

ADDENDUM 6

May 6, 2020

ITB FM 24-20

Repair, Inspection and Service of Fire Protection Equipment Components for Okaloosa County Facilities

This addendum is to provide additional annual reports for review; to schedule a site visit for interested vendors to view fire protection equipment at the new Crestview Courthouse; and to extend the bid opening, so as to provide time for interested venders to review new information.

The additional annual reports are attached.

The Crestview Courthouse site visit will be conducted at 9:00 am on Thursday, May 14, 2020 at 101 E. James Lee Blvd, Crestview. A supervisor will meet attendees on the Courthouse steps.

The new bid opening date will by May 27, 2020 at 3:30 P.M.

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Baker Rec Arena Kitchen Suppression

* Not in Contract (2015) * No Addendum

FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

	A ()
Property Name: ESC NICEVILLE	Date: 4 30 20
Address: 90 BAST College Blud	COMPACENTO
Contact Person: Ven Walfe	COMMENTS:
Telephone: 671-7150	
• TYPE OF SYSTEM	
☐ FM 200 ☐ Halon 1301 ☐ Halon 1211 ☐ Other	
• TYPE OF INSPECTION	
🗖 Annual 🗖 Semi-Annual 🗖 Recharge 🗖 New	
• SYSTEM INITIATING DEVICES	
Manual Pull Stations:	
ION Detectors:	
PHOTO Detectors:	
ABORT Switch: 'Z	
• SYSTEM INDICATION APPLIANCES	,
Strobes: 4	
Horns:	
Bells:	
Other:	
• AGENT TANK	
Weight: 17.20/17.5	
Tank Measurement:	100
Hydro: 908 708 908	
Serial Number: <u>AA 330503</u> <u>AA 376 187</u> AA 376 187 AA 376 187 AA 376 187	
• FANS / DAMPERS SHUTDOWN AA 37627	1
Working: Yes 🗖 No	
	/7
Service Customer Representation	ive
The above service technician certified that the system was personally inspected and found condition to be as indicated	

on this report.



Hydro Technologies

1047 Sledge Drive Mobile, AL 36606 251-478-1104

New Startup	
Annual	

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP 5759 JOHN GIVENS RD CRESTVIEW, FL

Date

10/11/2019

Technician FREEMAN NORTHCUTT

For

B & C FIRE

Pump

Manufacturer **PENTAIR** Serial Number 19-2569578-1 Model Number 10-1824F Gallons per Minute 4000

Rated PSI 110 PSI at 150%

89

Max PSI 132

Rated RPM

1775 Pump Type

SC

Driver

Manufacturer MARATHON Serial Number MM49922

Model/Frame

447TSTDN702FDR1

Horse Power 350

Rated RPM

1775 Rated Volts

460

Rated Amps 450

Phase/Hertz/S.F. 3/60/1.15

Type

☑ Electric ☐ Diesel

Controller

HUBBELL Serial Number

Manufacturer

A-234056-1-3

Model Number

LX2100

Start Pressure

75

Stop Pressure

135

Stopping Method

Starting Type

Jockey Pump

Start Pressure 115 Stop Pressure 132 Voltage 460 H.P.

5.00

Pump Tested At

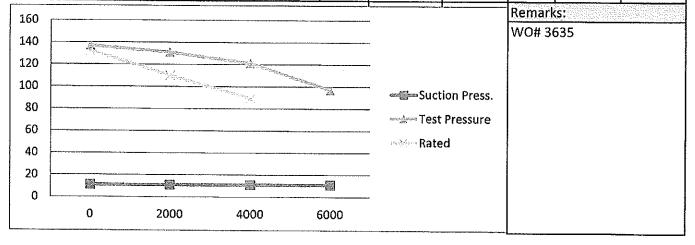
☑ Ground ☐ Meter

Roof

Auto Transfer Switch

☐ Yes ☑ No Main Relief Valve Yes ☑ No

Streams				Discharge	Suction	on		Rated	10000000000000000000000000000000000000	
Number	Pitot PSI	Size	RPM	PSI PSI	Net PSI	GPM	%	Voltage	Amps	
0	0	1 3/4	1790	148	11	137	0	0%	482	286
4	30	1 3/4	1791	142	11	131	2000	50%	482	320
8	30	1 3/4	1784	132	11	121	4000	100%	481	326
10	44	1 3/4	1786	108	11	97	6000	150%	480	404





Hydro Technologies

1047 Sledge Drive Mobile, AL 36606 251-478-1104

New Startup _____

Fire Pump Performance Test

Location Inspected CRESTVIEW PUMP

CRESTVIEW PUMP 5759 JOHN GIVENS RD CRESTVIEW, FL Date

10/11/2019

Technician FREEMAN NORTHCUTT

For

B & C FIRE

Pump

Manufacturer
PENTAIR
Serial Number
19-2569578-2
Model Number
10-1824F
Gallons per Minute
4000
Rated PSI
110
PSI at 150%
89
Max PSI
131

Rated RPM

Pump Type

1775

SC

Driver

Manufacturer MARATHON Serial Number MM49922 Model/Frame 447TSTDNZ027FDR Horse Power 350 Rated RPM 1785 Rated Volts 460 Rated Amps 450 Phase/Hertz/S.F. 3/60/1.15 Type

☑ Electric ☐ Diesel

Controller

Manufacturer
HUBBELL
Serial Number
A-234056-1-1
Model Number
LX12100
Start Pressure
95
Stop Pressure
135

Stopping Method

Starting Type

Jockey Pump

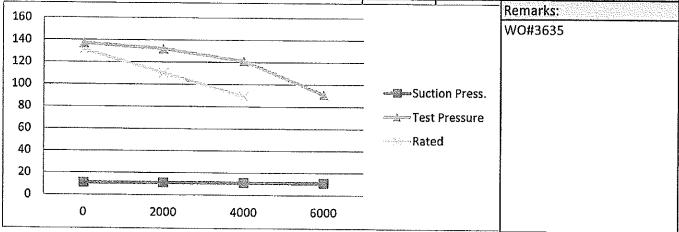
Start Pressure
110
Stop Pressure
132
Voltage
460
H.P.
5.00

Pump Test	ed At
☑ Ground	☐ Meter
Roof	

Auto Transfer Switch
☐ Yes ☑ No

Į	Main Re	lief Valve
l	Yes	✓ No

Streams		Down	Discharge	Suction			Rated	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.0000000000000000000000000000000000000	
Number	Pitot PSI	Size	RPM	PSI	PSI	Net PSI	GPM	%	Voltage	Amps
0	0	1 3/4	1799	148	11	137	0	0%	483	297
4	30	1 3/4	1797	143	11	132	2000	50%	482	338
8	30	1 3/4	1794	132	11	121	4000	100%	481	388
10	44	1 3/4	1787	102	11	91	6000	150%	480	423





Hydro Technologies

1047 Sledge Drive Mobile, AL 36606 251-478-1104

New Startup _____

Fire Pump Performance Test

Location Inspected CRES

CRESTVIEW PUMP 5759 JOHN GIVENS RD CRESTVIEW, FL **Date** 10/11/2019

Technician FREEMAN NORTHCUTT

For B & C FIRE

Pump

Driver

Controller

Jockey Pump

Manufacturer **PENTAIR** Serial Number 19-2569579 Model Number 10-1824F Gallons per Minute 4000 Rated PSI 110 PSI at 150% 91 Max PSI 133 Rated RPM 1775 Pump Type

Manufacturer **MARATHON** Serial Number MM49922 Model/Frame .447TSTDN702FDR1 Horse Power 350 Rated RPM 1775 Rated Volts 460 Rated Amps 450 Phase/Hertz/S.F. 3/60/1.15 Туре ✓ Electric Diesel

Manufacturer
HUBBELL
Serial Number
A-234056-1-2
Model Number
LX12100
Start Pressure
85
Stop Pressure
135
Stopping Method
Starting Type

Ju	art Pressure 115
Sto	op Pressure
·	132
V	oltage
`	460
Η.	Р.
	5.00

Auto Transfer Switch
☐ Yes ☑ No

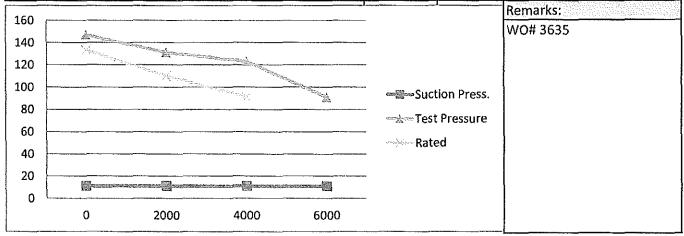
ļ	Main I	Relie	F Val	ve
	□ Voc	[7]	Mo	

Pump Tested At

Roof

☑ Ground ☐ Meter

Streams		RPM	Discharge	Suction	Net PSI	GPM	Rated	Voltage	Amps	
Number	Pitot PSI	Size	N.F.WI	PSI	PSI	iver LDI	OFIX	%	voitage	Amps
0	0	1 3/4	1785	158	11	147	0	0%	485	284
4	30	1 3/4	1790	142	11	131	2000	50%	484	336
8	30	1 3/4	1788	134	11	123	4000	100%	483	382
10	44	1 3/4	1794	102	11	91	6000	150%	485	420



Clerk of Courts Storage (Old)

No Fire Alarm in this bldg

Crestview Courthouse

Have not done this this Contract. Building was down for renovations. This was installed by Fire Control.

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547

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				"Y" EOD A	ALL PASSED:	1
				A FUR F	/ / / / / / / / / / / / / / / / / / /	J
				DATE:	1//20/19	
				TIME:		,
				JOB NO:]
FIRE SAFETY, INC.			-		II. II I I I I I I I I I I I I I I I I	1
(850) 862-7812	PROPERTY	NAME: (User)			unty Health Dept.	
					lth Department	
•			810 E Jame Crestview, F		u.	
			850-689-780			
	OWN	ER CONTACT:		00		
	OWN	LIC CONTACT.	JOIN ANONE		· · · · · · · · · · · · · · · · · · ·	
MONITORING ENTITY			APPROVING A	AGENCY		
Contact: Security C	Central		1	Crestview Fire	e Dept	
Telephone: 1-800-286			Telephone: 8			
Monitoring Account Reference #: A1126-45						
Leaves and the second s			1 01-11-15			
TYPE TRANSMISSION McCulloi		-	Digital X	<u> </u>	Reverse Polarity	
RI	Olh	1	specify		1	
SERVICE Weekl	<u> </u>	iy	Quarterly		Semi-Annually	
Annuall	/ X Oth	er	specify			
PANEL MANUFACTURER: FCI	10 11 11 11 11 11 11 11 11 11 11 11 11 1	Т	lodel Number:		72	
Circuit Styles: B&Y			er of Circuits: 9	Zones 4 NA	ICS	
Software Revision:			سنا	***************************************		
Last Date System Had Any Servi	ce Performed:	NOV 2	048			
Last Date That Any Software or Configuration			1.0			
ALARM INITIATING DEVICES AND CIRCUIT						
Quantity of:	Circuit Style:					
8	В		Manual Station	ıs		
			Ion Detectors			
19	В		Photo Detector	rs		
. 9	В		Duct Detectors	;		
			Heat Detectors	;		
1	В		Waterflow Swit	ches		
1	В		Supervisory Sw	vitches		
		•	Other (Specify))		
		•				
ALARM INDICATING APPLICANCES AND C	RCUIT INFORMATION		· · · · · · · · · · · · · · · · · · ·	*		. 16 1150001
Quantity of:						
	Circuit Style:		1			
1	Circuit Style:		Bells			
1			Bells Horns/Strobes			
21						
21 25	Y		Horns/Strobes			
	Y		Horns/Strobes Chimes			
	Y		Horns/Strobes Chimes Strobes)	,	

YES

Χ

NO

Are Circuits Supervised?

INSPECTION AND	
**************************************	G DEVICES AND CIRCUIT INFORMATION
JOB NAME:	JOB NO:
QUANTITY OF CIRCUIT STYLE	D. W. C. Thomas Land
NA	Building Temperature
NA	Site Water Temperature
NA	Site Water Level
NA	Fire Pump Power
NA	Fire Pump Running
NA	Fire Pump Auto Position
NA	Fire Pump or Pump Controller Trouble
NA NA	Fire Pump Running Generator in Auto Position
NA	Switch Transfer
NA	Generator Engine Running
NA	Other
NA NA	Ollei
SIGNALING LINE CIRCUITS	
Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits of	onnected to system:
Quantity NA	Style(s) NA
Quantity	
SYSTEM POWER SUPPLIES	
A. Primary (Main): Nominal Voltage	120VAC Amps 20
Overcurrent Protection: Type	CB Amps 20
Panel Label and Location:	Panel Next to FACP
Disconnecting Means Location:	CB#1
B. Secondary (Standby):	
Storage Battery (Y or N)	Quantity: 2 Amp-Hour Rating: 7
Calculated capacity to operate syste	em in hours: 24 X 60
Engine-driven generator dedicated t	o Fire Alarm: Yes No X
Location of fuel storage:	NA
TYPE OF BATTERY	
Dry Cell	
Nickel Cadmium	
X Sealed Lead-Acid	
Lead-Acid	
Other (Specify)	2X (12V 7AH)
	as backup to primary power supply, instead of using secondary ps:
h	ribed in NFPA 70, Article 700
	described in NFPA 70, Article 701
	described in NFPA 70, Article 702, which also meets the
performance requiremen	ts of Article 700 or 701.
PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:	TO WHOM
NO	YES TIME TO WHOM
MONITORING ENTITY	6:30 EWN7
BUILDING OCCUPANTS	
BUILDING MANAGEMENT	1610
AHJ (Notified) OF ANY IMPAIRMENTS	Annal Cu
OTHER (SPECIFY) Crestview FD	Majerique

	j	NSPECT	ON AND T	ESTING FO	RM				
		SYSTEM	TESTS AND	INSPECTION	S				
JOB NAME	:					JOB NO:	<u></u>		
						<u> </u>	CONTRACTOR		
TYPE:	.г	VISUAL	1	FUNCTIONAL	. I		COMMENTS		
	ontrol Panel	-	-						
l	Equipment							·	
Li	amps/LEDS								
	Fuses								
Primary Po	wer Supply							****	
Troi	ıble Signals	-	1						
Disconne	ct Switches	11.1,000	Ĩ						
Ground Faul	}		1						
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SECONDARY POWER:	_	Δ	-		•				Ī
Batte	y Condition	Juss							
L	oad Voltage	-	_						
1	charge Test								
	harger Test								:
1	cific Gravity								
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	1		7						
TRANSIENT SUPPRESSORS	L	NA	j						
REMOTE ANNUNCIATORS	Γ	NA	1						
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NOTIFICATION APPLIANCES	r	Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7		1				
	Audible		1						
	Visual]						
	Speakers								
\	oice Clarity		-						
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	l	NITIATING		ISORY DEVIC		D INSPECTIO	NS		
	Device	Visual	Functional		Factory	Measured			
Location & Serial Number	Type	Check	Test		Setting	Setting	PASS	FAIL	•
SEE PAGE 5				1					
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EMERGENCY COMMUNICATION	SEQUIPMEN	T							
	VISUAL		FUNCTIONA	L		COMI	MENTS		
Phone Se]				w. · ·	
Phone Jacks				1					
				†					
Off-Hook Indicato			-	1					
Amplifier(s				4					
Tone Generator(s				}				¥ .	
Call In Signa]			uwin		
System Performance	NA NA			1					

INSPECT	TION AND TESTING FORM	
	M TESTS AND INSPECTIONS	
JOB NAME:		JOB NO:

INTERFACE EQUIPMENT VISUAL	DEVICE	SIMULATED
(Specify Type of Equipment)	OPERATION	OPERATION
Dialer SK		
Booster PNL.		
NA		
NA NA		
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NA NA		Association of the state of the
SPECIAL PROCEDURES		
SPECIAL PROCEDURES	A AMERICAN AND AND AND AND AND AND AND AND AND A	A AND AND AND AND AND AND AND AND AND AN
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COMMENTS:		
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		_
ON/OFF PREMISES MONITORING:		
NO	YES TIME	COMMENTS
ALARM SIGNAL	900	O CONTINUE TO
ALARM RESTORAL	70	
TROUBLE SIGNAL	 	· · ·
]		
SUPERVISORY SIGNAL		· · · · · · · · · · · · · · · · · · ·
SUPERVISORY RESTORAL		
NOTIFICATIONS THAT TESTING IS COMPLETE:		
NO	YES TIME	TO WHOM
MONITORING ENTITY	900 00	MUDA
BUILDING OCCUPANTS	7 7	
BUILDING MANAGEMENT		2HN
AHJ		, V/ -
OTHER (Specify below)		somat Angelique
		3/mar 131901 11100
Crestview Fire	·	
THE FOLLOWING DID NOT OPERATE CORRECTLY:		
	ur m.	
		1.076.000
	/	
SYSTEM RESTORED TO NORMAL OPERATION:	DATE: 11 20 15	TIME: 500
	1111/	
		H APPLICABLE NFPA STANDARDS
Inspector's Name: (Please Print)	Owner or Representati	ive's Name (Please Print)
ENGINBLANSE)	John A	None
Date: Time:	Date:	Time:
U 26/19 900	11/20/19	
Inspector's Signature:	Owner/Representativ	e Signature Below:
AH		
	1 Oden	Il one

JOB NAME:	Okaloosa	a Cou	nty F	lealth	Dept.			JO	B NO:		***************************************	
Location & Model Number	Detector Type	Vis Che		1	ctional Fest	Sensitivity Test	Cleaned		Pass	Fail	Replaced	Zone Number
FACP Room	SD	. •		,,,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Front Entrance	PS)				1			
Front Lobby #1	SD								1			
Front Lobby #1	SD				<u> </u>							
West Exit	PS				1				1			
Hall Near Room 8	SD]				İ			
Hall Near Room 6	SD				Ĭ				T			
Hall Near WIC Reception	SD						***************************************		1			
Entrance/ExitEnvrinmental Health	PS								1			
Lobby Envromental Health	SD				1							
Hall	SD				1				1			
Hall Near Room 30	SD								1			
Hall Near Room 27	SD			1					1			
File Room 4	PS								1			
File Room 11	SD								1			
Riser in File Room Closet	WF			1					İ			
Riser in File Room Closet	T			1					1			8
Lobby for Checkout	SD		 	1								
NE Exit	PS			1				lТ	 			
NW Exit	PS		 	-				 				
West Exit	PS		1	 					 			
SW Exit	PS		†	1			WALAUT	\vdash	1		1	······································
Hall Near Room 15	SD			 	1			 				
Hall Near Room 21	SD		1	1	1							•
Hall Near Room 37	SD		╁┈	-	1							
Hall Near restroom	SD		1		1			 				
Exit Hall Near FACP	PS	· · · · ·	+	-	1							
Hall Near FACP	SD		+	-	 							
Hall Near FACP	SD		1-	1								
Hall Near FACP	SD		+	1		····						
Mechanical Room 75 (5)	DD		+	+				Н				9
Mechanical Room 75 (6)	DD		+					\vdash				9
Mechanical room 75 (7)	DD		+	+ +								9
Mechanical Room 75 (8)	DD		+	+ +				 		<u> </u>		9
Mechanical Room 75 (9)	DD		+	+ +								9
Outside Mechanical Room	DD		+	+					1			9
Outside Mechanical Room Outside Mechanical Room	DD		1	++					1			9
Outside Mechanical Room	DD		1	++				 	1		1	9
Outside Mechanical Room	DD	···		 	,				1			9
Outside Meditathoat Nooth	20	;	4	1-7	/			 	₩		1	<u> </u>
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JOB NAME:	Okaloosa County Health Dept.	JOB NO.
Notes:		
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	WWW. C.	
THORN	***************************************	-
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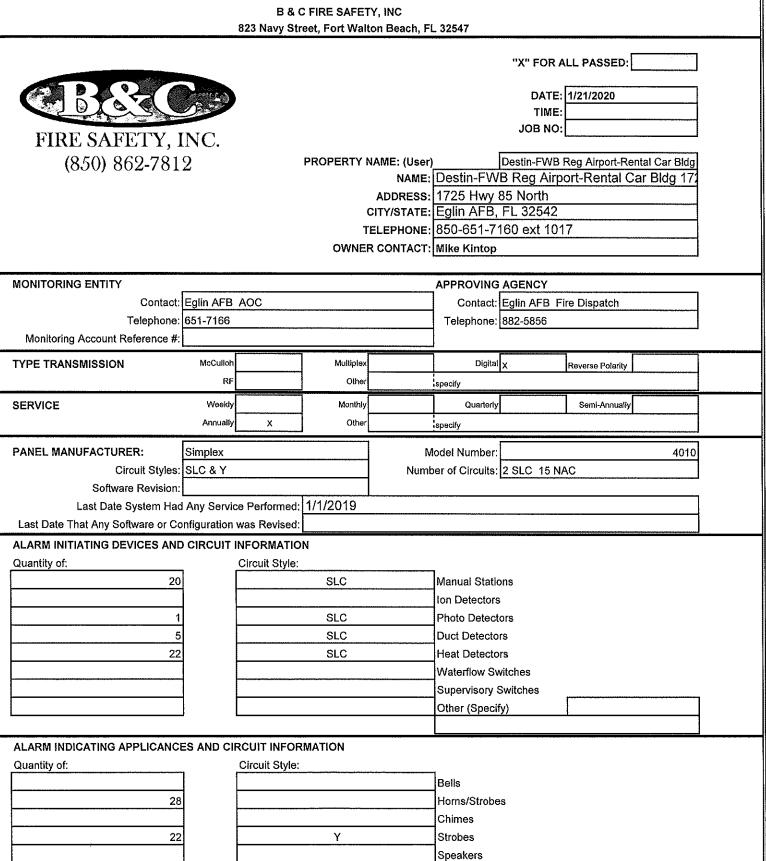
Public Works Kitchen Suppression report

* Not in contract no inspection

Range Hood Systems Report

D 9 C Eiro Cofoty Inc	IN	VOICE#	1136	15		
B & C Fire Safety, Inc.	DATE	OF SERVICE			ME	A.M. P.M.
823 Navy Street Ft. Walton Beach, FL 32547			16		3:44	
Phone (850) 862-7812	AN	NUAL SEMMANI	NUAL REC	HARGE	INSTALLATION	RENOVATION 3
Fax (850) 863-1516	LOC	ATION OF SYSTE	M CYLIND	FRS .		
	100	Cob	me t	Next to	o Runge I	-loop
		UFACTURER .		MODEL NUM	BER	WET CHEM DRY CHEM
ha 1 100 211		nuevelino		l		\times
Vame Univ of Florida Otaloga Ext.	FUSI -	E LINKS 360° F	FUSE LIN	√KS 450° F	FUSE LINKS 500° F	reman
Address 3098 Hipport Rd.	FUEI	L SHUT-OFF	ELECTRIC	cal G.	AS S	SIZE SIZE
city Crestoien, Fl. 32536		Pa	ELECTRIC Shun		N/4	· · · · · · · · · · · · · · · · · · ·
Telephone (850) 689-4698 Store # 12/14	SERI	IAL NUMBER	L/	AST HYDRO T		RECHARGE DATE
Owner or Manager RiAndy	<u>'</u>	4396°	<u> </u>	~	012	N/A
0	1	UFACTURER'S M 1- €		EFERENCE		Figure 25
COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT	PAGI	E NUMBER: (16	<u> </u>		DRAWING NUMBE	R: V
4x Burner Range	CONTRACTOR OF THE PARTY OF THE					
Own- Electi						
	٠	DUCT NOZZL	ا/در ⁼		PLENUM NOZ	ZLE N/A
1. All appliances properly covered w/correct nozzles 2. Duct and plenum covered w/correct nozzles 3. Check positioning of all nozzles 4. System installed in accordance w/MFG UL listing 5. System Piping Penetrating hood/duct sealed w/weld or UL device 6. Check if seals intact, evidence of tempering 7. If system has been discharged, report same 8. Pressure gauge in proper range (if gauged) 9. Check cartridge weight (if applicable) 10. Hydrostatic test date 11. 6 Year Maintenance date 12. Inspect cylinder and mount 13. Operate system from terminal link 14. Test for proper operation from remote 15. Check operator of gas valve 16. Check operator of gas valve 17. Clean nozzles 18. Proper nozzle covers in place 19. Check fuse links and clean		21. Check to 22. Piping 8 23. Proper 9 24. Proper 9 25. Exhaust 26. All filters 27. Fuel should 29. Replace 30. System 31. Fan war 32. Personn 33. Proper 1 34. Portable 35. Service	ravel of conduit separation clearance tan in operation conduits and portal conduits are extinguits. Certificand por extinguits.	cable nuts/S securely by the securely by the between the filling ord the color of t	ual operation of substraints	System System
On this date, the above system was tested and inspected. Adding requirements.	g new	equipment of	or reloca	ting existin	ng equipment co	ould effect coverage
CEDVICE TECUNICIAN DEDANT NO DAT	<u> </u>	TIME	AM D	- V	CHETOMERS AUTU	COUTED ACENT

The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.



HORNS

6

NO

Number of Indicating Circuits:

Are Circuits Supervised?

Other (Specify)

Х

INSPECTION									
SUPERVISORY SIGNAL IN	IITIATING I	DEVICES AND	CIRCUIT INF		¬				
JOB NAME:				JOB NO:					
OLIANTITY OF COROLLET STYLE	•								
QUANTITY OF CIRCUIT STYLE			Building Temp	·					
NA NA			Site Water Te Site Water Le	· ·					
NA NA			Site Water Le						
NA NA	Fire Pump Running								
			rire Pump Ku Fire Pump Au	•					
NA NA					•				
NA NA			· ·	Pump Controller Trouble					
NA NA			Fire Pump Ru Generator in A						
NA NA			Switch Transfe						
NA NA			Generator Eng Other	gine Rumang	_				
IVA			Ottier		-				
		L		·····					
SIGNALING LINE CIRCUITS Quantity and style (see NFPA 72, Table 3-6.1) of signaling line of	circuits conn		·m:	NA	1				
Quantity NA		Style(s)		NA					
			· · · · · · · · · · · · · · · · · · ·						
SYSTEM POWER SUPPLIES	_u I	400	/AO	A	00				
A. Primary (Main): Nominal V	-	120\ C		Amps	20				
Overcurrent Protection: Ty Panel Label and Location:	. ,	FACP Room I	·	Amps	20				
	1	#22	- aner C						
Disconnecting Means Local	nou:	#22							
B. Secondary (Standby): Storage Battery (Y or N)	Υ	Quantity:	2	Amp-Hour Rating:	18				
Calculated capacity to oper			24		30				
Engine-driven generator de	-		Yes		10 X				
Location of fuel storage:	dicated to i	ne Alaini.	163	NA '	(O) /				
TYPE OF BATTERY			······································	1471					
Dry Cell									
Nickel Cadmium	1								
X Sealed Lead-Ac									
Lead-Acid									
	pecify)			2X (12V 18AH)					
C. Emergency or standby syst		backup to pri			condary ps:				
NA Emergency syst				.,	* F				
NA Legally required				701					
	-			702, which also meets the	е				
performance rec									
PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:									
NO		YES	TIME	TO WHO	M				
MONITORING ENTITY		х	2:45	Dispatch					
BUILDING OCCUPANTS									
BUILDING MANAGEMENT		Х	2:45	Manager	<u> </u>				
AHJ (Notified) OF ANY IMPAIRMENTS									
OTHER (SPECIFY) EGLIN DISP		×	2:45	Dispatch	1				

INSPECTION AND TESTING FORM										
		SYSTEM	TESTS AND I	NSPECTIONS	3	1				
JOB NAME:						JOB NO:				
TYPE:		VISUAL		FUNCTIONAL			COMMENTS			
	ntrol Panel	х		х						
·	≣quipment	×		x						
	nps/LEDS	X		x						
	Fuses	×		×						
Primary Pov		x		^_						
	le Signals	×		×						
Disconnec	-									
Ground Fault	<u>-</u>	х		х						
Create t day monitoring										
SECONDARY POWER:						•				
Battery	Condition	Х		х						
Lo	ad Voltage		•	х						
	narge Test			×						
	arger Test			х						
	ific Gravity									
	-					<u> </u>				
TRANSIENT SUPPRESSORS	Г	NA								
TRANSIENT SOFFRESSORS	L	IVA	I							
	·		•					******		
REMOTE ANNUNCIATORS	<u> </u>	NA								
NOTIFICATION APPLIANCES										
	Audible	Х	1	х						
	Visual	X		×						
	Speakers	~							1	
V	ice Clarity		ı							
	7100 Oldrity									
		INITIATING A	ND SUPERV	ISORY DEVIC	E TESTS AN	D INSPECTIO	NS			
	Device	Visual	Functional		Factory	Measured				
Location & Serial Number	Туре	Check	Test		Setting	Setting	PASS	FAIL		
SEE PAGE 5										
			<u> </u>	.			1			
Comments:										
		·		<u></u>						
EMERGENCY COMMUNICATIONS	EQUIPME	NT					•			
	VISUAL		FUNCTIONA	L		COM	MENTS			
Phone Set							. –			
Phone Jacks	NA NA			1						
Off-Hook Indicator	NA NA			1						
Amplifier(s)	NA NA		 							
Tone Generator(s)	-			-						
				1						
Call In Signal	NA NA									
System Performance	NA				l					

INSPECTION	ON AND TE	ESTING FO)RM				
	TESTS AND	INSPECTION	S	-			:
JOB NAME:				JOB NO:			
INTERFACE EQUIPMENT VISUAL		DEVICE		SIMULATED			
(Specify Type of Equipment)		OPERATION		OPERATION			
Booster Panel x		×	Ì				
Monaco Dialer x		х	1				
NA NA			1				
NA NA			1	•			
NA NA			1	ĺ			
NA NA] [
ODECIAL DECOURED							
SPECIAL PROCEDURES FACP located in rear outside electric room.							
TACE located in real outside electric rooms.							
COMMENTS:							
	······						
	*						
ON/OFF PREMISES MONITORING:							
NO NO	YES	TIME		COMM	FNTS		
ALARM SIGNAL	X	3:45		OOMIN	LIVIO		
ALARM RESTORAL	X	3:45					
TROUBLE SIGNAL	X	3:45	 				
SUPERVISORY SIGNAL							
SUPERVISORY RESTORAL							

NOTIFICATIONS THAT TESTING IS COMPLETE:	VEO	TIME		TO 14	104		
MONITORING ENTITY	YES	TIME	Internation	TO W	HOM		
	X	3:45	Dispatch				
BUILDING OCCUPANTS		2.45	24				
BUILDING MANAGEMENT AHJ	Х	3:45	Manager				
OTHER (Specify below)		3:45	Dispatch				
EGLIN AFB	Х	3.40	Dispatch				
ESERVALD							
THE FOLLOWING DID NOT OPERATE CORRECTLY:	Hoot dotooor	1 15 ton of oi	tair failed to alar	· · · · · · · · · · · · · · · · · · ·			
THE FOLLOWING DID NOT OPERATE CORRECTET:	neat detecor	1-40 top 01 St	iaii raileu to alai	IIII.			
				·			·
SYSTEM RESTORED TO NORMAL OPERATION:	DATE:		1/21/2020	TIME:		3:45	
THIS TESTING WAS PE	RFORMED I					os	
Inspector's Name: (Please Print)			presentative's I	Name (Please	Print)		
Henry Jablonski		Tami C. You	ngblood				
Date: Time:		Date:		ī	Time:		
1/21/2020 3:45 PM		1/21/2020				3:45	
Inspector's Signature:		Owner/Repi	resentative Sig	nature Below	<i>T</i> :		
Signature on file			Sic	nature on f	ile		

	I I	322 1	T =		01 1		I,		
Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
ENTERPRISE									
Fire Alarm Control Panel	SD	X	х			X			1-16
HERTZ							1		
Hertz Garage East	PS	X	х			Х			1-5
Upstairs Garage	HT	х	х				х		1-45
Upstairs Mechanical Room Storage	HT	х	x			х			1-44
Upstairs Mechanical Room	HT	x	×			х			1-43
Upstairs Mechanical Room	DD	х	x			х			1-42
Hertz Garage West	PS	X	×			X			1-8
Garage Tire Room Storage	HT	х	x			х			1-7
Office West	PS	×	X			X			1-9
Break Room East	PS	х	х			х			1-4
Outside Electric Room	HT	х	х			X			1-6
ALAMO / NATIONAL		~			***************************************				
Lower Garage East	PS	х	х			х			1-10
Upper Garage	HT	х	×			х			1-46
Upper Mechanical Room Storage	HT	Х	x			х			1-47
Upper Mechanical Room	HT	Х	×			×			1-48
Upper Mechanical Room	DD	х	х			х			1-49
Lower Garage West	PS	х	×			x		···	1-13
Lower Garage Tire Room	HT	Х	х			х			1-14
Office West	PS	х	х			х			1-12
Break Room	PS	х	х			х			1-11
Outside Elec Room	HT	х	х			х			1-3
AVIS									
Lower Garage East	PS	×	х			×		1	1-15
Upper Garage	HT		×			×		1	1-50
Upper Mechanical Room	HT	^x	x			×			1-51
Upper Mechanical Room Storage	HT	×	X			X			1-52
Upper Mechanical Room	DD	x	×			×	<u> </u>		1-53
Lower Garage West	PS	х	x		<u> </u>	x			1-18
Lower Tire Room	HT	x	x			x			1-17
Break Room	PS	X	х	<u> </u>		x			1-20
Office West	PS	x	х			×			1-19
Empty i		·····					<u> </u>		***************************************
Lower Garage East	PS	Х	х			×			1-21
Upper Garage	НТ	х	х			x			1-54
Upper Mechanical Room Storage	нт	х	Х			х			1-55
Upper Mechanical Room	HT	X	х			х			1-56
Upper Mechanical Room	DD	X	х			×			1-57
Lower Garage West	PS	х	Х			x			1-24
Lower Garage Tire Room	нт	х	Х			х			1-23
Outside Electricak Room	нт	×	Х			×			1-22
Office West	PS	×	х			х			1-25
Break Room	PS	Х	х			х			1-26

JOB NAME:	Destin-F	WB Reg Ai	rport-Renta	l Car Bldg 1	1725	JOB NO:			
Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
DOLLAR RENTAL									
Lower Garage East	PS	Х	х			х			1-27
Lower Garage West	PS	Х	х			Х			1-30
Upper Garage	HT	X	х			Х			1-58
Upper Mechanical Room	HT	Х	X			Х			1-59
Upper Mechanical Room	DD	Х	×			х			1-60
Office West	PS	Х	х			х			1-31
Break Room	PS	Х	×			×			1-32
Lower Garage Tire Room	HT	Х	x			x			1-29
Outside Elec Room	HT	×	Х	***************************************		Х			1-28
		A							
		,			······				
			W. W. W. W. W. W. W. W. W. W. W. W. W. W						

JOB NAME:	Destin-FWB Reg Airport-Rental Car Bldg 1725	JOB NO.
JOB NAME: Notes:		
	1. MANUTE AND AND AND AND AND AND AND AND AND AND	

		in the state of th

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547

						"X" FOR A	LL PASSED:		
	(4.15mm)					DATE:	1/21/2020		
						TIME:			
DIDE CARRYDY						JOB NO:			
FIRE SAFETY, 1									
(850) 862-781	2		PROPERTY!				Reg Airport-Re		
,				NAME:	Destin-FW	B Reg Airp	ort-Rental C	ar Refuel S	
				ADDRESS:	1723 Hwy	85 North			
			(CITY/STATE:	Eglin AFB,	FL 32542			
			Т	ELEPHONE:	850-651-7	160 ext 101	7		
			OWNE	R CONTACT:	Mike Kintop				
MONITORING ENTITY					APPROVING	AGENCY			
Contact:	Eglin AFB	AOC			Contact:	Eglin AFB Fir	re Dispatch		
Telephone:					Telephone:				
Monitoring Account Reference #:					,				
							1		
TYPE TRANSMISSION	McCulloh		Multiplex		Digital	х	Reverse Polarity		
	RF		Other		specify				
SERVICE	Weekly		Monthly		Quarterly		Semi-Annually		
/	Annually	х	Other		specify	,			
PANEL MANUFACTURER:	Simplex	· · · · · · · · · · · · · · · · · · ·		м	odel Number:			4010	
Circuit Styles:					er of Circuits:		·	,,,,,	
Software Revision:					0. 0. 000				
Last Date System Had		a Darfarmad	1/1/2010				*****		
Last Date That Any Software or Co			17 172013	······					
ALARM INITIATING DEVICES AND	CIRCUIT		N						
Quantity of:	1	Circuit Style:	······································		1				
2			SLC		Manual Statio				
Www.ministration.or					Ion Detectors	;			
1			SLC		Photo Detect	ors			
					Duct Detecto	rs			
6			SLC		Heat Detecto	rs			
					Waterflow Sv	vitches			
					Supervisory 8	Switches			
					Other (Specif				
	•				, ,,				
ALARM INDICATING APPLICANCE	ES AND CII	CUIT INFOR	MATION		L				
Quantity of:	011	Circuit Style:							
Quantity of.]	OHOUR Style.			Bells				
_	1		v		1	_			
<u> </u>			Y		Horns/Strobe	es .			
					Chimes				
		Strobes							
		Speakers							
					Other (Special	fy)	HORNS		
Number of Indicating Circuits:		6						***************************************	

YES

NO

Are Circuits Supervised?

INSPECTION AND TESTING FORM									
SUPERVISORY SIGNAL INITIATIN	IG DEVICES AND	CIRCUIT IN		_					
JOB NAME:			JOB NO:						
QUANTITY OF CIRCUIT STYLE									
NA NA		Building Tem	perature						
NA NA		Site Water Te	mperature						
NA NA		Site Water Le	vel						
NA		Fire Pump Po	wer	•					
NA	Fire Pump Running								
NA NA	Fire Pump Auto Position								
NA	Fire Pump or Pump Controller Trouble								
NA		Fire Pump Ru	inning						
NA		Generator in /	Auto Position						
NA		Switch Transf	er						
NA NA		Generator En	gine Running						
NA		Other	<u> </u>	7					
				†					
	,								
SIGNALING LINE CIRCUITS Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits c Quantity NA	onnected to syste	om:	NA						
SYSTEM POWER SUPPLIES									
A. Primary (Main): Nominal Voltage	120	/AC	Amps	20					
Overcurrent Protection: Type	C		****	20					
Panel Label and Location:	Unknown		Amps						
Disconnecting Means Location:	Unknown								
B. Secondary (Standby):	Officiowit								
Storage Battery (Y or N)	Quantity:	2	Amp-Hour Rating:	7					
Calculated capacity to operate syste		24		o '					
Engine-driven generator dedicated t		Yes	N						
Location of fuel storage:	orne Alam.	163	NA NA	<u> </u>					
TYPE OF BATTERY			IVA						
Dry Cell									
Nickel Cadmium									
X Sealed Lead-Acid									
Lead-Acid									
			OV (40) (741 l)						
Other (Specify)	1 6		2X (12V 7AH)						
C. Emergency or standby system used			uppiy, instead or using sec	ondary ps:					
NA Emergency system desc			704						
NA Legally required standby									
		-	702, which also meets the)					
performance requiremen	its of Article 700 o	or 701.							
PRIOR TO ANY TESTING, NOTIFICATIONS ARE MADE TO:		715.45	TO 14#104	_					
NO	YES	TIME	TO WHOM						
MONITORING ENTITY	×	8:15	Dispatch						
BUILDING OCCUPANTS									
BUILDING MANAGEMENT	×	8:15	Manager						
AHJ (Notified) OF ANY IMPAIRMENTS									
OTHER (SPECIFY) EGLIN DISP	X	8:15	Dispatch						

	11			STING FO					
JOB NAME:		SYSTEM	TESTS AND I	NSPECTIONS	i	JOB NO:			
JOB NAME.						JOB NO:			
TYPE:		VISUAL		FUNCTIONAL			COMMENTS		
Con	trol Panel	х		х					
Interface E	quipment	X		×					
L.an	nps/LEDS	X		×					
	Fuses								
Primary Pow	er Supply	X		x					:
	le Signals	х		×					
Disconnect									
Ground Fault I	-	x		x			***************************************		
SECONDARY POWER:	—		Ī						
	Condition	X		Х					
	ıd Voltage			×					
	arge Test			X					
	arger Test			X					
Speci	fic Gravity								
- "									
TRANSIENT SUPPRESSORS		NA							
		•							
REMOTE ANNUNCIATORS	Γ	NA					· ·		
	<u> </u>								
NOTIFICATION APPLIANCES									
NO III TOATION AFT EIANOES	Audible	×	1	x					
	Visual	<u>x</u>	1						
		^	1	Х					
	Speakers _ ice Clarity		J						
	ice Clarity								
	Į.	NITIATING A	ND SUPERV	SORY DEVIC	E TESTS AN	D INSPECTIO	NS	•	
	Device	Visual	Functional		Factory	Measured			
Location & Serial Number	Туре	Check	Test		Setting	Setting	PASS	FAIL	
SEE PAGE 5									
				'		<u> </u>			
Comments:									
					·				
	***************************************	*************************************							
	•								
EMERGENCY COMMUNICATIONS		IT							
,	VISUAL		FUNCTIONA	L I		COM	MENTS		
Phone Set	NA								
Phone Jacks	NA								
Off-Hook Indicator	NA								
Amplifier(s)	NA								
Tone Generator(s)	NA				***************************************	······································			
Call In Signal	NA]			3000 CO CO CO CO CO CO CO CO CO CO CO CO CO		
System Performance	NA					<u> </u>			

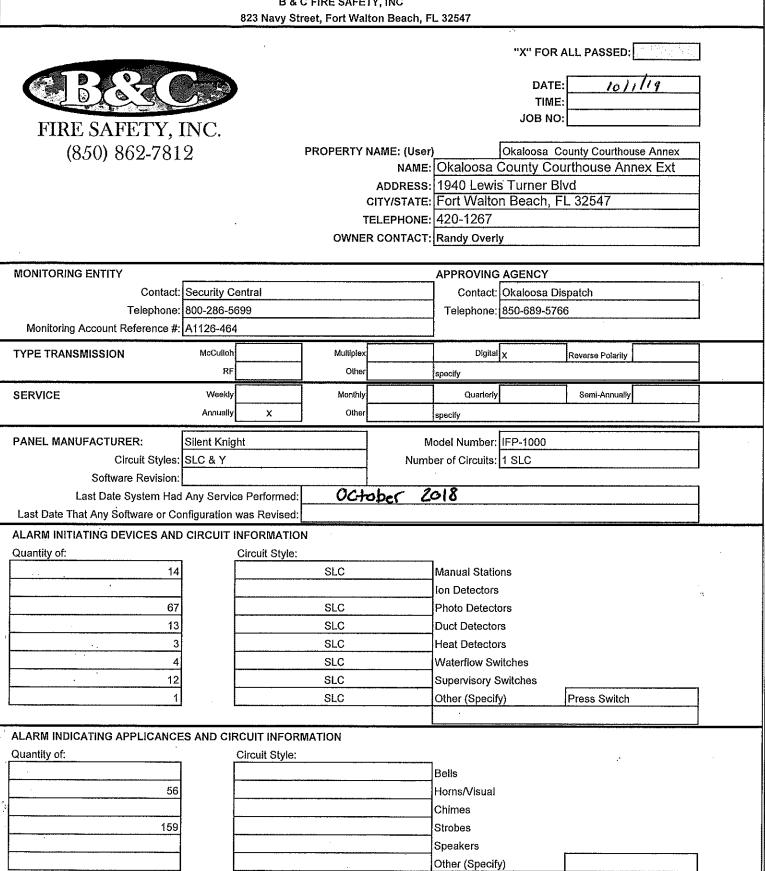
INSPECTION	ON AND TE	STING FO	RM		
		NSPECTION			
JOB NAME:				JOB NO:	
INTERFACE EQUIPMENT VISUAL		DEVICE		MULATED	
(Specify Type of Equipment)		OPERATION	OF	PERATION	
MONACO DIALER x		X			1
NA			!		
NA NA					
NA NA			<u> </u>		
NA			<u> </u>		
NA NA					
SPECIAL PROCEDURES					
FACP located in East FACP Room					
The reduced in East The Recoil					
COMMENTS:					
ON/OFF PREMISES MONITORING:				<u> </u>	
NO	YES	TIME		COMMENTS	
ALARM SIGNAL	х	8:45			
ALARM RESTORAL	x	8:45			
TROUBLE SIGNAL	x	8:45			***************************************
SUPERVISORY SIGNAL	х	8:45			
SUPERVISORY RESTORAL	X	8:45			
<u> </u>			•		
NOTIFICATIONS THAT TESTING IS COMPLETE:					
NO	YES	TIME		TO WHOM	
MONITORING ENTITY	X	8:45	Dispatch		
BUILDING OCCUPANTS					
BUILDING MANAGEMENT	x	8:45	Manager		
AHJ					
OTHER (Specify below)	×	8:45	Dispatch		
EGLIN AFB					
THE FOLLOWING DID NOT OPERATE CORRECTLY:	Both 7Ah bat	teries failed. F	Rooms 105 and 10	03 heat detecotors are rusted	
(System Sensor 135)					
SYSTEM RESTORED TO NORMAL OPERATION:	DATE:		1/21/2020	TIME:	8:45
	ERFORMED I			ICABLE NFPA STANDARDS	
Inspector's Name: (Please Print)	1			me (Please Print)	
Dvid Woodard		Tami C. You	ngblood		
Date: Time:	1	Date:		Time:	
1/21/2020 8:45 AM		1/21/2020			8:45
Inspector's Signature:	•	Owner/Repr	esentative Signa	ture Below;	
Signature on file		1	Sian	ature on file	

JOB NAME: Destin-FWB Reg Airport-Rental Car Refuel Station JOB NO: Location & Model Number Detector Visual Functional Sensitivity Cleaned Pass Fail Replaced Zone Number Type Check Test Test 1-1 Fire Alarm Control Panel S Х Х Room E 106 HT No access 1-9 Room D 105 HTХ 1-8 х HT 1-7 Room C 102 х Х х 1-6 Room B 103 HT Х 104 HT 1-5 Room A х х Х By Room A Outside West PS 1-4 х Х X 1-3 By Fire Alarm Control Panel Room PS х х х Service Rm South Office 101 HT х 1-2 X

JOB NAME:	Destin-FWB Reg Airport-Rental Car Refuel Station	JOB NO.
JOB NAME: Notes:		
	h	

2		-
_		

B & C FIRE SAFETY, INC



YES

Х

34

Number of Indicating Circuits:

Are Circuits Supervised?

	INSPECTION AND T					
 '	ORY SIGNAL INITIATING	DEVICES AN	D CIRCUIT IN			
JOB NAME:				JOB NO:		
OLIANTITY OF	ODOUT OTVI E					
QUANTITY OF NA	CIRCUIT STYLE	······································	Duilding Tons			
NA NA	,		Building Temp Site Water Te			
NA NA			Site Water Le	•		
NA NA			Fire Pump Po			
NA NA			Fire Pump Ru			
NA NA			Fire Pump Au	-		
			•		couble	
NA NA			Fire Pump Ru	Pump Controller To	ouble	
			Generator in	_		
NA NA	······································		Switch Transf			
NA NA			Generator En			
NA NA			Other	gine Running		
IVA			Other			
SIGNALING LINE CIRCUITS						
Quantity and style (see NFPA 72, Table 3-6.1) o	f signaling line circuits con	nected to syste	∍m:			-
Quantity	1	Style(s)		SLC		
SYSTEM POWER SUPPLIES						
A. Primary (Ma	ain): Nominal Voltage	120	VAC	Amps	20]
Overcurrent	t Protection: Type	С	В	Amps	20]
Panel Labe	l and Location:	Electric Pane	I E/A]
Disconnecti	ing Means Location:	CB #1]
B. Secondary	(Standby):	-				_
Storage Ba	ttery (Y or N) Y	Quantity:	2	Amp-Hour I	Rating: 📉 💢 👔	1
Calculated	capacity to operate system	in hours:	24	X	60	_
	en generator dedicated to I	Fire Alarm:	Yes		No X	
Location of	fuel storage:			NA	**************************************	
TYPE OF BATTERY						
I	Dry Cell					
	Nickel Cadmium					
	Sealed Lead-Acid					
	Lead-Acid					,
<u> </u>	Other (Specify)				x (12v 18Ah)]
	or standby system used as			upply, instead of us	ing secondary ps:	
	Emergency system describ					1
	Legally required standby de					·
	Optional standby system de			702, which also me	ets the	
	performance requirements	of Article 700	or 701.			
PRIOR TO ANY TESTING, NOTIFICATIONS AF						
	NO	YES	TIME		WHOM	1
MONITORING ENTITY		<u> </u>	6:00	<u>Nesa</u>	/Ebony	
BUILDING OCCUPANTS			6.	17 1		
BUILDING MANAGEMENT			4:00	Kandy		4
AHJ (Notified) OF ANY IMPAIRMENTS			7.4.	~ ~ ~	7 10: -	4
OTHER (SPECIFY) Okaloosa	a Dispatch	L	6:00	steve	/ Marra	J

•		INSPECT	ON AND T	ESTING FO	ORM				
		SYSTEM	TESTS AND	INSPECTION	S	- ,			
JOB NAME	:					JOB NO:			
TYPE:		VISUAL		FUNCTIONA	 I		COMMENTS		
	ontrol Panel	VISUAL	7	FONCTIONA	1	F	COMMENTS	··· ··· · · · · · · · · · · · · · · ·	1
	Equipment		-						
	mps/LEDS	-y-	†		_		Dess		
	Fuses	<u> </u>	1	<u> </u>	_		/ 433		İ
Primary Po	wer Supply	1/	1	9.00	4				
	ble Signals				_			· · · · · · · · · · · · · · · · · · ·	
	ct Switches	K							
Ground Faul									
	*1		J		-				ł
SECONDARY POWER:	г		7		7				1
	y Condition	<u> </u>	j	V		ļ			
	ad Voltage					<i>F</i>	ciled		
	charge Test				1				
	harger Test				_				
Spe	cific Gravity				<u> </u>]
	r		1			-			1
TRANSIENT SUPPRESSORS	L	NA	j			L			J
					<u>.</u>				
REMOTE ANNUNCIATORS	[j]		LOBBY		
NOTIFICATION APPLIANCES									
	Audible	V ,		V		Pass			
	Visual								
	Speakers								
V	oice Clarity		:]		···		
		MITIATING /	WD SIIDEDA	ISOBY DEVIC	E TESTS AN	D INSPECTIO	Nic	******	
	Device	Visual	Functional	IOOKI BEIIC	Factory	Measured	110		
Location & Serial Number	Туре	Check	Test		Setting	Setting	PASS	FAIL	
	1 J	0.10011		1	UULLING	J	17.00	7702	
SEE PAGE 5				1					
				1					
				1					
				1					
				1 .					
			<u> </u>		<u> </u>				
Comments;									
				·					
EMERGENCY COMMUNICATIONS									
	VISUAL		FUNCTIONA	L 1	r	COMIN	IENTS		
Phone Set	VISUAL NA		FUNCTIONA	L]		COMN	IENTS		
Phone Set Phone Jacks	VISUAL NA NA		FUNCTIONA	L	•	COMN	IENTS		
Phone Set Phone Jacks Off-Hook Indicator	VISUAL NA NA NA		FUNCTIONA			COMN	IENTS		
Phone Set Phone Jacks Off-Hook Indicator Amplifier(s)	VISUAL NA NA NA		FUNCTIONA	L		COMN	IENTS		
Phone Set Phone Jacks Off-Hook Indicator	VISUAL NA NA NA NA NA NA		FUNCTIONA			COMN	TENTS		

INSPECT	ION AND TESTING FORM	
SYSTEM	I TESTS AND INSPECTIONS	
JOB NAME:	JOB NO:	
	ODD NO.	
INTERFACE EQUIPMENT VISUAL	DEVICE SIMULATED	
(Specify Type of Equipment)	OPERATION OPERATION	
Booster Panel 3rd Fl Security RmY021		
Booster Panel 3rd FI Comm Rm 3-T020		
Booster Panel 3rd FI Elect RmE041		
Booster Panel 3rd FI Elect RmE010		
Booster Panel 2nd Fl Elect RmE010	- · · · · · · · · · · · · · · · · · · ·	
Booster Panel 2nd Fl Elect RmE041		
SPECIAL PROCEDURES		
Booster Panel 1st Fl Security Rm 1-Y021		
Booster Panel 1st Fl Electric Rm E702		
Booster Panel 1st Fl Electric Rm E041		
	THE LOCAL PROPERTY CONTRACTOR OF THE PROPERTY	
Elevator Machine Rift Shloke Detector Recalls ALL 4 Elevat	ors (including INMATE Elevator).Need thin person to test AHU#6 top of W Stair	
COMMENTO		
COMMENTS:		
FM200 systems in rooms: 2-702 AND 2-518.		
Drill button recalls elevators		
· ONIGHT PREMISE HOUSE PROPERTY.		
ON/OFF PREMISES MONITORING:		
NO	YES TIME COMMENTS	
ALARM SIGNAL	9:00 Kny/ Deun	
ALARM RESTORAL		
TROUBLE SIGNAL		
SUPERVISORY SIGNAL		
SUPERVISORY RESTORAL		
NOTICO ATIONO THE TRANSPORT OF THE PROPERTY OF		
NOTIFICATIONS THAT TESTING IS COMPLETE:		
NO	YES TIME TO WHOM	
MONITORING ENTITY	V 9:00 Katy	
BUILDING OCCUPANTS		
BUILDING MANAGEMENT	1 9150 8-41	
· · · · · · · · · · · · · · · · · · ·	1:00 Randy	
AHJ		
OTHER (Specify below)	V 9:00 OPERATE GO3/Melissa	
Okaloosa Dispatch	\int	
		•
		_
THE FOLLOWING DID NOT OBERATE CORDECTLY:	R. H. L. E. H. L. L. D. S. H. C. L. D. D.	
THE FOLLOWING DID NOT OPERATE CORRECTLY:	Butteries Failed & Replaced in Sully port B.P	
i Irst FL Security Rm. Tamper 5	witch in Pump Ream Failed to Notity FACP	
	witch in Pump Ream Failed to Notity FACP	
i Irst FL Security Rm. Tamper 5	witch in Pump Ream Failed to Notity FACP	
i Irst FL Security Rm. Tamper 5	witch in Pump Ream Failed to Notity FACP	
i Irst FL Security Rm. Tamper S High pressure Switch Bypassed do	to Sticking after Full tup.	
i Irst FL Security Rm. Tamper 5	witch in Pump Ream Failed to Notity FACP	
i Irst FL Security Rm. Tomper S High pressure Switch Bypassed to System restored to normal operation:	to Sticking after Full tuip. DATE: 10/1/19 10/2/19 TIME: 9:00	
i Irst FL Security Rm. Tamper S High present Sunith Bypassed do System restored to normal operation: THIS TESTING WAS PI	DATE: 10/1/19 10/2/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
i Irst FL Security Rm. Tamper S High present Sunith Bypassed do SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI	DATE: 10/1/19 10/2/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS Owner or Representative's Name (Please Print)	
SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI Inspector's Name: (Please Print)	DATE: 10/1/19 10/2/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI Inspector's Name: (Please Print) Dan't Woods t Date: Time:	DATE: 10/1/19 10/2/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS Owner or Representative's Name (Please Print)	
SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI Inspector's Name: (Please Print) Dan't Woods t Date: Time:	DATE: 10/1/19 10/2/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS Owner or Representative's Name (Please Print) Gary & Musham	
SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI Inspector's Name: (Please Print) Dan't Warder t Date: Time: [U-1-19] 7:00	DATE: 101/19 1612/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS Owner or Representative's Name (Please Print) Date: Time:	
SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI Inspector's Name: (Please Print) Dan't Woods t Date: Time:	DATE: 10/1/19 10/2/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS Owner or Representative's Name (Please Print) Gary & Musham	
SYSTEM RESTORED TO NORMAL OPERATION: THIS TESTING WAS PI Inspector's Name: (Please Print) Dan't Warder t Date: Time: [U-1-19] 7:00	DATE: 101/19 1612/19 TIME: 9:00 ERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS Owner or Representative's Name (Please Print) Date: Time:	

JOB NAME: Okaloosa County Courthouse Annex JOB NO:									
Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
FACP	SD	- V				-			
Electric Room E041	SD								
3RD FLOOR									
Stair 2	PS								
Electrical Room E100	SD		1					1	
Closet Court Admin	SD								Foll
Stair 4	PS		V			V			
Law Library Closet	SD		7			V			
Elevator Room 3-M013	SD	v							
Elevator Landing	SD		1						
Elevator Landing	SD					7			
Elevator Landing	SD	7							
Elevator Landing	SD		V		· · · · · · · · · · · · · · · · · · ·				, ,
Security Room	SD	V				1			
3-T020 Communications	SD		12			V			NAKO F
Stair 3	PS	-/	<u> </u>			./			, ency
Closet Siemans	SD		1 2						
3rd Floor Stairwell	WF	- V	1						· · · · · · · · · · · · · · · · · · ·
3rd Floor Stairwell	7	•/	10					5.	
Elevator Machine Room	HD	-				<u> </u>		:"*	
3rd Floor Electric Room E010	SD		+ . /			./			
2ND FLOOR	1	<u> </u>						1	
2nd Floor Stairwell	WF								
2nd Floor Stairwell	Т					V			
2nd Floor Stairwell	PS	V	1						
2-E010	SD					5			
Stair 2	PS		- /			/		<u> </u>	
Elevator Landing	SD					V		 	
Elevator Landing	SD		1/			7			
Elevator Landing	SD		1			-		1	
2-515	SD		V						
Stair 4	PS	Ž	V					<u> </u>	
Electrical Room E-401	SD		<u></u>						
Storage 2-523	SD		 ./						
Office 2-517	SD		V						
Elevator landing 2	SD								
Security 2-6021	SD					~			
Communication 2-T020	SD	V				1/			
Mechanical Room 2-M603	SD	7	1//						
Stair 2	PS					1/:			
Closet 2B	SD	- 1/							
2nd Floor Courtroom A A/V Closet	SD	V.	V			7			
2nd Floor Security Room	SD					- /			
2nd Floor 1st Appearance	SD					./			
1st Floor North Prison Elevator	SD	1	17			•/			
2nd Floor North Prison Elevator	SD	. /	-			1/		 	
3rd Floor North Prison Elevator	SD	V/				<u>v</u>			
1st Floor South Prison Elevator	SD								

JOB NAME:	Okaloosa	a County	Courthouse	Annex		JOB NO:			
Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
2nd Floor South Prison Elevator	SD	/							
1ST FLOOR									
1st Floor Electric Room E010	SD	_/_	✓						
1st Floor Central Control Exit	SD	.							
1st Floor Stairwell #2 Exit	SD	V ,	/			V			
1st Floor Comm Room T020	SD								
1st Floor Security Romm Y021	SD	<u> </u>	1						
1st Floor Room E041	SD	√							
1st Floor Stairwell #4	PS	<u> </u>	V						
1st Floor Corr Storage	SD		1			/			
1st Floor Service Delivery	PS		/						
1st Floor Main Electric Room	SD	V	✓						
1st Floor Room E702	SD	/	V			V			
1st Floor Service Delivery Exit	PS		√			/			
1st Floor Jail Area									
Sally Port W	PS	/	/						
Sally Port E.	PS	_/							
Sally Port	Т	V	V						
Sally Port	Т	V				V/			
Sally Port	Low PrSW	V				V			
Sally Port	High PrSW	V				کیک			
O.S. Pump Room O.S. Pump Room O.S. Pump Room O.S. Pump Room	T T T								
O.S. Pump Room	Т	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				/	542 5.	Reper >
O.S. Pump Room Bypass	Т	V.							
O.S. Pump Room Bypass	T								
3rd Floor Roof Hatch AHU6	DD	- b/						 	
Hall 3-414 AHU #5	DD							+	
West Stair #6 3rd floor Mech	DD					-			
Ceiling 601 Jail AHU 1	DD	- /-				7	1		
Near 601 Jail AHU1	DD		-			/			
3rd Floor EL 2	DD	<u> </u>							
Bathroom 33-34 AHU #4	DD	<u> </u>				-/-	-		
2nd Floor Bath Room AHU4	DD	<u> </u>	 						
Multipurp./Sec (Dep. Break) (2)		-	1			1			
	ו חח ו			1		: V			1
	DD		/-						
Judges Suite (2)	DD	7	1			•			
						-			

JOB NAME:	Okaloosa County Courthouse Annex	JOB NO.
Notes:		
		·
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INSPECTION AND TESTING FORM

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



"X" FOR ALL PASSED:									
DATE:	10/25/19								
TIME:									
IOD NO.									

FIDE CAFETY I	INC					JOB NO:]
FIRE SAFETY, I			DD0D====:			r		n (7
(850) 862-781	2		PROPERTY I		Emerald Coast Convention Center Emerald Coast Convention Center				
						1250 Miracle Strip Pkwy			
			,		Fort Walto				-
			T	ELEPHONE:	609-3911				1
			OWNE	R CONTACT:	Alan Lassite]
MONITORING ENTITY					APPROVING	AGENCY			4
	Security Co			 	1	Okaloosa Dis	·		
Telephone:		599			Telephone:	850-689-5766	}		
Monitoring Account Reference #:	A1126-463								
TYPE TRANSMISSION	McCulloh		Multiplex		Digital	х	Reverse Polarity		
	RF		Other		specify	,			
SERVICE	Weekly	201111	Monthly		Quarterly		Semi-Annually		
	Annually	х	Other		specify				
PANEL MANUFACTURER:	Siemens			N.A.	odel Number:	MVI			1
Circuit Styles:					er of Circuits:				-
Software Revision:	OLO G D			Music	or or orrearis,	000 0 11700			J
Last Date System Had	Any Servic	e Performed:	NOV. 7	2018					1
Last Date That Any Software or Co	•		į.	<u> </u>					1
ALARM INITIATING DEVICES AND	CIRCUIT I	NFORMATIO	N						-
Quantity of:		Circuit Style:							
1		, , ,, ,,	SLC		Manual Static	ns			
					Ion Detectors				
					Photo Detecto	ors			
13			SLC		Duct Detector				
3			SLC		Heat Detector				
3			SLC		Waterflow Sw				
6	}	 	SLC		Supervisory S				1
6	L		SLC		Other (Specif	y)	<u> </u>		-
ALARM INDICATING APPLICANCE	יים מוגא פי	CHIT BITOS	MATION						<u> </u>
Quantity of:		COIT INFOR Circuit Style:	WATION						
Quantity of.	ſ	Official Style.	В		Bells				
					Horns/Strobe	2			
	-				Chimes	,			
92	ŀ		В		Strobes				
62	Ī		В		Speakers				
	ľ				Other (Specif	y)			
Number of Indicating Circuits:	į	8							1
Are Circuits Supervised?	ИО	~		YES	х				
			oly Ino ~ 972				,,		of 6

INS	PECTION AND TES	STING FOR	RM				
SUPERVISORY	SIGNAL INITIATING DI	EVICES AND	CIRCUIT INI	ORMATION			
JOB NAME:				JOB NO:			

QUANTITY OF CIRC	UIT STYLE						
NA		E	Building Temp	erature			
NA			Site Water Te				
NA			ite Water Le				
NA			ire Pump Po				
NA			ire Pump Ru				
NA			ire Pump Au	_			
NA				or osition Pump Controll	or Trouble		
NA			ire Pump Ru		ei iioubie		
NA NA			Generator in A	_			
NA NA			switch Transfe				
NA NA							
NA NA			Generator Eng	line Running			
NA		C	Other				
SIGNALING LINE CIRCUITS Quantity and style (see NFPA 72, Table 3-6.1) of sign	ialing line circuits conne	- P	n:				
Quantity	100 /	Style(s)		400	Sec		
SYSTEM POWER SUPPLIES							
A. Primary (Main):		120V		Amps	20)	
Overcurrent Prot		СВ		Amps	20	J	
Panel Label and	Location: Pr	anel EMP Swi	tchgear room				
Disconnecting M		R11					
B. Secondary (Stan					_		
Storage Battery (Quantity:	2	Amp-Ho	our Rating: 💄	18	
the state of the s	city to operate system in		24	X	60		
	nerator dedicated to Fire	Alarm:	Yes		No	Х	:
Location of fuel s	torage:			NA			
TYPE OF BATTERY							
Dry C	all						
	l Cadmium						
X Seale	d Lead-Acid						
Lead-	Acid						
Other	(Specify)			2x(12v18ah)			ì
C. Emergency or sta	andby system used as ba	ackup to prima	ary power su	oply, instead o	f using second	dary ps:	
NA Emerg	gency system described	in NFPA 70, A	Article 700				
NA Legall	y required standby desci	ribed in NFPA	70, Article 7	01			
NA Option	nal standby system desc	ribed in NFPA	70, Article	02, which also	meets the		
perfor	mance requirements of /	Article 700 or	701.				
PRIOR TO ANY TESTING, NOTIFICATIONS ARE MA	ADE TO:		-				
N	10	YES	TIME		TO WHOM		
MONITORING ENTITY			800	Pobin			
BUILDING OCCUPANTS							i
BUILDING MANAGEMENT				Scority	Dove		
AHJ (Notified) OF ANY IMPAIRMENTS			1 1		1 //		
OTHER (SPECIFY) Okaloosa Disp	atch			MUNA			:

	I			ESTING FO					
JOB NAME		SYSTEM	I TESTS AND	INSPECTION	IS	٦		7	
JOB NAIVIE	•					JOB NO	:		
TYPE:	F	VISUAL		FUNCTIONA	L		COMMENTS		
	ontrol Panel	V/		V]	Ground	Fault	Bypesso	J
	Equipment			1/	_			77	
Ļ	amps/LEDS	_/_	_	<u> </u>					
Drive D	Fuses	<u> </u>	_		4]
	ower Supply uble Signals		4	-	_				_
	ct Switches		4		-				_
Ground Faul	⊢		-		-				-
	om.om.g				1				
SECONDARY POWER:	г				7				
	ry Condition		_]
	oad Voltage								_
	charge Test			//					_
	harger Test cific Gravity				-				4
	Jille Gravity			<u> </u>	<u> </u>	<u> </u>			<u> </u>
TRANSIENT SUPPRESSORS	Г	NA	7			F			7
	L]
REMOTE ANNUNCIATORS	Γ	- V	1		1	Malax		71.	7
	<u></u>		_	<i>V</i>	1	Main E	true 6	0664]
NOTIFICATION APPLIANCES									
We will be with the control of the c	Audible	7	7		1				7
	Visual	-/-							1
	Speakers		1						
V	oice Clarity		-	1					1
		HTIATING	AND CUDEDU	(IOODY DEVIC	· · · · · · · · · · · · · · · · · · ·				
	Device	Visual	Functional	ISORY DEVIC			INS		
Location & Serial Number	Туре	Check	Test		Factory Setting	Measured Setting	DACC	EVII	
	1,750	Onook	1030	1	Jetting	Setting	PASS	FAIL	1
SEE PAGE 5				1 !					
				1					
				1					
]					
									1
Comments:									1
									İ
EMERGENCY COMMUNICATIONS		Т							
_,	VISUAL		FUNCTIONAL	<u>L</u>		COMM	IENTS		
Phone Set					·····				
Phone Jacks	NA								
Off-Hook Indicator	NA								
Amplifier(s) Tone Generator(s)	NA NA								
Call In Signal	NA								
System Performance	NA								

ı	INCR	ECTION AND TESTING FORM
		ECTION AND TESTING FORM
	JOB NAME:	STEM TESTS AND INSPECTIONS
	JOB NAME,	JOB NO:
Γ	INTERFACE EQUIPMENT VISU	JAL DEVICE SIMULATED
	(Specify Type of Equipment)	OPERATION OPERATION
	Booster PAD 2	
$\ $	NA	
	NA NA	
	NA NA	
	NA NA	
	NA NA	
	NA .	
_	SPECIAL PROCEDURES	
	FACP in Security office at the back of the building.	
	Booster panels by FACP	
Γ	COMMENTS:	
h	Customer Stated Grand	Fault is begassed on pour due to
N		ior would like some to come bad
ľ	out to correct the Grow	
	ground Fault issue on the	
Г	ON/OFF PREMISES MONITORING:	
	NO	YES, TIME COMMENTS
	ALARM SIGNAL	V 200 E6014
	ALARM RESTORAL	
	TROUBLE SIGNAL	
	SUPERVISORY SIGNAL	
	SUPERVISORY RESTORAL	
	have an an an an an an an an an an an an an	V
	NOTIFICATIONS THAT TESTING IS COMPLETE:	
	NO	YES TIME TO WHOM
	MONITORING ENTITY	V 200 Ebony
	BUILDING OCCUPANTS	
	BUILDING MANAGEMENT	Dovc Securty
	LHA LHA	
	OTHER (Specify below)	Veniter
	Okaloosa Dispatch	
	THE FOLLOWING DID NOT OPERATE CORRECTLY:	: Krent Fould is hyporene
	SYSTEM RESTORED TO NORMAL OPERATION:	DATE: 10 125 14 TIME: 200
		AS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS
	Inspector's Name: (Please Print)	Owner or Representative's Name (Please Print)
	Chris, Coviette	D. PCET
	10/25/19 200	10 1K P / 700
İ		
	P. ///	
_		

JOB NAME:	Emerald	Coast Co	nvention Cei	nter		JOB NO:			
Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
Security Office	PS					V			1-004
Mechanical room AHU #7 Supply	DD	ı	1			1			1-025
Mechanical room AHU #7 Return	DD								1-026
Mechanical room AHU #6 Supply	DD								1-022
Mechanical room AHU #6 Return	DD		1						1-023
Upstairs Mech room AHU #1 RTN	DD								1-032
Upstairs Mech room AHU #1 SUP	DD								1-031
Upstairs Mech room AHU #3 SUP	DD								1-028
Upstairs Mech room AHU #2 SUP	DD								1-034
Upstairs Mech room AHU #2 RTN	DD								1-035
Upstairs Mech room AHU #5 SUP	DD								1-040
Upstairs Mech room AHU #5 RTN	DD								1-041
Upstairs Mech room AHU #4 SUP	DD			,					1-037
Upstairs Mech room AHU #4 RTN	DD	i							1-038
Telecom Rm AHU#3 RTN/OPS OFFIC	DD	V	V			1			1-027
Riser Room #1 S.	WF					1			1-013
Riser Room #1	Т	1	ì			i			1-014
Riser Room #2 N.	WF								1-016
Riser Room #2	т					-			1-017
Riser Room Dry #1	Н								1-018
Riser Room Dry #1	LO								1-019
Riser Room Dry #1	Т					 			1-019
Riser Room Dry #2	Н								1-008
Riser Room Dry #2	LO					1-1			1-009
Riser Room Dry #2	Т		T 1						1-009
Riser Roon Dry #3	HI								1-006
Riser Room Dry #3	LO								1-007
Riser Room Dry #3	т								1-010
Riser Room for Bell	WF								1-010
Ground Floor Elevator Lobby	WF					1			2-008
Ground Floor Elevator Lobby	Т		1			V			2-009
Ground Floor Elevator Lobby	Н		V						2-007
Elevator Machine Room Shunt	Н								2-007
Elevator Machine Room	SD					V			2-016
Exhibit LVL Elevator Lobby	Н	V-				-			2-010
		Y				<i>V</i>			2-004
							•		
									
								'	

JOB NAME: Notes:	Emerald Coast Convention Center	JOB NO.
Notes:		
	•	
		1
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		:

INSPECTION AND TESTING FORW

B & C FIRE SAFETY, INC

	OLU NAVY O	tieet, Fort waiton beach, F	L 32341		
GBGC FIRE SAFETY, I	NC.			"X" FOR A DATE: TIME: JOB NO:	LL PASSED:[
(850) 862-781	2	PROPERTY NAME: (User)		Okaloosa EM	IS
		NAME:	EMS Esse	X	
		ADDRESS:	714 Essex	Rd	
		CITY/STATE:	Fort Walto	n Beach, Fl	. 32547
		TELEPHONE:	259-9419		
		OWNER CONTACT:	Shane McGı	uffin	
MONITORING ENTITY			APPROVING	AGENCY	
Contact:	Security Central		Contact:	Okaloosa	
Telephone:	800 286-5699		Telephone:	850 684-5766)
Monitoring Account Reference #:	A1126-461				

TYPE TRANSMISSION	McCullah		Multiplex		Digital	X	Reverse Polarity		
	RF		Other		specify				
SERVICE	Weekly		Monthly		Quarterly		Semi-Annually		
	Annually	Х	Other		specify				
PANEL MANUFACTURER:	Silent Knight	CANDO DE CANONIO		M	odel Number:			5208	
Circuit Style	es: B + Y			Numb	er of Circuits:	6 zome 3 NA	cs		

Software Revision: Juy Last Date System Had Any Service Performed: Last Date That Any Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of:	
	8
	8
	1
	2
	,

В	Manual Stations
	Ion Detectors
В	Photo Detectors
	Duct Detectors
	Heat Detectors
В	Waterflow Switches
В	Supervisory Switches
	Other (Specify)

ALARM INDICATING APPLICANCES AND CIRCUIT INFORMATION Quantity of: Circuit Style: Bells Υ Horns/Strobes Chimes Υ Strobes Speakers Other (Specify) Number of Indicating Circuits: 3 Are Circuits Supervised? NO YES Х

	INSPECTION AND T	ESTING FO)RW			
SUPERVI	SORY SIGNAL INITIATING	DEVICES AN	D CIRCUIT IN	FORMATION		
JOB NAME:				JOB NO:		
				!		
QUANTITY OF	CIRCUIT STYLE					·
NA NA			Building Tem	perature		
NA			Site Water Te			
NA			Site Water Le			
NA			Fire Pump Po	-		
NA	**************************************		Fire Pump Ru			
NA	***************************************		Fire Pump Au	-		
NA		·····	7	Pump Controller	Trouble	
NA			Fire Pump Ru		Trouble	
NA		** Tollouide-water	Generator in A	_		
NA	<u> </u>		Switch Transf			
NA NA			₹			
NA			Generator En	gine Running		
	i		Other			
			<u> </u>			
SIGNALING LINE CIRCUITS Quantity and style (see NFPA 72, Table 3-6.1) Quantity	of signaling line circuits con NA	nected to syst Style(s)		NA NA		J
SYSTEM POWER SUPPLIES	and the state of t					
A. Primary (M	lain): Nominal Voltage	120	VAC	Amps	20	
	nt Protection: Type		В	Amps	20	
	el and Location:	MECH ROOM	/ WEST PANE		20	-
Disconnec	ting Means Location:	CB#9				_
B. Secondary						
	attery (Y or N)	Quantity:	2	Amp-Hour	Rating: 7	7
	capacity to operate system		24	X	60	-
	en generator dedicated to f		Yes		No X	-
	fue! storage:		(00)	NA NA	10 X	-
TYPE OF BATTERY						
rance	Dry Cell					
	Nickel Cadmium					
	Sealed Lead-Acid				•	
	Lead-Acid					
	Other (Specify)			2X(12V7AH)		٦
	or standby system used as	hackun to pri			sing cocondant no:	_
	Emergency system describe			ppry, mateau or u	sing secondary ps.	
	Legally required standby de			?O.1		
	Optional standby system de				anda tha	
	performance requirements			roz, which also n	ieets the	
PRIOR TO ANY TESTING, NOTIFICATIONS A			or rot,			
The state of the s	NO	YES	TIME	TC	MACHONA	
MONITORING ENTITY		11.3	3:14	~~~~	WHOM -	٦
BUILDING OCCUPANTS			<u> </u>	wan;	Tonng	-
BUILDING MANAGEMENT				140- 0	<u> </u>	-
AHJ (Notified) OF ANY IMPAIRMENTS		-V	1//	KOKUN		-
OTHER (SPECIFY) Okaloosa	County Dien			DISPAR	AA	-
- 11 (a) _ a) (a) _ a) (a) a	Journey Blop		1	PISDATE	CAN.	1 1

INSPECTION AND TESTING FORM									
		SYSTE	TESTS AND	INSPECTION	IS				
JOB NAME	:-					JOB NO	,]	
					1.22.12.12.12.12.12.12.12.12.12.12.12.12				
TYPE:		VISUAL	_	FUNCTIONA	L		COMMENTS	3	
	ontrol Panel	V	_		-	····			
	Equipment	_/_	_		_				
L	amps/LEDS	V		V]
	Fuses	_V							7
Primary Po	ower Supply								1
Тгог	uble Signals	V]				1
Disconne	ect Switches					,			1
Ground Faul	t Monitoring	1/		~	1				1
									J
SECONDARY POWER:	-				_				
Batte	ry Condition	rass							7
L	oad Voltage	,	_						1
Dis	charge Test								1
C	harger Test				1				1
	cific Gravity					<u> </u>	***************************************		1
				L	1		Marine and the second		J
TRANSIENT SUPPRESSORS	Г	NA	٦ [.]						٦
	L.	11/7	J			L]
	-				-		***************************************		
REMOTE ANNUNCIATORS	L	NA]				
	***************************************			***************************************					
NOTIFICATION APPLIANCES									
	Audible		7		1				1
	Visual	/-		Y			*****		1
	Speakers				-				4
V	oice Clarity		J		1				-
v	Oice Clarity			L					J
	l'	NITIATING .	AND SUPERV	ISORY DEVIC	E TESTS AN	D INSPECTIO	NS	· · · · · · · · · · · · · · · · · · ·	
	Device	Visual	Functional		Factory	Measured			
Location & Serial Number	Туре	Check	Test		Setting	Setting	PASS	FAIL	
		***************************************	T]				1	1
SEE PAGE 5				1					1
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Caramanta									
Comments:			***************************************						1
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EMERCIALCY CORRESPONDENT									
EMERGENCY COMMUNICATIONS		11		_					
DI O	VISUAL		FUNCTIONA	L 1 ,		COMIN	MENTS		
Phone Set									
Phone Jacks									
Off-Hook Indicator									
Amplifier(s)									
Tone Generator(s)	NA								
Call In Signal	NA		·	Ì			·····		
System Performance			***						

 							
INSPECTION AND TESTING FORM							
SYS	STEM TESTS AND INSPECTIONS						
JOB NAME:		JOB NO:					
	· · · · · · · · · · · · · · · · · · ·						
INTERFACE EQUIPMENT VISU	AL DEVICE	SIMULATED					
(Specify Type of Equipment)	OPERATION	OPERATION					
NA NA							
NA NA							
NA NA							
NA L							
NA .							
NA NA							
SPECIAL PROCEDURES							
		THE PROPERTY OF THE PROPERTY O					
COMMETATO							
COMMENTS:							

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ON/OFF PREMISES MONITORING:							
NO NO	YES TIME	COMMENTS					
ALARM SIGNAL	- 4.1K						
ALARM RESTORAL							
TROUBLE SIGNAL							
SUPERVISORY SIGNAL							
SUPERVISORY RESTORAL		· · · · · · · · · · · · · · · · · · ·					
OU ENVIOUR RESTORAL							
NOTIFICATIONS THAT TESTING IS COMPLETE:	and the second s						
NO	YES TIME	, TO WHOM					
MONITORING ENTITY	4.15						
	17.	WAN					
BUILDING OCCUPANTS							
BUILDING MANAGEMENT	A	bron					
AHJ		hum.					
OTHER (Specify below)		D.S. DUTZU					
Okaloosa County Dispatch							
	/						
THE FOLLOWING DID NOT OPERATE CORRECTLY	:	<u> </u>					
L							
	5						
SYSTEM RESTORED TO NORMAL OPERATION:	DATE: 4/28/19	TIME: A:((
THIS TESTING W	AS PERFORMED IN ACCORDANCE WITH	I APPLICABLE NFPA STANDARDS					
Inspector's Name: (Please Print)	Owner or Representativ	ve's Name (Please Print)					
Howh Bur (NS)	Deron Hall						
Date: / Time:							
	Date:	Time:					
6[20] 7 4/11	(0/28/19						
Inspector's Signature:	Owner/Representative	e Signature Below:					
complete and the second	Jen 1	U_{ℓ}					
1016	1 1000	V /					

JOB NAME:	Okaloosa EMS JOB NO:								
Location & Model Number	Detector Type	Visual Check	Functional Test	Sensitivity Test	Cleaned	Pass	Fail	Replaced	Zone Number
FACP Room	PS		1						8
FACP Room	SD	1/	1/			//			6
Front Door	PS	1/	7						8
Back Exit	PS	1//	V			V -			8
1st Floor Stair Exit West	PS	V/	1/			V			8
2nd Floor Stair Exit West	PS		$\sqrt{}$	***************************************					7
2nd Floor Living Area	PS	1/	V						7
2nd Floor Stair Exit East	PS		٧,			1/			7
2nd Floor Captain's Office	SD	1/	1						5
2nd Floor Hall Restroom	SD	1/	Ň						5
2nd Floor Kitchen	SD	1//	V			V			5
2nd Floor Bedroom by Kitchen	SD	V	5//						5
2nd Floor Storage Room	SD	1	V.			1//			5
2nd Floor Living Area	SD	V.	V						5
2nd Floor Bedroom by Living Area	SD	1/	V						5
HVAC AREA (1ST FL)	SD	1/	V.			1			6
RISER	WF	1/							3
TAMPER	T		1			1			4
TAMPER	Т	1/	1/	,,		1			4
2nd Floor Living Area	PS								7
6									

JOB NAME:	Okaloosa EMS	JOB NO.
Notes:		
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Range Hood Systems Report INVOICE # B & C Fire Safety, Inc. DATE OF SERVICE TIME P.M. 823 Navy Street 11:00 5-10-19 Ft. Walton Beach, FL 32547 INSTALLATION ANNUAL SEMI-ANNUAL RECHARGE RENOVATION Phone (850) 862-7812 Fax (850) 863-1516 LOCATION OF SYSTEM CYLINDERS Right End Cap MODEL NUMBER WET CHEM DRY CHEM MANUFACTURER Ansul 2-102 1.5941 Name OKGlooSq Island F.D FUSE LINKS 500° F OTHER FUSE LINKS 360° F FUSE LINKS 450° F 15L Address 104 Santa Rosa Bluch FUEL SHUT-OFF ELECTRIC GAS City FUB FL 32548 Mech Algem Cont. LAST RECHARGE DATE LAST HYDRO TEST DATE SERIAL NUMBER NIA 2014 Owner or Manager MANUFACTURER'S MANUAL REFERENCE PAGE NUMBER: DRAWING NUMBER: COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT 6 Burner Range PLENUM NOZZLE **DUCT NOZZLE** 1. All appliances properly covered w/correct nozzles 22. Piping & conduit securely bracketed 3. Check positioning of all nozzles 23. Proper separation between fryers & flame 4. System installed in accordance w/MFG UL listing 24. Proper clearance-flame to filters 5. System Piping Penetrating hood/duct sealed w/weld or UL device . . . 25. Exhaust fan in operating order 6. Check if seals intact, evidence of tempering 26, All filters replaced 7. If system has been discharged, report same ... 8. Pressure gauge in proper range (if gauged) 9. Check cartridge weight (if applicable) 1.12011 (1014) 28. Manual & remote set/seals in place 2014 29. Replace systems covers 10. Hydrostatic test date 30. System Operational & System Seals in place 12. Inspect cylinder and mount 32. Personnel instructed in manual operation of system 33. Proper hand portable extinguishers 34. Portable extinguishers properly serviced 15. Check operation of micro switch 16. Check operator of gas valve 35, Service & Certification tag on system 17. Clean nozzles 18. Proper nozzle covers in place NOTE DISCREPANCIES OR DEFICIENCIES BELOW COMMENTS:_ On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.

TIME

A.M.

P.M.

SERVICE TECHNICIAN

DATE

FED18-00015

... * No FIRE Alam

on this report.

FIRE SAFETY, INC.

823 Navy Street • Fort Walton Beach, FL 32547-2129 • (850) 862-7812 • Fax (850) 863-1516

Clean Agent Inspection Report

Property Name: Fiber Hob Shalinar Address: 113 974 Ave Shalinar, FL	Date: 5/21/19
Address: 13 974 Ave Shalinas, El	
Contact Person: RANDY Overly	COMMENTS:
Telephone: 830-1600	BAHLOVS-DASS
• TYPE OF SYSTEM	
🗹 FM 200 🔲 Halon 1301 🔲 Halon 1211	
Other	
• TYPE OF INSPECTION	
🗹 Annual 🔲 Semi-Annual 🖵 Recharge 🗖 New	
• SYSTEM INITIATING DEVICES	
Manual Pull Stations:	
ION Detectors:	
PHOTO Detectors:	
ABORT Switch: 2	
• SYSTEM INDICATION APPLIANCES	
Strobes:	
Horns:	
Bells:	
Other:	
• AGENT TANK	
200	
Tank Measurement:	
Serial Number: AA 273/34	
• FANS / DAMPERS SHUTDOWN	
Working: Yes No	·
Williams.	
Service Customer Representa	ative
The above service technician certified that the system was personally inspected and found condition to be as indicated	