted from Floor Level, Concealed Spaces are not required to be Inspected</b>			

Name of Owner or Representative: no signature/covid 19 concerns Signature: N/A

**2 – GENERAL** (Questions A, B, C, D, E, F, H, J & K are inspection items) (Questions G, L & M are tested items) **YES N/A NO**

A. Have the sprinkler systems been extended to all visible areas of the building? (If NO, an Engineering Survey is required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the hydraulic nameplate(s) securely attached to the riser and legible? (Answer N/A if system is Pipe Scheduled)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a spare head box with the proper number and type of spare sprinklers and wrenches?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fire Dept. Connection in good condition, visible, accessible and marked with ID signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the Fire Dept. Connection piping been hydrostatically tested in the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have all gauges 5 or more years old been replaced or calibrated? Year Replaced: 2020 Year Due: 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Internal inspection of the Pipe, Valves and Backflow has been performed within the last 5 years? Year Due: 2025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Are all hoses and hose valves in good condition, free from physical damage and no leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Hose (>5 yrs) connected to the system has been serviced per NFPA 1962? Year of Hose: NA Year Due: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Fire backflow prevention device tested per the authority having jurisdiction? Month Due: JAN Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Forward flow test has been conducted on fire backflow device - NA for systems w/ fire pumps? Year Due: 2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 - CONTROL VALVES** (Questions A, B & E are inspection items) (Question D is a test item) (Question C is a maintenance item) **YES N/A NO**

A. Are all sprinkler system main control valves and all other control valves in the appropriate open or closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves supervised in the appropriate open or closed position? (Supervision Type) <b>Tamper Switch</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were all control valves operated through full range of motion, lubricated and returned to normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did all electrical supervisory switches actuate supervisory alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are all control valves easily accessible and marked with ID signs? (Valve Location) <b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 - WATER SUPPLY** (Question A is a inspection item) (Questions B & C for information) (Main Drain is a test item) **YES N/A NO**

A. Did flow results have the same or greater PSI readings than previous tests? (A reduction of 10% should be noted as No)

B. System water supplied from:  City Water  Elevated Tank  Pressure Tank  Suction Tank  Pond  Other \_\_\_\_\_

C. Main drain is piped outside  Yes  No  NA, if no how many 25' hoses required to get outside for a Forward Flow Test? **NA**

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand
1	MECH ROOM MEP	1-1/4"	65	50	60	15SEC	.1	1500	53.6	295.2

SITE \_\_\_\_\_

DATE \_\_\_\_\_

**5 - FLOW ALARMS** (Questions A & B are inspection & test items, based on type of inspection performed)

YES N/A NO

A. Did waterflow through the inspectors test actuate all mechanical alarms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Did waterflow through the inspectors test actuate all electrical alarms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 - WET SYSTEMS** (Questions A & B are inspection items) (Questions C, D & E are tested items) (Question F is for information)

YES N/A NO

Number of systems	1	Sizes	3"	NA	NA	NA	Make & Models	VICTAULIC	717HR
A. Alarm valves, riser check valves, gauges and associated trim are free from physical damage?	<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"/>
B. Trim valves, alarm and supervisory lines are in the appropriate open or closed position? (Are Appropriate Signs provided)	<input 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"/>
C. Is the antifreeze system protected correctly based on the listed cold zone? Cold Zone Designator: NA	<input 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"/>
D. The antifreeze system protection is normal and is not overcharged? (protection above the cold zone is considered overcharged)	<input 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"/>
E. Was the antifreeze system tested at the point of connection to the system and at the remote point of the system?	<input 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"/>
F. Area Protected?	NA	Type	NA	Connection	NA°	Remote	NA°		

**7 - DRY / PREACTION / DELUGE SYSTEMS** It is the owner's responsibility to maintain auxiliary drains between inspections

Owner Notified NA

Number of Dry Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Pre-Action Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required
Number of Deluge Systems	0	Make and Model	NA	NA	<input type="checkbox"/> Trip test report attached	<input checked="" type="checkbox"/> Trip test not required

(Questions A, B, C, G & H are inspection items) (Questions D, E & I are tested items) (Question F is a maintenance item)

YES N/A NO

A. Valves, gauges and associated trim are free from physical damage and in the appropriate open or closed position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Is the air pressure and priming water level normal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Did the nitrogen generators operate satisfactorily? Generator hour meter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Did the air compressor operate satisfactorily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Did the low air pressure alarm operate during the test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Auxiliary drains that were identified by the owner were drained during this inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Valves and trim appear to be protected from temperatures below 40°F?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Pipe that passes through freezers is free of ice blockage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Has the Air Leakage Test been conducted on the Dry System within the last 3 years? Year Performed: NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**8 - SPRINKLERS, PIPE, AND HANGERS** (Questions A, B & C are inspection items) (Questions D, E & F are tested items)

YES N/A NO

A. Is all visible pipe in good condition with no external corrosion, physical damage and no leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are visible pipe hangers and seismic braces free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all sprinklers free from damage, obstructions to spray patterns, foreign materials & correct orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have standard sprinklers 50 or more years old been replaced or successfully tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Have fast response sprinklers 20 or more years old been replaced or successfully tested? Date of Sprinklers 2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Have dry type sprinklers 10 or more years old been replaced or successfully tested? Date of Sprinklers NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**9 - FIRE PUMPS AND STORAGE TANKS** (General Information concerning the property)

System has Fire Pump: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Fire Pump Test Performed This Inspection: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Water Storage Tank Supplies Water: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Tank Inspection Performed: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Report Attached: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jordan Messmer Signature  Certification # 54-25-5260

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative no signature/covid 19 concerns Signature N/A



BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE _____	ADDITIONAL BUILDING DATA _____
SITE _____	CONTACT _____
ADDRESS _____	PHONE _____
CITY _____	STATE _____ ZIP _____
MONITORING ENTITY _____	PHONE _____

This inspection is: Annual    Semi-Annual    Quarterly    Monthly    Weekly    Other \_\_\_\_\_

Type Transmission	Digital	Multiplex	McCulloh	Reverse Polarity	RF	Other
Panel Manufacturer	Model Number		Type	Addressable	Hard Wired	

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Manual Stations			Heat Detectors
		ION Detectors			Waterflow Switches
		Photo Detectors			Supervisory Switches
		Duct Detectors			

### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Bells			Strobes
		Horns			Horn/Strobes
		Speakers			
		Chimes			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Building Temp			Generator or Controller Trouble
		Site Water Temp			Generator Engine Running
		Site Water Level			Generator in Auto Position
		Fire Pump Running			Switch Transfer
		Fire Pump or Pump Controller Trouble			
		Fire Pump Power			
		Fire Pump Auto Position			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	Style(s)
---	-----	----------

### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	AMPS
Over Current Protection: Type	Fuse      Circuit Breaker
Location (Primary Supply Panelboard)	Disconnecting Means Location (Fuse or Breaker #)
B. Secondary (Standby): Storage Battery      Other:	AMP HR Rating
Calculated capacity to operate system, in hours	24      60      Other:
Engine-Driven generator dedicated to fire alarm system. Location of fuel storage:	

### TYPE BATTERY

Dry Cell	Nickel Cadmium	Sealed Lead-Acid	Lead-Acid	Other:
C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply.				
Emergency system described in NFPA 70, Article 700				
Legally required standby described in NFPA 70, Article 701				
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701				

SITE \_\_\_\_\_

DATE \_\_\_\_\_

**PRIOR TO ANY TESTING**

Notifications Are Made	Yes	NA	No	Who	Time
Building Management					
Monitoring Entity					
Other:					

**SECONDARY POWER**

Type	Visual	Functional	NA	Comments
Battery Condition				
Load Voltage				
Discharge Test				
Amp Hour Reading				
Specific Gravity				
<b>Batteries Meet NFPA 72 Test Requirements:</b>				Yes No NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT \_\_\_\_\_**

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel					Transient Suppressors				
Interface Equipment					Remote Annunciators				
Lamps/LEDS					Audible				
Fuses					Visual				
Primary Power Supply					Speakers				
Trouble Signals					Voice Clarity				
Disconnect Switches					Door Holders				
Ground Fault Monitor					Door Unlock				

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set					Elevator Recall				
Phone Jack					HVAC Shut Down				
Off-Hook Indicator					Specify:				
Amplifier(s)					<b>Special Hazards</b>	Visual	Functional	NA	Comments
Tone Generators					Specify:				
Call in Signal Silence					Specify:				
System Performance					Specify:				

<b>SUPERVISING STATION MONITORING</b>				Yes	NA	No	Time	Comments
Alarm Signal								
Alarm Restoral								
Trouble Signal								
Trouble Restoral								
Supervisory Signal								
Supervisory Restoral								

<b>NOTIFIED TESTING COMPLETE</b>				Yes	NA	No	Who	Time
Building Management								
Monitoring Entity								
Other:								

**HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES NO NA**

Year Sensitivity Testing Completed: \_\_\_\_\_ Year Sensitivity Testing Due: \_\_\_\_\_ How Was Sensitivity Tested: \_\_\_\_\_

**WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES NO NA**

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_, attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_







# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

Ticket #	
Customer #	
Customer PO #	
Scheduled Date	
Completed Date	
Inspected By	

<b>JOB SITE</b>	_____
	_____
	_____
	_____
CONTACT	_____
PHONE	_____
FAX	_____

<b>BILL TO</b>	_____
	_____
	_____
	_____
CONTACT	_____
PHONE	_____
FAX	_____

Additional Inspector or Fitter: Yes No

Site Notes:

\_\_\_\_\_

Comments / Corrections:

\_\_\_\_\_

QTY	INSPECTION ITEMS	PRICE	AMOUNT
<b>INSPECTION TOTAL</b>			
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
<b>INSPECTION MATERIALS TOTAL</b>			

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE  
 GENERATE SFU FROM INSPECTION  YES  NA  
(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

**ALL CONTROL VALVES LEFT IN OPEN POSITION**  
 YES  NO  N/A

**SERVICE FOLLOW UP REPORT ATTACHED**  
 YES  NO SFU NUMBER: \_\_\_\_\_

**ADDITIONAL INSPECTOR OR FITTER**  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
<b>OTHER TOTAL</b>			
Technician Name	Count	Thank You - Invoice to Follow	Inspection Total
I confirm that the above work has been satisfactorily completed.		SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS	Material Total
Customer Name	Customer Signature		Other Total
			Tax
			<b>Total Cost</b>



# S.A. Comunale

An EMCOR Company

# WATER BASED FIRE PROTECTION INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: \_\_\_\_\_

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE \_\_\_\_\_  
SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This inspection is:    Semi-Annual    Quarterly    Other \_\_\_\_\_

**1 – OWNERS SECTION** YES    N/A    NO

A. Are all fire protection systems in service? YES    N/A    NO

**2 – GENERAL (Questions A, B, C, D & E are inspection items)** YES    N/A    NO

- A. Are the hydraulic nameplate(s) securely attached to the riser and legible? *(Answer N/A if system is Pipe Scheduled)*
- B. Fire Dept. Connection couplings / swivels undamaged and rotate smoothly, caps / plugs in place & undamaged?
- C. Fire Dept. Connection visible, accessible and marked with sign, gaskets present and in good condition?
- D. Fire Dept. Connection check valve not leaking, auto drain valve and clapper (s) in place and operating correctly?
- E. Are hoses, hose valves & storage devices accessible, in good condition, free from physical damage and no leaks?

**3 - CONTROL VALVES (Question A is a tested item)** YES    N/A    NO

A. Did all electrical supervisory switches actuate supervisory alarms?

**4 - WATER SUPPLY (Question A is a tested item) (Main Drain Test one riser per quarter w/ backflow preventer on system)** YES    N/A    NO

A. Are pressure results at full flow greater or equal to acceptance or previous tests? *(10% or less is acceptable)*

Riser Number	Location (Riser)	Size	Static Pressure	Residual Pressure	PSI Return	Alarm Time	Hydraulic Information			
							Design Density	Design Area	PSI @ Base	GPM Demand

**5 - FLOW ALARMS (Question B is a inspected item) (Questions A & C are tested items)** YES    N/A    NO

- A. Did waterflow through the inspector's test or alarm test line actuate mechanical alarms?
- B. Pressure switches & vane type waterflow switches are in good condition, securely attached w/ no leaks?
- C. Did waterflow through the inspectors test or alarm line actuate pressure or vane type waterflow switch?

**6 – SYSTEM INFORMATION (General question concerning system components)**

Number of wet systems?	Sizes	Make / Models
Number of dry systems?	Sizes	Make / Models
Number of preaction systems?	Sizes	Make / Models
Number of deluge systems?	Sizes	Make / Models

**7 – DRY, PREACTION AND DELUGE (Questions A, B & C are tested items)** YES    N/A    NO

- A. Is the air pressure and priming water level normal?
- B. Quick opening device operated correctly?
- C. Did the low air pressure alarm operate during the test?

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # \_\_\_\_\_ which is attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Certification # \_\_\_\_\_

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative \_\_\_\_\_ Signature \_\_\_\_\_