



ADDENDUM 4

April 27, 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, add new locations and update the address for bid delivery and bid opening.

Address for bid delivery and bid opening is as follows:

Okaloosa County Purchasing  
5479A Old Bethel Rd.  
Crestview, FL 32536

New locations added to ITB:

Baker Ball Park-4 fire extinguishers and no stove hoods  
1450 Charlie Day Rd, Baker, FL 32531

Baker Rec Arena-20 fire extinguishers and stove hood in pavilion/rec center  
5503 Hwy 4, Baker, FL 32531

Baker Block Museum-fire extinguishers and no stove hood  
1307 Georgia Ave, Baker, FL 32531

Garden City Park-1 fire extinguisher and no stove hoods  
6330 Garden City Rd., Crestview, FL 32539

Shalimar Elementary Ball Park-1 fire extinguisher and no stove hoods  
1340 Joe Martin Cir, Shalimar, FL 32579

Port Dixie/Shalimar Park-2 fire extinguishers and no stove hoods  
75 4<sup>th</sup> Ave, Shalimar, FL 32579

See attached documents for annual reports.

**The ITB opening date remains May 6, 2020 at 3:15 P.M.**

# Range Hood Systems Report

**B & C Fire Safety, Inc.**  
 823 Navy Street  
 Ft. Walton Beach, FL 32547  
 Phone (850) 862-7812  
 Fax (850) 863-1516

*Main Hood*

Name *Emerald Coast Convention Center*  
 Address *1250 Miracle Strip Pkwy SE*  
 City *FWB, FL 32548*  
 Telephone *609-3800* Store # \_\_\_\_\_  
 Owner or Manager \_\_\_\_\_

|   |                                  |  |                   |                                  |
|---|----------------------------------|--|-------------------|----------------------------------|
| INVOICE # <i>126918</i>                                       |                                  |  |                   |                                  |
| DATE OF SERVICE<br><i>1/27/20</i>                             |                                  | TIME<br><i>8:00</i>                    |                   | A.M. P.M.<br><i>P</i>            |
| ANNUAL  | SEMI-ANNUAL<br><i>X</i>          | RECHARGE                               | INSTALLATION      | RENOVATION                       |
| LOCATION OF SYSTEM CYLINDERS<br><i>Wall Mount Behind Hood</i> |                                  |  |                   |                                  |
| MANUFACTURER<br><i>Purochem</i>                               |                                  | MODEL NUMBER<br><i>PCL-460x3</i>       |                   | WET CHEM DRY CHEM<br><i>X</i>    |
| FUSE LINKS 360° F   |                                  | FUSE LINKS 450° F<br><i>13APC(19)</i>  |                   | FUSE LINKS 500° F OTHER          |
| FUEL SHUT-OFF<br><i>X</i>                                     | ELECTRIC<br><i>Contact Alarm</i> | GAS<br><i>Mech</i>                     | SIZE<br><i>3"</i> |                                  |
| SERIAL NUMBER<br><i>60120417 6410101 6410323</i>              |                                  | LAST HYDRO TEST DATE<br><i>2010 x3</i> |                   | LAST RECHARGE DATE<br><i>N/A</i> |
| MANUFACTURER'S MANUAL REFERENCE                               |                                  |  |                   |                                  |
| PAGE NUMBER:  |                                  |  | DRAWING NUMBER:   |                                  |

**COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT**

|                          |                   |                      |                        |
|--------------------------|-------------------|----------------------|------------------------|
| <i>Dbl Stack Oven x2</i> | <i>Kettle</i>     | <i>T.H Skillet</i>   | <i>Lg Steamer</i>      |
| <i>6 Burner Range</i>    | <i>Char Grill</i> | <i>Griddle</i>       | <i>Fryer x3</i>        |
| _____                    | _____             | DUCT NOZZLE <i>3</i> | PLENUM NOZZLE <i>6</i> |

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles ..... ✓</li> <li>2. Duct and plenum covered w/correct nozzles ..... ✓</li> <li>3. Check positioning of all nozzles ..... ✓</li> <li>4. System installed in accordance w/MFG UL listing ..... ✓</li> <li>5. System Piping Penetrating hood/duct sealed w/weld or UL device ..... ✓</li> <li>6. Check if seals intact, evidence of tempering ..... ✓</li> <li>7. If system has been discharged, report same ..... <i>N/A</i></li> <li>8. Pressure gauge in proper range (if gauged) ..... ✓</li> <li>9. Check cartridge weight (if applicable) ..... ✓</li> <li>10. Hydrostatic test date ..... <i>2010 x3</i></li> <li>11. 6 Year Maintenance date ..... <i>N/A</i></li> <li>12. Inspect cylinder and mount ..... ✓</li> <li>13. Operate system from terminal link ..... ✓</li> <li>14. Test for proper operation from remote ..... ✓</li> <li>15. Check operation of micro switch ..... ✓</li> <li>16. Check operation of gas valve ..... ✓</li> <li>17. Clean nozzles ..... ✓</li> <li>18. Proper nozzle covers in place ..... ✓</li> <li>19. Check fuse links and clean ..... <i>N/A</i></li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links ..... ✓</li> <li>21. Check travel of cable nuts/S-hooks ..... ✓</li> <li>22. Piping &amp; conduit securely bracketed ..... ✓</li> <li>23. Proper separation between fryers &amp; flame ..... ✓</li> <li>24. Proper clearance-flame to filters ..... ✓</li> <li>25. Exhaust fan in operating order ..... ✓</li> <li>26. All filters replaced ..... ✓</li> <li>27. Fuel shut-off in ON position ..... ✓</li> <li>28. Manual &amp; remote set/seals in place ..... ✓</li> <li>29. Replace systems covers ..... ✓</li> <li>30. System Operational &amp; System Seals in place ..... ✓</li> <li>31. Fan warning sign on hood ..... ✓</li> <li>32. Personnel instructed in manual operation of system ..... ✓</li> <li>33. Proper hand portable extinguishers ..... ✓</li> <li>34. Portable extinguishers properly serviced ..... ✓</li> <li>35. Service &amp; Certification tag on system ..... ✓</li> </ol> |
|---|--|

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.

|          |                  |                               |                     |                  |                    |                            |
|----------|------------------|-------------------------------|---------------------|------------------|--------------------|----------------------------|
| <i>X</i> | <i>HW Eff at</i> | PERMIT NO. <i>FEP19000412</i> | DATE <i>1/27/20</i> | TIME <i>8:00</i> | A.M. P.M. <i>X</i> | CUSTOMERS AUTHORIZED AGENT |
|----------|------------------|-------------------------------|---------------------|------------------|--------------------|----------------------------|

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

WHITE - CUSTOMER COPY    YELLOW - DISTRIBUTOR    PINK - AUTHORITY HAVING JURISDICTION

# Range Hood Systems Report

**B & C Fire Safety, Inc.**  
 823 Navy Street  
 Ft. Walton Beach, FL 32547  
 Phone (850) 862-7812  
 Fax (850) 863-1516

*Small Hood*

Name *Emerald Coast Conv. Center*  
 Address *1250 Miracle Strip Pkwy*  
 City *FWB, FL 32548*  
 Telephone *609-3800* Store # \_\_\_\_\_  
 Owner or Manager \_\_\_\_\_

|  |  |                                  |                     |   |  |
|--|--|----------------------------------|---------------------|---|--|
| INVOICE # <i>126918</i>                              |  |                                  |                     |   |  |
| DATE OF SERVICE<br><i>1/27/20</i>                    |  |                                  | TIME<br><i>8:00</i> |   | A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> |
| ANNUAL   | SEMI-ANNUAL<br><input checked="" type="checkbox"/> | RECHARGE                         | INSTALLATION        | RENOVATION                                      |  |
| LOCATION OF SYSTEM CYLINDERS<br><i>Rt Hood Cap</i>   |  |                                  |                     |   |  |
| MANUFACTURER<br><i>Pyrochem</i>                      |  | MODEL NUMBER<br><i>PCL-300</i>   |                     | WET CHEM<br><input checked="" type="checkbox"/> | DRY CHEM   |
| FUSE LINKS 360° F                                    | FUSE LINKS 450° F<br><i>1APC(19)</i>               | FUSE LINKS 500° F                | OTHER               |   |  |
| FUEL SHUT-OFF<br><input checked="" type="checkbox"/> | ELECTRIC<br><i>Contact Alarm</i>                   | GAS<br><i>Mech</i>               | SIZE <i>3/4"</i>    |   |  |
| SERIAL NUMBER<br><i>6046868</i>                      | LAST HYDRO TEST DATE<br><i>2016</i>                | LAST RECHARGE DATE<br><i>N/A</i> |                     |   |  |
| MANUFACTURER'S MANUAL REFERENCE                      |  |                                  |                     |   |  |
| PAGE NUMBER:   |  |                                  | DRAWING NUMBER:     |   |  |

**COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT**

|               |       |                      |                        |
|---------------|-------|----------------------|------------------------|
| <i>Smoker</i> |       |                      |                        |
| _____         | _____ | _____                | _____                  |
| _____         | _____ | DUCT NOZZLE <i>1</i> | PLENUM NOZZLE <i>1</i> |

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles ..... <input checked="" type="checkbox"/></li> <li>2. Duct and plenum covered w/correct nozzles ..... <input checked="" type="checkbox"/></li> <li>3. Check positioning of all nozzles ..... <input checked="" type="checkbox"/></li> <li>4. System installed in accordance w/MFG UL listing ..... <input checked="" type="checkbox"/></li> <li>5. System Piping Penetrating hood/duct sealed w/weld or UL device .. <input checked="" type="checkbox"/></li> <li>6. Check if seals intact, evidence of tempering ..... <input checked="" type="checkbox"/></li> <li>7. If system has been discharged, report same ..... <i>N/A</i></li> <li>8. Pressure gauge in proper range (if gauged) ..... <input checked="" type="checkbox"/></li> <li>9. Check cartridge weight (if applicable) ..... <input checked="" type="checkbox"/></li> <li>10. Hydrostatic test date ..... <i>2016</i></li> <li>11. 6 Year Maintenance date ..... <i>N/A</i></li> <li>12. Inspect cylinder and mount ..... <input checked="" type="checkbox"/></li> <li>13. Operate system from terminal link ..... <input checked="" type="checkbox"/></li> <li>14. Test for proper operation from remote ..... <input checked="" type="checkbox"/></li> <li>15. Check operation of micro switch ..... <input checked="" type="checkbox"/></li> <li>16. Check operator of gas valve ..... <input checked="" type="checkbox"/></li> <li>17. Clean nozzles ..... <input checked="" type="checkbox"/></li> <li>18. Proper nozzle covers in place ..... <input checked="" type="checkbox"/></li> <li>19. Check fuse links and clean ..... <i>N/A</i></li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links ..... <input checked="" type="checkbox"/></li> <li>21. Check travel of cable nuts/S-hooks ..... <input checked="" type="checkbox"/></li> <li>22. Piping &amp; conduit securely bracketed ..... <input checked="" type="checkbox"/></li> <li>23. Proper separation between fryers &amp; flame ..... <input checked="" type="checkbox"/></li> <li>24. Proper clearance-flame to filters ..... <input checked="" type="checkbox"/></li> <li>25. Exhaust fan in operating order ..... <input checked="" type="checkbox"/></li> <li>26. All filters replaced ..... <input checked="" type="checkbox"/></li> <li>27. Fuel shut-off in ON position ..... <input checked="" type="checkbox"/></li> <li>28. Manual &amp; remote set/seals in place ..... <input checked="" type="checkbox"/></li> <li>29. Replace systems covers ..... <input checked="" type="checkbox"/></li> <li>30. System Operational &amp; System Seals in place ..... <input checked="" type="checkbox"/></li> <li>31. Fan warning sign on hood ..... <input checked="" type="checkbox"/></li> <li>32. Personnel instructed in manual operation of system ..... <input checked="" type="checkbox"/></li> <li>33. Proper hand portable extinguishers ..... <input checked="" type="checkbox"/></li> <li>34. Portable extinguishers properly serviced ..... <input checked="" type="checkbox"/></li> <li>35. Service &amp; Certification tag on system ..... <input checked="" type="checkbox"/></li> </ol> |
|--|--|

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.

|          |                          |            |                        |                     |  |                            |
|----------|--------------------------|------------|------------------------|---------------------|--|----------------------------|
| <i>X</i> | <i>W. J. FEPI9-00042</i> | PERMIT NO. | DATE<br><i>1/27/20</i> | TIME<br><i>8:00</i> | A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> | CUSTOMERS AUTHORIZED AGENT |
|----------|--------------------------|------------|------------------------|---------------------|--|----------------------------|

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

# B&C

FIRE SAFETY, INC.

823 Navy Street  
Ft. Walton Beach, FL 32547  
850.862.7812

Invoice # 126898

Date 3/26/20

## INDUSTRIAL (2484) FIRE SYSTEM REPORT

BUSINESS NAME Hazmat Storage facility - Ok. Co. Maint. Public Works

ADDRESS 84 Reader Ave. Ft. Walton Beach, Al. 32548

TELEPHONE (850) 689-6168

OWNER OR MANAGER Jay (800) 301-2013

SYS. MFG.  ANSUL  KIDDIE  PYRO-CHEM  OTHER \_\_\_\_\_

AGENT TYPE  1211  1301  CO2  CLEAN AGENT  DRY CHEMICAL (ABC)

MODEL PCT-50 SERIAL # 714574

CYLD. SIZE 50 lbs. SERIAL # " "

INSP. TYPE  ANNUAL  SEMI-ANNUAL  RECHARGE  HYDRO  MAINTENANCE

LAST RECHARGE N/A LAST HYDRO 2017-NEW

MANUAL PULL OPERATIONAL?  YES  NO

DETECTION TYPE  FUSIBLE LINKS 3ct.  THERMAL <280° APC> (18)

AUTO FAN SHUTDOWN OPERATIONAL?  YES  NO - Local Bell

NUMBER OF EXTINGUISHERS N/A

Comments \_\_\_\_\_

The technician signed below certifies that the system was personally inspected and found the conditions as so stated in this report.

Customer Jay Shartz Jay Shartz Date 3/26/20

Systems Technician Michael Bregon Michael Bregon Date 3/26/20

Permit #s 83258300012006, 80743800012006

# Range Hood Systems Report

**B & C Fire Safety, Inc.**  
 823 Navy Street  
 Ft. Walton Beach, FL 32547  
**Phone (850) 862-7812**  
**Fax (850) 863-1516**  
*Main kitchen*

|  |   |   |                                       |                                      |
|--|---|---|---------------------------------------|--------------------------------------|
| INVOICE # <u>126208</u> <span style="float: right;">(475)</span>   |   |   |                                       |                                      |
| DATE OF SERVICE<br><u>4/1/20</u>                                   |   |   | TIME<br><u>4:00</u>                   |                                      |
| ANNUAL <input checked="" type="checkbox"/>                         | SEMI-ANNUAL <input type="checkbox"/>      | RECHARGE <input type="checkbox"/>             | INSTALLATION <input type="checkbox"/> | RENOVATION <input type="checkbox"/>  |
| LOCATION OF SYSTEM CYLINDERS<br><u>Wall Mount Across from Hood</u> |   |   |                                       |                                      |
| MANUFACTURER<br><u>Amsul</u>                                       |   | MODEL NUMBER<br><u>R-102 R522172</u>          | WET CHEM<br><u>3gal</u>               | DRY CHEM<br><input type="checkbox"/> |
| FUSE LINKS 360° F<br><del>360</del>                                | FUSE LINKS 450° F<br><u>3ct. (20) APC</u> | FUSE LINKS 500° F<br><input type="checkbox"/> | OTHER<br><input type="checkbox"/>     |                                      |
| FUEL SHUT-OFF<br><u>Mech</u>                                       | ELECTRIC<br><u>Contact</u>                | GAS<br><u>Mech</u>                            | SIZE<br><u>3/4"</u>                   |                                      |
| SERIAL NUMBER<br><u>R522172</u>                                    |   | LAST HYDRO TEST DATE<br><u>2017</u>           | LAST RECHARGE DATE<br><u>(17)</u>     |                                      |
| MANUFACTURER'S MANUAL REFERENCE<br><u>LT-30R Cartridge</u>         |   |   |                                       |                                      |
| PAGE NUMBER: <u>8.1/8.2</u>  |   |   | DRAWING NUMBER: <u>2016</u>           |                                      |

Name Okaloosa County Jail  
 Address 1200 E James Lee Blvd.  
 City Crestview, Fl. 32539  
 Telephone (850) 689-5645 Store # \_\_\_\_\_  
 Owner or Manager \_\_\_\_\_

**COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT**

|                          |                            |                            |                             |
|--------------------------|----------------------------|----------------------------|-----------------------------|
| <u>Smoker</u>            | <u>4x Burner Range Top</u> | <u>2x Dbl. Ovens</u>       | <u>lg. flat top Griddle</u> |
| <u>2x lg Pot Kettles</u> | —                          | —                          | —                           |
| —                        | —                          | —                          | —                           |
| DUCT NOZZLE <u>N/A *</u> |                            | PLENUM NOZZLE <u>N/A *</u> |                             |

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/></li> <li>2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/></li> <li>3. Check positioning of all nozzles <input checked="" type="checkbox"/></li> <li>4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/></li> <li>5. System Piping Penetrating hood/duct sealed w/weld or UL device <input checked="" type="checkbox"/></li> <li>6. Check if seals intact, evidence of tempering <input checked="" type="checkbox"/></li> <li>7. If system has been discharged, report same <input checked="" type="checkbox"/></li> <li>8. Pressure gauge in proper range (if gauged) <input checked="" type="checkbox"/></li> <li>9. Check cartridge weight (if applicable) <input checked="" type="checkbox"/></li> <li>10. Hydrostatic test date <u>(16) 2017</u> <input checked="" type="checkbox"/></li> <li>11. 6 Year Maintenance date <u>N/A</u> <input checked="" type="checkbox"/></li> <li>12. Inspect cylinder and mount <u>N/A</u> <input checked="" type="checkbox"/></li> <li>13. Operate system from terminal link <u>N/A</u> <input checked="" type="checkbox"/></li> <li>14. Test for proper operation from remote <input checked="" type="checkbox"/></li> <li>15. Check operation of micro switch <input checked="" type="checkbox"/></li> <li>16. Check operator of gas valve <u>Mech</u> <input checked="" type="checkbox"/></li> <li>17. Clean nozzles <input checked="" type="checkbox"/></li> <li>18. Proper nozzle covers in place <input checked="" type="checkbox"/></li> <li>19. Check fuse links and clean <u>N/A</u> <input checked="" type="checkbox"/></li> </ol> | <ol style="list-style-type: none"> <li>20. Replaced fuse links <input checked="" type="checkbox"/> <u>3ct.</u></li> <li>21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/></li> <li>22. Piping &amp; conduit securely bracketed <input checked="" type="checkbox"/></li> <li>23. Proper separation between fryers &amp; flame <input checked="" type="checkbox"/></li> <li>24. Proper clearance-flame to filters <input checked="" type="checkbox"/></li> <li>25. Exhaust fan in operating order <input checked="" type="checkbox"/></li> <li>26. All filters replaced <input checked="" type="checkbox"/></li> <li>27. Fuel shut-off in ON position <input checked="" type="checkbox"/></li> <li>28. Manual &amp; remote set/seals in place <input checked="" type="checkbox"/></li> <li>29. Replace systems covers <input checked="" type="checkbox"/></li> <li>30. System Operational &amp; System Seals in place <input checked="" type="checkbox"/></li> <li>31. Fan warning sign on hood <input checked="" type="checkbox"/></li> <li>32. Personnel instructed in manual operation of system <input checked="" type="checkbox"/></li> <li>33. Proper hand portable extinguishers <input checked="" type="checkbox"/></li> <li>34. Portable extinguishers properly serviced <input checked="" type="checkbox"/></li> <li>35. Service &amp; Certification tag on system <input checked="" type="checkbox"/></li> </ol> <p><u>* water wash Hood</u></p> |
|---|--|

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

|                    |                   |                       |               |             |      |                            |
|--------------------|-------------------|-----------------------|---------------|-------------|------|----------------------------|
| X                  | <u>Michael B.</u> | <u>83258300012006</u> | <u>4/1/20</u> | <u>4:00</u> |      |                            |
| SERVICE TECHNICIAN | PERMIT NO.        | DATE                  | TIME          | A.M.        | P.M. | CUSTOMERS AUTHORIZED AGENT |

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

# BACK FLOW TEST AND MAINTENANCE REPORT

*7/17/19*

Service Name: Brackin Bldg  
 Service Address: 302 N Wilson Street Crestview, FL. 32536  
 Mailing Name: Okaloosa County Facility Maintenance  
 Mailing Address: 5489 Old Bethel Road, Crestview, FL. 32536  
 Contact Name: (850)420-1267  
 Contact Phone: Randy Overly

Location of Assembly: \_\_\_\_\_  
 Type of Assembly: RP \_\_\_\_\_ DC  SVB \_\_\_\_\_ SIZE 2<sup>u</sup>  
 Manufacturer: FPCs Model: 850 Serial No: 31764  
 Gauge Manufacturer: Midwest Serial No: 03140835 Date Calibrated: 19/MAR/19

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>or<br>Did not open _____   | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: _____ psi<br>Opened at _____<br>or<br>Did not open _____  |
| Gauge pressure across<br>check valve<br><u>2.2</u> psi   | <b>Outlet Shut-off Valve</b><br>Leaked or<br>Closed Tight   | Gauge pressure across<br>check valve<br><u>2.5</u> psi   | <b>Check Valve:</b><br>Leaked or<br>held at _____ psi  |
| _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi   | Relief Valve Opened at<br>_____ psi.  | Gauge pressure across<br>check valve _____ psi   | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: *[Signature]* CERT No.: 015-19-12758 Date: 7/17/19

SIGNATURE: *[Signature]* Time: 9:20

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Emerald Coast Conference Center OCWS  
 Service Address: 1250 Miracle Strip Pkwy., Ft Walton Beach, FL 32548

Mailing Name: Okaloosa County Facility Maintenance  
 Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Allen Lassiter  
 Contact Phone: 609-3913

Location of Assembly: SW corner of property

Type of Assembly: RP \_\_\_\_\_ DC x SVB \_\_\_\_\_ SIZE: 6"

Manufacturer: Ames Model: 3000SS Serial No: 1001890202

Gauge Manufacturer Mid West Serial: 03062598 Date Calibrated: 1/7/20

| Check Valve #1   | Relief Valve   | Check Valve #2   | Pressure Vacuum Breaker  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at ___ psi<br>Or Did Not Open _____   | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.  |
| Gauge pressure across<br>check valve <u>1.4</u> psi.   | Outlet Shut-off Valve<br>___ Leaked ___ Closed Tight   | Gauge pressure across<br>check valve <u>1.6</u> psi.   | Check Valve: Leaked _____<br>or held at _____ psi.   |
| _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.  | Relief Valve Opened at<br>_____ psi.   | Gauge pressure across<br>check valve _____ psi.  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry On B. L. Skiff CERT No. DDF-17-12516 Date: 1/30/20

SIGNATURE: [Signature] Time: 4:15

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Emerald Coast Convention Center OCWS

Service Address: 1250 Miracle Strip Pkwy., Ft Walton Beach, FL 32548

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Allen Lassiter

Contact Phone: 609-3913

Location of Assembly: at meter BYPASS ON FIRELINE

Type of Assembly: RP          DC x SVB          SIZE: 3/4"

Manufacturer: Ames Model: 2000B Serial No: 23528

Gauge Manufacturer Mid West Serial: 0305 0598 Date Calibrated: 1/7/20

| Check Valve #1  | Relief Valve  | Check Valve #2  | Pressure Vacuum Breaker   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight<br><u>10+</u>   | Opened at <u>        </u> psi<br>Or Did Not Open <u>        </u>  | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Air Inlet:<br>Did Not Open <u>        </u><br>or Opened at <u>        </u> psi.   |
| Gauge pressure across<br>check valve <u>        </u> psi.   | Outlet Shut-off Valve<br><u>        </u> Leaked <u>        </u> Closed Tight  | Gauge pressure across<br>check valve <u>6.0</u> psi.  | Check Valve: Leaked <u>        </u><br>or held at <u>        </u> psi.  |
| <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit <u>        </u><br>CV Assembly <u>        </u><br>or<br>Disc <u>        </u><br>O-Rings <u>        </u><br>Seat <u>        </u><br>Spring <u>        </u><br>Stem/guide <u>        </u><br>Retainer <u>        </u><br>Lock Nuts <u>        </u><br>Other <u>        </u> | <input type="checkbox"/> RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit <u>        </u><br>RV Assembly <u>        </u><br>or<br>Disc <u>        </u><br>Diaphragm(s) <u>        </u><br>Seat <u>        </u><br>Spring <u>        </u><br>Guide <u>        </u><br>O-Rings <u>        </u><br>Other <u>        </u> | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit <u>        </u><br>CV Assembly <u>        </u><br>or<br>Disc <u>        </u><br>O-Rings <u>        </u><br>Seat <u>        </u><br>Spring <u>        </u><br>Stem/guide <u>        </u><br>Retainer <u>        </u><br>Lock Nuts <u>        </u><br>Other <u>        </u> | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber Kit <u>        </u><br>CV Assembly <u>        </u><br>Disc, Air Inlet <u>        </u><br>Disc, CV <u>        </u><br>Seat, CV <u>        </u><br>Spring, Air Inlet <u>        </u><br>Spring, CV <u>        </u><br>Retainer <u>        </u><br>Guide <u>        </u><br>O-Rings <u>        </u><br>Other <u>        </u> |
| Gauge pressure across<br>check valve <u>        </u> psi.   | Relief Valve Opened at<br><u>        </u> psi.  | Gauge pressure across<br>check valve <u>        </u> psi.   | Air Inlet <u>        </u> psi.<br>Check Valve <u>        </u> psi.  |

**NOTES:** \*Mike @ American Backflow \* check 2 leaks  
center test cock leaks inaccurate reading on check 1

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry [Signature] CERT No. RS-15-1256 Date: 1/30/20

SIGNATURE: [Signature] Time: 4:00

This Assembly:          PASSED  FAILED  BUFFER:          psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Clerk of Court Storage

Service Address: 5489 Old Bethel Rd, Crestview

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Theresa Wilcox

Contact Phone: 612-0073/689-5000 x3361

Location of Assembly: Front of record building entrance door.

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 4"

Manufacturer: FEBCO Model: 850 Serial No: 9902091336

Gauge Manufacturer Mid West Serial: 0102 0095 Date Calibrated: 25/FEB/19

| Check Valve #1   | Relief Valve   | Check Valve #2   | Pressure Vacuum Breaker  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at ___ psi<br>Or Did Not Open _____   | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | <b>Air Inlet:</b><br>Did Not Open _____<br>or Opened at _____ psi.   |
| Gauge pressure across<br>check valve <u>4.2</u> psi.   | <b>Outlet Shut-off Valve</b><br>___ Leaked ___ Closed Tight  | Gauge pressure across<br>check valve <u>1.6</u> psi.   | Check Valve: Leaked ___<br>or held at _____ psi.   |
| _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.  | Relief Valve Opened at<br>_____ psi.   | Gauge pressure across<br>check valve _____ psi.  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry J. [Signature] CERT No. DOS-19-12955 Date: 5/15/15

SIGNATURE: [Signature] Time: 12:00

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Clerk of Court Storage

Service Address: 5489 Old Bethel Rd, Crestview

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: Theresa Wilcox

Contact Phone: 612-0073/689-5000 x3361

Location of Assembly: 2367 Hill Drive To Left of House

Type of Assembly: RP  DC  SVB  SIZE: 2"

Manufacturer: FEBCO Model: 860 Serial No: A04799

Gauge Manufacturer Mid West Serial: 01020095 Date Calibrated: 25/FEB/19

| Check Valve #1   | Relief Valve   | Check Valve #2   | Pressure Vacuum Breaker  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Leaked or Closed Tight   | Opened at <u>2.2</u> psi<br>Or Did Not Open _____  | <input checked="" type="checkbox"/> Leaked or Closed Tight   | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.  |
| Gauge pressure across check valve <u>1.2</u> psi.  | Outlet Shut-off Valve<br>_____ Leaked <input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across check valve <u>1.2</u> psi.  | Check Valve: Leaked _____<br>or held at _____ psi.   |
| _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi.   | Relief Valve Opened at _____ psi.  | Gauge pressure across check valve _____ psi.   | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Henry J. [Signature] CERT No. DOT-19-12951 Date: 5/15/19

SIGNATURE: \_\_\_\_\_ Time: 12:15

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

**Service Name:** Okaloosa County Courthouse Annex-  
**Service Address:** 1940 Lewis turner Blvd., Fort Walton Beach  
**Mailing Name:** Okaloosa County Facility Maintenance  
**Mailing Address:** 5489 Old Bethel Rd, Crestview, FL 32536  
**Contact Name:** RANDY OVERLY  
**Contact Phone:** 420-1267

**Location of Assembly:** room next to fire pump room  
**Type of Assembly:** RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 3/4"  
**Manufacturer:** WATTS Model: 007M1 Serial No: 16977  
**Gauge Manufacturer:** Midwest Serial No: 0708 ~~817~~ Date Calibrated: 5-31-19

| Check Valve #1   | Relief Valve   | Check Valve #2   | Pressure Vacuum Breaker  |
|--|--|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at ___ psi<br>Or Did Not Open _____   | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | <b>Air Inlet:</b><br>Did Not Open _____<br>or Opened at _____ psi.   |
| Gauge pressure across<br>check valve <u>2.2</u> psi.   | <b>Outlet Shut-off Valve</b><br>___ Leaked ___ Closed Tight  | Gauge pressure across<br>check valve <u>2.2</u> psi.   | Check Valve: Leaked ___<br>or held at _____ psi.   |
| _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.  | Relief Valve Opened at<br>_____ psi.   | Gauge pressure across<br>check valve _____ psi.  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongne CERT No. D12-17-10191 Date: ~~8-15~~ 10-2-19

SIGNATURE:  Time: 8:15

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Courthouse Annex-  
 Service Address: 1940 Lewis turner Blvd., Fort Walton Beach

Mailing Name: Okaloosa County Facility Maintenance  
 Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536

Contact Name: RANDY OVERLY  
 Contact Phone: 420-1267

Location of Assembly: room next to fire pump room

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 6"  
 Manufacturer: AMES Model: 300SS Serial No: 1783458  
 Gauge Manufacturer: Midwest Serial No: 0707 Date Calibrated: 5-31-19

| Check Valve #1  | Relief Valve  | Check Valve #2  | Pressure Vacuum Breaker   |
|---|---|---|---|
| <input type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at ___ psi<br>Or Did Not Open _____  | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.   |
| Gauge pressure across<br>check valve <u>3.4</u> psi.  | Outlet Shut-off Valve<br><input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight  | Gauge pressure across<br>check valve <u>4.8</u> psi.  | Check Valve: Leaked <input type="checkbox"/><br>or held at _____ psi.   |
| <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.   | Relief Valve Opened at<br>_____ psi.  | Gauge pressure across<br>check valve _____ psi.   | Air Inlet _____ psi.<br>Check Valve _____ psi.  |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frengeur CERT No. D12-17-10191 Date: 10-2-19

SIGNATURE:  Time: 2:30

This Assembly:  PASSED  FAILED BUFFER: \_\_\_\_\_ psi.

# BACK FLOW TEST AND MAINTENANCE REPORT For B&C Fire and Safety

Service Name: Okaloosa County Courthouse Crestview  
 Service Address: 101 James Lee, Crestview FL

Mailing Name: Okaloosa County Facility Maintenance  
 Mailing Address: 5489 Old Bethel rd

Contact Name: Randy Overly  
 Contact Phone: \_\_\_\_\_

Location of Assembly: NORTH SIDE FACING Hwy 90 IN PIT (PDC)  
 Type of Assembly: RP \_\_\_\_\_ DC \_\_\_\_\_ SVB \_\_\_\_\_ SIZE 10"  
 Manufacturer: williams Model: 350DA Serial No: 55662  
 Gauge Manufacturer: Midwest Serial No: 0 Date Calibrated: \_\_\_\_\_

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>or<br>Did not open _____   | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: Opened at _____ psi<br>or<br>Did not open _____   |
| Gauge pressure across<br>check valve<br><u>4.2</u> psi   | <b>Outlet Shut-off Valve</b><br>Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across<br>check valve<br><u>4.2</u> psi   | <b>Check Valve:</b><br>Leaked or<br>held at _____ psi  |
| _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi   | Relief Valve Opened at<br>_____ psi.  | Gauge pressure across<br>check valve _____ psi   | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:** \_\_\_\_\_

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: ERIC FRONZ CERT No.: D12-19-10171 Date: 1/15/20

SIGNATURE: Eric Fronz Time: 1:30

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

# BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: OKALOOSA COUNTY COURTHOUSE CRESTVIEW

Service Address: 101 JAMES LEE, CRESTVIEW FL

Mailing Name: OKALOOSA COUNTY FACILITY MAINTENANCE

Mailing Address: 5489 Old Bethel Rd, Crestview, FL

Contact Name: Randy Overly

Contact Phone: \_\_\_\_\_

Location of Assembly: ON FIRELINE IN PIT

Type of Assembly: RP \_\_\_\_\_ DC  SVB \_\_\_\_\_ SIZE 3/4"

Manufacturer: WIKROS Model: 950 XED Serial No: 4484917

Gauge Manufacturer: Midwest Serial No: 02050702 Date Calibrated: 5/01/19

| Check Valve #1  | Relief Valve   | Check Valve #2  | Pressure Vacuum Breaker   |
|---|--|---|---|
| <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Opened at _____ psi<br>or<br>Did not open _____  | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Air Inlet: _____ psi<br>Opened at _____<br>or<br>Did not open _____   |
| Gauge pressure across check valve<br><u>3.0</u> psi   | Outlet Shut-off Valve<br>Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across check valve<br><u>3.0</u> psi   | Check Valve:<br>Leaked or<br>held at _____ psi  |
| _____ Clean Only<br>Replaced:<br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br>Replaced:<br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br>Replaced:<br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br>Replaced:<br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi   | Relief Valve Opened at _____ psi.  | Gauge pressure across check valve _____ psi   | Air Inlet _____ psi.<br>Check Valve _____ psi.  |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: ERIC PROGNIEL CERT No.: D12-19-10191 Date: 11/15/20

SIGNATURE:  Time: 1:15

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County EMS Building and Sherriff Office  
 Service Address: 714 Essex Rd FWB, FL

Mailing Name: Okaloosa County Facility Maintenance  
 Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: RANDY OVERLY  
 Contact Phone: 830-1600

Location of Assembly: inside supply room

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 3/4"

Manufacturer: Ames Model: 2000B Serial No: 67760

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

| Check Valve #1  | Relief Valve  | Check Valve #2  | Pressure Vacuum Breaker   |
|---|---|---|---|
| <input type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at ___ psi<br>Or Did Not Open _____  | <input type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.   |
| Gauge pressure across<br>check valve _ psi.<br><u>2.2</u>   | Outlet Shut-off Valve<br>___ Leaked <input checked="" type="checkbox"/> Closed Tight  | Gauge pressure across<br>check valve _ psi.<br><u>2.2</u>   | Check Valve: Leaked ___<br>or held at _____ psi.  |
| <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.   | Relief Valve Opened at<br>_____ psi.  | Gauge pressure across<br>check valve _____ psi.   | Air Inlet _____ psi.<br>Check Valve _____ psi.  |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No. D121910191 Date: 17 Jan 2020

SIGNATURE: E Frongner Time: 3:00

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County EMS Building and Sherriff Office

Service Address: 714 Essex Rd FWB, FL

Mailing Name: Okaloosa County Facility Maintenance

Mailing Address: 5489 Old Bethel Rd., Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: inside supply room

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 4"

Manufacturer: Ames Model: 3000 SS Serial No: 77466818

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

| Check Valve #1   | Relief Valve   | Check Valve #2   | Pressure Vacuum Breaker  |
|--|--|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at ___ psi<br>Or Did Not Open _____   | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.  |
| Gauge pressure across<br>check valve ___ psi.<br><u>1.4</u>  | <b>Outlet Shut-off Valve</b><br>___ Leaked <input checked="" type="checkbox"/> Closed Tight  | Gauge pressure across<br>check valve ___ psi.<br><u>1.8</u>  | Check Valve: Leaked ___<br>or held at _____ psi.   |
| ___ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | ___ RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | ___ Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | ___ Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.  | Relief Valve Opened at<br>_____ psi.   | Gauge pressure across<br>check valve _____ psi.  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No. D121910191 Date: 3 20

SIGNATURE: E Frongner Time: \_\_\_\_\_

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

# BACK FLOW TEST AND MAINTENANCE REPORT

**Service Name:** Okaloosa County Health Dept - FWB  
**Service Address:** 221 Hospital Dr FWB  
**Mailing Name:** Okaloosa County Facilities Maintenance  
**Mailing Address:** 5489 Old Bethel Rd, Crestview, FL 32536  
**Contact Name:** RANDY OVERLY  
**Contact Phone:** 830-1600

**Location of Assembly:** \*\*TWO TECHS NEEDED TO LIFT COVER\*

**Type of Assembly:** RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ **SIZE:** 4"

**Manufacturer:** WATTS **Model:** 709 **Serial No.:** 168829

**Gauge Manufacturer:** Midwest **Serial No.:** 0708 **Date Calibrated:** 3/31/19

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>or Did not open _____  | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: Opened at _____ psi<br>or Did not open _____  |
| Gauge pressure across check valve<br><u>2.4</u> psi  | Outlet Shut-off Valve<br>Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Gauge pressure across check valve<br><u>2.2</u> psi  | Check Valve:<br>Leaked or<br>held at _____ psi   |
| _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi  | Relief Valve Opened at _____ psi.   | Gauge pressure across check valve _____ psi  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No.: D121910191 Date: 1/3/19

SIGNATURE: Eric Frongner Time: 300

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

8/7

BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Jail  
 Service Address: 1200 East James Lee Blvd., Crestview, FL 32536

Mailing Name: Okaloosa Count Facility Maint.  
 Mailing Address: 5489 Old Bethel Road, Crestview, FL 32536

Contact Name: RANDY OVERLY  
 Contact Phone: 830-1600

Location of Assembly: inside compound between "D" and "E" pod  
 Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 4"  
 Manufacturer: AMES Model: \_\_\_\_\_ Serial No: INSULATED  
 Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

| Check Valve #1   | Relief Valve   | Check Valve #2   | Pressure Vacuum Breaker  |
|--|--|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>Or Did Not Open _____   | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.  |
| Gauge pressure across<br>check valve <u>1.2</u> psi.   | Outlet Shut-off Valve<br>Leaked <input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across<br>check valve <u>1.0</u> psi.   | Check Valve: Leaked _____<br>or held at _____ psi.   |
| ____ Cleaned Only<br>Replaced:<br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | ____ RV Cleaned Only<br>Replaced:<br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | ____ Cleaned Only<br>Replaced:<br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | ____ Cleaned Only<br>Replaced:<br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.  | Relief Valve Opened at<br>_____ psi.   | Gauge pressure across<br>check valve _____ psi.  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Fronzner CERT No. D121710191 Date: 8/7/19

SIGNATURE: [Signature] Time: 0900

This Assembly:  PASSED \_\_\_\_\_ FAILED BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Jail  
 Service Address: 1200 East James Lee Blvd., Crestview, FL 32536

Mailing Name: Okaloosa Count Facility Maint.  
 Mailing Address: 5489 Old Bethel Road, Crestview, FL 32536

Contact Name: RANDY OVERLY  
 Contact Phone: 830-1600

Location of Assembly: front of bldg right side of drive

Type of Assembly: RP \_\_\_\_\_ DC x SVB \_\_\_\_\_ SIZE: 6"

Manufacturer: Ames Model: 2000SS Serial No: 69022

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

| Check Valve #1  | Relief Valve  | Check Valve #2  | Pressure Vacuum Breaker   |
|---|---|---|---|
| <input type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>Or Did Not Open _____  | <input type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet:<br>Did Not Open _____<br>or Opened at _____ psi.   |
| Gauge pressure across<br>check valve _____ psi.<br><u>4.8</u>   | Outlet Shut-off Valve<br>_____ Leaked <input checked="" type="checkbox"/> Closed Tight  | Gauge pressure across<br>check valve _____ psi.<br><u>1.2</u>   | Check Valve: Leaked _____<br>or held at _____ psi.  |
| <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.   | Relief Valve Opened at<br>_____ psi.  | Gauge pressure across<br>check valve _____ psi.   | Air Inlet _____ psi.<br>Check Valve _____ psi.  |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Thorgan CERT No. D121710191 Date: 7 Aug 2019

SIGNATURE: Eric Thorgan Time: 9:10

This Assembly:  PASSED \_\_\_\_\_ FAILED BUFFER: \_\_\_\_\_ psi.

## BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Jail

Service Address: 1200 East James Lee Blvd., Crestview, FL 32536

Mailing Name: Okaloosa Count Facility Maint.

Mailing Address: 5489 Old Bethel Road, Crestview, FL 32536

Contact Name: RANDY OVERLY

Contact Phone: 830-1600

Location of Assembly: inside compound between "D" and "E" pod

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 3/4"

Manufacturer: AMES Model: 2000BM3 Serial No: 34638

Gauge Manufacturer Mid West Serial: 0708 Date Calibrated: 5/31/19

| Check Valve #1  | Relief Valve  | Check Valve #2  | Pressure Vacuum Breaker   |
|---|---|---|---|
| <input type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>Or Did Not Open _____  | <input checked="" type="checkbox"/> Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | <b>Air Inlet:</b><br>Did Not Open _____<br>or Opened at _____ psi.  |
| Gauge pressure across<br>check valve <u>2.0</u> psi.  | <b>Outlet Shut-off Valve</b><br>Leaked <input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across<br>check valve <u>2.0</u> psi.  | Check Valve: Leaked _____<br>or held at _____ psi.  |
| <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> RV Cleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm's) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | <input type="checkbox"/> Cleaned Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across<br>check valve _____ psi.   | Relief Valve Opened at<br>_____ psi.  | Gauge pressure across<br>check valve _____ psi.   | Air Inlet _____ psi.<br>Check Valve _____ psi.  |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No. D12171019 Date: 8/7/19

SIGNATURE: *Eric Frongner* Time: 0945

This Assembly:  PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ BUFFER: \_\_\_\_\_ psi.

# BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Sheriff's Dept - Admin

Service Address: 50 2nd St Shalimar, FL 32579

Mailing Name: same

Mailing Address: \_\_\_\_\_

Contact Name: Richard (Ricky) Buehrig

Contact Phone: \_\_\_\_\_

Location of Assembly: right hand side of drive

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 3/4"

Manufacturer: AMES Model: 2000BM3 Serial No: 50384

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>or Did not open _____  | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: Opened at _____ psi<br>or Did not open _____  |
| Gauge pressure across check valve<br><u>2.0</u> psi  | <b>Outlet Shut-off Valve</b><br>Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across check valve<br><u>2.0</u> psi  | <b>Check Valve:</b><br>Leaked or<br>held at _____ psi  |
| _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi  | Relief Valve Opened at _____ psi.   | Gauge pressure across check valve _____ psi  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongner CERT No.: D121710191 Date: 27 Aug 2019

SIGNATURE: Eric Frongner Time: 830

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

# BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Sheriff's Dept - Admin

Service Address: 50 2nd St Shalimar, FL 32579

Mailing Name: same

Mailing Address \_\_\_\_\_

Contact Name: Richard (Ricky) Boehrig

Contact Phone: \_\_\_\_\_

Location of Assembly: right hand side of drive

Type of Assembly: RP \_\_\_\_\_ DC X SVB \_\_\_\_\_ SIZE: 6"

Manufacturer: Wilkins Model: 350ADA Serial No: N44495

Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| _____ Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | _____ Opened at _____ psi<br>or<br><input type="checkbox"/> Did not open _____  | _____ Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: _____ Opened at _____ psi<br>or<br><input type="checkbox"/> Did not open _____  |
| Gauge pressure across check valve<br><u>3.0</u> psi  | <b>Outlet Shut-off Valve</b><br>_____ Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across check valve<br><u>3.8</u> psi  | <b>Check Valve:</b><br>_____ Leaked or<br>held at _____ psi  |
| _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi  | Relief Valve Opened at _____ psi.   | Gauge pressure across check valve _____ psi  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

NOTES:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Fronger CERT No.: D121710191 Date: 27 Aug 2019

SIGNATURE: E Fronger Time: 815

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

# BACK FLOW TEST AND MAINTENANCE REPORT

Service Name: Okaloosa County Water & Sewer  
 Service Address: 1804 Lewis Turner Blvd, FWB  
 Mailing Name: Okaloosa County Facilities Maintenance  
 Mailing Address: 5489 Old Bethel Rd, Crestview, FL 32536  
 Contact Name: RANDY OVERLY  
 Contact Phone: 830-1600

Location of Assembly: in a vault on NE corner of Building (VERY DIRTY AREA)  
 Type of Assembly: RP \_\_\_\_\_ DC x SVB \_\_\_\_\_ SIZE: 3/4"  
 Manufacturer: WATTS Model: 709DC Serial No: \_\_\_\_\_  
 Gauge Manufacturer: Midwest Serial No: 0708 Date Calibrated: 5/31/19

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>or Did not open _____  | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: Opened at _____ psi<br>or Did not open _____  |
| Gauge pressure across check valve<br><u>2.2</u> psi  | Outlet Shut-off Valve<br>Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Gauge pressure across check valve<br><u>2.0</u> psi  | Check Valve:<br>Leaked or<br>held at _____ psi   |
| ____ Clean Only<br>Replaced:<br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | ____ RVCleaned Only<br>Replaced:<br>RV Rubber kit _____<br>RV Assembly _____<br>or<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | ____ Clean Only<br>Replaced:<br>Rubber kit _____<br>CV Assembly _____<br>or<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | ____ Clean Only<br>Replaced:<br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi  | Relief Valve Opened at _____ psi.   | Gauge pressure across check valve _____ psi  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frenzen CERT No.: D121710191 Date: 27 Aug 2019

SIGNATURE: E. Frenzen Time: 300

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

# BACK FLOW TEST AND MAINTENANCE REPORT

**Service Name:** Okaloosa County Water & Sewer  
**Service Address:** 1804 Lewis Turner Blvd, FWB  
**Mailing Name:** Okaloosa County Facilities Maintenance  
**Mailing Address:** 5489 Old Bethel Rd, Crestview, FL 32536  
**Contact Name:** RANDY OVERLY  
**Contact Phone:** 830-1600

**Location of Assembly:** in a vault on NE corner of Building (VERY DIRTY AREA)

**Type of Assembly:** RP \_\_\_\_\_ DC x SVB \_\_\_\_\_ **SIZE:** 6"

**Manufacturer:** WATTS **Model:** 709DC **Serial No.:** 104699

**Gauge Manufacturer:** Midwest **Serial No.:** 0708 **Date Calibrated:** 5/31/19

| Check Valve #1   | Relief Valve  | Check Valve #2   | Pressure Vacuum Breaker  |
|--|---|--|--|
| Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Opened at _____ psi<br>or<br><input checked="" type="checkbox"/> Did not open   | Leaked or<br><input checked="" type="checkbox"/> Closed Tight  | Air Inlet: Opened at _____ psi<br>or<br><input checked="" type="checkbox"/> Did not open   |
| Gauge pressure across check valve<br><u>4.0</u> psi  | <b>Outlet Shut-off Valve</b><br>Leaked or<br><input checked="" type="checkbox"/> Closed Tight   | Gauge pressure across check valve<br><u>2.4</u> psi  | <b>Check Valve:</b><br>Leaked or<br>held at _____ psi  |
| _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ RVCleaned Only<br><b>Replaced:</b><br>RV Rubber kit _____<br>RV Assembly _____<br>or _____<br>Disc _____<br>Diaphragm(s) _____<br>Seat _____<br>Spring _____<br>Guide _____<br>O-Rings _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber kit _____<br>CV Assembly _____<br>or _____<br>Disc _____<br>O-Rings _____<br>Seat _____<br>Spring _____<br>Stem/guide _____<br>Retainer _____<br>Lock Nuts _____<br>Other _____ | _____ Clean Only<br><b>Replaced:</b><br>Rubber Kit _____<br>CV Assembly _____<br>Disc, Air Inlet _____<br>Disc, CV _____<br>Seat, CV _____<br>Spring, Air Inlet _____<br>Spring, CV _____<br>Retainer _____<br>Guide _____<br>O-Rings _____<br>Other _____ |
| Gauge pressure across check valve _____ psi  | Relief Valve Opened at _____ psi.   | Gauge pressure across check valve _____ psi  | Air Inlet _____ psi.<br>Check Valve _____ psi.   |

**NOTES:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: Eric Frongren CERT No.: D121710191 Date: 27 Aug 19

SIGNATURE: Eric Frongren Time: 2:45

This Assembly:  PASSED  FAILED Buffer: \_\_\_\_\_ PSI

# Range Hood Systems Report

**B & C Fire Safety, Inc.**  
 823 Navy Street  
 Ft. Walton Beach, FL 32547  
 Phone (850) 862-7812  
 Fax (850) 863-1516  
 Main kitchen

|   |                                      |                                   |                                       |                                     |
|---|--------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|
| INVOICE # 126208 (475)                                      |                                      |                                   |                                       |                                     |
| DATE OF SERVICE<br>4/1/20                                   |                                      |                                   | TIME<br>4:00                          | A.M. / P.M.<br>P.M.                 |
| <input checked="" type="checkbox"/> ANNUAL                  | <input type="checkbox"/> SEMI-ANNUAL | <input type="checkbox"/> RECHARGE | <input type="checkbox"/> INSTALLATION | <input type="checkbox"/> RENOVATION |
| LOCATION OF SYSTEM CYLINDERS<br>Wall Mount Across from Hood |                                      |                                   |                                       |                                     |
| MANUFACTURER<br>Amsul                                       |                                      | MODEL NUMBER<br>R-102 R522172     | WET CHEM<br>3gal                      | DRY CHEM                            |
| FUSE LINKS 360° F<br><del>3ct.</del>                        | FUSE LINKS 450° F<br>3ct. (20) APC   | FUSE LINKS 500° F                 | OTHER                                 |                                     |
| FUEL SHUT-OFF<br>Mech                                       | ELECTRIC<br>Contact                  | GAS<br>Mech ✓                     | SIZE<br>3/4"                          |                                     |
| SERIAL NUMBER<br>R522172                                    | LAST HYDRO TEST DATE<br>2017         | LAST RECHARGE DATE<br>(17)        |                                       |                                     |
| MANUFACTURER'S MANUAL REFERENCE<br>LT-30R Cartridge         |                                      |                                   |                                       |                                     |
| PAGE NUMBER: 8.1/8.2  |                                      |                                   | DRAWING NUMBER: 2016                  |                                     |

Name Okaloosa County Jail  
 Address 1200 E James Lee Blvd.  
 City Crestview, Fl. 32539  
 Telephone (850) 689-5645 Store # \_\_\_\_\_  
 Owner or Manager \_\_\_\_\_

**COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT**

|                   |                     |                      |                        |
|-------------------|---------------------|----------------------|------------------------|
| Smoker            | 4x Burner Range Top | 2x Dbl. Ovens        | lg. flat top Griddle   |
| 2x lg Pot Kettles | —                   | —                    | —                      |
| —                 | —                   | DUCT NOZZLE<br>N/A * | PLENUM NOZZLE<br>N/A * |

- |   |          |  |        |
|---|----------|--|--------|
| 1. All appliances properly covered w/correct nozzles              | ✓        | 20. Replaced fuse links                                | 3ct. ✓ |
| 2. Duct and plenum covered w/correct nozzles                      | ✓        | 21. Check travel of cable nuts/S-hooks                 | ✓      |
| 3. Check positioning of all nozzles                               | ✓        | 22. Piping & conduit securely bracketed                | ✓      |
| 4. System installed in accordance w/MFG UL listing                | ✓        | 23. Proper separation between fryers & flame           | N/A    |
| 5. System Piping Penetrating hood/duct sealed w/weld or UL device | ✓        | 24. Proper clearance-flame to filters                  | ✓      |
| 6. Check if seals intact, evidence of tempering                   | ✓        | 25. Exhaust fan in operating order                     | ✓      |
| 7. If system has been discharged, report same                     | N/A      | 26. All filters replaced                               | ✓      |
| 8. Pressure gauge in proper range (if gauged)                     | (16) N/A | 27. Fuel shut-off in ON position                       | ✓      |
| 9. Check cartridge weight (if applicable)                         | (16) N/A | 28. Manual & remote set/seals in place                 | ✓      |
| 10. Hydrostatic test date   | 2017 N/A | 29. Replace systems covers                             | ✓      |
| 11. 6 Year Maintenance date                                       | N/A      | 30. System Operational & System Seals in place         | ✓      |
| 12. Inspect cylinder and mount                                    | ✓        | 31. Fan warning sign on hood                           | ✓      |
| 13. Operate system from terminal link                             | ✓        | 32. Personnel instructed in manual operation of system | ✓      |
| 14. Test for proper operation from remote                         | ✓        | 33. Proper hand portable extinguishers                 | ✓      |
| 15. Check operation of micro switch                               | ✓        | 34. Portable extinguishers properly serviced           | ✓      |
| 16. Check operator of gas valve                                   | Mech. ✓  | 35. Service & Certification tag on system              | ✓      |
| 17. Clean nozzles   | ✓        | * water wash Hood                                      |        |
| 18. Proper nozzle covers in place                                 | ✓        | NOTE DISCREPANCIES OR DEFICIENCIES BELOW               |        |
| 19. Check fuse links and clean                                    | N/A      |  |        |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On this date, the above system was tested and inspected. Adding new equipment or relocating existing equipment could effect coverage requirements.

|   |                    |                       |               |             |      |      |                            |
|---|--------------------|-----------------------|---------------|-------------|------|------|----------------------------|
| X | <u>Michael B.</u>  | <u>83258300012006</u> | <u>4/1/20</u> | <u>4:00</u> |      |      | <u>[Signature]</u>         |
|   | SERVICE TECHNICIAN | PERMIT NO.            | DATE          | TIME        | A.M. | P.M. | CUSTOMERS AUTHORIZED AGENT |

The above service technician certified that the system was personally inspected and found conditions to be as indicated on this report.  
 WHITE - CUSTOMER COPY    YELLOW - DISTRIBUTOR    PINK - AUTHORITY HAVING JURISDICTION

# B&C 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: Eoc Niceville

Date: 3 May 2019

Address: 90 EAST College Blvd

Contact Person: Ken Wolfe

Telephone: 671 7150

COMMENTS:

BATTERY - PASS

### • TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

### • TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: 6

PHOTO Detectors: 6

ABORT Switch: 2

### • SYSTEM INDICATION APPLIANCES

Strobes: 4

Horns: 4

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

### • AGENT TANK

Weight: 16.8 / 16.75

Tank Measurement: \_\_\_\_\_

Hydro: 9/08   7/08   9/08   9/08

Serial Number: AA 330303   AA375199   AA376287   AA 376271

### • FANS / DAMPERS SHUTDOWN

Working:    Yes    No

Service Technician

E. Frerger

Customer Representative

L. Wolfe

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

(05)

# B&C 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: OKALOOSA Co Fiber Hub

Date: 1/2/2020

Address: 602 N PEARL CRESTVIEW, FL

### COMMENTS:

Contact Person: Randy

Telephone: 850 420 1267

#### • TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

#### • TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

#### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 5

ABORT Switch: 2

#### • SYSTEM INDICATION APPLIANCES

Strobes: 4

Horns: 4

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

#### • AGENT TANK

Weight: 236

Tank Measurement: \_\_\_\_\_

Hydro: 3/1/06

Serial Number: AA 77882B   AA 304968

#### • FANS / DAMPERS SHUTDOWN

Working:    Yes    No

Service Technician

Er Frongor

Customer Representative

[Signature]

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

BATTMYS - GOOD PASS

AGENT release - pull STATIONS Do NOT activate Horns Strobes.

FRONT SECTION - COUNTY ARCH

REAR SECTION - SHERIFF AREA

# B&C 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 Hub Shalimar

Date: 5/21/19

Address: 13 9th Ave Shalimar, FL

COMMENTS:

Contact Person: Randy O'Neil

Telephone: 830-1600

• TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

• TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 2

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 5

ABORT Switch: 2

• SYSTEM INDICATION APPLIANCES

Strobes: 7

Horns: 7

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

• AGENT TANK

Weight: 500

Tank Measurement: \_\_\_\_\_

Hydro: 01/06

Serial Number: AA 273134

• FANS / DAMPERS SHUTDOWN

Working:    Yes    No

Service Technician

E. Frongore

Customer Representative

[Signature]

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

# B&C 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: Ocala Health Dept

Date: 5/15/19

Address: 810 E James Lee Road Crestview

Contact Person: John

Telephone: 850-833-9240 x 2255

COMMENTS:

• TYPE OF SYSTEM

- FM 200     Halon 1301     Halon 1211  
 Other \_\_\_\_\_

• TYPE OF INSPECTION

- Annual     Semi-Annual     Recharge     New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1  
ION Detectors: 1  
PHOTO Detectors: 1  
ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 2  
Horns: \_\_\_\_\_  
Bells: 1  
Other: \_\_\_\_\_

• AGENT TANK

Weight: 51.8 lbs  
Tank Measurement: 2309  
Hydro: 9/4/04  
Serial Number: AA 296830

• FANS / DAMPERS SHUTDOWN

Working:     Yes     No

Service Technician [Signature]

Customer Representative [Signature]

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

# B&C 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: Ocalaosa Health Dept.

Date: 5/15/19

Address: 810 E James Lee Crestview

Contact Person: John

Telephone: (850) 833-9246 X 2255

### COMMENTS:

Holes in ceiling

Horns? Sound

Batteries Flat 12v 4AH

### • TYPE OF SYSTEM

- FM 200     Halon 1301     Halon 1211  
 Other \_\_\_\_\_

### • TYPE OF INSPECTION

- Annual     Semi-Annual     Recharge     New

### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1  
ION Detectors: 1  
PHOTO Detectors: 1  
ABORT Switch: 2

### • SYSTEM INDICATION APPLIANCES

Strobes: 2  
Horns: 2  
Bells: 1  
Other: \_\_\_\_\_

### • AGENT TANK

Weight: \_\_\_\_\_  
Tank Measurement: 5.25  
Hydro: 2/12/07  
Serial Number: 0904043

### • FANS / DAMPERS SHUTDOWN

Working:     Yes     No

Service Technician \_\_\_\_\_

Customer Representative \_\_\_\_\_

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

# B&C FIRE SAFETY, INC.

0103388

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

## Clean Agent Inspection Report

Property Name: OKAWOOD ADMIN

Date: 9/29/18

Address: SHALMAR, FL

Contact Person: Randy Reely

Telephone: 850 588 4479

### COMMENTS:

BATTERIES PAS

### • TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

### • TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 6

ABORT Switch: 1

### • SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 1

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

### • AGENT TANK

Weight: 363.5

Tank Measurement: 7.5

Hydro: 7/21/18

Serial Number: 1594830

Room 340

### • FANS / DAMPERS SHUTDOWN

Working:  Yes    No

Service Technician

Henry J. [Signature]

Customer Representative

[Signature]

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

09/03

# B&C 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: SKALOSKA DPM, INC

Date: 8/29/19

Address: Shelmar, FL

Contact Person: RANDY DUEBY

Telephone: 850 585 4479

COMMENTS: BATTERIES PASS

### • TYPE OF SYSTEM

- FM 200     Halon 1301     Halon 1211  
 Other \_\_\_\_\_

### • TYPE OF INSPECTION

- Annual     Semi-Annual     Recharge     New

### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 2

ABORT Switch: 1

### • SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 1

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

### • AGENT TANK

Weight: 189.5

Tank Measurement: \_\_\_\_\_

Hydro: 7/21/15

Serial Number: 159 4852

RAM 242

### • FANS / DAMPERS SHUTDOWN

Working:  Yes     No

Service Technician

[Signature]  
H. J. BLOWERS

Customer Representative

[Signature]

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

# B&C 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: Ocalaosa Admin

Date: March 6<sup>th</sup> 2019

Address: Shelimas

Contact Person: Randy Ovaly

Telephone: 850-585-4479

### COMMENTS:

Battery - PDS

#### • TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

#### • TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

#### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 2

ABORT Switch: 1

#### • SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

#### • AGENT TANK

Weight: 56 lbs

Tank Measurement: \_\_\_\_\_

Hydro: 2/21/15

Serial Number: 1544829

#### • FANS / DAMPERS SHUTDOWN

Working:  Yes    No

Service  
Technician \_\_\_\_\_

Customer  
Representative \_\_\_\_\_

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

1798

# B&C 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: OKALOOSA ADMIN

Date: 8/29/19

Address: Shelton FL

Contact Person: Randy Overly

Telephone: 950 420 1267

### COMMENTS:

BATTERIES PASS

#### • TYPE OF SYSTEM

- FM 200     Halon 1301     Halon 1211  
 Other \_\_\_\_\_

#### • TYPE OF INSPECTION

- Annual     Semi-Annual     Recharge     New

#### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 2

ABORT Switch: 1

#### • SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

#### • AGENT TANK

Weight: 121

Tank Measurement: \_\_\_\_\_

Hydro: 7/21/18

Serial Number: KA 4022

117

#### • FANS / DAMPERS SHUTDOWN

Working:  Yes     No

Service Technician

[Signature]  
H. HUBBENSLER

Customer Representative

[Signature]

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

# B&C 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: OKALOOSA ADMIN

Date: 8/29/18

Address: Shalimar, FL

Contact Person: Randy Dyer

Telephone: 850 586 4977

### COMMENTS:

BATTERIES PASS

### • TYPE OF SYSTEM

- FM 200     Halon 1301     Halon 1211  
 Other \_\_\_\_\_

### • TYPE OF INSPECTION

- Annual     Semi-Annual     Recharge     New

### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 2

ABORT Switch: 1

### • SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

### • AGENT TANK

Weight: 56 lbs

Tank Measurement: \_\_\_\_\_

Hydro: 2/21/5

Serial Number: 154 48 29

Run 332

### • FANS / DAMPERS SHUTDOWN

Working:  Yes     No

Service Technician

Henry A. Bunch

Customer Representative

[Signature]

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

Run 2-518

# B&C 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: O/A/Oosa Co Courthouse Annex  
Address: 1940 Lewis Turner Blvd Fwb, FL  
Contact Person: Randy Overly  
Telephone: 850 420 1267

Date: OCT 2, 2019

COMMENTS:  
BATTERY - PASS

• TYPE OF SYSTEM

- FM 200     Halon 1301     Halon 1211
- Other \_\_\_\_\_

• TYPE OF INSPECTION

- Annual     Semi-Annual     Recharge     New

• SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 2

ABORT Switch: 1

• SYSTEM INDICATION APPLIANCES

Strobes: 1

Horns: 1

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

• AGENT TANK

Weight: 105

Tank Measurement: \_\_\_\_\_

Hydro: 12/2010

Serial Number: 1066717

• FANS / DAMPERS SHUTDOWN

Working:     Yes     No

Service Technician E. Morgan

Customer Representative [Signature]

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

# B&C FIRE SAFETY, INC.

2-702

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

## Clean Agent Inspection Report

Property Name: OKALOOSA Co Courthouse Annex Date: 2 OCT 19

Address: 1940 Lewis Turner Blvd FtB, FL

Contact Person: Randy Ounly

Telephone: 850 420 1267

### COMMENTS:

BATTERYS - PASS

#### • TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

#### • TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

#### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1  
ION Detectors: \_\_\_\_\_  
PHOTO Detectors: 2  
ABORT Switch: 1

#### • SYSTEM INDICATION APPLIANCES

Strobes: 1  
Horns: 1  
Bells: \_\_\_\_\_  
Other: \_\_\_\_\_

#### • AGENT TANK

Weight: 96.0  
Tank Measurement: \_\_\_\_\_  
Hydro: \_\_\_\_\_  
Serial Number: 1066718

#### • FANS / DAMPERS SHUTDOWN

Working:  Yes    No

Service Technician E. Morgan

Customer Representative [Signature]

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

# B&C 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: Ocala Health Dept

Date: 3 April 2020

Address: 221 Hospital dr RWB, FL

Contact Person: John AL Forse

Telephone: 699 4630

### COMMENTS:

Battery Pass

#### • TYPE OF SYSTEM

- FM 200    Halon 1301    Halon 1211  
 Other \_\_\_\_\_

#### • TYPE OF INSPECTION

- Annual    Semi-Annual    Recharge    New

#### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 1

ION Detectors: \_\_\_\_\_

PHOTO Detectors: 4

ABORT Switch: 1

#### • SYSTEM INDICATION APPLIANCES

Strobes: 2

Horns: 2

Bells: \_\_\_\_\_

Other: \_\_\_\_\_

#### • AGENT TANK

Weight: \_\_\_\_\_

Tank Measurement: 2015

Hydro: 01/2007

Serial Number: File M5698

#### • FANS / DAMPERS SHUTDOWN

Working:    Yes    No

Service  
Technician

E. Franzen

Customer  
Representative

John A. Forse

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

# B&C 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: OKALOOSA Health DEPT  
Address: 221 Hospital Dr Pemb, FL  
Contact Person: John Alfone  
Telephone: 850 699 4630

Date: 4/3/2020

### COMMENTS:

#### • TYPE OF SYSTEM

FM 200     Halon 1301     Halon 1211  
 Other \_\_\_\_\_

#### • TYPE OF INSPECTION

Annual     Semi-Annual     Recharge     New

#### • SYSTEM INITIATING DEVICES

Manual Pull Stations: 2  
ION Detectors: 2  
PHOTO Detectors: 2  
ABORT Switch: 2

#### • SYSTEM INDICATION APPLIANCES

Strobes: 2  
Horns: 2  
Bells: \_\_\_\_\_  
Other: \_\_\_\_\_

#### • AGENT TANK

Weight: 435 x 7  
Tank Measurement: \_\_\_\_\_  
Hydro: 12/09  
Serial Number: 0422/8003/2005/6185/6180/6184/6194

#### • FANS / DAMPERS SHUTDOWN

Working:     Yes     No

Service Technician

E Morgan

Customer Representative

John Alfone

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

4/10

**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 5/31/2019

TIME:

JOB NO:

PROPERTY NAME: (User)   
 NAME:   
 ADDRESS:   
 CITY/STATE:   
 TELEPHONE:   
 OWNER CONTACT:

**MONITORING ENTITY**  
 Contact:   
 Telephone:   
 Monitoring Account Reference #:

**APPROVING AGENCY**  
 Contact:   
 Telephone:

**TYPE TRANSMISSION**

|          |                          |           |                                      |         |                                     |                  |                          |
|----------|--------------------------|-----------|--------------------------------------|---------|-------------------------------------|------------------|--------------------------|
| McCulloh | <input type="checkbox"/> | Multiplex | <input type="checkbox"/>             | Digital | <input checked="" type="checkbox"/> | Reverse Polarity | <input type="checkbox"/> |
| RF       | <input type="checkbox"/> | Other     | <input type="text" value="specify"/> |         |                                     |                  |                          |

**SERVICE**

|          |                                     |         |                                      |           |                          |               |                          |
|----------|-------------------------------------|---------|--------------------------------------|-----------|--------------------------|---------------|--------------------------|
| Weekly   | <input type="checkbox"/>            | Monthly | <input type="checkbox"/>             | Quarterly | <input type="checkbox"/> | Semi-Annually | <input type="checkbox"/> |
| Annually | <input checked="" type="checkbox"/> | Other   | <input type="text" value="specify"/> |           |                          |               |                          |

**PANEL MANUFACTURER:**  Model Number:   
 Circuit Styles:  Number of Circuits:   
 Software Revision:   
 Last Date System Had Any Service Performed:   
 Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                                |                                  |                                      |
|--------------------------------|----------------------------------|--------------------------------------|
| Quantity of:                   | Circuit Style:                   |                                      |
| <input type="text" value="5"/> | <input type="text" value="SLC"/> | Manual Stations                      |
| <input type="text"/>           | <input type="text"/>             | Ion Detectors                        |
| <input type="text" value="2"/> | <input type="text" value="SLC"/> | Photo Detectors                      |
| <input type="text" value="6"/> | <input type="text" value="SLC"/> | Duct Detectors                       |
| <input type="text" value="1"/> | <input type="text" value="SLC"/> | Heat Detectors                       |
| <input type="text"/>           | <input type="text"/>             | Waterflow Switches                   |
| <input type="text"/>           | <input type="text"/>             | Supervisory Switches                 |
| <input type="text"/>           | <input type="text"/>             | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text"/>            | <input type="text"/>           | Bells                                |
| <input type="text" value="12"/> | <input type="text" value="Y"/> | Horns/Strobes                        |
| <input type="text"/>            | <input type="text"/>           | Chimes                               |
| <input type="text" value="4"/>  | <input type="text" value="Y"/> | Strobes                              |
| <input type="text"/>            | <input type="text"/>           | Speakers                             |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
 Are Circuits Supervised? NO  YES

### INSPECTION AND TESTING FORM

#### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

**QUANTITY OF**

**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |                                      |  |
|--|--------------------------------------|--|
|  | Building Temperature                 |  |
|  | Site Water Temperature               |  |
|  | Site Water Level                     |  |
|  | Fire Pump Power                      |  |
|  | Fire Pump Running                    |  |
|  | Fire Pump Auto Position              |  |
|  | Fire Pump or Pump Controller Trouble |  |
|  | Fire Pump Running                    |  |
|  | Generator in Auto Position           |  |
|  | Switch Transfer                      |  |
|  | Generator Engine Running             |  |
|  | Other                                | <input style="width: 150px;" type="text"/> |
|  |                                      | <input style="width: 150px;" type="text"/> |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

**SYSTEM POWER SUPPLIES**

|  |                    |           |    |                  |
|--|--------------------|-----------|----|------------------|
| A. Primary (Main): Nominal Voltage               | 120VAC             | Amps      | 20 |                  |
| Overcurrent Protection: Type                     | CB                 | Amps      | 20 |                  |
| Panel Label and Location:                        | Panel 5407 Facp Rm |           |    |                  |
| Disconnecting Means Location:                    | CB #32             |           |    |                  |
| B. Secondary (Standby):                          |                    |           |    |                  |
| Storage Battery (Y or N)                         | Y                  | Quantity: | 2  | Amp-Hour Rating: |
|  |                    |           |    | 12               |
| Calculated capacity to operate system in hours:  | 24                 | X         | 60 |                  |
| Engine-driven generator dedicated to Fire Alarm: | Yes                | No        | X  |                  |
| Location of fuel storage:                        | NA                 |           |    |                  |

**TYPE OF BATTERY**

|   |                  |   |
|---|------------------|---|
|   | Dry Cell         |   |
|   | Nickel Cadmium   |   |
| X | Sealed Lead-Acid |   |
|   | Lead-Acid        |   |
|   | Other            | <input style="width: 400px;" type="text" value="(Specify) 2x(12v 12Ah)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|    |   |
|----|---|
| 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 TO:**

|  | NO                       | YES | TIME | TO WHOM  |
|--|--------------------------|-----|------|----------|
| MONITORING ENTITY  | <input type="checkbox"/> | x   | 8:10 | Dawn     |
| BUILDING OCCUPANTS   | <input type="checkbox"/> |     |      |          |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | x   | 8:10 | Diane    |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |     |      |          |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Dispatch"/> | <input type="checkbox"/> | x   | 8:10 | Jennifer |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   |                                     |                                     |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |
|------------------------------|---------------------------------|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |
|------------------------------|---------------------------------|--|

|                            |                                     |                                     |  |
|----------------------------|-------------------------------------|-------------------------------------|--|
| <b>REMOTE ANNUNCIATORS</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
|----------------------------|-------------------------------------|-------------------------------------|--|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
|                          |             |              |                 |                 |                  |      |      |
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|    |
|----|
| NA |

**VISUAL**

|  |
|--|
|  |
|  |
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**DEVICE OPERATION**

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|--|
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**SIMULATED OPERATION**

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|  |

**SPECIAL PROCEDURES**

FACP located in electrical room  
 Duct detectors have key test switches  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 8:45 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 8:45 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 8:45 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 8:45 |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 8:45 |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM  |
|-----------------------|--------------------------|-----|------|----------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 8:45 | Jennifer |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |          |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 8:45 | Diane    |
| AHJ                   | <input type="checkbox"/> |     |      |          |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 8:45 | Jennifer |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)  
  
 Date:  Time:

Owner or Representative's Name (Please Print)  
  
 Date:  Time:

Inspector's Signature:  
  
 Signature on file

Owner/Representative Signature Below:  
  
 Signature on file





**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

DATE: 7/17/2019  
TIME: \_\_\_\_\_  
JOB NO: \_\_\_\_\_

PROPERTY NAME: (User) Okaloosa County - Brackin Building  
NAME: Brackin Building  
ADDRESS: 302 N. WILSON ST  
CITY/STATE: Crestview, FL  
TELEPHONE: 850-420-1267  
OWNER CONTACT: Randy Overly

**MONITORING ENTITY**  
Contact: SECURITY CENTRAL  
Telephone: 800-286-5669  
Monitoring Account Reference #: A1895-2669

**APPROVING AGENCY**  
CRESTVIEW FD  
Telephone: 850-682-3741

**TYPE TRANSMISSION**

|          |                          |           |                          |         |                          |                  |                          |
|----------|--------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| McCulloh | <input type="checkbox"/> | Multiplex | <input type="checkbox"/> | Digital | <input type="checkbox"/> | Reverse Polarity | <input type="checkbox"/> |
| RF       | <input type="checkbox"/> | Other     | specify _____            |         |                          |                  |                          |

**SERVICE**

|          |                                     |         |                          |           |                          |               |                          |
|----------|-------------------------------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|
| Weekly   | <input type="checkbox"/>            | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Semi-Annually | <input type="checkbox"/> |
| Annually | <input checked="" type="checkbox"/> | Other   | specify _____            |           |                          |               |                          |

**PANEL MANUFACTURER:** SIEMENS  
Circuit Styles: SLC & Y  
Software Revision: \_\_\_\_\_  
Model Number: FS-250  
Number of Circuits: 1 SLC 4NAC  
Last Date System Had Any Service Performed: 7/1/2018  
Last Date That Any Software or Configuration was Revised: \_\_\_\_\_

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

| Quantity of: | Circuit Style: |                       |
|--------------|----------------|-----------------------|
| 11           | SLC            | Manual Stations       |
|              |                | Ion Detectors         |
| 13           | SLC            | Photo Detectors       |
| 2            | SLC            | Duct Detectors        |
| 2            | SLC            | Heat Detectors        |
|              |                | Waterflow Switches    |
|              |                | Supervisory Switches  |
|              |                | Other (Specify) _____ |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

| Quantity of: | Circuit Style: |                       |
|--------------|----------------|-----------------------|
| 19           | Y              | Bells                 |
|              |                | Horns/Strobes         |
|              |                | Chimes                |
| 19           | Y              | Strobes               |
|              |                | Speakers              |
|              |                | Other (Specify) _____ |

Number of Indicating Circuits: 4  
Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME: 

 JOB NO: 
**QUANTITY OF**
**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |  |
|--|--|
|  | Building Temperature                             |
|  | Site Water Temperature                           |
|  | Site Water Level                                 |
|  | Fire Pump Power                                  |
|  | Fire Pump Running                                |
|  | Fire Pump Auto Position                          |
|  | Fire Pump or Pump Controller Trouble             |
|  | Fire Pump Running                                |
|  | Generator in Auto Position                       |
|  | Switch Transfer                                  |
|  | Generator Engine Running                         |
|  | Other <input style="width: 150px;" type="text"/> |
|  | <input style="width: 250px;" type="text"/>       |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity  Style(s) 
**SYSTEM POWER SUPPLIES**

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm:  Yes  No   
 Location of fuel storage:

**TYPE OF 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 <input style="width: 300px;" type="text" value="(Specify) 2X (12V 7AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:**

|   | NO                       | YES                                 | TIME | TO WHOM |
|---|--------------------------|-------------------------------------|------|---------|
| MONITORING ENTITY   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7:15 | LeAnn   |
| BUILDING OCCUPANTS  | <input type="checkbox"/> |                                     |      |         |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7:15 | Grover  |
| AHJ (Notified) OF ANY IMPAIRMENTS   | <input type="checkbox"/> |                                     |      |         |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="CRESTVIEW FD"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7:15 | Lakesha |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   |                                     |                                     |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |
|------------------------------|---------------------------------|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |
|------------------------------|---------------------------------|--|

|                            |                                     |                                     |   |
|----------------------------|-------------------------------------|-------------------------------------|---|
| <b>REMOTE ANNUNCIATORS</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text" value="Lobby Entrance"/> |
|----------------------------|-------------------------------------|-------------------------------------|---|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM  
SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|            |
|------------|
| Booster    |
| DSC DIALER |
| NA         |
| NA         |
| NA         |
| NA         |

**VISUAL**

|   |
|---|
| x |
| x |
|   |
|   |
|   |
|   |

**DEVICE  
OPERATION**

|   |
|---|
| x |
| x |
|   |
|   |
|   |
|   |

**SIMULATED  
OPERATION**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**SPECIAL PROCEDURES**

FACP IN 2ND FLOOR ELEC ROOM BY ELEVATOR

**COMMENTS:**

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 9:00 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 9:00 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 9:00 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 9:00 |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 9:00 |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM |
|-----------------------|--------------------------|-----|------|---------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 9:00 | Kathy   |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |         |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 9:00 | Grover  |
| AHJ                   | <input type="checkbox"/> |     |      |         |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 9:00 | Lakesha |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

Elavator did not recall from any floor.

Both 12V 7Ah batteries in FACP failed.

Pull station 1st floor East stairwell failed (Siemens HMS-S)

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date:  Time:

Date:  Time:

Inspector's Signature:

Owner/Representative Signature Below:







**INSPECTION AND TESTING FORM**

**B & C FIRE SAFETY, INC**

823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 1/21/2020

TIME:

JOB NO:

PROPERTY NAME: (User)   
 NAME:   
 ADDRESS:   
 CITY/STATE:   
 TELEPHONE:   
 OWNER CONTACT:

**MONITORING ENTITY**

Contact:

Telephone:

Monitoring Account Reference #:

**APPROVING AGENCY**

Contact:

Telephone:

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  Reverse Polarity   
 RF  Other

**SERVICE**

Weekly  Monthly  Quarterly  Semi-Annually   
 Annually  Other

**PANEL MANUFACTURER:**

Model Number:

Circuit Styles:

Number of Circuits:

Software Revision:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

| Quantity of:                    |
|---------------------------------|
| <input type="text" value="10"/> |
| <input type="text"/>            |
| <input type="text" value="2"/>  |
| <input type="text" value="2"/>  |
| <input type="text"/>            |
| <input type="text" value="1"/>  |
| <input type="text" value="1"/>  |
| <input type="text" value="1"/>  |

| Circuit Style:                   |  |
|----------------------------------|--|
| <input type="text" value="SLC"/> | Manual Stations  |
| <input type="text"/>             | Ion Detectors  |
| <input type="text" value="SLC"/> | Photo Detectors  |
| <input type="text"/>             | Duct Detectors   |
| <input type="text" value="SLC"/> | Heat Detectors   |
| <input type="text" value="SLC"/> | Waterflow Switches                                       |
| <input type="text" value="SLC"/> | Supervisory Switches                                     |
| <input type="text" value="SLC"/> | Other (Specify) <input type="text" value="Annunicator"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

| Quantity of:                    |
|---------------------------------|
| <input type="text" value="1"/>  |
| <input type="text" value="11"/> |
| <input type="text"/>            |
| <input type="text" value="8"/>  |
| <input type="text"/>            |

| Circuit Style:                 |  |
|--------------------------------|--|
| <input type="text" value="Y"/> | Bells  |
| <input type="text" value="Y"/> | Horns/Strobes                                      |
| <input type="text"/>           | Chimes   |
| <input type="text" value="Y"/> | Strobes  |
| <input type="text"/>           | Speakers   |
| <input type="text"/>           | Other (Specify) <input type="text" value="HORNS"/> |

Number of Indicating Circuits:

Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

#### QUANTITY OF

#### CIRCUIT STYLE

|    |
|----|
| NA |

|  |   |
|--|---|
|  | Building Temperature                                    |
|  | Site Water Temperature                                  |
|  | Site Water Level  |
|  | Fire Pump Power   |
|  | Fire Pump Running                                       |
|  | Fire Pump Auto Position                                 |
|  | Fire Pump or Pump Controller Trouble                    |
|  | Fire Pump Running                                       |
|  | Generator in Auto Position                              |
|  | Switch Transfer   |
|  | Generator Engine Running                                |
|  | Other <input style="width: 100px;" type="text"/>        |
|  | <input style="width: 100%; height: 20px;" type="text"/> |

#### SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

#### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm: Yes  No   
 Location of fuel storage:

#### TYPE OF 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 <input style="width: 300px;" type="text" value="(Specify) 2X (12V 18AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:

|   | NO                       | YES                                 | TIME | TO WHOM  |
|---|--------------------------|-------------------------------------|------|----------|
| MONITORING ENTITY   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7:30 | Dispatch |
| BUILDING OCCUPANTS  | <input type="checkbox"/> |                                     |      |          |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7:30 | Manager  |
| AHJ (Notified) OF ANY IMPAIRMENTS   | <input type="checkbox"/> |                                     |      |          |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="EGLIN DISP"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7:30 | Dispatch |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |
|------------------------------|---------------------------------|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |
|------------------------------|---------------------------------|--|

|                            |                                     |                                     |                                       |
|----------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <b>REMOTE ANNUNCIATORS</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text" value="Entrance"/> |
|----------------------------|-------------------------------------|-------------------------------------|---------------------------------------|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|               |
|---------------|
| MONOCO DIALER |
| NA            |

**VISUAL**

|   |
|---|
| x |
|   |
|   |
|   |
|   |
|   |

**DEVICE OPERATION**

|   |
|---|
| x |
|   |
|   |
|   |
|   |
|   |

**SIMULATED OPERATION**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**SPECIAL PROCEDURES**

FACP located in outside electrical room.

**COMMENTS:**

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 8:15 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 8:15 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 8:15 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 8:15 |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 8:15 |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|  | NO                       | YES | TIME | TO WHOM  |
|--|--------------------------|-----|------|----------|
| MONITORING ENTITY                      | <input type="checkbox"/> | x   | 8:15 | Dispatch |
| BUILDING OCCUPANTS                     | <input type="checkbox"/> |     |      |          |
| BUILDING MANAGEMENT                    | <input type="checkbox"/> | x   | 8:15 | Manager  |
| AHJ                                    | <input type="checkbox"/> |     |      |          |
| OTHER (Specify below)                  | <input type="checkbox"/> | X   | 8:15 | Dispatch |
| <input type="text" value="EGLIN AFB"/> |                          |     |      |          |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)

Date:  Time:

Inspector's Signature:

Owner or Representative's Name (Please Print)

Date:  Time:

Owner/Representative Signature Below:







**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 11/20/2019

TIME:

JOB NO:

PROPERTY NAME: (User)   
 NAME:   
 ADDRESS:   
 CITY/STATE:   
 TELEPHONE:   
 OWNER CONTACT:

**MONITORING ENTITY**  
 Contact:   
 Telephone:   
 Monitoring Account Reference #:

**APPROVING AGENCY**  
 Contact:   
 Telephone:

**TYPE TRANSMISSION**

|          |                          |           |                          |         |                                     |                  |                          |
|----------|--------------------------|-----------|--------------------------|---------|-------------------------------------|------------------|--------------------------|
| McCulloh | <input type="checkbox"/> | Multiplex | <input type="checkbox"/> | Digital | <input checked="" type="checkbox"/> | Reverse Polarity | <input type="checkbox"/> |
| RF       | <input type="checkbox"/> | Other     | <input type="text"/>     | specify |                                     |                  |                          |

**SERVICE**

|          |                                     |         |                          |           |                          |               |                          |
|----------|-------------------------------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|
| Weekly   | <input type="checkbox"/>            | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Semi-Annually | <input type="checkbox"/> |
| Annually | <input checked="" type="checkbox"/> | Other   | <input type="text"/>     | specify   |                          |               |                          |

**PANEL MANUFACTURER:**  Model Number:   
 Circuit Styles:  Number of Circuits:   
 Software Revision:   
 Last Date System Had Any Service Performed:   
 Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text" value="8"/>  | <input type="text" value="B"/> | Manual Stations                      |
| <input type="text" value="19"/> | <input type="text" value="B"/> | Ion Detectors                        |
| <input type="text" value="9"/>  | <input type="text" value="B"/> | Photo Detectors                      |
| <input type="text" value="1"/>  | <input type="text" value="B"/> | Duct Detectors                       |
| <input type="text" value="1"/>  | <input type="text" value="B"/> | Heat Detectors                       |
| <input type="text" value="1"/>  | <input type="text" value="B"/> | Waterflow Switches                   |
| <input type="text" value="1"/>  | <input type="text" value="B"/> | Supervisory Switches                 |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text" value="1"/>  | <input type="text" value="Y"/> | Bells                                |
| <input type="text" value="21"/> | <input type="text" value="Y"/> | Horns/Strobes                        |
| <input type="text" value="25"/> | <input type="text" value="Y"/> | Chimes                               |
| <input type="text"/>            | <input type="text"/>           | Strobes                              |
| <input type="text"/>            | <input type="text"/>           | Speakers                             |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
 Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

#### QUANTITY OF

#### CIRCUIT STYLE

|    |
|----|
| NA |

|  |  |
|--|--|
|  | Building Temperature                             |
|  | Site Water Temperature                           |
|  | Site Water Level                                 |
|  | Fire Pump Power                                  |
|  | Fire Pump Running                                |
|  | Fire Pump Auto Position                          |
|  | Fire Pump or Pump Controller Trouble             |
|  | Fire Pump Running                                |
|  | Generator in Auto Position                       |
|  | Switch Transfer                                  |
|  | Generator Engine Running                         |
|  | Other <input style="width: 100px;" type="text"/> |
|  | <input style="width: 100px;" type="text"/>       |

#### SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

#### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm:  Yes  No   
 Location of fuel storage:

#### TYPE OF 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 <input style="width: 300px;" type="text" value="(Specify) 2X (12V 7AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:

|   | NO                       | YES                                 | TIME | TO WHOM   |
|---|--------------------------|-------------------------------------|------|-----------|
| MONITORING ENTITY   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:30 | Ebony     |
| BUILDING OCCUPANTS  | <input type="checkbox"/> |                                     |      |           |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:30 | John      |
| AHJ (Notified) OF ANY IMPAIRMENTS   | <input type="checkbox"/> |                                     |      |           |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Crestview FD"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:30 | Angelique |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |  |
|------------------------------|---------------------------------|--|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |  |
|------------------------------|---------------------------------|--|--|

|                            |                                 |  |  |
|----------------------------|---------------------------------|--|--|
| <b>REMOTE ANNUNCIATORS</b> | <input type="text" value="NA"/> |  |  |
|----------------------------|---------------------------------|--|--|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|         |     |
|---------|-----|
| Dialer  | SK  |
| Booster | PNL |
| NA      |     |
| NA      |     |
| NA      |     |
| NA      |     |

**VISUAL**

|   |
|---|
| x |
| x |
|   |
|   |
|   |
|   |

**DEVICE OPERATION**

|   |
|---|
| x |
| x |
|   |
|   |
|   |
|   |

**SIMULATED OPERATION**

|  |
|--|
|  |
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|  |
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**SPECIAL PROCEDURES**

|  |
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|  |
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|  |

**COMMENTS:**

|  |
|--|
|  |
|  |
|  |
|  |

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 9:00 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 9:00 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 9:00 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> |     |      |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> |     |      |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM   |
|-----------------------|--------------------------|-----|------|-----------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 9:00 | Danisha   |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |           |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 9:00 | John      |
| AHJ                   | <input type="checkbox"/> |     |      |           |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 9:00 | Angelique |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

|  |
|--|
|  |
|  |
|  |

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)  
  
 Date:  Time:

Owner or Representative's Name (Please Print)  
  
 Date:  Time:

Inspector's Signature:  
  
 Signature on file

Owner/Representative Signature Below:  
  
 Signature on file





**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 4/5/2019

TIME:

JOB NO:

PROPERTY NAME: (User)   
 NAME:   
 ADDRESS:   
 CITY/STATE:   
 TELEPHONE:   
 OWNER CONTACT:

**MONITORING ENTITY**  
 Contact:   
 Telephone:   
 Monitoring Account Reference #:

**APPROVING AGENCY**  
 Contact:   
 Telephone:

**TYPE TRANSMISSION**

|          |                          |           |                          |         |                                     |                  |                          |
|----------|--------------------------|-----------|--------------------------|---------|-------------------------------------|------------------|--------------------------|
| McCulloh | <input type="checkbox"/> | Multiplex | <input type="checkbox"/> | Digital | <input checked="" type="checkbox"/> | Reverse Polarity | <input type="checkbox"/> |
| RF       | <input type="checkbox"/> | Other     | <input type="text"/>     | specify |                                     |                  |                          |

**SERVICE**

|          |                                     |         |                          |           |                          |               |                          |
|----------|-------------------------------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|
| Weekly   | <input type="checkbox"/>            | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Semi-Annually | <input type="checkbox"/> |
| Annually | <input checked="" type="checkbox"/> | Other   | <input type="text"/>     | specify   |                          |               |                          |

**PANEL MANUFACTURER:**  Model Number:   
 Circuit Styles:  Number of Circuits:   
 Software Revision:   
 Last Date System Had Any Service Performed:   
 Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text" value="14"/> | <input type="text" value="B"/> | Manual Stations                      |
| <input type="text"/>            | <input type="text"/>           | Ion Detectors                        |
| <input type="text" value="13"/> | <input type="text" value="B"/> | Photo Detectors                      |
| <input type="text" value="4"/>  | <input type="text" value="B"/> | Duct Detectors                       |
| <input type="text" value="4"/>  | <input type="text" value="B"/> | Heat Detectors                       |
| <input type="text" value="1"/>  | <input type="text" value="B"/> | Waterflow Switches                   |
| <input type="text"/>            | <input type="text"/>           | Supervisory Switches                 |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text" value="28"/> | <input type="text" value="Y"/> | Bells                                |
| <input type="text"/>            | <input type="text"/>           | Horns/Strobes                        |
| <input type="text" value="13"/> | <input type="text" value="Y"/> | Chimes                               |
| <input type="text"/>            | <input type="text"/>           | Strobes                              |
| <input type="text"/>            | <input type="text"/>           | Speakers                             |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
 Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME: 

 JOB NO: 
**QUANTITY OF**
**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |  |
|--|--|
|  | Building Temperature                             |
|  | Site Water Temperature                           |
|  | Site Water Level                                 |
|  | Fire Pump Power                                  |
|  | Fire Pump Running                                |
|  | Fire Pump Auto Position                          |
|  | Fire Pump or Pump Controller Trouble             |
|  | Fire Pump Running                                |
|  | Generator in Auto Position                       |
|  | Switch Transfer                                  |
|  | Generator Engine Running                         |
|  | Other <input style="width: 150px;" type="text"/> |
|  | <input style="width: 250px;" type="text"/>       |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity 

 Style(s) 
**SYSTEM POWER SUPPLIES**

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm: Yes  No   
 Location of fuel storage:

**TYPE OF 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 <input style="width: 350px;" type="text" value="(Specify) 2X (12V 7AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:**

|  | NO                       | YES                                 | TIME | TO WHOM   |
|--|--------------------------|-------------------------------------|------|-----------|
| MONITORING ENTITY  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:00 | Cathreine |
| BUILDING OCCUPANTS   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:00 | Flyer     |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:00 | John      |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |                                     |      |           |
| OTHER (SPECIFY) <input style="width: 150px;" type="text" value="Okaloosa Disp"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6:00 | Dispatch  |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |  |
|------------------------------|---------------------------------|--|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |  |
|------------------------------|---------------------------------|--|--|

|                            |                                 |  |  |
|----------------------------|---------------------------------|--|--|
| <b>REMOTE ANNUNCIATORS</b> | <input type="text" value="NA"/> |  |  |
|----------------------------|---------------------------------|--|--|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|    |
|----|
| NA |

**VISUAL**

|  |
|--|
|  |
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**DEVICE OPERATION**

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**SIMULATED OPERATION**

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|--|
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|  |
|  |

**SPECIAL PROCEDURES**

|                            |
|----------------------------|
| FACP Loading Dock Entrance |
|                            |
|                            |
|                            |

**COMMENTS:**

|  |
|--|
|  |
|  |
|  |
|  |

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 9:30 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 9:30 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 9:30 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> |     |      |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> |     |      |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM  |
|-----------------------|--------------------------|-----|------|----------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 9:30 | Jackie   |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |          |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 9:30 | John     |
| AHJ                   | <input type="checkbox"/> |     |      |          |
| OTHER (Specify below) | <input type="checkbox"/> | x   | 9:30 | Dispatch |

Okaloosa Disp

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

|   |
|---|
| Test switch for duct detector in outside mech room 114 did not work |
|   |
|   |

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)

Henry Jablonski

Owner or Representative's Name (Please Print)

John Alfone

Date:  Time:

Date:

Time:

Inspector's Signature:

Signature on file

Owner/Representative Signature Below:

Signature on file

| Location & Model Number     | Detector Type | Visual Check | Functional Test | Sensitivity Test | Cleaned | Pass | Fail | Replaced | Zone Number |
|-----------------------------|---------------|--------------|-----------------|------------------|---------|------|------|----------|-------------|
| NEAR FACP                   | PS            | x            | x               |                  |         | x    |      |          |             |
| AUDITORIUM EXIT             | PS            | x            | x               |                  |         | x    |      |          |             |
| MEDICAL STORAGE             | SD            | x            | x               |                  |         | x    |      |          |             |
| MEDICAL STORAGE             | SD            | x            | x               |                  |         | x    |      |          |             |
|                             |               |              |                 |                  |         |      |      |          |             |
| MECHANICAL ROOM 114         | HD            | x            | x               |                  |         | x    |      |          |             |
| OUTSIDE MECHANICAL ROOM 114 | DD            | x            | x               |                  |         | x    |      |          |             |
|                             |               |              |                 |                  |         |      |      |          |             |
| 1ST FLOOR ELEVATOR LOBBY    | SD            | x            | x               |                  |         | x    |      |          |             |
| MAIN ENTRANCE               | PS            | x            | x               |                  |         | x    |      |          |             |
| OUTSIDE INTAKE C9           | PS            | x            | x               |                  |         | x    |      |          |             |
| HALL BY C9                  | PS            | x            | x               |                  |         | x    |      |          |             |
| NEAR EXAM ROOM 5            | SD            | x            | x               |                  |         | x    |      |          |             |
| EXAM ROOM AREA HALL EXIT    | PS            | x            | x               |                  |         | x    |      |          |             |
| IMMUNIZATIONS ENTRANCE      | PS            | x            | x               |                  |         | x    |      |          |             |
| IMMUNIZATIONS ENTRANCE      | SD            | x            | x               |                  |         | x    |      |          |             |
| BREAKROOM BREEZEWAY EXIT    | PS            | x            | x               |                  |         | x    |      |          |             |
| BREAKROOM MECHANICAL ROOM   | DD            | x            | x               |                  |         | x    |      |          |             |
| WIC MAIN ENTRANCE           | PS            | x            | x               |                  |         | x    |      |          |             |
| WIC ROOM W3                 | SD            | x            | x               |                  |         | x    |      |          |             |
| WIC ROOM W7                 | SD            | x            | x               |                  |         | x    |      |          |             |
| WIC ROOM W16 EXIT           | PS            | x            | x               |                  |         | x    |      |          |             |
| W12                         | SD            | x            | x               |                  |         | x    |      |          |             |

**2ND FLOOR**

|                     |    |   |   |  |  |   |  |  |  |
|---------------------|----|---|---|--|--|---|--|--|--|
| ELEVATOR LOBBY      | SD | x | x |  |  | x |  |  |  |
| EXIT STAIR 202      | PS | x | x |  |  | x |  |  |  |
| EXIT STAIR 201      | PS | x | x |  |  | x |  |  |  |
| MECHANICAL ROOM 228 | DD | x | x |  |  | x |  |  |  |
| MECHANICAL ROOM 228 | HD | x | x |  |  | x |  |  |  |
| 229                 | HD | x | x |  |  | x |  |  |  |

**3RD FLOOR**

|                            |    |   |   |  |  |   |  |  |  |
|----------------------------|----|---|---|--|--|---|--|--|--|
| ELEVATOR LOBBY             | SD | x | x |  |  | x |  |  |  |
| EXIT STAIR 302             | PS | x | x |  |  | x |  |  |  |
| EXIT STAIR 301             | PS | x | x |  |  | x |  |  |  |
| MECHANICAL ROOM BY STAIR   | HD | x | x |  |  | x |  |  |  |
| In room 305                | HD | x | x |  |  | x |  |  |  |
| Elevator equipment room    | SD | x | x |  |  | x |  |  |  |
|                            |    |   |   |  |  |   |  |  |  |
| RISER SEC MED STORAGE ROOM | WF | x | x |  |  | x |  |  |  |
|                            |    |   |   |  |  |   |  |  |  |
| Room 315                   | HD | x | x |  |  | x |  |  |  |
| Room 304                   | HD | x | x |  |  | x |  |  |  |
|                            |    |   |   |  |  |   |  |  |  |
|                            |    |   |   |  |  |   |  |  |  |
|                            |    |   |   |  |  |   |  |  |  |



**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC

823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**

(850) 862-7812

"X" FOR ALL PASSED:

DATE: 11/6/2019

TIME:

JOB NO:

PROPERTY NAME: (User) Okaloosa County Jail

NAME: Okaloosa County Jail

ADDRESS: 1200 East James Lee Blvd

CITY/STATE: Crestview, FL 32539

TELEPHONE: 689-5690x1315

OWNER CONTACT: Sgt. Allaway

**MONITORING ENTITY**

Contact: Not monitored

Telephone:

Monitoring Account Reference #:

**APPROVING AGENCY**

Contact: CRESTVIEW FIRE DEPT.

Telephone: 682-3741

**TYPE TRANSMISSION**

McCulloh  Multiplex  Digital  Reverse Polarity   
 RF  Other  specify NA

**SERVICE**

Weekly  Monthly  Quarterly  Semi-Annually   
 Annually  Other  specify

**PANEL MANUFACTURER:**

HARRINGTON

Model Number: 3400

Circuit Styles: SLC & Y

Number of Circuits: 2 SLC 9 NAC

Software Revision:

Last Date System Had Any Service Performed: 11/1/2018

Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of:

Circuit Style:

|    |
|----|
| 17 |
| 77 |
| 12 |
| 6  |
| 6  |
| 7  |
|    |
|    |

|     |
|-----|
| SLC |
|     |
|     |

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

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

Quantity of:

Circuit Style:

|    |
|----|
| 44 |
| 24 |
| 25 |
|    |
|    |

|   |
|---|
| Y |
| Y |
| Y |
|   |
|   |

Bells  
 Horns/Strobes  
 Chimes  
 Strobes  
 Speakers  
 Other (Specify)

Number of Indicating Circuits:

8

Are Circuits Supervised?

NO

YES

X

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

#### QUANTITY OF

#### CIRCUIT STYLE

|    |
|----|
| NA |

|  |                                      |  |
|--|--------------------------------------|--|
|  | Building Temperature                 |  |
|  | Site Water Temperature               |  |
|  | Site Water Level                     |  |
|  | Fire Pump Power                      |  |
|  | Fire Pump Running                    |  |
|  | Fire Pump Auto Position              |  |
|  | Fire Pump or Pump Controller Trouble |  |
|  | Fire Pump Running                    |  |
|  | Generator in Auto Position           |  |
|  | Switch Transfer                      |  |
|  | Generator Engine Running             |  |
|  | Other                                | <input style="width: 150px;" type="text"/> |
|  |                                      | <input style="width: 150px;" type="text"/> |

#### SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

#### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:     
 Engine-driven generator dedicated to Fire Alarm: Yes  No   
 Location of fuel storage:

#### TYPE OF 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            | <input style="width: 300px;" type="text" value="(Specify) 2X (12V12AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> | 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 TO:

|  | NO                       | YES | TIME | TO WHOM       |
|--|--------------------------|-----|------|---------------|
| MONITORING ENTITY  | <input type="checkbox"/> |     |      | Not monitored |
| BUILDING OCCUPANTS   | <input type="checkbox"/> |     |      |               |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | x   | 8:30 | SGT Allaway   |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |     |      |               |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="CRESTVIEW F/D"/> | <input type="checkbox"/> | x   | 8:30 | Angelic       |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |  |
|------------------------------|---------------------------------|--|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |  |
|------------------------------|---------------------------------|--|--|

|                            |                                 |  |  |
|----------------------------|---------------------------------|--|--|
| <b>REMOTE ANNUNCIATORS</b> | <input type="text" value="NA"/> |  |  |
|----------------------------|---------------------------------|--|--|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|               |
|---------------|
| BOOSTER PANEL |
| NA            |

**VISUAL**

|   |
|---|
| x |
|   |
|   |
|   |
|   |

**DEVICE OPERATION**

|   |
|---|
| x |
|   |
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|   |
|   |

**SIMULATED OPERATION**

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**SPECIAL PROCEDURES**

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**COMMENTS:**

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**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES                      | TIME | COMMENTS      |
|----------------------|--------------------------|--------------------------|------|---------------|
| ALARM SIGNAL         | <input type="checkbox"/> | <input type="checkbox"/> |      | Not monitored |
| ALARM RESTORAL       | <input type="checkbox"/> | <input type="checkbox"/> |      |               |
| TROUBLE SIGNAL       | <input type="checkbox"/> | <input type="checkbox"/> |      |               |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | <input type="checkbox"/> |      |               |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | <input type="checkbox"/> |      |               |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|  | NO                       | YES                      | TIME | TO WHOM |
|--|--------------------------|--------------------------|------|---------|
| MONITORING ENTITY                                | <input type="checkbox"/> | <input type="checkbox"/> |      | N/A     |
| BUILDING OCCUPANTS                               | <input type="checkbox"/> | <input type="checkbox"/> |      |         |
| BUILDING MANAGEMENT                              | <input type="checkbox"/> | x                        | 2:15 | Wagner  |
| AHJ  | <input type="checkbox"/> | <input type="checkbox"/> |      |         |
| OTHER (Specify below)                            | <input type="checkbox"/> | X                        | 2:15 | Angelic |
| <input type="text" value="CRESTVIEW FIRE DEPT"/> |                          |                          |      |         |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

|  |
|--|
| <input type="text" value="Tamper switch in bravo pod need adjusting."/>      |
| <input type="text" value="Both 12V 7Ah batteries in booster panel failed."/> |
|  |

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)  
  
 Date:  Time:

Owner or Representative's Name (Please Print)  
  
 Date:  Time:

Inspector's Signature:  
  
 Signature on file

Owner/Representative Signature Below:  
  
 Signature on file

**JOB NAME:**

Okaloosa County Jail

**JOB NO:**

| Location & Model Number     | Detector Type | Visual Check | Functional Test | Sensitivity Test | Cleaned | Pass | Fail | Replaced | Zone Number |
|-----------------------------|---------------|--------------|-----------------|------------------|---------|------|------|----------|-------------|
| NORTH JAIL PLAZA            | WF            | x            | x               |                  |         | x    |      |          |             |
| MUSTER ROOM #22             | PS            | x            | x               |                  |         | x    |      |          |             |
| MEDICAL HALL #6             | PS            | x            | x               |                  |         | x    |      |          |             |
| CMU OFFICE #10              | PS            | x            | x               |                  |         | x    |      |          |             |
| EMPLOYEE ENTRANCE #14       | PS            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #12 | PS            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #1  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #2  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #3  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #6  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #5  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #4  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #7  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #10 | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #9  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY DOWNSTAIRS #8  | SD            | x            | x               |                  |         | x    |      |          |             |
| MAX SECURITY 2ND FLOOR      |               |              |                 |                  |         |      |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #29 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #32 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #41 | PS            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #33 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #34 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #35 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #28 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #22 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #24 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #23 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #21 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #19 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #20 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #37 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #38 | SD            | x            | x               |                  |         | x    |      |          |             |
| FEMALE UPSTAIRS 2ND FLR #40 | SD            | x            | x               |                  |         | x    |      |          |             |
| TRANSPORT OFFICE 90         | T             | x            | x               |                  |         | x    |      |          |             |
| MAX SEC UPSTAIRS # 39       | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD A #58             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD A #59             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD C #63             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD C #64             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD C #65             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD B #62             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD B #61             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD B #60             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD A #57             | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD WALKWAY #56       | SD            | x            | x               |                  |         | x    |      |          |             |
| SOUTH POD TOWER #66         | SD            | x            | x               |                  |         | x    |      |          |             |
| #6U                         | PS            | x            | x               |                  |         | x    |      |          |             |
| Nurse Office #13            | PS            | x            | x               |                  |         | x    |      |          |             |

**JOB NAME:**

Okaloosa County Jail

**JOB NO:**

| Location & Model Number  | Detector Type | Visual Check | Functional Test | Sensitivity Test | Cleaned | Pass | Fail | Replaced | Zone Number |
|--------------------------|---------------|--------------|-----------------|------------------|---------|------|------|----------|-------------|
| SALLY PORT RISER         | T             | x            | x               |                  |         | x    |      |          |             |
| BUS SALLY PORT #15       | PS            | x            | x               |                  |         | x    |      |          |             |
| KITCHEN OFFICE           | PS            | x            | x               |                  |         | x    |      |          |             |
| POD A BRAVO #44          | SD            | x            | x               |                  |         | x    |      |          |             |
| POD A BRAVO #45          | SD            | x            | x               |                  |         | x    |      |          |             |
| POD C BRAVO #43          | SD            | x            | x               |                  |         | x    |      |          |             |
| POD C BRAVO #48          | SD            | x            | x               |                  |         | x    |      |          |             |
| POD C BRAVO #49          | SD            | x            | x               |                  |         | x    |      |          |             |
| POD B BRAVO #46          | SD            | x            | x               |                  |         | x    |      |          |             |
| POD B BRAVO #47          | SD            | x            | x               |                  |         | x    |      |          |             |
| BRAVO POD TOWER #50      | PS            | x            | x               |                  |         | x    |      |          |             |
|                          |               |              |                 |                  |         |      |      |          |             |
| VISITATION CLOSET #31    | HD            | x            | x               |                  |         | x    |      |          |             |
|                          |               |              |                 |                  |         |      |      |          |             |
| JANITOR CLOSET           |               |              |                 |                  |         |      |      |          |             |
| CHARLIE POD #91          | T             | x            | x               |                  |         | x    |      |          |             |
| ECHO POD #92             | T             | x            | x               |                  |         | x    |      |          |             |
| ADMIN POD #90            | T             | x            | x               |                  |         | x    |      |          |             |
| BRAVO POD #91            | T             | x            | x               |                  |         | x    |      |          |             |
|                          |               |              |                 |                  |         |      |      |          |             |
| JANITOR CLOSET NORTH #18 | HD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD A #44          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD TOWER #34      | PS            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD B #45          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD C #46          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD C #47          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD D #48          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD D #49          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD E #50          | SD            | x            | x               |                  |         | x    |      |          |             |
| NORTH POD E #52          | SD            | x            | x               |                  |         | x    |      |          |             |
| JUDICIAL #16             | PS            | x            | x               |                  |         | x    |      |          |             |
| JANITOR DELTA POD        | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA E POD #13          | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA E POD #14          | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA E POD #15          | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA F POD              | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA F POD              | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA F POD              | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA D POD              | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA D POD              | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA D POD              | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA A POD 86           | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA A POD 84           | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA A POD 85           | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA B POD 34           | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA B POD 83           | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA B POD 36           | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA C POD 20           | SD            | x            | x               |                  |         | x    |      |          |             |

**JOB NAME:**

Okaloosa County Jail

**JOB NO:**

| Location & Model Number       | Detector Type | Visual Check | Functional Test | Sensitivity Test | Cleaned | Pass | Fail | Replaced | Zone Number |
|-------------------------------|---------------|--------------|-----------------|------------------|---------|------|------|----------|-------------|
| DELTA C POD 22                | SD            | x            | x               |                  |         | x    |      |          |             |
| DELTA C POD 26                | PS            | x            | x               |                  |         | x    |      |          |             |
|                               |               |              |                 |                  |         |      |      |          |             |
| CLOSET NEAR DELTA POD EXIT 78 | HD            | x            | x               |                  |         | x    |      |          |             |
| CLOSET NEAR DELTA POD EXIT 79 | HD            | x            | x               |                  |         | x    |      |          |             |
|                               |               |              |                 |                  |         |      |      |          |             |
| ECHO POD A #65                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD B #66                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD C #67                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD C #68                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD D #69                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD D #70                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD E #71                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD E #72                | SD            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD E TOWER #55          | PS            | x            | x               |                  |         | x    |      |          |             |
| ECHO POD F 72                 | SD            | x            | x               |                  |         | x    |      |          |             |
|                               |               |              |                 |                  |         |      |      |          |             |
| ECHO POD E STORAGE/UTILITY#17 | HD            | x            | x               |                  |         | x    |      |          |             |
|                               |               |              |                 |                  |         |      |      |          |             |
| ADMIN LOBBY                   | PS            | x            | x               |                  |         | x    |      |          |             |
| ADMIN REAR EXIT               | PS            | x            | x               |                  |         | x    |      |          |             |
| ADMIN                         | DD            | x            | x               |                  |         | x    |      |          |             |
| ADMIN COUNTER #71             | PS            | x            | x               |                  |         | x    |      |          |             |
| ADMIN #72                     | DD            | x            | x               |                  |         | x    |      |          |             |
|                               |               |              |                 |                  |         |      |      |          |             |
| ENTRANCE/ADMIN BLDG           |               |              |                 |                  |         |      |      |          |             |
| GARAGE ACCESS & ATTIC         |               |              |                 |                  |         |      |      |          |             |
| AHU #8 (#11)                  | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #8 (#12) CMU              | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #7 (#9) CMU               | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #7 (#8)                   | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #6 (#4)                   | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #6 (#3) ACR               | DD            | x            | x               |                  |         | x    |      |          |             |
|                               |               |              |                 |                  |         |      |      |          |             |
| A POD C BLOCK (ROOM ACCESS)   |               |              |                 |                  |         |      |      |          |             |
| SOUTH POD                     |               |              |                 |                  |         |      |      |          |             |
| AHU #6 (#68)                  | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #6 (#67)                  | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #5 (#69)                  | DD            | x            | x               |                  |         | x    |      |          |             |
| AHU #5 9#70)                  | DD            | x            | x               |                  |         | x    |      |          |             |
| A-C POD ATTIC ACCESS #55      | HD            | x            | x               |                  |         | x    |      |          |             |
| Central Control #1            | PS            | x            | x               |                  |         | x    |      |          |             |
| WATERFLOW (TEST CONNECTS)     |               |              |                 |                  |         |      |      |          |             |
| ECHO POD OUTSIDE #21 EAST POD | WF            | x            | x               |                  |         | x    |      |          |             |
| DELTA POD OUTSIDE             | WF            | x            | x               |                  |         | x    |      |          |             |
| MAINTENANCE ROOM-NEW ADD ON   | HD            | x            | x               |                  |         | x    |      |          |             |
| NEW POD OUTSIDE #20 N POD     | WF            | x            | x               |                  |         | x    |      |          |             |
| ALPHA POD OUTSIDE S POD BAPT  | WF            | x            | x               |                  |         | x    |      |          |             |



**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

DATE: 8/27/2019  
TIME: \_\_\_\_\_  
JOB NO: \_\_\_\_\_

PROPERTY NAME: (User) Okaloosa County Sheriffs Office  
NAME: Okaloosa County Sheriffs Office  
ADDRESS: 50 2nd Street  
CITY/STATE: Shalimar, FL  
TELEPHONE: 651-7410  
OWNER CONTACT: Hank Brun

**MONITORING ENTITY**  
Contact: Security Central  
Telephone: 800-286-5699  
Monitoring Account Reference #: A1126-423

**APPROVING AGENCY**  
Okaloosa County Dispatch  
Telephone: 850-689-5766

**TYPE TRANSMISSION**  
McCulloh \_\_\_\_\_ Multiplex \_\_\_\_\_ Digital  Reverse Polarity \_\_\_\_\_  
RF \_\_\_\_\_ Other \_\_\_\_\_ specify \_\_\_\_\_

**SERVICE**  
Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_  
Annually  Other \_\_\_\_\_ specify \_\_\_\_\_

**PANEL MANUFACTURER:** Edwards  
Circuit Styles: SLC & Y  
Software Revision: \_\_\_\_\_  
Model Number: EST IO64  
Number of Circuits: 1 SLC AND 4 NAC  
Last Date System Had Any Service Performed: 9/1/2018  
Last Date That Any Software or Configuration was Revised: \_\_\_\_\_

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

| Quantity of: | Circuit Style: |                       |
|--------------|----------------|-----------------------|
| 6            | SLC            | Manual Stations       |
|              |                | Ion Detectors         |
| 6            | SLC            | Photo Detectors       |
| 1            | SLC            | Duct Detectors        |
| 5            | SLC            | Heat Detectors        |
| 1            | SLC            | Waterflow Switches    |
| 1            | SLC            | Supervisory Switches  |
|              |                | Other (Specify) _____ |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

| Quantity of: | Circuit Style: |                                     |
|--------------|----------------|-------------------------------------|
| 19           | Y              | Bells                               |
|              |                | Horns/Strobes                       |
|              |                | Chimes                              |
|              |                | Strobes                             |
|              |                | Speakers                            |
| 2            | Y              | Other (Specify) <b>OUTSIDE HORN</b> |

Number of Indicating Circuits: 4  
Are Circuits Supervised? NO YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME: 

 JOB NO: 
**QUANTITY OF**
**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |   |
|--|---|
|  | Building Temperature                                    |
|  | Site Water Temperature                                  |
|  | Site Water Level  |
|  | Fire Pump Power   |
|  | Fire Pump Running                                       |
|  | Fire Pump Auto Position                                 |
|  | Fire Pump or Pump Controller Trouble                    |
|  | Fire Pump Running                                       |
|  | Generator in Auto Position                              |
|  | Switch Transfer   |
|  | Generator Engine Running                                |
|  | Other <input style="width: 100px;" type="text"/>        |
|  | <input style="width: 100%; height: 20px;" type="text"/> |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity  Style(s) 
**SYSTEM POWER SUPPLIES**

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm: Yes  No   
 Location of fuel storage:

**TYPE OF 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 <input style="width: 300px;" type="text" value="(Specify) 2X(12V10AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:**

|   | NO                       | YES | TIME | TO WHOM  |
|---|--------------------------|-----|------|----------|
| MONITORING ENTITY   | <input type="checkbox"/> | x   | 7:45 | Sasha    |
| BUILDING OCCUPANTS  | <input type="checkbox"/> |     |      |          |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 7:45 | Ricky    |
| AHJ (Notified) OF ANY IMPAIRMENTS   | <input type="checkbox"/> |     |      |          |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa County Disp"/> | <input type="checkbox"/> | x   | 7:45 | Jennifer |

### INSPECTION AND TESTING FORM

#### SYSTEM TESTS AND INSPECTIONS

 JOB NAME: 

 JOB NO: 

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   |                                     |                                     |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                       |                                 |  |  |
|-----------------------|---------------------------------|--|--|
| TRANSIENT SUPPRESSORS | <input type="text" value="NA"/> |  |  |
|-----------------------|---------------------------------|--|--|

|                     |                                 |                      |                      |
|---------------------|---------------------------------|----------------------|----------------------|
| REMOTE ANNUNCIATORS | <input type="text" value="NA"/> | <input type="text"/> | <input type="text"/> |
|---------------------|---------------------------------|----------------------|----------------------|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

#### INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT |        |            |          |
|------------------------------------|--------|------------|----------|
|                                    | VISUAL | FUNCTIONAL | COMMENTS |
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|               |
|---------------|
| BOOSTER PANEL |
| NA            |

**VISUAL**

|   |
|---|
| x |
|   |
|   |
|   |
|   |

**DEVICE OPERATION**

|   |
|---|
| x |
|   |
|   |
|   |
|   |

**SIMULATED OPERATION**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**SPECIAL PROCEDURES**

FACP at entrance  
 Elevator shunt trip breaker located in upstairs elec rm panel M

**COMMENTS:**

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME  | COMMENTS |
|----------------------|--------------------------|-----|-------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 11:15 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 11:15 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 11:15 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> |     |       |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> |     |       |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME  | TO WHOM  |
|-----------------------|--------------------------|-----|-------|----------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 11:15 | Sasha    |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |       |          |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 11:15 | Ricky    |
| AHJ                   | <input type="checkbox"/> |     |       |          |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 11:15 | Jennifer |

Okaloosa County Dispatch

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)

Chris Caouette

Owner or Representative's Name (Please Print)

Ricky Buehrig

Date:  Time:

Date:  Time:

Inspector's Signature:

Signature on file

Owner/Representative Signature Below:

Signature on file







**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 5/1/2019

TIME:

JOB NO:

PROPERTY NAME: (User) Okaloosa County Transportation  
 NAME: Okaloosa County Transportation  
 ADDRESS: 600 Transit Way  
 CITY/STATE: Ft. Walton Beach, FL 32548  
 TELEPHONE: 609-7004  
 OWNER CONTACT: JoAnne Hofstad

**MONITORING ENTITY**  
 Contact: Security Central  
 Telephone: 800-286-5699  
 Monitoring Account Reference #: A1126-457

**APPROVING AGENCY**  
 Contact: Okaloosa County Dispatch  
 Telephone: 850-689-5766

**TYPE TRANSMISSION**  
 McCulloh  Multiplex  Digital  Reverse Polarity   
 RF  Other  specify

**SERVICE**  
 Weekly  Monthly  Quarterly  Semi-Annually   
 Annually  Other  specify

**PANEL MANUFACTURER:** Silent Knight Model Number: IFP-100  
 Circuit Styles: SLC & Y Number of Circuits: SLC & 4 NAC  
 Software Revision:   
 Last Date System Had Any Service Performed: 5/1/2018  
 Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                      |                |                                      |
|----------------------|----------------|--------------------------------------|
| Quantity of:         | Circuit Style: |                                      |
| <input type="text"/> | SLC            | Manual Stations                      |
| <input type="text"/> |                | Ion Detectors                        |
| <input type="text"/> | SLC            | Photo Detectors                      |
| <input type="text"/> |                | Duct Detectors                       |
| <input type="text"/> | SLC            | Heat Detectors                       |
| <input type="text"/> | SLC            | Waterflow Switches                   |
| <input type="text"/> | SLC            | Supervisory Switches                 |
| <input type="text"/> |                | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                      |                |                                      |
|----------------------|----------------|--------------------------------------|
| Quantity of:         | Circuit Style: |                                      |
| <input type="text"/> |                | Bells                                |
| <input type="text"/> | Y              | Horns/Strobes                        |
| <input type="text"/> |                | Chimes                               |
| <input type="text"/> | Y              | Strobes                              |
| <input type="text"/> |                | Speakers                             |
| <input type="text"/> |                | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
 Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

**QUANTITY OF**

**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |   |
|--|---|
|  | Building Temperature                                    |
|  | Site Water Temperature                                  |
|  | Site Water Level  |
|  | Fire Pump Power   |
|  | Fire Pump Running                                       |
|  | Fire Pump Auto Position                                 |
|  | Fire Pump or Pump Controller Trouble                    |
|  | Fire Pump Running                                       |
|  | Generator in Auto Position                              |
|  | Switch Transfer   |
|  | Generator Engine Running                                |
|  | Other <input style="width: 100px;" type="text"/>        |
|  | <input style="width: 100%; height: 20px;" type="text"/> |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

**SYSTEM POWER SUPPLIES**

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm: Yes  No   
 Location of fuel storage:

**TYPE OF 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 <input style="width: 150px;" type="text" value="(Specify) 2x(12v 7Ah)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:**

|  | NO                       | YES                                 | TIME | TO WHOM  |
|--|--------------------------|-------------------------------------|------|----------|
| MONITORING ENTITY  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2:30 | Jennifer |
| BUILDING OCCUPANTS   | <input type="checkbox"/> |                                     |      |          |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2:30 | Joann    |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |                                     |      |          |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Dispatch"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2:30 | Mona     |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL | FUNCTIONAL | COMMENTS |
|-------------------------|--------|------------|----------|
| Control Panel           | x      | x          |          |
| Interface Equipment     | x      | x          |          |
| Lamps/LEDS              | x      | x          |          |
| Fuses                   |        |            |          |
| Primary Power Supply    | x      | x          |          |
| Trouble Signals         | x      | x          |          |
| Disconnect Switches     |        |            |          |
| Ground Fault Monitoring | x      | x          |          |

| SECONDARY POWER:  |   |   |  |
|-------------------|---|---|--|
| Battery Condition | x | x |  |
| Load Voltage      |   | x |  |
| Discharge Test    |   | x |  |
| Charger Test      |   | x |  |
| Specific Gravity  |   |   |  |

|                              |                      |                      |
|------------------------------|----------------------|----------------------|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text"/> | <input type="text"/> |
|------------------------------|----------------------|----------------------|

|                            |     |                      |                      |
|----------------------------|-----|----------------------|----------------------|
| <b>REMOTE ANNUNCIATORS</b> | N/A | <input type="text"/> | <input type="text"/> |
|----------------------------|-----|----------------------|----------------------|

| NOTIFICATION APPLIANCES |   |   |  |
|-------------------------|---|---|--|
| Audible                 | x | x |  |
| Visual                  | x | x |  |
| Speakers                |   |   |  |
| Voice Clarity           |   |   |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
|                          |             |              |                 |                 |                  |      |      |
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
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|  |
|  |
|  |

| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|    |
|----|
| NA |

**VISUAL**

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**DEVICE**

**OPERATION**

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**SIMULATED**

**OPERATION**

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**SPECIAL PROCEDURES**

SHUNT TRIP IS IN PANEL IN GARAGE AREA.

**COMMENTS:**

REQUEST CUSTOMER MAKE ELEVATOR MACHINE ROOM & RECALL KEYS AVAILABLE IN THE OFFICE.  
 KEY IS ON ELEVATOR KEY RING AT FRONT DESK.

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 3:30 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 3:30 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 3:30 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 3:30 |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 3:30 |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM |
|-----------------------|--------------------------|-----|------|---------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 3:30 | Megan   |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |         |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 3:30 | Joann   |
| AHJ                   | <input type="checkbox"/> |     |      |         |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 3:30 | Heather |

Okaloosa Dispatch

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)

Michael Bozard

Date:  Time:

Inspector's Signature:

Signature on file

Owner or Representative's Name (Please Print)

Joann Hofstad

Date:  Time:

Owner/Representative Signature Below:

Signature on file





**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

"X" FOR ALL PASSED:

DATE:   
TIME:   
JOB NO:

PROPERTY NAME: (User)   
NAME:   
ADDRESS:   
CITY/STATE:   
TELEPHONE:   
OWNER CONTACT:

**MONITORING ENTITY**  
Contact:   
Telephone:   
Monitoring Account Reference #:

**APPROVING AGENCY**  
Contact:   
Telephone:

**TYPE TRANSMISSION**  
McCulloh  Multiplex  Digital  Reverse Polarity   
RF  Other

**SERVICE**  
Weekly  Monthly  Quarterly  Semi-Annually   
Annually  Other

**PANEL MANUFACTURER:**  Model Number:   
Circuit Styles:  Number of Circuits:   
Software Revision:   
Last Date System Had Any Service Performed:   
Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text" value="12"/> | <input type="text" value="B"/> | Manual Stations                      |
| <input type="text"/>            | <input type="text"/>           | Ion Detectors                        |
| <input type="text" value="6"/>  | <input type="text" value="B"/> | Photo Detectors                      |
| <input type="text" value="8"/>  | <input type="text" value="B"/> | Duct Detectors                       |
| <input type="text"/>            | <input type="text"/>           | Heat Detectors                       |
| <input type="text" value="3"/>  | <input type="text" value="B"/> | Waterflow Switches                   |
| <input type="text" value="2"/>  | <input type="text" value="B"/> | Supervisory Switches                 |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                                 |                                |                                      |
|---------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                    | Circuit Style:                 |                                      |
| <input type="text" value="13"/> | <input type="text" value="Y"/> | Bells                                |
| <input type="text"/>            | <input type="text"/>           | Horns/Strobes                        |
| <input type="text"/>            | <input type="text"/>           | Chimes                               |
| <input type="text"/>            | <input type="text"/>           | Strobes                              |
| <input type="text"/>            | <input type="text"/>           | Speakers                             |
| <input type="text"/>            | <input type="text"/>           | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

 JOB NAME: 

 JOB NO: 
**QUANTITY OF**
**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |  |
|--|--|
|  | Building Temperature                             |
|  | Site Water Temperature                           |
|  | Site Water Level                                 |
|  | Fire Pump Power                                  |
|  | Fire Pump Running                                |
|  | Fire Pump Auto Position                          |
|  | Fire Pump or Pump Controller Trouble             |
|  | Fire Pump Running                                |
|  | Generator in Auto Position                       |
|  | Switch Transfer                                  |
|  | Generator Engine Running                         |
|  | Other <input style="width: 150px;" type="text"/> |
|  | <input style="width: 250px;" type="text"/>       |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

 Quantity 

 Style(s) 
**SYSTEM POWER SUPPLIES**

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:     
 Engine-driven generator dedicated to Fire Alarm:     
 Location of fuel storage:

**TYPE OF 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 <input style="width: 300px;" type="text" value="(Specify) 2x(12v7ah)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> | 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 TO:**

|  | NO                       | YES                                 | TIME  | TO WHOM     |
|--|--------------------------|-------------------------------------|-------|-------------|
| MONITORING ENTITY  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12:15 | Alexandria  |
| BUILDING OCCUPANTS   | <input type="checkbox"/> |                                     |       |             |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12:15 | Maintenance |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |                                     |       |             |
| OTHER (SPECIFY) <input style="width: 150px;" type="text" value="Okaloosa Dispatch"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12:15 | Jennifer    |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   |                                     |                                     |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |  |
|------------------------------|---------------------------------|--|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |  |
|------------------------------|---------------------------------|--|--|

|                            |                                 |  |  |
|----------------------------|---------------------------------|--|--|
| <b>REMOTE ANNUNCIATORS</b> | <input type="text" value="NA"/> |  |  |
|----------------------------|---------------------------------|--|--|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
|                          |             |              |                 |                 |                  |      |      |
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

|  |
|--|
|  |
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| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|    |
|----|
| NA |

**VISUAL**

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**DEVICE**

**OPERATION**

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**SIMULATED**

**OPERATION**

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**SPECIAL PROCEDURES**

FACP LOCATED IN RISER / ELECTRICAL ROOM.

**COMMENTS:**

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS |
|----------------------|--------------------------|-----|------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 3:30 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 3:30 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 3:30 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 3:30 |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 3:30 |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM     |
|-----------------------|--------------------------|-----|------|-------------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 3:30 | John        |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |             |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 3:30 | Maintenance |
| AHJ                   | <input type="checkbox"/> |     |      |             |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 3:30 | Jennifer    |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

The "do not use elevator" strobe only strobes when elevator equipment room smoke detector is activated and not the elevator lobby detectors.

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)

Owner or Representative's Name (Please Print)

Date:  Time:

Date:

Time:

**Inspector's Signature:**

Signature on file

**Owner/Representative Signature Below:**

Signature on file





**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

"X" FOR ALL PASSED:

DATE: 5/23/2019

TIME:

JOB NO:

PROPERTY NAME: (User)   
 NAME:   
 ADDRESS:   
 CITY/STATE:   
 TELEPHONE:   
 OWNER CONTACT:

**MONITORING ENTITY**  
 Contact:   
 Telephone:   
 Monitoring Account Reference #:

**APPROVING AGENCY**  
 Contact:   
 Telephone:

**TYPE TRANSMISSION**

|          |                          |           |                                      |         |                          |                  |                          |
|----------|--------------------------|-----------|--------------------------------------|---------|--------------------------|------------------|--------------------------|
| McCulloh | <input type="checkbox"/> | Multiplex | <input type="checkbox"/>             | Digital | <input type="checkbox"/> | Reverse Polarity | <input type="checkbox"/> |
| RF       | <input type="checkbox"/> | Other     | <input type="text" value="specify"/> |         |                          |                  |                          |

**SERVICE**

|          |                                     |         |                                      |           |                          |               |                          |
|----------|-------------------------------------|---------|--------------------------------------|-----------|--------------------------|---------------|--------------------------|
| Weekly   | <input type="checkbox"/>            | Monthly | <input type="checkbox"/>             | Quarterly | <input type="checkbox"/> | Semi-Annually | <input type="checkbox"/> |
| Annually | <input checked="" type="checkbox"/> | Other   | <input type="text" value="specify"/> |           |                          |               |                          |

**PANEL MANUFACTURER:**  Model Number:   
 Circuit Styles:  Number of Circuits:   
 Software Revision:   
 Last Date System Had Any Service Performed:   
 Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                                |                                  |                                      |
|--------------------------------|----------------------------------|--------------------------------------|
| Quantity of:                   | Circuit Style:                   |                                      |
| <input type="text" value="2"/> | <input type="text" value="SLC"/> | Manual Stations                      |
| <input type="text"/>           | <input type="text"/>             | Ion Detectors                        |
| <input type="text" value="4"/> | <input type="text" value="SLC"/> | Photo Detectors                      |
| <input type="text"/>           | <input type="text"/>             | Duct Detectors                       |
| <input type="text"/>           | <input type="text"/>             | Heat Detectors                       |
| <input type="text" value="1"/> | <input type="text" value="SLC"/> | Waterflow Switches                   |
| <input type="text" value="2"/> | <input type="text" value="SLC"/> | Supervisory Switches                 |
| <input type="text"/>           | <input type="text"/>             | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                                |  |                                      |
|--------------------------------|--|--------------------------------------|
| Quantity of:                   | Circuit Style:                         |                                      |
| <input type="text" value="1"/> | <input type="text" value="120V Bell"/> | Bells                                |
| <input type="text" value="2"/> | <input type="text" value="Y"/>         | Horns/Strobes                        |
| <input type="text"/>           | <input type="text" value="Y"/>         | Chimes                               |
| <input type="text" value="1"/> | <input type="text"/>                   | Strobes                              |
| <input type="text"/>           | <input type="text"/>                   | Speakers                             |
| <input type="text"/>           | <input type="text"/>                   | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
 Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

**QUANTITY OF**

**CIRCUIT STYLE**

|    |
|----|
| NA |

|  |  |
|--|--|
|  | Building Temperature                             |
|  | Site Water Temperature                           |
|  | Site Water Level                                 |
|  | Fire Pump Power                                  |
|  | Fire Pump Running                                |
|  | Fire Pump Auto Position                          |
|  | Fire Pump or Pump Controller Trouble             |
|  | Fire Pump Running                                |
|  | Generator in Auto Position                       |
|  | Switch Transfer                                  |
|  | Generator Engine Running                         |
|  | Other <input style="width: 100px;" type="text"/> |
|  | <input style="width: 100px;" type="text"/>       |

**SIGNALING LINE CIRCUITS**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

**SYSTEM POWER SUPPLIES**

|  |                |                  |    |
|--|----------------|------------------|----|
| A. Primary (Main): Nominal Voltage               | 120VAC         | Amps             | 20 |
| Overcurrent Protection: Type                     | CB             | Amps             | 20 |
| Panel Label and Location:                        | MPA in Kitchen |                  |    |
| Disconnecting Means Location:                    | CB # 29        |                  |    |
| B. Secondary (Standby):                          |                |                  |    |
| Storage Battery (Y or N)                         | Y              | Quantity:        | 2  |
|  |                | Amp-Hour Rating: | 12 |
| Calculated capacity to operate system in hours:  | 24             | X                | 60 |
| Engine-driven generator dedicated to Fire Alarm: | Yes            | No               | X  |
| Location of fuel storage:                        | NA             |                  |    |

**TYPE OF BATTERY**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Dry Cell   |
| <input type="checkbox"/> | Nickel Cadmium   |
| X                        | Sealed Lead-Acid   |
| <input type="checkbox"/> | Lead-Acid  |
| <input type="checkbox"/> | Other <input style="width: 300px;" type="text" value="(Specify) 2X(12V12AH)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|    |   |
|----|---|
| 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 TO:**

|  | NO                       | YES | TIME | TO WHOM       |
|--|--------------------------|-----|------|---------------|
| MONITORING ENTITY  | <input type="checkbox"/> |     |      | Not monitored |
| BUILDING OCCUPANTS   | <input type="checkbox"/> |     |      |               |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | x   | 2:30 | Harold        |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |     |      |               |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="OKALOOSA CTY DISP"/> | <input type="checkbox"/> | x   | 2:30 | Ashley        |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL | FUNCTIONAL | COMMENTS |
|-------------------------|--------|------------|----------|
| Control Panel           | x      | x          |          |
| Interface Equipment     | x      | x          |          |
| Lamps/LEDS              | x      | x          |          |
| Fuses                   |        |            |          |
| Primary Power Supply    | x      | x          |          |
| Trouble Signals         | x      | x          |          |
| Disconnect Switches     |        |            |          |
| Ground Fault Monitoring | x      | x          |          |

| SECONDARY POWER:  |                                |                                |  |
|-------------------|--------------------------------|--------------------------------|--|
| Battery Condition | <input type="text" value="x"/> | <input type="text" value="x"/> |  |
| Load Voltage      |                                | <input type="text" value="x"/> |  |
| Discharge Test    |                                | <input type="text" value="x"/> |  |
| Charger Test      |                                | <input type="text" value="x"/> |  |
| Specific Gravity  |                                |                                |  |

|                              |                                 |  |  |
|------------------------------|---------------------------------|--|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |  |
|------------------------------|---------------------------------|--|--|

|                            |                                 |                      |                      |
|----------------------------|---------------------------------|----------------------|----------------------|
| <b>REMOTE ANNUNCIATORS</b> | <input type="text" value="NA"/> | <input type="text"/> | <input type="text"/> |
|----------------------------|---------------------------------|----------------------|----------------------|

| NOTIFICATION APPLIANCES |                                |                                |  |
|-------------------------|--------------------------------|--------------------------------|--|
| Audible                 | <input type="text" value="x"/> | <input type="text" value="x"/> |  |
| Visual                  | <input type="text" value="x"/> | <input type="text" value="x"/> |  |
| Speakers                |                                |                                |  |
| Voice Clarity           |                                |                                |  |

| INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS |             |              |                 |                 |                  |      |      |
|---|-------------|--------------|-----------------|-----------------|------------------|------|------|
| Location & Serial Number                                | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|   |             |              |                 |                 |                  |      |      |
| SEE PAGE 5  |             |              |                 |                 |                  |      |      |
|   |             |              |                 |                 |                  |      |      |
|   |             |              |                 |                 |                  |      |      |
|   |             |              |                 |                 |                  |      |      |
|   |             |              |                 |                 |                  |      |      |

Comments:

|  |
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| EMERGENCY COMMUNICATIONS EQUIPMENT |        |            |          |
|------------------------------------|--------|------------|----------|
|                                    | VISUAL | FUNCTIONAL | COMMENTS |
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|    |
|----|
| NA |

**VISUAL**

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**DEVICE OPERATION**

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**SIMULATED OPERATION**

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**SPECIAL PROCEDURES**

FACP in Kitchen

**COMMENTS:**

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME | COMMENTS                 |
|----------------------|--------------------------|-----|------|--------------------------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 3:00 | Not monitored            |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 3:00 | Alarms received at panel |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 3:00 |                          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 3:00 |                          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 3:00 |                          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME | TO WHOM |
|-----------------------|--------------------------|-----|------|---------|
| MONITORING ENTITY     | <input type="checkbox"/> |     |      | N/A     |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |      |         |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 3:00 | Harold  |
| AHJ                   | <input type="checkbox"/> |     |      |         |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 3:00 | Ashley  |

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)  
  
 Date:  Time:

Owner or Representative's Name (Please Print)  
  
 Date:  Time:

Inspector's Signature:  
  
 Signature on file

Owner/Representative Signature Below:  
  
 Signature on file





**INSPECTION AND TESTING FORM**

B & C FIRE SAFETY, INC  
823 Navy Street, Fort Walton Beach, FL 32547



**FIRE SAFETY, INC.**  
(850) 862-7812

"X" FOR ALL PASSED:

DATE:

TIME:

JOB NO:

PROPERTY NAME: (User)   
 NAME:   
 ADDRESS:   
 CITY/STATE:   
 TELEPHONE:   
 OWNER CONTACT:

**MONITORING ENTITY**  
 Contact:   
 Telephone:   
 Monitoring Account Reference #:

**APPROVING AGENCY**  
 Contact:   
 Telephone:

**TYPE TRANSMISSION**

|          |                          |           |                                      |         |                                     |                  |                          |
|----------|--------------------------|-----------|--------------------------------------|---------|-------------------------------------|------------------|--------------------------|
| McCulloh | <input type="checkbox"/> | Multiplex | <input type="checkbox"/>             | Digital | <input checked="" type="checkbox"/> | Reverse Polarity | <input type="checkbox"/> |
| RF       | <input type="checkbox"/> | Other     | <input type="text" value="specify"/> |         |                                     |                  |                          |

**SERVICE**

|          |                                     |         |                                      |           |                          |               |                          |
|----------|-------------------------------------|---------|--------------------------------------|-----------|--------------------------|---------------|--------------------------|
| Weekly   | <input type="checkbox"/>            | Monthly | <input type="checkbox"/>             | Quarterly | <input type="checkbox"/> | Semi-Annually | <input type="checkbox"/> |
| Annually | <input checked="" type="checkbox"/> | Other   | <input type="text" value="specify"/> |           |                          |               |                          |

**PANEL MANUFACTURER:**  Model Number:   
 Circuit Styles:  Number of Circuits:   
 Software Revision:   
 Last Date System Had Any Service Performed:   
 Last Date That Any Software or Configuration was Revised:

**ALARM INITIATING DEVICES AND CIRCUIT INFORMATION**

|                                |                                |                                      |
|--------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                   | Circuit Style:                 |                                      |
| <input type="text" value="4"/> | <input type="text" value="B"/> | Manual Stations                      |
| <input type="text"/>           | <input type="text"/>           | Ion Detectors                        |
| <input type="text"/>           | <input type="text"/>           | Photo Detectors                      |
| <input type="text" value="6"/> | <input type="text" value="B"/> | Duct Detectors                       |
| <input type="text" value="4"/> | <input type="text" value="B"/> | Heat Detectors                       |
| <input type="text"/>           | <input type="text"/>           | Waterflow Switches                   |
| <input type="text"/>           | <input type="text"/>           | Supervisory Switches                 |
| <input type="text"/>           | <input type="text"/>           | Other (Specify) <input type="text"/> |

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

|                                |                                |                                      |
|--------------------------------|--------------------------------|--------------------------------------|
| Quantity of:                   | Circuit Style:                 |                                      |
| <input type="text"/>           | <input type="text"/>           | Bells                                |
| <input type="text" value="6"/> | <input type="text" value="Y"/> | Horns/Strobes                        |
| <input type="text"/>           | <input type="text"/>           | Chimes                               |
| <input type="text" value="2"/> | <input type="text" value="Y"/> | Strobes                              |
| <input type="text"/>           | <input type="text"/>           | Speakers                             |
| <input type="text"/>           | <input type="text"/>           | Other (Specify) <input type="text"/> |

Number of Indicating Circuits:   
 Are Circuits Supervised? NO  YES

## INSPECTION AND TESTING FORM

### SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

JOB NAME:  JOB NO:

#### QUANTITY OF

#### CIRCUIT STYLE

|    |
|----|
| NA |

|  |   |
|--|---|
|  | Building Temperature                                    |
|  | Site Water Temperature                                  |
|  | Site Water Level  |
|  | Fire Pump Power   |
|  | Fire Pump Running                                       |
|  | Fire Pump Auto Position                                 |
|  | Fire Pump or Pump Controller Trouble                    |
|  | Fire Pump Running                                       |
|  | Generator in Auto Position                              |
|  | Switch Transfer   |
|  | Generator Engine Running                                |
|  | Other <input style="width: 100px;" type="text"/>        |
|  | <input style="width: 100%; height: 20px;" type="text"/> |

#### SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity  Style(s)

#### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage  Amps   
 Overcurrent Protection: Type  Amps   
 Panel Label and Location:   
 Disconnecting Means Location:

B. Secondary (Standby):  
 Storage Battery (Y or N)  Quantity:  Amp-Hour Rating:   
 Calculated capacity to operate system in hours:   60  
 Engine-driven generator dedicated to Fire Alarm: Yes  No   
 Location of fuel storage:

#### TYPE OF 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 <input style="width: 150px;" type="text" value="(Specify) 2x(12v7ah)"/> |

C. Emergency or standby system used as backup to primary power supply, instead of using secondary ps:

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NA | Emergency system described in NFPA 70, Article 700  |
| <input type="checkbox"/> NA | Legally required standby described in NFPA 70, Article 701  |
| <input type="checkbox"/> 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 TO:

|  | NO                       | YES | TIME  | TO WHOM |
|--|--------------------------|-----|-------|---------|
| MONITORING ENTITY  | <input type="checkbox"/> | x   | 10:30 | Nikki   |
| BUILDING OCCUPANTS   | <input type="checkbox"/> |     |       |         |
| BUILDING MANAGEMENT  | <input type="checkbox"/> | x   | 10:30 | Manager |
| AHJ (Notified) OF ANY IMPAIRMENTS  | <input type="checkbox"/> |     |       |         |
| OTHER (SPECIFY) <input style="width: 100px;" type="text" value="Okaloosa Disaptch"/> | <input type="checkbox"/> | x   | 10:30 | Lou     |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

| TYPE:                   | VISUAL                              | FUNCTIONAL                          | COMMENTS |
|-------------------------|-------------------------------------|-------------------------------------|----------|
| Control Panel           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Interface Equipment     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Fuses                   |                                     |                                     |          |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| Disconnect Switches     |                                     |                                     |          |
| Ground Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

| SECONDARY POWER:  |                                     |                                     |  |
|-------------------|-------------------------------------|-------------------------------------|--|
| Battery Condition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |  |
| Discharge Test    |                                     | <input checked="" type="checkbox"/> |  |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |  |
| Specific Gravity  |                                     |                                     |  |

|                              |                                 |  |
|------------------------------|---------------------------------|--|
| <b>TRANSIENT SUPPRESSORS</b> | <input type="text" value="NA"/> |  |
|------------------------------|---------------------------------|--|

|                            |                                     |                                     |   |
|----------------------------|-------------------------------------|-------------------------------------|---|
| <b>REMOTE ANNUNCIATORS</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text" value="CENTER REAR EXIT"/> |
|----------------------------|-------------------------------------|-------------------------------------|---|

| NOTIFICATION APPLIANCES |                                     |                                     |  |
|-------------------------|-------------------------------------|-------------------------------------|--|
| Audible                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Visual                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Speakers                |                                     |                                     |  |
| Voice Clarity           |                                     |                                     |  |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Location & Serial Number | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | PASS | FAIL |
|--------------------------|-------------|--------------|-----------------|-----------------|------------------|------|------|
|                          |             |              |                 |                 |                  |      |      |
| SEE PAGE 5               |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |
|                          |             |              |                 |                 |                  |      |      |

Comments:

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| EMERGENCY COMMUNICATIONS EQUIPMENT | VISUAL | FUNCTIONAL | COMMENTS |
|------------------------------------|--------|------------|----------|
| Phone Set                          | NA     |            |          |
| Phone Jacks                        | NA     |            |          |
| Off-Hook Indicator                 | NA     |            |          |
| Amplifier(s)                       | NA     |            |          |
| Tone Generator(s)                  | NA     |            |          |
| Call In Signal                     | NA     |            |          |
| System Performance                 | NA     |            |          |

**INSPECTION AND TESTING FORM**  
**SYSTEM TESTS AND INSPECTIONS**

JOB NAME:

JOB NO:

**INTERFACE EQUIPMENT**

(Specify Type of Equipment)

|    |
|----|
| NA |

**VISUAL**

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**DEVICE OPERATION**

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**SIMULATED OPERATION**

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**SPECIAL PROCEDURES**

FACP LOCATED IN ELECTRICAL ROOM IN CLOSET TO LEFT OF MAIN FOYER.

**COMMENTS:**

**ON/OFF PREMISES MONITORING:**

|                      | NO                       | YES | TIME  | COMMENTS |
|----------------------|--------------------------|-----|-------|----------|
| ALARM SIGNAL         | <input type="checkbox"/> | x   | 11:15 |          |
| ALARM RESTORAL       | <input type="checkbox"/> | x   | 11:15 |          |
| TROUBLE SIGNAL       | <input type="checkbox"/> | x   | 11:15 |          |
| SUPERVISORY SIGNAL   | <input type="checkbox"/> | x   | 11:15 |          |
| SUPERVISORY RESTORAL | <input type="checkbox"/> | x   | 11:15 |          |

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

|                       | NO                       | YES | TIME  | TO WHOM      |
|-----------------------|--------------------------|-----|-------|--------------|
| MONITORING ENTITY     | <input type="checkbox"/> | x   | 11:15 | Ebony        |
| BUILDING OCCUPANTS    | <input type="checkbox"/> |     |       |              |
| BUILDING MANAGEMENT   | <input type="checkbox"/> | x   | 11:15 | Manager      |
| AHJ                   | <input type="checkbox"/> |     |       |              |
| OTHER (Specify below) | <input type="checkbox"/> | X   | 11:15 | Operator 874 |

Okaloosa Dispatch

**THE FOLLOWING DID NOT OPERATE CORRECTLY:**

Duct detector's test station go into alarm but do not report to the panel

**SYSTEM RESTORED TO NORMAL OPERATION:**

DATE:

TIME:

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Inspector's Name: (Please Print)  
  
 Date:  Time:

Owner or Representative's Name (Please Print)  
  
 Date:  Time:

Inspector's Signature:  
  
 Signature on file

Owner/Representative Signature Below:  
  
 Signature on file







# 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             | <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel |

### Controller

|                 |              |
|-----------------|--------------|
| Manufacturer    | HUBBELL      |
| Serial Number   | A-234056-1-3 |
| Model Number    | LX2100       |
| Start Pressure  | 75           |
| Stop Pressure   | 135          |
| Stopping Method |              |
| Starting Type   |              |

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

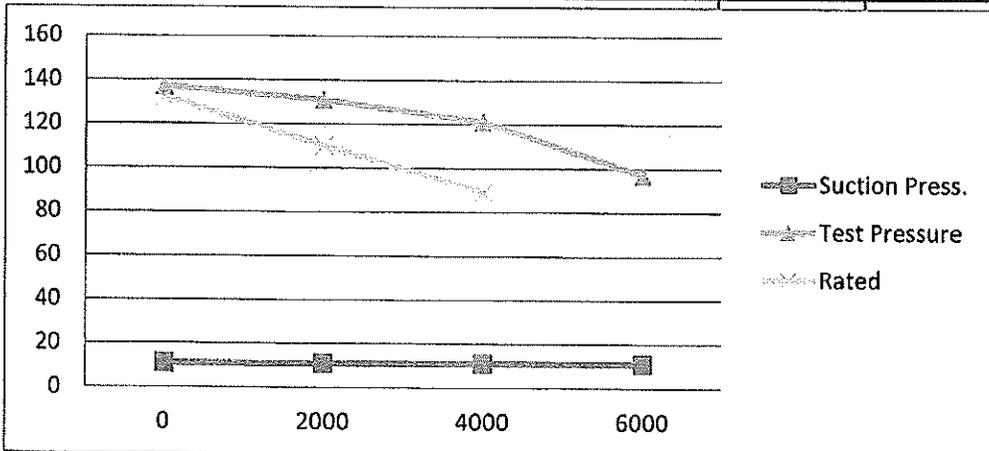
### Jockey Pump

|                |      |
|----------------|------|
| Start Pressure | 115  |
| Stop Pressure  | 132  |
| Voltage        | 460  |
| H.P.           | 5.00 |

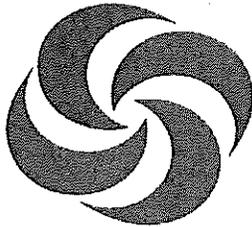
|                |   |
|----------------|---|
| Pump Tested At | <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter |
|                | <input type="checkbox"/> Roof   |

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

| Streams |           |       | RPM  | Discharge PSI | Suction PSI | Net PSI | GPM  | Rated % | Voltage | Amps |
|---------|-----------|-------|------|---------------|-------------|---------|------|---------|---------|------|
| Number  | Pitot PSI | Size  |      |               |             |         |      |         |         |      |
| 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  |



Remarks:  
 WO# 3635



# 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      | 19-2569578-2 |
| Model Number       | 10-1824F     |
| Gallons per Minute | 4000         |
| Rated PSI          | 110          |
| PSI at 150%        | 89           |
| Max PSI            | 131          |
| Rated RPM          | 1775         |
| Pump Type          | 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             | <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel |

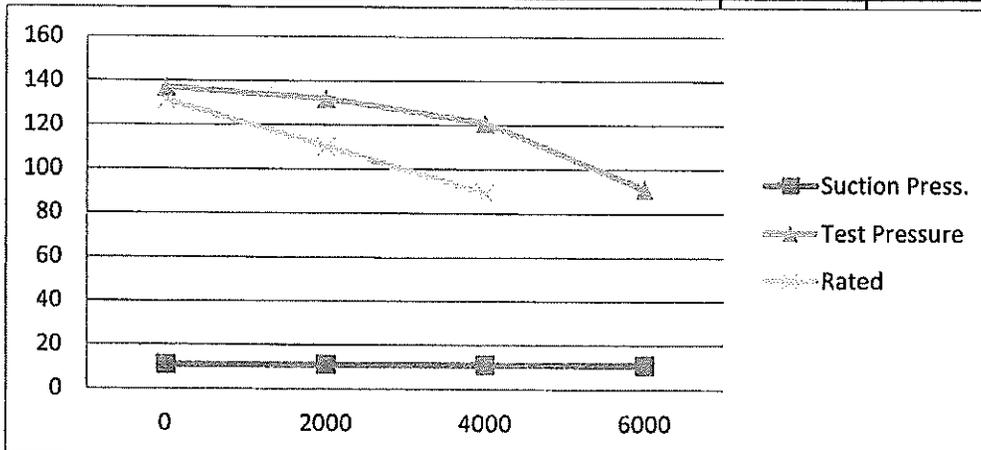
### Controller

|                      |   |
|----------------------|---|
| Manufacturer         | HUBBELL   |
| Serial Number        | A-234056-1-1  |
| Model Number         | LX12100   |
| Start Pressure       | 95  |
| Stop Pressure        | 135   |
| Stopping Method      |   |
| Starting Type        |   |
| Auto Transfer Switch | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

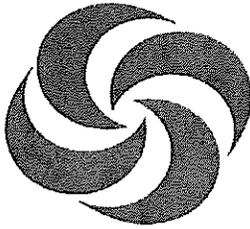
### Jockey Pump

|                   |  |
|-------------------|--|
| Start Pressure    | 110  |
| Stop Pressure     | 132  |
| Voltage           | 460  |
| H.P.              | 5.00   |
| Pump Tested At    | <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter<br><input type="checkbox"/> Roof |
| Main Relief Valve | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

| Number | Streams   |       | RPM  | Discharge PSI | Suction PSI | Net PSI | GPM  | Rated % | Voltage | Amps |
|--------|-----------|-------|------|---------------|-------------|---------|------|---------|---------|------|
|        | Pitot PSI | Size  |      |               |             |         |      |         |         |      |
| 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  |



**Remarks:**  
 WO#3635



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

### 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             | <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel |

### Controller

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

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

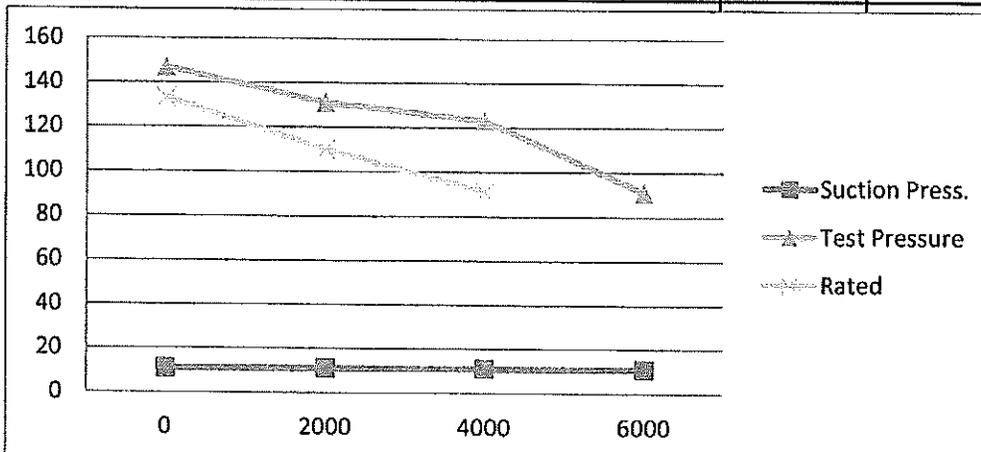
### Jockey Pump

|                |      |
|----------------|------|
| Start Pressure | 115  |
| Stop Pressure  | 132  |
| Voltage        | 460  |
| H.P.           | 5.00 |

|                |   |
|----------------|---|
| Pump Tested At | <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Meter |
|                | <input type="checkbox"/> Roof   |

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

| Streams Number | Streams   |       | RPM  | Discharge PSI | Suction PSI | Net PSI | GPM  | Rated % | Voltage | Amps |
|----------------|-----------|-------|------|---------------|-------------|---------|------|---------|---------|------|
|                | Pitot PSI | Size  |      |               |             |         |      |         |         |      |
| 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  |



Remarks:  
 WO# 3635

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

**Property**

Destin/Fort Walton Beach  
Regional Airport NEW  
1701 State Road 85 North  
Eglin AFB, FL 32542

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
5489 Old Bethel Road  
Crestview, FL 32536

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: Eric Frongner

Inspection Ref: 200000010828

Mike Kintop

651-7160x1017

Randy Overly

(850)420-1267

Print Date: 4/27/2020

*Signatures*

|                                      |                           |                           |   |
|--------------------------------------|---------------------------|---------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>1/21/20 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|---------------------------|---|

*Tag Color*

| System Description/Location  | Tag Color           |
|--|---------------------|
| Baldwin Bldg   |                     |
| Wet riser  | Red Critical        |
| Room B126B. Near Comm room   |                     |
| Zone 2 Dry System  | Green               |
| Room B126B near Communicator   |                     |
| Zone 8 Wet System  | Green               |
| Zone 1 Wet System  | Green               |
| Room B126B by Communication r  |                     |
| Zone 5/7Wet System   | Green               |
| Room A125a Delta hall  |                     |
| Zone 4 Dry System  | Red Critical        |
| <b>Carry forward from last year:<br/>Valve will not open during full trip test</b> |                     |
| Zone 10 Deluge System  | Yellow-Non critical |
| Baggage Room A125A. Delta hall   |                     |
| Zone 3 Wet system  | Green               |
| Room D105 Tunnel S concourse e   |                     |
| Zone 9 D105 Wet Riser  | Green               |
| D105 in Tunnel S end Concourse   |                     |
| Zone 6   | Green               |
| Delta Maintenance/Alegiant wareh   |                     |
| Delta Maint/Alegiant warehouse wet   | Green               |
| Delta Maintenance/ Alegiant wareh  |                     |
| Delta Maintenance/Alegiant warehoDeluge System wet                                 | Green               |
| Cargo Maintenance  |                     |
| Cargo bldg wet   | Yellow-Non critical |

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Notifications

| To Be Notified | Testing Time    | Phone Test    | Contact / Operator |
|----------------|-----------------|---------------|--------------------|
| Eglin AFB      | Start Time: 630 | On alarm door | Mr Ferral          |
|                | End Time: 345   | 882-5856      | Sgt Ivy            |
| Eglin AFB      | Start Time: 630 | On alarm door | Mr Ferral          |
|                | End Time: 345   | 882-5856      | Sgt Ivy            |

### Equipment Summary

| Description                          | Site | Inspected |        | Unable to Inspect |      | Served Repaired |      | Failed |        |  |
|--------------------------------------|------|-----------|--------|-------------------|------|-----------------|------|--------|--------|--|
|                                      | Qty  | Qty       | %      | Qty               | %    | Qty             | %    | Qty    | %      |  |
| <b>Sprinkler Deluge System Riser</b> |      |           |        |                   |      |                 |      |        |        |  |
|                                      | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |
| OS&Y                                 | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 1      | 100.0% |  |
| <b>Sprinkler Dry System Riser</b>    |      |           |        |                   |      |                 |      |        |        |  |
| Main drain                           | 2    | 2         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 1      | 50.0%  |  |
| OS&Y                                 | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |
| <b>Sprinkler Gauges</b>              |      |           |        |                   |      |                 |      |        |        |  |
|                                      | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |
| <b>Sprinkler Pump</b>                |      |           |        |                   |      |                 |      |        |        |  |
| Butterfly                            | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 1      | 100.0% |  |
| <b>Sprinkler Valve</b>               |      |           |        |                   |      |                 |      |        |        |  |
| Aux Drain                            | 3    | 3         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |
| OS&Y                                 | 3    | 3         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |
| Control                              | 2    | 2         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |
| <b>Sprinkler Wet System Riser</b>    |      |           |        |                   |      |                 |      |        |        |  |
| Main drain                           | 6    | 6         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 1      | 16.7%  |  |
| OS&Y                                 | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0%   |  |

### System Valve Inspection

| Location/Description                      | Valve Description            | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|---|------------------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|   |                              | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Baldwin Bldg</b>                       |                              |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet riser                                 | 10" Alarm                    |                   | 135    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2024  | No                           |
| <b>Room B126B near Communication room</b> |                              |                   |        |                          |                    |           |             |         |                |   |                              |
| Zone 8 Wet System                         | 4" Wall Post Victaulic S/751 | 135               | 138    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### System Valve Inspection

| Location/Description                               | Valve Description                     | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|--|---------------------------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|  |                                       | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Room B126B near Communication room</b>          |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Zone 1 Wet System                                  | 3" Wall Post 03 Victaulic S/751       | 135               | 175    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |
| <b>Room B126B by Communication room</b>            |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Zone 5/7Wet System                                 | 3" Main drain 11 / 03 Victaulic S/751 | 135               | 135    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |
| <b>Room A125a Delta hall</b>                       |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Zone 4 Dry System                                  | 3" OS&Y 10 / 03 Victaulic S/756       |                   | 135    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |
| Zone 10 Deluge System                              | 6" Main drain Viking F-1              | 135               | 135    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2018  | No                           |
| <b>Due for five year internal.</b>                 |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| <b>Baggage Room A125A. Delta hall</b>              |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Zone 3 Wet system                                  | 3" OS&Y 05/03 Victaulic S/751         | 115               | 100    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |
| <b>Room D105 Tunnel S concourse end</b>            |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Zone 9 D105 Wet Riser                              | 3" Alarm 11/03 Victaulic S/751        | 130               | 130    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |
| <b>Delta Maintenance/Alegiant warehouse</b>        |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Delta Maint/Alegiant warehouse wet                 | 4" Main drain 2010 Viking Mod J-1     | 135               | 135    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2024  | No                           |
| <b>Delta Maintenance/ Alegiant warehouse</b>       |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Delta Maintenance/Alegiant warehoDeluge System wet | 4" Butterfly 2011 Viking Mod F-1      | 135               | 135    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2024  | No                           |
| <b>Cargo Maintenance</b>                           |                                       |                   |        |                          |                    |           |             |         |                |   |                              |
| Cargo bldg wet                                     | 8" OS&Y 2009 Victaulic                | 80                | 130    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |

### Fire Sprinklers

| Sprinkler Type | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|----------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Pendent     | Viking VK600 WH    | 5.6/155              | 1/2"        | 09                  | 2029                             | Yes                             | Yes                       | Yes              |
| QR Pendent     | Victaulic V2708 WH | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| HSW DELUGE     | Reliable RO415     |                      | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| QR Sidewall    | Viking VK605EC C   | 5.6/155              | 1/2"        | 2010                | 2030                             | Yes                             | Yes                       | Yes              |
| QR Upright     | Victaulic V2704 BR | 5.6/155 200          | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Pressure Gauge Inspection List

| Qty  | Location / Description                             | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|--|--|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Baldwin Bldg</b>                          |  |                |                                    |                                      |                   |
| 5  | Wet riser  | Yes            | 2024                               | Yes                                  | 0                 |
| <b>Baldwin building</b>                      |  |                |                                    |                                      |                   |
| 5  | Fire pump Room                                     | Yes            | 2024                               | Yes                                  | 0                 |
| <b>Room B126B. Near Comm room</b>            |  |                |                                    |                                      |                   |
| 3  | Zone 2 Dry System                                  | Yes            | 2023                               | Yes                                  | 0                 |
| <b>Room B126B near Communication room</b>    |  |                |                                    |                                      |                   |
| 3  | Zone 8 Wet System                                  | Yes            | 2023                               | Yes                                  | 0                 |
| 3  | Zone 1 Wet System                                  | Yes            | 2023                               | Yes                                  | 0                 |
| <b>Room B126B by Communication room</b>      |  |                |                                    |                                      |                   |
| 3  | Zone 5/7Wet System                                 | Yes            | 2023                               | Yes                                  | 0                 |
| <b>Room A125a Delta hall</b>                 |  |                |                                    |                                      |                   |
| 3  | Zone 4 Dry System                                  | Yes            | 2023                               | Yes                                  | 0                 |
| 2  | Zone 10 Deluge System                              | Yes            | 2018                               | No                                   | 0                 |
| <b>1 gauge is expired</b>                    |  |                |                                    |                                      |                   |
| <b>Baggage Room A125A. Delta hall</b>        |  |                |                                    |                                      |                   |
| 3  | Zone 3 Wet system                                  | Yes            | 2023                               | Yes                                  | 0                 |
| <b>Room D105 Tunnel S concourse end</b>      |  |                |                                    |                                      |                   |
| 3  | Zone 9 D105 Wet Riser                              | Yes            | 2023                               | Yes                                  | 0                 |
| <b>D105 in Tunnel S end Concourse</b>        |  |                |                                    |                                      |                   |
| 3  | Zone 6   | Yes            | 2023                               | Yes                                  | 0                 |
| <b>Delta Maintenance/Alegiant warehouse</b>  |  |                |                                    |                                      |                   |
| 2  | Delta Maint/Alegiant warehouse wet                 | Yes            | 2024                               | Yes                                  | 0                 |
| <b>Delta Maintenance/ Alegiant warehouse</b> |  |                |                                    |                                      |                   |
| 2  | Delta Maintenance/Alegiant warehoDeluge System wet | Yes            | 2024                               | Yes                                  | 0                 |
| <b>Cargo Maintenance</b>                     |  |                |                                    |                                      |                   |
| 3  | Cargo bldg wet                                     | Yes            | 2023                               | Yes                                  | 0                 |

### Long Cycle Items

| Item Type   | Location/Description   | Required Frequency | Last Performed                              | Next Due |
|-------------|------------------------|--------------------|---|----------|
| Riser       | Riser and branch lines | 5YR                |   |          |
| <b>Pipe</b> |                        |                    |   |          |
| Yes         | In good condition ?    | Yes                | Free of mechanical damage and not leaking ? |          |

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE<sup>1</sup>

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

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| Pipe   |   |     |   |
|--|---|-----|---|
| Yes  | No external corrosion ?   | Yes | Properly aligned ?  |
| Yes  | No external loads ?   | Yes | Visible pipe hangers and seismic braces not damaged or loose ?  |
| Sprinklers   |   |     |   |
| NA   | Extra high, very extra high and ultra high temperature sprinklers tested ?                  | No  | Eng evaluation recommended for spacing?   |
| No   | Eng evaluation recommended for sprinkler type?  | Yes | Proper number and type of spare sprinklers?   |
| No   | Free of corrosion?  | Yes | Free of obstructions to spray patterns?   |
| <b>Found corroded dry pendant sprinkler heads.</b> |   |     |   |
| Yes  | Free of foreign materials including paint?  | Yes | Free of physical damage?  |
| Yes  | Sprinklers free of loading and dirt?  | No  | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| <b>Found escutcheons missing</b>                   |   |     |   |
| Yes  | Are all sprinklers in service dated 1920 or later?  | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes  | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.      | NA  | If sprinklers have been replaced, were they proper replacements?                                      |
| Fire Pump Electric Inspection Baldwin Bldg         |   |     |   |
| Yes  | Pump house/room at least 40deg F?   | Yes | Suction, discharge and bypass valves open?  |
| Yes  | Piping free from leaks?   | Yes | Suction and system pressure gauges normal?  |
| Yes  | Suction reservoir, if provided, full?   | Yes | Controller indicating power ON ?  |
| No   | Transfer switch indicating normal situation?  | Yes | Isolation switch closed?  |
| <b>Carry forward from last annual</b>              |   |     |   |
| <b>ATS switch does not work.</b>                   |   |     |   |
| <b>Does not transfer to emergency</b>              |   |     |   |
| Yes  | Reverse phase alarm indicator OFF or normal phase rotation indicator ON ?                   | Yes | Circulation relief valve flowing water while pump churns?   |
| Yes  | Pressure relief valves operating with proper pressure downstream while pump is operational? |     |   |
| Fire Pump Electric Test Baldwin Bldg               |   |     |   |
| Yes  | Pump started automatically?   | 100 | Record starting pressure.   |
| 100  | Record starting pressure.   | 190 | Pump shutoff pressure.  |
| 125  | Jockey pump shutoff pressure.   | 115 | Jockey pump starting pressure.  |
| Yes  | Pump run for at least 10 minutes?   | 75  | Record suction pressure while running.  |
| 190  | Record discharge pressure while running.  | Yes | Pump packing gland showing slight discharge? (Adjust if necessary)                                    |
| Yes  | Free from unusual noises or vibrations?   | Yes | Packing boxes, bearings and pump casing free from overheating?  |
| 3  | Record time for motor to accelerate to full speed.  | 1   | For reduced voltage or reduced current starting, record time controller is on first step.             |
| 10   | For automatic stop controllers, record time pump runs after starting.                       | Yes | All times and pressures acceptable?   |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

**B&C FIRE SAFETY**



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

## Fire Pump Electric Maintenance Baldwin Bldg

|    |   |    |   |
|----|---|----|---|
| NA | Changed pump bearing lubrication?                         | NA | Shaft end play acceptable?  |
| NA | Pump coupling alignment acceptable?                       | NA | Transmission coupling, right angle gear drive and mechanical moving parts lubricated? |
| NA | Circuit breakers passed trip test?                        | NA | Emergency manual starting means operated without power?                               |
| NA | Electrical connections secure?                            | NA | Pressure switch settings calibrated?  |
| NA | Motor bearings greased?                                   | NA | Control and power wirings tight?  |
| NA | Isolation switch and circuit breaker exercised?           | NA | Circuit breakers appear clean?  |
| NA | Electrical system free of wire chafing?                   | NA | Manual starting means on electrical systems operated?                                 |
| NA | Boxes, panels and cabinets on electrical systems cleaned? | NA | Isolation switch and circuit breaker exercised?                                       |
| NA | Circuit breakers appear clean?                            |    |   |

## Fire Pump Electric Flow Test Baldwin Bldg

|     |  |     |   |
|-----|--|-----|---|
| Yes | Pump test run by discharge of flow through hose streams. Flow readings were taken at each hose stream.                       | No  | Pump test run by discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter. |
| No  | Pump test run by discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.  | Yes | Are the pressure readings acceptable?   |
| Yes | No-flow (churn) test run for 10 min?   | Yes | Circulation relief valve and pressure relief valve operated properly during all flow tests?                             |
| Yes | No alarm indicators or other visible abnormalities observed during no-flow test?   | Yes | Low suction throttling device test: Low suction pressure simulated?   |
| Yes | Low suction throttling device test: Free from abnormalities in throttling action?  | Yes | Low suction throttling device test: Free from abnormalities in return to full flow?                                     |
| NA  | Automatic transfer switch test: Power failure simulated during peak flow?  | NA  | Automatic transfer switch test: Connection made to alternate power source?  |
| NA  | Automatic transfer switch test: After termination of simulated power failure did motor reconnect to the normal power source? | Yes | All alarm conditions simulated?   |
| Yes | All alarms operated?   |     |   |

## Air Compressor PIPE MOUNTED Baggage Drop Off

|         |   |              |                                      |
|---------|---|--------------|--------------------------------------|
| EMERSON | Manufacturer of compressor  | SS55NXGTE    | Model of compressor                  |
| 1/6     | Size of compressor (HP)   | PIPE MOUNTED | Compressor Description/Type          |
|         | Compressor appears to be in working condition?                          |              | Compressor appears free of leaks?    |
|         | Compressor and motor are free of vibration and unusual noises?          |              | Guages appear Ok and show normal PSI |
|         | Oil appears clean with no burnt odor                                    |              | Electrical connections Ok?           |
|         | Breaker in the ON Position?   |              | Inlet air filter clean?              |
|         | Belt is in good condition?  |              | Tension on the belt is Ok?           |
|         | Has condensate/water been drained from the tank and/or water separator? |              | Dryer/Separator Ok?                  |

## Fire Department Connection

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Cold Weather Check Zone 2 Dry System Room B126B. Near Comm room

|     |  |     |  |
|-----|--|-----|--|
| Yes | Adequate heat in areas with wet piping?  | NA  | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| Yes | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | Yes | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

### Air Compressor PIPE MOUNT

|          |   |              |                                      |
|----------|---|--------------|--------------------------------------|
| GENERAL  | Manufacturer of compressor  | 5KH33GN293KX | Model of compressor                  |
| ELECTRIC | Size of compressor (HP)   | PIPE MOUNT   | Compressor Description/Type          |
| 1/6      | Size of compressor (HP)   | PIPE MOUNT   | Compressor Description/Type          |
| Yes      | Compressor appears to be in working condition?                          | Yes          | Compressor appears free of leaks?    |
| Yes      | Compressor and motor are free of vibration and unusual noises?          | Yes          | Guages appear Ok and show normal PSI |
| NA       | Oil appears clean with no burnt odor                                    | Yes          | Electrical connections Ok?           |
| Yes      | Breaker in the ON Position?   | NA           | Inlet air filter clean?              |
| NA       | Belt is in good condition?  | NA           | Tension on the belt is Ok?           |
| NA       | Has condensate/water been drained from the tank and/or water separator? | NA           | Dryer/Separator Ok?                  |

### Air Compressor PIPE MOUNT Concourse

|         |   |            |                                      |
|---------|---|------------|--------------------------------------|
| GENERAL | Manufacturer of compressor  | OL21533AC  | Model of compressor                  |
| 1/3     | Size of compressor (HP)   | PIPE MOUNT | Compressor Description/Type          |
| Yes     | Compressor appears to be in working condition?                          | Yes        | Compressor appears free of leaks?    |
| Yes     | Compressor and motor are free of vibration and unusual noises?          | Yes        | Guages appear Ok and show normal PSI |
| Yes     | Oil appears clean with no burnt odor                                    | Yes        | Electrical connections Ok?           |
| Yes     | Breaker in the ON Position?   | Yes        | Inlet air filter clean?              |
| Yes     | Belt is in good condition?  | Yes        | Tension on the belt is Ok?           |
| Yes     | Has condensate/water been drained from the tank and/or water separator? | Yes        | Dryer/Separator Ok?                  |

### Cold Weather Check Zone 6 D105 in Tunnel S end Concourse

|     |  |     |  |
|-----|--|-----|--|
| Yes | Adequate heat in areas with wet piping?  | NA  | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| Yes | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | Yes | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

### Flow Test

| System                                    | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|---|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|   |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Baldwin Bldg</b>                       |                   |             |                |       |        |                 |                                  |
| Wet riser                                 | Main drain        | 2"          | 135            | 85    | 135    | 20              | Yes                              |
| <b>Room B126B. Near Comm room</b>         |                   |             |                |       |        |                 |                                  |
| Zone 2 Dry System                         | Main drain        | 1-1/4"      | 140            | 90    | 140    | 10              | Yes                              |
| <b>Room B126B near Communication room</b> |                   |             |                |       |        |                 |                                  |
| Zone 8 Wet System                         | Inspector's test  | 1/2"        | 135            | 90    | 135    | 15              | Yes                              |
| Zone 1 Wet System                         | Inspector's test  | 1/2"        | 175            | 80    | 135    | 45              | Yes                              |
| <b>Room B126B by Communication room</b>   |                   |             |                |       |        |                 |                                  |

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Flow Test

| System   | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|--|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|  |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Room B126B by Communication room</b>            |                   |             |                |       |        |                 |                                  |
| Zone 5/7Wet System                                 | Inspector's test  | 1/2"        | 135            | 90    | 135    | 19              | Yes                              |
| <b>Room A125a Delta hall</b>                       |                   |             |                |       |        |                 |                                  |
| Zone 4 Dry System                                  | Main drain        | 1-1/4"      | 135            | 95    | 135    | 15              | Yes                              |
| Zone 10 Deluge System                              | Main drain        | 2           | 135            | 95    | 135    | 18              | Yes                              |
| <b>Baggage Room A125A. Delta hall</b>              |                   |             |                |       |        |                 |                                  |
| Zone 3 Wet system                                  | Inspector's test  | 1/2"        | 140            | 100   | 140    | 25              | Yes                              |
| <b>Room D105 Tunnel S concourse end</b>            |                   |             |                |       |        |                 |                                  |
| Zone 9 D105 Wet Riser                              | Inspector's test  | 1/2"        | 130            | 85    | 130    | 40              | Yes                              |
| <b>D105 in Tunnel S end Concourse</b>              |                   |             |                |       |        |                 |                                  |
| Zone 6   | Main drain        | 2           | 135            | 90    | 135    | 25              | Yes                              |
| <b>Delta Maintenance/Alegiant warehouse</b>        |                   |             |                |       |        |                 |                                  |
| Delta Maint/Alegiant warehouse wet                 | Main drain        | 2"          | 135            | 85    | 135    | 18              | Yes                              |
| <b>Delta Maintenance/ Alegiant warehouse</b>       |                   |             |                |       |        |                 |                                  |
| Delta Maintenance/Alegiant warehoDeluge System wet | Main drain        | 2           | 135            | 80    | 135    | 25              | Yes                              |
| <b>Cargo Maintenance</b>                           |                   |             |                |       |        |                 |                                  |
| Cargo bldg wet                                     | Main drain        | 2           | 130            | 60    | 85     | 15              | Yes                              |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE<sup>1</sup>

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Inspector's Test Valve

| System/Location                                    | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|--|----------------|---------------|---------------------|---------|-------------------|
| <b>Baldwin Bldg</b>                                |                |               |                     |         |                   |
| Wet riser  | NA             | NA            | NA                  | NA      | NA                |
| <b>Room B126B. Near Comm room</b>                  |                |               |                     |         |                   |
| Zone 2 Dry System                                  | Yes            | 3             | Yes                 | Yes     | Yes               |
| <b>Room B126B near Communication room</b>          |                |               |                     |         |                   |
| Zone 8 Wet System                                  | Yes            | 25            | Yes                 | Yes     | Yes               |
| Zone 1 Wet System                                  | Yes            | 55            | Yes                 | Yes     | Yes               |
| <b>Room B126B by Communication room</b>            |                |               |                     |         |                   |
| Zone 5/7Wet System                                 | Yes            | 25            | Yes                 | Yes     | Yes               |
| <b>Room A125a Delta hall</b>                       |                |               |                     |         |                   |
| Zone 4 Dry System                                  | Yes            | 3             | Yes                 | Yes     | Yes               |
| Zone 10 Deluge System                              | NA             | NA            | NA                  | NA      | NA                |
| <b>Baggage Room A125A. Delta hall</b>              |                |               |                     |         |                   |
| Zone 3 Wet system                                  | Yes            | 70            | Yes                 | Yes     | Yes               |
| <b>Room D105 Tunnel S concourse end</b>            |                |               |                     |         |                   |
| Zone 9 D105 Wet Riser                              | Yes            | 50            | Yes                 | Yes     | Yes               |
| <b>D105 in Tunnel S end Concourse</b>              |                |               |                     |         |                   |
| Zone 6   | Yes            | 3             | Yes                 | Yes     | Yes               |
| <b>Delta Maintenance/Alegiant warehouse</b>        |                |               |                     |         |                   |
| Delta Maint/Alegiant warehouse wet                 | Yes            | 20            | Yes                 | Yes     | Yes               |
| <b>Delta Maintenance/ Alegiant warehouse</b>       |                |               |                     |         |                   |
| Delta Maintenance/Alegiant warehoDeluge System wet | NA             | NA            | NA                  | NA      | NA                |
| <b>Cargo Maintenance</b>                           |                |               |                     |         |                   |
| Cargo bldg wet                                     | Yes            | 60            | Yes                 | Yes     | Yes               |

### Auxiliary Drains

| System / Location       | Drain     | Aux Drain Drained ? | Water Flow Observed ? |
|-------------------------|-----------|---------------------|-----------------------|
| <b>Baggage Drop Off</b> |           |                     |                       |
| Southwest Corner        | Drum Drip | Yes                 | Yes                   |
| <b>Baggage Pick Up</b>  |           |                     |                       |
| Northeast Corner        | Drum Drip | Yes                 | Yes                   |
| <b>Concourse</b>        |           |                     |                       |
| West                    | Drum Drip | Yes                 | Yes                   |

### Valve Inspection List

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Valve Inspection List

| Location  | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |  |
|---|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|--|
|   |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |
| <i>Baldwin Bldg</i>   |            |      |            |            |      |            |       |           |            |            |  |
| Wet riser   | Butterfly  | 10"  | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 20         | Ok         |  |
| Pump room   | Butterfly  | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 24         | NA         |  |
| Pump room   | Butterfly  | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 11         | NA         |  |
| Pump room   | Butterfly  | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 11         | NA         |  |
| Pump room   | Butterfly  | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 24         | NA         |  |
| <i>Room B126B by Communication room</i>                                   |            |      |            |            |      |            |       |           |            |            |  |
| Room B126B by Comm  | OS&Y       | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 20         | Ok         |  |
| Zone 5/7Wet System  | Wall Post  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |
| <i>Room B126B. Near Comm room</i>   |            |      |            |            |      |            |       |           |            |            |  |
| Zone 2 Dry System   | Wall Post  | 3"   | None       | Ok         | Ok   | Ok         | Ok    | Ok        | 5          | NA         |  |
| <i>Room B126B near Communication room</i>                                 |            |      |            |            |      |            |       |           |            |            |  |
| Zone 8 Wet System   | Wall Post  | 4"   | None       | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | NA         |  |
| Zone 1 Wet System   | Wall Post  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 10         | NA         |  |
| Room A125a Delta hall   | OS&Y       | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 16         | Ok         |  |
| Backflow Supply Side  | Control    | 10"  | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |
| Backflow System Side  | Control    | 10"  | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |
| <i>Room A125a Delta hall</i>  |            |      |            |            |      |            |       |           |            |            |  |
| Zone 4 Dry System   | OS&Y       | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 9          | NA         |  |
| Zone 10 Deluge System   | Main drain | 6"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 14         | Ok         |  |
| <i>Baggage Room A125A. Delta hall</i>                                     |            |      |            |            |      |            |       |           |            |            |  |
| Zone 3 Wet system   | OS&Y       | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 10         | Ok         |  |
| <i>D-105 Tunnel S concourse end</i>                                       |            |      |            |            |      |            |       |           |            |            |  |
| D-105 Tunnel S concourse end  | OS&Y       | 8"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 16         | Ok         |  |
| <p><b>Tamper switch did not report to panel.<br/>(Potter OSYSU-2)</b></p> |            |      |            |            |      |            |       |           |            |            |  |
| <i>Room D105 Tunnel S concourse end</i>                                   |            |      |            |            |      |            |       |           |            |            |  |
| Zone 9 D105 Wet Riser   | Wall Post  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |
| <i>D105 in Tunnel S end Concourse</i>                                     |            |      |            |            |      |            |       |           |            |            |  |
| Zone 6  | Wall Post  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Valve Inspection List

| Location | Valve Type | Size | Secured | Inspection |      |            |       | Maint.    |            |            |  |
|----------|------------|------|---------|------------|------|------------|-------|-----------|------------|------------|--|
|          |            |      |         | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |

#### Delta Maintenance/Alegiant warehouse

|                                    |           |    |            |    |    |    |    |    |    |    |    |
|------------------------------------|-----------|----|------------|----|----|----|----|----|----|----|----|
| Delta Maint/Alegiant warehouse wet | Butterfly | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | Ok | 10 | Ok |
|------------------------------------|-----------|----|------------|----|----|----|----|----|----|----|----|

#### Delta Maintenance/ Alegiant warehouse

|  |           |    |            |    |    |    |    |    |    |    |    |
|--|-----------|----|------------|----|----|----|----|----|----|----|----|
| Delta Maintenance/Alegiant warehoDeluge System wet | Butterfly | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | Ok | 10 | Ok |
|--|-----------|----|------------|----|----|----|----|----|----|----|----|

#### Cargo Maintenance

|                |      |    |            |   |    |    |    |    |    |    |    |
|----------------|------|----|------------|---|----|----|----|----|----|----|----|
| Cargo bldg wet | OS&Y | 8" | Supervised | X | Ok | Ok | Ok | Ok | Ok | 16 | Ok |
|----------------|------|----|------------|---|----|----|----|----|----|----|----|

**Leaking at bottom of OS&Y valve.**

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

### Dry Valve Trip Test - D105 in Tunnel S end Concourse

|                |                             |                |              |                         |                                |                |  |            |  |            |  |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|--|------------|--|------------|--|
| Dry Valve      |                             |                | Size: 3"     | Year: 01/02/00          | Q. O. D.                       |                |  | Year:      |  |            |  |
| Make           |                             | Model          |              | Serial no.              |                                | Make           |  | Model      |  | Serial no. |  |
| Victaulic      |                             | S/756          |              |                         |                                | Victaulic      |  | S/756 type |  |            |  |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |  |            |  |            |  |
| Without Q.O.D. | sec                         | psi            | psi          | psi                     | sec                            |                |  |            |  |            |  |
| With Q.O.D.    | sec                         | 135 psi        | 35 psi       | psi                     | sec                            | Yes            |  |            |  |            |  |

Comparable to previous tests ? Yes

### Dry Valve Trip Test - Room B126B. Near Comm room

|                |                             |                |              |                         |                                |                |  |       |  |            |  |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|--|-------|--|------------|--|
| Dry Valve      |                             |                | Size: 3"     | Year: 01/02/00          | Q. O. D.                       |                |  | Year: |  |            |  |
| Make           |                             | Model          |              | Serial no.              |                                | Make           |  | Model |  | Serial no. |  |
| Victaulic      |                             | S/756          |              |                         |                                |                |  |       |  |            |  |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |  |       |  |            |  |
| Without Q.O.D. | sec                         | psi            | psi          | psi                     | sec                            |                |  |       |  |            |  |
| With Q.O.D.    | sec                         | 140 psi        | 35 psi       | psi                     | sec                            | Yes            |  |       |  |            |  |

Comparable to previous tests ? Yes

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE1

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

### Pump Equipment/Component Summary

| Item                   | Manufacturer           | Model      | Serial No.        |
|------------------------|------------------------|------------|-------------------|
|                        | Location / Description |            |                   |
| Baldwin Bldg           |                        |            |                   |
| Fire Pump              | Patterson              | 10X8 MH    | FP-CO42398        |
|                        | 100 psi                | 2000 gpm   | Centrifugal       |
| Motor                  |                        |            |                   |
|                        | 150 HP                 | 1780 RPM   | 480 VAC 60 cycles |
| Fire Pump Controller   | HUBBELL                | LXi2100    | A-343066-3-1      |
|                        |                        |            |                   |
| Jockey Pump            | Grundfos               |            |                   |
|                        |                        |            |                   |
| Jockey Pump Controller | HUBBELL                | Cr3-13. U  |                   |
|                        |                        |            |                   |
| Transfer Switch        | HUBBELL                | LX450C33E6 | A-343066-3-1      |
|                        |                        |            |                   |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

**B&C FIRE SAFETY**



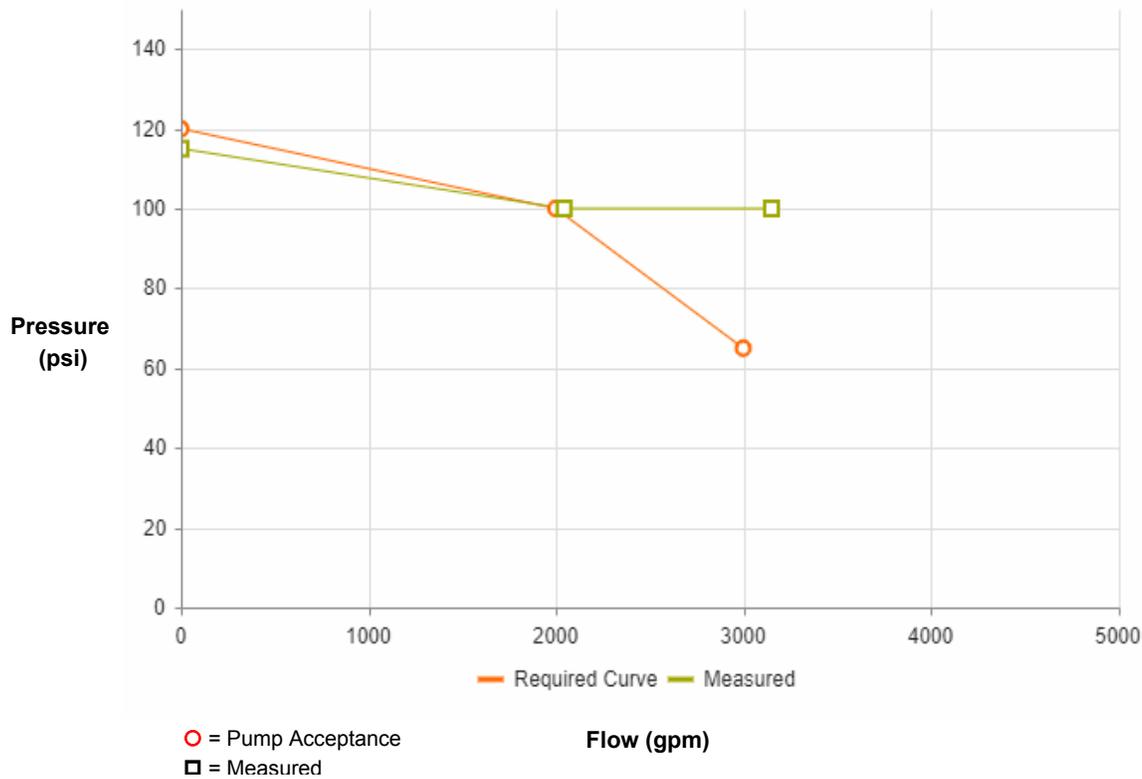
FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

## PUMPD Test Point with Stream Detail

| Flow (measured) |       | Pressure (measured) |         |           | Speed (rpm) |
|-----------------|-------|---------------------|---------|-----------|-------------|
| % Rated         | Flow  | Net                 | Suction | Discharge |             |
| Churn           | 0     | 115                 | 75      | 190       | 1,780       |
| 102%            | 2,044 | 100                 | 50      | 150       | 0           |
| 158%            | 3,151 | 100                 | 40      | 140       | 0           |

## Performance Graph



# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

### Fire Pump Flow Test Stream Detail

| Flow<br>% Rated<br>gpm | Stream 1         |      | Stream 2         |      | Stream 3         |      | Stream 4         |      | Stream 5         |      | Stream 6         |      |
|------------------------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|
|                        | Pitot<br>Orifice | Flow |
|                        | C                |      | C                |      | C                |      | C                |      | C                |      | C                |      |
| 0                      | 1.75<br>1        |      |
| 102%<br>2044           | 32<br>1.75<br>1  | 511  | 32<br>1.75<br>1  | 511  | 32<br>1.75<br>1  | 511  | 32<br>1.75<br>1  | 511  | 32<br>1.75<br>1  |      | 32<br>1.75<br>1  |      |
| 158%<br>3151           | 76<br>1.75<br>1  | 788  | 76<br>1.75<br>1  | 788  | 76<br>1.75<br>1  | 788  | 76<br>1.75<br>1  | 788  | 76<br>1.75<br>1  |      | 76<br>1.75<br>1  |      |

# Report of Inspection/Test

Annual Sprinkler

01/21/2020

Property: Destin/Fort Walton Beach Regional Airport NE1

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010828

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

#### Sprinklers Riser and branch lines

Inspection Riser Riser and branch lines

**No** Free of corrosion?

Found corroded dry pendant sprinkler heads.

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

**No** Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?

Found escutcheons missing

#### Fire Pump Electric Inspection Baldwin Bldg Pump room

Patterson 10X8 MH Pump ButterflyFP-CO42398 Pump room

**No** Transfer switch indicating normal situation?

Carry forward from last annual

ATS switch does not work.

Does not transfer to emergency

NFPA-25-2011 8.2.2(3)(b) *The pertinent visual observations specified in the following checklists shall be performed weekly. 8-2.2.3 Electrical System Conditions. (b) Transfer switch normal pilot light is illuminated.*

#### Tag Color Zone 4 Dry System Room A125a Delta hall Zone 4 Dry System

Victaulic S/756 Dry System Riser Main drain Zone 4 Dry System

**Red Critical** Inspection Tag Color?

Carry forward from last year:

Valve will not open during full trip test

#### Gauges Zone 10 Deluge System Room A125a Delta hall Zone 10 Deluge System

Viking F-1 Deluge System Riser OS&Y Zone 10 Deluge System

**No** Date Prior to replacement year ?

1 gauge is expired

#### System Valve Zone 10 Deluge System Room A125a Delta hall Zone 10 Deluge System

Viking F-1 Deluge System Riser OS&Y Zone 10 Deluge System

**2018** 5yr Serv.Date-Interior Insp/Gauge

Due for five year internal.

#### Control Valve D-105 Tunnel S concourse end OS&Y 8" D-105 Tunnel S concourse end D-105 Tunnel S concourse end

Valve OS&Y D-105 Tunnel S concourse end

**Supervised** Secured ?

Tamper switch did not report to panel.

(Potter OSYSU-2)

NFPA 25-2002 12.3.2.2(1) *The valve inspection shall verify that the valves are in the following condition: (a) In the normal open or closed position*

#### Control Valve Cargo bldg wet OS&Y 8" Cargo Maintenance Cargo bldg wet

Victaulic Wet System Riser Main drain Cargo bldg wet

**X** Are Control Valves Leak Free ?

Leaking at bottom of OS&Y valve.

# Report of Inspection/Test

Annual Sprinkler

10/25/2019

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

**Property**

Emerald Coast Convention  
Center NEW  
1250 Miracle Strip Parkway  
SE  
Fort Walton Beach, FL  
Allen Lassiter  
(850)609-3911

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
5489 Old Bethel Road  
Crestview, FL 32536  
Randy Overly  
(850)420-1267

**Conducted by:** Eric Frongner

**Inspection Ref:** 200000010512

**Print Date:** 4/27/2020

*Signatures*

|                                      |                           |                            |   |
|--------------------------------------|---------------------------|----------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>10/25/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|----------------------------|---|

*Tag Color*

| System Description/Location | Tag Color |
|-----------------------------|-----------|
| <b>Wet system</b>           |           |
| Wet/North riser #1          | Green     |
| Wet /South riser #2         | Green     |
| <b>Dry system</b>           |           |
| Dry riser 1                 | Green     |
| Dry riser 2                 | Green     |
| Dry riser 3                 | Green     |

*Notifications*

| To Be Notified    | Testing Time    | Phone Test   | Contact / Operator |
|-------------------|-----------------|--------------|--------------------|
| Security Central  | Start Time: 800 | 800 286-5699 | Monitoring         |
|                   | End Time: 145   | 800 286-5699 | Monitoring         |
| Okaloosa Dispatch | Start Time: 800 | 850-689-5766 | Dispatch           |
|                   | End Time: 145   | 850-689-5766 | Dispatch           |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| <b>Sprinkler Dry System Riser</b> |      |           |        |                   |      |                   |      |        |      |  |
| Main drain                        | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Butterfly                         | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                   |      |        |      |  |
| Aux Drain                         | 3    | 3         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |  |
| Main drain                        | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Riser Check                       | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

**Print Date:** 4/27/2020

**Page 1 of 7**

# Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### System Valve Inspection

| Location/Description | Valve Description    | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|----------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                      | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet system</b>    |                      |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet/North riser #1   | 4" 2002 Central 81ZL | 50                | 50     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2021  | No                           |
| Wet /South riser #2  | 4" 2002 Central 81ZL | 50                | 50     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2021  | No                           |

### Fire Sprinklers

| Sprinkler Type     | Manufacturer Model  | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|--------------------|---------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Concealed white | Tyco TY3531         | 5.6/155              | 1/2"        | 2002                | 2022                             | Yes                             | Yes                       | Yes              |
| QR Sidewall Chrome | Globe               | 5.6/155              | 1/2"        | 2000                | 2020                             | No                              | Yes                       | Yes              |
| QR Upright         | Central C3101       | 5.6/155              | 1/2"        | 2002                | 2022                             | Yes                             | Yes                       | Yes              |
| QR Upright         | Central Solder link | 5.6/155              | 1/2"        | 2002                | 2022                             | Yes                             | Yes                       | Yes              |

### Pressure Gauge Inspection List

| Qty               | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-------------------|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Wet system</b> |                        |                |                                    |                                      |                   |
| 2                 | Wet/North riser #1     | Yes            | 2021                               | Yes                                  | 0                 |
| 2                 | Wet /South riser #2    | Yes            | 2021                               | Yes                                  | 0                 |
| <b>Dry system</b> |                        |                |                                    |                                      |                   |
| 2                 | Dry riser 1            | Yes            | 2021                               | Yes                                  | 0                 |
| 2                 | Dry riser 2            | Yes            | 2021                               | Yes                                  | 0                 |
| 2                 | Dry riser 3            | Yes            | 2021                               | Yes                                  | 0                 |

### Long Cycle Items

| Item Type   | Location/Description    | Required Frequency | Last Performed   | Next Due |
|-------------|-------------------------|--------------------|--|----------|
| Riser       | Riser and branch lines  | 5 yr               | 2016   | 2021     |
| <b>Pipe</b> |                         |                    |  |          |
| Yes         | In good condition ?     | Yes                | Free of mechanical damage and not leaking ?                    |          |
| Yes         | No external corrosion ? | Yes                | Properly aligned ?   |          |
| Yes         | No external loads ?     | Yes                | Visible pipe hangers and seismic braces not damaged or loose ? |          |

# Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512



## Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | Yes | If sprinklers have been replaced, were they proper replacements?                                      |

## Cold Weather Check Dry riser 1 Dry system

|     |  |     |  |
|-----|--|-----|--|
| Yes | Adequate heat in areas with wet piping?  | NA  | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| Yes | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | Yes | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

## Cold Weather Check Dry riser 2 Dry system

|     |  |     |  |
|-----|--|-----|--|
| Yes | Adequate heat in areas with wet piping?  | NA  | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| Yes | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | Yes | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

## Cold Weather Check Dry riser 3 Dry system

|     |  |     |  |
|-----|--|-----|--|
| Yes | Adequate heat in areas with wet piping?  | NA  | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| Yes | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | Yes | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

## Air Compressor

|               |   |     |                                      |
|---------------|---|-----|--------------------------------------|
| Marathon      | Manufacturer of compressor  |     | Model of compressor                  |
| 1Hp/115 volts | Size of compressor (HP)   |     | Compressor Description/Type          |
| Yes           | Compressor appears to be in working condition?                          | Yes | Compressor appears free of leaks?    |
| Yes           | Compressor and motor are free of vibration and unusual noises?          | Yes | Guages appear Ok and show normal PSI |
| NA            | Oil appears clean with no burnt odor                                    | Yes | Electrical connections Ok?           |
| Yes           | Breaker in the ON Position?   | NA  | Inlet air filter clean?              |
| NA            | Belt is in good condition?  | NA  | Tension on the belt is Ok?           |
| Yes           | Has condensate/water been drained from the tank and/or water separator? | NA  | Dryer/Separator Ok?                  |

## Fire Department Connection

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Flow Test

# Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Flow Test

| System              | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|---------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                     |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Wet system</b>   |                   |             |                |       |        |                 |                                  |
| Wet/North riser #1  | Main drain        | 2           | 50             | 40    | 50     | 20              | Yes                              |
| Wet /South riser #2 | Main drain        | 2           | 50             | 40    | 50     | 15              | Yes                              |
| <b>Dry system</b>   |                   |             |                |       |        |                 |                                  |
| Dry riser 1         | Main drain        | 2"          | 50             | 40    | 50     | 15              | Yes                              |
| Dry riser 2         | Main drain        | 2           | 50             | 40    | 50     | 15              | Yes                              |
| Dry riser 3         | Main drain        | 2           | 50             | 40    | 50     | 15              | Yes                              |

### Inspector's Test Valve

| System/Location     | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|---------------------|----------------|---------------|---------------------|---------|-------------------|
| <b>Wet system</b>   |                |               |                     |         |                   |
| Wet/North riser #1  | Yes            | 35            | Yes                 | Yes     | Yes               |
| Wet /South riser #2 | Yes            | 30            | Yes                 | Yes     | Yes               |
| <b>Dry system</b>   |                |               |                     |         |                   |
| Dry riser 1         | Yes            | 45            | Yes                 | Yes     | Yes               |
| Dry riser 2         | Yes            | 40            | Yes                 | Yes     | Yes               |
| Dry riser 3         | Yes            | 45            | Yes                 | Yes     | Yes               |

### Auxiliary Drains

| System / Location | Drain     | Aux Drain Drained ? | Water Flow Observed ? |
|-------------------|-----------|---------------------|-----------------------|
| South in garage   | Drum Drip | Yes                 | Yes                   |
| Center garage     | Drum Drip | Yes                 | Yes                   |
| South in garage   | Drum Drip | Yes                 | Yes                   |

### Valve Inspection List

| Location            | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |
|---------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|
|                     |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |
| <b>Wet system</b>   |            |      |            |            |      |            |       |           |            |            |
| Wet/North riser #1  | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 8          | NA         |
| Wet /South riser #2 | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 8          | NA         |
| <b>Dry system</b>   |            |      |            |            |      |            |       |           |            |            |
| Dry riser 1         | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 8          | NA         |

# Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010512

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Valve Inspection List

| Location | Valve Type | Size | Secured | Inspection |      |            |       | Maint.    |            |            |
|----------|------------|------|---------|------------|------|------------|-------|-----------|------------|------------|
|          |            |      |         | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |

#### Dry system

|             |      |    |            |    |    |    |    |    |   |    |
|-------------|------|----|------------|----|----|----|----|----|---|----|
| Dry riser 2 | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 8 | NA |
| Dry riser 3 | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 8 | NA |

**Ok** - Passes Inspection **S** - Serviced on site **X** - Requires Service **NA** - Not Applicable

#### Dry Valve Trip Test - Dry system

|                |                             |                |              |                         |                                |                |       |  |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|-------|--|
| Dry Valve      |                             | Size: 4"       | Year:        |                         | Q. O. D.                       |                | Year: |  |
| Make           | Model                       | Serial no.     |              | Make                    | Model                          | Serial no.     |       |  |
| Tyco           | DPV-1                       |                |              |                         |                                |                |       |  |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |       |  |
| Without Q.O.D. | sec                         | 50psi          | 32 psi       | psi                     | sec                            | Yes            |       |  |
| With Q.O.D.    | sec                         | psi            | psi          | psi                     | sec                            |                |       |  |

Comparable to previous tests ? Yes

|                |                             |                |              |                         |                                |                |       |  |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|-------|--|
| Dry Valve      |                             | Size: 4"       | Year:        |                         | Q. O. D.                       |                | Year: |  |
| Make           | Model                       | Serial no.     |              | Make                    | Model                          | Serial no.     |       |  |
| Tyco           | DPV-1                       |                |              |                         |                                |                |       |  |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |       |  |
| Without Q.O.D. | sec                         | 50psi          | 30 psi       | psi                     | sec                            | Yes            |       |  |
| With Q.O.D.    | sec                         | psi            | psi          | psi                     | sec                            |                |       |  |

Comparable to previous tests ? Yes

# Report of Inspection/Test

Annual Sprinkler

10/25/2019

Property: Emerald Coast Convention Center NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010512

**B&C FIRE SAFETY**



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

|                |                             |                |              |                         |                                |                |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|
| Dry Valve      |                             | Size: 4"       | Year:        | Q. O. D.                | Year:                          |                |
| Make           | Model                       | Serial no.     | Make         | Model                   | Serial no.                     |                |
| Tyco           | DPV-1                       |                |              |                         |                                |                |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |
| Without Q.O.D. | sec                         | 50psi          | 30 psi       | psi                     | sec                            | Yes            |
| With Q.O.D.    | sec                         | psi            | psi          | psi                     | sec                            |                |

Comparable to previous tests ? Yes

**Report of Inspection/Test**

**Annual Sprinkler**

**10/25/2019**

**Property:** Emerald Coast Convention Center NEW

**Owner:** Okaloosa Co. Facility Maintenance

**Inspection Ref:** 20000010512

**B&C FIRE SAFETY**



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

**Deficiency / Recommendations Summary**

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

***Sprinkler Head Sidewall***

Globe Sprinkler Head Sidewall

**No** Repl/Test/Recall req OK ?

Heads removed on dock area for renovation and painting.

# Report of Inspection/Test

Annual Sprinkler

06/06/2019

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

**Property**

EMS - Sheriff's Office NEW  
  
1450 Miracle Strip Pkwy  
Okaloosa Island  
Fort Walton Beach, FL 32548  
Mike Baxley  
(850)651-7659

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
  
5489 Old Bethel Road  
Crestview, FL 32536  
  
Randy Overly  
(850)420-1267

**Conducted by:** Eric Frongner

**Inspection Ref:** 20000007724

**Print Date:** 4/27/2020

*Signatures*

|                                      |                           |                          |   |
|--------------------------------------|---------------------------|--------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>6/6/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|--------------------------|---|

*Tag Color*

|                             |                 |              |       |
|-----------------------------|-----------------|--------------|-------|
| System Description/Location |                 | Tag Color    |       |
| Dry System                  |                 | Red Critical |       |
| Okaloosa Dispatch           | Start Time: 200 | 850-689-5766 | Kelly |
|                             | End Time: 230   | 850-689-5766 | Kelly |

*Equipment Summary*

| Description                | Site |  | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |
|----------------------------|------|--|-----------|--------|-------------------|------|-------------------|------|--------|------|
|                            | Qty  |  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |
| Sprinkler Dry System Riser |      |  |           |        |                   |      |                   |      |        |      |
|                            | 1    |  | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| Sprinkler Valve            |      |  |           |        |                   |      |                   |      |        |      |
| Aux Drain                  | 1    |  | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |

*Fire Sprinklers*

| Sprinkler Type     | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|--------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Pendent dry whi | Globe GL5635       | 4.9/155              | 1/2"        | 2002                | 2022                             | Yes                             | No                        | Yes              |

*Pressure Gauge Inspection List*

| Qty        | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|------------|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| Dry System |                        |                |                                    |                                      |                   |
| 2          | Riser                  | Yes            | 2021                               | Yes                                  | 0                 |

**Print Date:** 4/27/2020

**Page 1 of 4**

# Report of Inspection/Test

Annual Sprinkler

06/06/2019

Property: EMS - Sheriff's Office NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000007724

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Long Cycle Items

| Item Type  | Location/Description | Required Frequency | Last Performed | Next Due |
|------------|----------------------|--------------------|----------------|----------|
| Dry system | Riser                | Five years         | 2016           | 2021     |

#### Pipe Riser

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

#### Sprinklers Riser

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA  | If sprinklers have been replaced, were they proper replacements?                                      |

#### Fire Department Connection Riser

|     |   |     |  |
|-----|---|-----|--|
| Yes | Visible and accessible?   | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| No  | Plugs or caps in place and undamaged?<br><b>Fire department connection cap is missing. Internal inspection required</b> | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?  | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?  | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ?  |     |  |

#### Cold Weather Check Dry System

|     |  |     |  |
|-----|--|-----|--|
| Yes | Adequate heat in areas with wet piping?  | NA  | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| Yes | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | Yes | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

### Flow Test

| System            | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|-------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                   |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Dry System</b> |                   |             |                |       |        |                 |                                  |
|                   | Main drain        | 2           | 60             | 50    | 55     | 3               | Yes                              |

# Report of Inspection/Test

Annual Sprinkler

06/06/2019

Property: EMS - Sheriff's Office NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000007724

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Inspector's Test Valve

| System/Location | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------|----------------|---------------|---------------------|---------|-------------------|
| Dry System      |                |               |                     |         |                   |
|                 | Yes            | 2             | Yes                 | Yes     | Yes               |

### Auxiliary Drains

| System / Location | Drain     | Aux Drain Drained ? | Water Flow Observed ? |
|-------------------|-----------|---------------------|-----------------------|
| Dry System        |           |                     |                       |
| Under deck        | Drum Drip | Yes                 | Yes                   |

### Valve Inspection List

| Location   | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |
|------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|
|            |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |
| Dry System |            |      |            |            |      |            |       |           |            |            |
| Riser      | Butterfly  | 4"   | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | 8          | NA         |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

### Dry Valve Trip Test - Dry System

| Dry Valve      | Size:                       | Year:          | Q. O. D.     | Year:                   |                                |                |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|
| Make           | Model                       | Serial no.     | Make         | Model                   | Serial no.                     |                |
| Victaulic      |                             |                |              |                         |                                |                |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |
| Without Q.O.D. | NA sec                      | 60psi          | NA psi       | NA psi                  | NA sec                         | Yes            |
| With Q.O.D.    | NA sec                      | NApsi          | NA psi       | NA psi                  | NA sec                         | NA             |

Comparable to previous tests ? Yes

**Report of Inspection/Test**

**Annual Sprinkler**

**06/06/2019**

**Property:** EMS - Sheriff's Office NEW

**Owner:** Okaloosa Co. Facility Maintenance

**Inspection Ref:** 20000007724

**B&C FIRE SAFETY**



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

**Deficiency / Recommendations Summary**

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

**Fire Department Connection Riser**

Fire Department Connection

**No** Plugs or caps in place and undamaged?

Fire department connection cap is missing. Internal inspection required

NFPA 25-2002 12.7.1(3) *Fire department connections shall be inspected quarterly. The inspection shall verify the following: (c) Plugs or caps are in place and undamaged.*

**Sprinkler Head**

Globe GL5635 Sprinkler Head

**No** Spare available

Missing two spares

# Report of Inspection/Test

Annual Sprinkler

08/07/2019

**Property**

Okaloosa Clerk of Court Mini  
Storage NEW  
5489 Old Bethel Rd  
Crestview, FL 32536

Theresa Wilcox  
689-5000x3361

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: Eric Frongner

Inspection Ref: 200000009944

Print Date: 4/24/2020

*Signatures*

|                                      |                           |                          |   |
|--------------------------------------|---------------------------|--------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>8/7/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|--------------------------|---|

*Tag Color*

| System Description/Location | Tag Color |
|-----------------------------|-----------|
| Riser                       | Green     |

*Notifications*

| To Be Notified   | Testing Time     | Phone Test   | Contact / Operator |
|------------------|------------------|--------------|--------------------|
| Security Central | Start Time: 1030 | 800-286-5699 | Monitoring         |
|                  | End Time: 12:00  | 800-286-5699 | Monitoring         |
| Okaloosa County  | Start Time: 1030 | 850-689-5766 | Dispatch           |
|                  | End Time: 12:00  | 850-689-5766 | Dispatch           |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                              | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |  |
| Butterball                        | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

*System Valve Inspection*

| Location/Description | Valve Description              | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|--------------------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                                | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| Riser                | 2" Riser Check Central 200 WOG | 120               | 120    | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2019  | No                           |

Print Date: 4/24/2020

Page 1 of 3

# Report of Inspection/Test

Annual Sprinkler

08/07/2019

Property: Okaloosa Clerk of Court Mini Storage NEW

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009944

## Fire Sprinklers

| Sprinkler Type   | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Upright brass | Reliable V2704     | 5.6/165              | 1/2"        | 2003                | 2023                             | Yes                             | Yes                       | Yes              |

## Pressure Gauge Inspection List

| Qty | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-----|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| 2   | Riser                  | Yes            | 2022                               | Yes                                  | 0                 |

## Long Cycle Items

| Item Type  | Location/Description   | Required Frequency | Last Performed | Next Due |
|------------|------------------------|--------------------|----------------|----------|
| Wet system | Riser and branch lines | 5 year             | 2014           | 2019     |

## Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

## Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA  | If sprinklers have been replaced, were they proper replacements?                                      |

## Flow Test

| System | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|--------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|        |                   |             | Static         | Resid | Static |                 |                                  |
| Riser  | Main drain        | 2"          | 120            | 90    | 120    | 15              | Yes                              |

## Inspector's Test Valve

| System/Location | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------|----------------|---------------|---------------------|---------|-------------------|
| Riser           | Yes            | 30            | Yes                 | Yes     | Yes               |

## Valve Inspection List

Print Date: 4/24/2020

Page 2 of 3

# Report of Inspection/Test

Annual Sprinkler

08/07/2019

Property: Okaloosa Clerk of Court Mini Storage NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

Inspection Ref: 200000009944

### Valve Inspection List

| Location             | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |  |
|----------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|--|
|                      |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |
| Riser                | Butterfly  | 2"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 7          | NA         |  |
| Backflow Supply      | OS&Y       | 4"   | None       | Ok         | Ok   | Ok         | NA    | NA        | 0          | NA         |  |
| Backflow System Side | OS&Y       | 4"   | None       | Ok         | Ok   | Ok         | NA    | NA        | 0          | NA         |  |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

# Report of Inspection/Test

Annual Sprinkler

08/29/2019

**Property**

Okaloosa County  
 Administrative Building NEW  
 1250 Eglin Pkwy  
 Shalimar, FL

Randy Overly  
 (850)420-1267

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
 ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: Henry Jablonski

Inspection Ref: 200000010101

Print Date: 4/27/2020

*Signatures*

|  |                           |                           |   |
|--|---------------------------|---------------------------|---|
| Inspector - Printed<br>Henry Jablonski | Inspector - Signature<br> | Date Completed<br>8/29/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--|---------------------------|---------------------------|---|

*Tag Color*

|                             |           |
|-----------------------------|-----------|
| System Description/Location | Tag Color |
| Wet/Riser Mechanical Room   | Green     |

*Notifications*

| To Be Notified   | Testing Time     | Phone Test   | Contact / Operator |
|------------------|------------------|--------------|--------------------|
| Security Central | Start Time: 6:30 | 800-286-5699 | Monitoring         |
|                  | End Time: 1:00   | 800-286-5699 | Monitoring         |
| Okaloosa         | Start Time: 6:30 | 850-689-5766 | Dispatch           |
|                  | End Time: 1:00   | 850-689-5766 | Dispatch           |

*Equipment Summary*

| Description                             | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |
|---|------|-----------|--------|-------------------|------|-------------------|------|--------|------|
|   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |
| <b>Sprinkler Sectional CV - FT, ITV</b> |      |           |        |                   |      |                   |      |        |      |
| Inspector's test                        | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| Butterfly                               | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Valve</b>                  |      |           |        |                   |      |                   |      |        |      |
| OS&Y                                    | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Wet System Riser</b>       |      |           |        |                   |      |                   |      |        |      |
| Main drain                              | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |

*System Valve Inspection*

| Location/Description | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
|                      |                   |                   |        |                          |                    |           |             |         |                |   |                              |

Print Date: 4/27/2020

Page 1 of 3

# Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property: Okaloosa County Administrative Building NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010101

### System Valve Inspection

| Location/Description      | Valve Description             | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|---------------------------|-------------------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                           |                               | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| Wet/Riser Mechanical Room | 4" Riser Check 2014 Central G | 50                | 50     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2019  | No                           |

### Fire Sprinklers

| Sprinkler Type    | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|-------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Pendent Chrome | Globe GL5601       | 5.6/155              | 1/2"        | 2014                | 2034                             | Yes                             | Yes                       | Yes              |
| QR Sidewall White | Globe GL           | 5.6/155              | 1/2"        | 2014                | 2034                             | Yes                             | Yes                       | Yes              |
| QR Upright Brass  | Globe GL5615       | 5.6/200              | 1/2"        | 2014                | 2034                             | Yes                             | Yes                       | Yes              |

### Pressure Gauge Inspection List

| Qty | Location / Description    | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-----|---------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| 2   | Wet/Riser Mechanical Room | Yes            | 2019                               | Yes                                  | 0                 |

### Long Cycle Items

| Item Type  | Location/Description | Required Frequency | Last Performed | Next Due |
|------------|----------------------|--------------------|----------------|----------|
| Wet system | Riser/Building       | 5 Year             | 2015           | 2020     |

### Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

### Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA  | If sprinklers have been replaced, were they proper replacements?                                      |

# Report of Inspection/Test

Annual Sprinkler

08/29/2019

Property: Okaloosa County Administrative Building NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010101

### Fire Department Connection Wet/SW Corner Near Parking

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

### Flow Test

| System                    | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|---------------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                           |                   |             | Static         | Resid | Static |                 |                                  |
| Wet/Riser Mechanical Room | Inspector's test  | 1/2"        | 50             | 40    | 50     | 5               | Yes                              |
| Wet/1st Floor SW Riser    | Inspector's test  | 1/2"        | 60             | 40    | 45     | 10              | Yes                              |
| Wet/2nd Floor SW Riser    | Inspector's test  | 1/2"        | 40             | 30    | 40     | 10              | Yes                              |
| Wet/3rd Floor SW Riser    | Inspector's test  | 1/2"        | 40             | 35    | 40     | 10              | Yes                              |

### Inspector's Test Valve

| System/Location           | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|---------------------------|----------------|---------------|---------------------|---------|-------------------|
| Wet/Riser Mechanical Room | Yes            | 27            | Yes                 | Yes     | Yes               |
| Wet/1st Floor SW Riser    | Yes            | 70            | Yes                 | Yes     | Yes               |
| Wet/2nd Floor SW Riser    | Yes            | 32            | Yes                 | Yes     | Yes               |
| Wet/3rd Floor SW Riser    | Yes            | 34            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location                  | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |    |
|---------------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|----|
|                           |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |    |
| Wet/Riser Mechanical Room | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 9          | NA |
| Wet/1st Floor SW Riser    | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 12         | NA |
| Wet/2nd Floor SW Riser    | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 9          | NA |
| Wet/3rd Floor SW Riser    | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 9          | NA |
| Backflow Supply           | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 20         | NA |
| Backflow System Side      | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 20         | NA |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

**Property**

Okaloosa County Courthouse  
Annex Extension NEW  
1940 Lewis Turner Blvd  
Fort Walton Beach, FL 32548

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
5489 Old Bethel Road  
Crestview, FL 32536

Conducted by: David Woodard

Inspection Ref: 200000010431

Randy Overly  
(850)420-1267

(850)830-1600

Print Date: 4/27/2020

*Signatures*

|                                      |                           |                           |   |
|--------------------------------------|---------------------------|---------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>10/2/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|---------------------------|---|

|  |                                      |                           |  |
|--|--------------------------------------|---------------------------|--|
| Owner's Representative - Prin<br>Gary Madden | Owner's Representative - Signatu<br> | Date Completed<br>10/2/19 | Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms. |
|--|--------------------------------------|---------------------------|--|

*Tag Color*

| System Description/Location | Tag Color           |
|-----------------------------|---------------------|
| Wet System                  |                     |
| Wet/Riser Loading Dock      | Green               |
| Wet/ Fire Pump Room Outside | Yellow-Non critical |
| Dry System                  |                     |
| Dry/Riser Loading Dock      | Yellow-Non critical |

*Notifications*

| To Be Notified    | Testing Time     | Phone Test   | Contact / Operator |
|-------------------|------------------|--------------|--------------------|
| Security Central  | Start Time: 0545 | 800-286-5699 | Chris              |
|                   | End Time: 8:45   | 800-286-5699 | Chris              |
| Okaloosa Dispatch | Start Time: 0545 | 850-689-5766 | Heather            |
|                   | End Time: 8:45   | 850-689-5766 | Heather            |

*Equipment Summary*

| Description                  | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                              | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| Sprinkler Dry System Riser   |      |           |        |                   |      |                   |      |        |      |  |
| Main drain                   | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Sprinkler Gauges             |      |           |        |                   |      |                   |      |        |      |  |
|                              | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Sprinkler Hose Valve Outlets |      |           |        |                   |      |                   |      |        |      |  |
|                              | 3    | 3         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

Print Date: 4/27/2020

Page 1 of 10

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Equipment Summary

| Description                             | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |
|---|------|-----------|--------|-------------------|------|-------------------|------|--------|------|
|   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |
| <b>Sprinkler Pump</b>                   |      |           |        |                   |      |                   |      |        |      |
| Butterfly                               | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Sectional CV - FT, ITV</b> |      |           |        |                   |      |                   |      |        |      |
| Inspector's test                        | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Valve</b>                  |      |           |        |                   |      |                   |      |        |      |
| OS&Y                                    | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Wet System Riser</b>       |      |           |        |                   |      |                   |      |        |      |
| Inspector's test                        | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |

### System Valve Inspection

| Location/Description   | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|------------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                        |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet System</b>      |                   |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet/Riser Loading Dock | 3"                |                   |        | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2023  | No                           |

### Fire Sprinklers

| Sprinkler Type     | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|--------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Pendent Chrome  | Viking VK302       | 155                  | 1/2"        | 2011                | 2031                             | Yes                             | Yes                       | Yes              |
| QR Concealed White | Viking VK462       | 155                  | 1/2"        | 2011                | 2031                             | Yes                             | Yes                       | Yes              |
| QR Upright Brass   | Tyco TY3131        | 200                  | 1/2"        | 2010                | 2030                             | Yes                             | Yes                       | Yes              |

### Pressure Gauge Inspection List

| Qty               | Location / Description      | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-------------------|-----------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Wet System</b> |                             |                |                                    |                                      |                   |
| 1                 | Wet/Riser Loading Dock      | Yes            | 2023                               | Yes                                  | 0                 |
| 5                 | Wet/ Fire Pump Room Outside | Yes            | 2023                               | Yes                                  | 0                 |
| <b>Dry System</b> |                             |                |                                    |                                      |                   |
| 2                 | Dry/Riser Loading Dock      | Yes            | 2023                               | Yes                                  | 0                 |

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Long Cycle Items

| Item Type  | Location/Description  | Required Frequency | Last Performed  | Next Due |
|--|---|--------------------|---|----------|
| Riser  | All of building   | Every 5 years      | 8/9/2018  | 8/2023   |
| <b>Pipe</b>  |   |                    |   |          |
| Yes  | In good condition ?   | Yes                | Free of mechanical damage and not leaking ?   |          |
| Yes  | No external corrosion ?   | Yes                | Properly aligned ?  |          |
| Yes  | No external loads ?   | Yes                | Visible pipe hangers and seismic braces not damaged or loose ?  |          |
| <b>Sprinklers</b>  |   |                    |   |          |
| NA   | Extra high, very extra high and ultra high temperature sprinklers tested ?  | No                 | Eng evaluation recommended for spacing?   |          |
| No   | Eng evaluation recommended for sprinkler type?  | Yes                | Proper number and type of spare sprinklers?   |          |
| Yes  | Free of corrosion?  | Yes                | Free of obstructions to spray patterns?   |          |
| Yes  | Free of foreign materials including paint?  | Yes                | Free of physical damage?  |          |
| Yes  | Sprinklers free of loading and dirt?  | Yes                | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |          |
| Yes  | Are all sprinklers in service dated 1920 or later?  | Yes                | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |          |
| Yes  | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.                            | Yes                | If sprinklers have been replaced, were they proper replacements?                                      |          |
| <b>Cold Weather Check Dry/Riser Loading Dock Dry System</b>        |   |                    |   |          |
| Yes  | Adequate heat in areas with wet piping?   | NA                 | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?                |          |
| Yes  | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage?            | Yes                | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?  |          |
| <b>Fire Department Connection Wet/Front Parking Lot Wet System</b> |   |                    |   |          |
| Yes  | Visible and accessible?   | Yes                | Couplings and swivels not damaged and rotate smoothly?  |          |
| Yes  | Plugs or caps in place and undamaged?   | Yes                | Gaskets in place and in good condition?   |          |
| Yes  | Identification sign(s) in place?  | Yes                | Check valve is not leaking?   |          |
| Yes  | Automatic drain valve in place and operating properly?  | NA                 | Interior free of obstructions (if caps are not in place) ?  |          |
| NA   | Valve clapper operational over its full range (if caps are not in place) ?  |                    |   |          |
| <b>Hose Valve Outlets Stair 4 Wet Standpipe</b>                    |   |                    |   |          |
| Yes  | Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ? | Yes                | Valves not leaking and no visible obstructions ?  |          |
| <b>Hose Valve Outlets Stair 2 Wet Standpipe</b>                    |   |                    |   |          |
| Yes  | Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ? | Yes                | Valves not leaking and no visible obstructions ?  |          |
| <b>Hose Valve Outlets Stair 3 Wet Standpipe</b>                    |   |                    |   |          |
| Yes  | Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ? | Yes                | Valves not leaking and no visible obstructions ?  |          |

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Fire Pump Electric Inspection Wet System

|     |   |     |   |
|-----|---|-----|---|
| Yes | Pump house/room at least 40deg F?   | Yes | Suction, discharge and bypass valves open?                |
| Yes | Piping free from leaks?   | Yes | Suction and system pressure gauges normal?                |
| NA  | Suction reservoir, if provided, full?   | Yes | Controller indicating power ON ?                          |
| Yes | Transfer switch indicating normal situation?  | Yes | Isolation switch closed?                                  |
| Yes | Reverse phase alarm indicator OFF or normal phase rotation indicator ON ?                   | Yes | Circulation relief valve flowing water while pump churns? |
| Yes | Pressure relief valves operating with proper pressure downstream while pump is operational? |     |   |

### Fire Pump Electric Test Wet System

|                         |   |     |   |
|-------------------------|---|-----|---|
| Yes                     | Pump started automatically?   | 85  | Record starting pressure.   |
| 85                      | Record starting pressure.   | 130 | Pump shutoff pressure.  |
| 110                     | Jockey pump shutoff pressure.   | 95  | Jockey pump starting pressure.  |
| Yes                     | Pump run for at least 10 minutes?                                     | 45  | Record suction pressure while running.  |
| 130                     | Record discharge pressure while running.                              | Yes | Pump packing gland showing slight discharge? (Adjust if necessary)                        |
| Yes                     | Free from unusual noises or vibrations?                               | Yes | Packing boxes, bearings and pump casing free from overheating?                            |
| 3                       | Record time for motor to accelerate to full speed.                    | 1   | For reduced voltage or reduced current starting, record time controller is on first step. |
| 10                      | For automatic stop controllers, record time pump runs after starting. | Yes | All times and pressures acceptable?   |
| <b>Have to turn off</b> |   |     |   |
| <b>No auto stop</b>     |   |     |   |

### Fire Pump Electric Maintenance Wet System

|    |   |    |   |
|----|---|----|---|
| NA | Changed pump bearing lubrication?                         | NA | Shaft end play acceptable?  |
| NA | Pump coupling alignment acceptable?                       | NA | Transmission coupling, right angle gear drive and mechanical moving parts lubricated? |
| NA | Circuit breakers passed trip test?                        | NA | Emergency manual starting means operated without power?                               |
| NA | Electrical connections secure?                            | NA | Pressure switch settings calibrated?  |
| NA | Motor bearings greased?                                   | NA | Control and power wirings tight?  |
| NA | Isolation switch and circuit breaker exercised?           | NA | Circuit breakers appear clean?  |
| NA | Electrical system free of wire chafing?                   | NA | Manual starting means on electrical systems operated?                                 |
| NA | Boxes, panels and cabinets on electrical systems cleaned? | NA | Isolation switch and circuit breaker exercised?                                       |
| NA | Circuit breakers appear clean?                            |    |   |

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
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### Fire Pump Electric Flow Test Wet System

|     |  |     |   |
|-----|--|-----|---|
| Yes | Pump test run by discharge of flow through hose streams. Flow readings were taken at each hose stream.                       |     | Pump test run by discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter. |
|     | Pump test run by discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.  | Yes | Are the pressure readings acceptable?   |
| NA  | No-flow (churn) test run for 30 min?   | Yes | Circulation relief valve and pressure relief valve operated properly during all flow tests?                             |
| Yes | No alarm indicators or other visible abnormalities observed during no-flow test?   |     | Low suction throttling device test: Low suction pressure simulated?   |
|     | Low suction throttling device test: Free from abnormalities in throttling action?  |     | Low suction throttling device test: Free from abnormalities in return to full flow?                                     |
|     | Automatic transfer switch test: Power failure simulated during peak flow?  |     | Automatic transfer switch test: Connection made to alternate power source?  |
|     | Automatic transfer switch test: After termination of simulated power failure did motor reconnect to the normal power source? |     | All alarm conditions simulated?   |
| Yes | All alarms operated?   |     |   |

### Flow Test

| System                 | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|------------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                        |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Wet System</b>      |                   |             |                |       |        |                 |                                  |
| Wet/Riser Loading Dock | Main drain        | 2           | 110            | 70    | 110    | 15              | Yes                              |
| Wet/2nd Floor Stair 3  | Inspector's test  | 1/2         | 90             | 70    | 90     | 20              | Yes                              |
| Wet/3rd Floor Stair 3  | Inspector's test  | 1/2         | 85             | 65    | 85     | 15              | Yes                              |
| <b>Dry System</b>      |                   |             |                |       |        |                 |                                  |
| Dry/Riser Loading Dock | Main drain        | 1-1/2"      | 55             | 40    | 55     | 10              | Yes                              |

### Inspector's Test Valve

| System/Location        | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|------------------------|----------------|---------------|---------------------|---------|-------------------|
| <b>Wet System</b>      |                |               |                     |         |                   |
| Wet/Riser Loading Dock | Yes            | 30            | Yes                 | Yes     | Yes               |
| Wet/2nd Floor Stair 3  | Yes            | 32            | Yes                 | Yes     | Yes               |
| Wet/3rd Floor Stair 3  | Yes            | 42            | Yes                 | Yes     | Yes               |
| <b>Dry System</b>      |                |               |                     |         |                   |
| Dry/Riser Loading Dock | Yes            | 40            | Yes                 | Yes     | Yes               |

### Valve Inspection List

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Valve Inspection List

| Location   | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |  |
|--|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|--|
|  |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |
| <b>Wet System</b>  |            |      |            |            |      |            |       |           |            |            |  |
| Wet/Riser Loading Dock   | Butterfly  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 8          | Ok         |  |
| Wet/2nd Floor Stair 3  | Butterfly  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 16         | NA         |  |
| Wet/3rd Floor Stair 3  | Butterfly  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 16         | NA         |  |
| Wet/ Fire Pump Room Outside  | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 15         | NA         |  |
| Wet/ Fire Pump Room Outside  | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 15         | NA         |  |
| Wet/ Fire Pump Room Outside  | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 15         | NA         |  |
| <b>Tamper switch failed to report to panel</b>   |            |      |            |            |      |            |       |           |            |            |  |
| Wet/ Fire Pump Room Outside  | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 15         | NA         |  |
| <b>Dry System</b>  |            |      |            |            |      |            |       |           |            |            |  |
| Dry/Riser Loading Dock   | Butterfly  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 10         | Ok         |  |
| <b>Backflow Supply</b>   |            |      |            |            |      |            |       |           |            |            |  |
| Backflow Street Entrance   | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |
| <b>Backflow System Side</b>  |            |      |            |            |      |            |       |           |            |            |  |
| Backflow Street Entrance   | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | 0          | Ok         |  |
| <b>Ok</b> - Passes Inspection <b>S</b> - Serviced on site <b>X</b> - Requires Service <b>NA</b> - Not Applicable |            |      |            |            |      |            |       |           |            |            |  |

### Dry Valve Trip Test - Dry System

|                |                             |                |              |                         |                                |                |       |  |
|----------------|-----------------------------|----------------|--------------|-------------------------|--------------------------------|----------------|-------|--|
| Dry Valve      |                             | Size: 3"       | Year:        |                         | Q. O. D.                       |                | Year: |  |
| Make           | Model                       | Serial no.     |              | Make                    | Model                          | Serial no.     |       |  |
| Viking         | DV/1                        |                |              |                         |                                |                |       |  |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure | Trip point air pressure | Time water reached test outlet | Alarm Operated |       |  |
| Without Q.O.D. | 40 sec                      | 80 psi         | 35 psi       | 10 psi                  | 50 sec                         | Yes            |       |  |
| With Q.O.D.    | sec                         | psi            | psi          | psi                     | sec                            |                |       |  |

Comparable to previous tests ?

**PS10 Potter alarm switch stays in alarm and is now bypassed**

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Pump Equipment/Component Summary

| Item                   | Manufacturer           | Model                  | Serial No. |
|------------------------|------------------------|------------------------|------------|
|                        | Location / Description |                        |            |
| Wet System             |                        |                        |            |
| Fire Pump              | Patterson              | 5X3 VIP                | FP-C098290 |
|                        | 30 psi      500 gpm    | Centrifugal            |            |
| Motor                  |                        |                        |            |
|                        | 30 HP      3540 RPM    | 200 VAC      60 cycles |            |
| Fire Pump Controller   | Eaton                  | FT90-30D-L1            | 16BL664E   |
|                        |                        |                        |            |
| Jockey Pump            | Grundfos               | CR-1                   |            |
|                        |                        |                        |            |
| Jockey Pump Controller | Eaton                  | FDJP-0.75D             | 16BL664J   |
|                        |                        |                        |            |

# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

**B&C FIRE SAFETY**



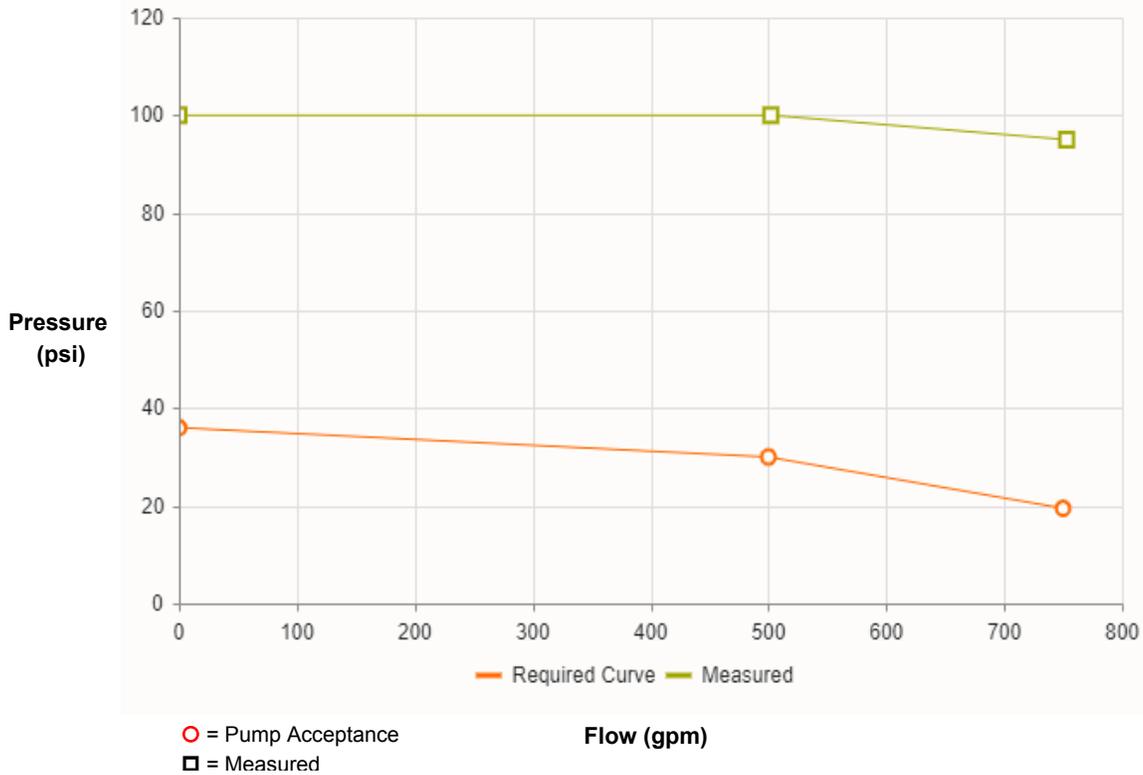
FIRE SUPPRESSION SPECIALISTS  
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**850-862-7812**

## PUMPD Test Point with Stream Detail

| Flow (measured) |      | Pressure (measured) |         |           | Speed (rpm) |
|-----------------|------|---------------------|---------|-----------|-------------|
| % Rated         | Flow | Net                 | Suction | Discharge |             |
| Churn           | 0    | 100                 | 35      | 135       | 3,546       |
| 100%            | 502  | 100                 | 30      | 130       | 3,535       |
| 151%            | 753  | 95                  | 25      | 120       | 3,519       |

## Performance Graph



# Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

### Fire Pump Flow Test Stream Detail

| Flow | Stream 1 |      | Stream 2 |      | Stream 3 |      | Stream 4 |      | Stream 5 |      | Stream 6 |      |
|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|
|      | Pitot    | Flow |
|      | Orifice  |      |
| gpm  | C        |      | C        |      | C        |      | C        |      | C        |      | C        |      |
| 0    | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      |
|      | 1        |      | 1        |      | 1        |      | 1        |      | 1        |      | 1        |      |
| 100% | 8        | 251  | 8        | 251  |          |      |          |      |          |      |          |      |
|      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      |
| 502  | 1        |      | 1        |      | 1        |      | 1        |      | 1        |      | 1        |      |
| 151% | 18       | 376  | 18       | 376  |          |      |          |      |          |      |          |      |
|      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      | 1.75     |      |
| 753  | 1        |      | 1        |      | 1        |      | 1        |      | 1        |      | 1        |      |

## Report of Inspection/Test

Annual Sprinkler

10/01/2019

Property: Okaloosa County Courthouse Annex Extensior

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010431

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

#### Dry Pipe Valve Test With QOD Dry System Dry/Riser Loading Dock

Viking DV/1 Dry System Riser Main drain Dry/Riser Loading Dock

**Yes** Alarm operate ? No QOD

PS10 Potter alarm switch stays in alarm and is now bypassed

#### Fire Pump Electric Test Wet System Wet/ Fire Pump Room Outside

Patterson 5X3 VIP Pump ButterflyFP-C098290 Wet/ Fire Pump Room Outside

**10** For automatic stop controllers, record time pump runs after starting.

Have to turn off

No auto stop

NFPA 25-2002 8.3.2.2(2)(c) *Electrical System Procedure. (c) Record the time pump runs after starting (for automatic stop controllers).*

#### Control Valve Bypass Supply Wet System Wet/ Fire Pump Room Outside

Patterson 5X3 VIP Pump ButterflyFP-C098290 Wet/ Fire Pump Room Outside

**Supervised** Secured ?

Tamper switch failed to report to panel

NFPA 25-2002 12.3.2.2(1) *The valve inspection shall verify that the valves are in the following condition: (a) In the normal open or closed position*

# Report of Inspection/Test

Annual Sprinkler

06/28/2019

**Property**

Okaloosa County EMS NEW

714 Essex Rd.

Fort Walton Beach, FL 32547

Arron Hall

850-460-0093

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: Henry Jablonski

Inspection Ref: 200000009692

Print Date: 4/27/2020

**Signatures**

|  |                           |                           |   |
|--|---------------------------|---------------------------|---|
| Inspector - Printed<br>Henry Jablonski | Inspector - Signature<br> | Date Completed<br>6/28/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--|---------------------------|---------------------------|---|

**Tag Color**

| System Description/Location | Tag Color |
|-----------------------------|-----------|
| Wet System                  |           |
| Wet riser Storeroom         | Green     |

**Notifications**

| To Be Notified   | Testing Time     | Phone Test   | Contact / Operator |
|------------------|------------------|--------------|--------------------|
| Security Central | Start Time: 3:15 | 800 286-5699 | Monitoring         |
|                  | End Time: 4:15   | 800 286-5699 | Monitoring         |
| Okaloosa County  | Start Time: 3:15 | 850-689-5766 | Dispatch           |
|                  | End Time: 4:15   | 850-689-5766 | Dispatch           |

**Equipment Summary**

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                   |      |        |      |
| OS&Y                              | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |
|                                   | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |

**System Valve Inspection**

| Location/Description | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet System</b>    |                   |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet riser Storeroom  | 3"                |                   |        | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2021  | No                           |

Print Date: 4/27/2020

Page 1 of 3

# Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property: Okaloosa County EMS NEW

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009692

## Fire Sprinklers

| Sprinkler Type    | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|-------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Upright Brass  | Victaulic V2704    | 5.6/165              | 1/2"        | 2010                | 2030                             | Yes                             | Yes                       | Yes              |
| Std Upright Brass | Victaulic V2703    | 5.6/165              | 1/2"        | 2011                | 2031                             | Yes                             | Yes                       | Yes              |
| QR Pendent Chrome | Victaulic V2708    | 5.6/155              | 1/2"        | 2011                | 2031                             | Yes                             | Yes                       | Yes              |

## Pressure Gauge Inspection List

| Qty               | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-------------------|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Wet System</b> |                        |                |                                    |                                      |                   |
| 1                 | Wet riser Storeroom    | Yes            | 2023                               | Yes                                  | 0                 |

## Long Cycle Items

| Item Type  | Location/Description | Required Frequency | Last Performed | Next Due |
|------------|----------------------|--------------------|----------------|----------|
| Wet system | Riser/Building       | 5 year             |                | Now      |

## Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

## Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA  | If sprinklers have been replaced, were they proper replacements?                                      |

## Fire Department Connection Front of Bldg Wet System

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Flow Test

Print Date: 4/27/2020

Page 2 of 3

# Report of Inspection/Test

Annual Sprinkler

06/28/2019

Property: Okaloosa County EMS NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009692

### Flow Test

| System              | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|---------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                     |                   |             | Static         | Resid | Static |                 |                                  |
| <i>Wet System</i>   |                   |             |                |       |        |                 |                                  |
| Wet riser Storeroom | Inspector's test  | 2           | 55             | 45    | 50     | 5               | Yes                              |

### Inspector's Test Valve

| System/Location     | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|---------------------|----------------|---------------|---------------------|---------|-------------------|
| <i>Wet System</i>   |                |               |                     |         |                   |
| Wet riser Storeroom | Yes            | 32            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location                    | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |    |
|-----------------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|----|
|                             |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |    |
| <i>Wet System</i>           |            |      |            |            |      |            |       |           |            |            |    |
| Wet riser Storeroom         | OS&Y       | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 17         | NA |
| <i>Backflow Supply</i>      |            |      |            |            |      |            |       |           |            |            |    |
| Riser                       | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 14         | NA |
| <i>Backflow System Side</i> |            |      |            |            |      |            |       |           |            |            |    |
| Riser                       | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 14         | NA |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

# Report of Inspection/Test

Annual Sprinkler

11/20/2019

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

**Property**

Okaloosa County Health  
Department Crestview NEW  
810 East James Lee Blvd.  
Crestview, FL 32536

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
5489 Old Bethel Road  
Crestview, FL 32536

**Conducted by:** Henry Jablonski

**Inspection Ref:** 200000010535

John Alfone  
(850)833-9240 x2255

Randy Overly  
(850)420-1267

**Print Date:** 4/24/2020

*Signatures*

|                                      |                           |                            |   |
|--------------------------------------|---------------------------|----------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>11/20/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|----------------------------|---|

*Tag Color*

| System Description/Location | Tag Color |
|-----------------------------|-----------|
| Riser                       | Green     |

*Notifications*

| To Be Notified    | Testing Time    | Phone Test   | Contact / Operator |
|-------------------|-----------------|--------------|--------------------|
| Security Central  | Start Time: 615 | 800-286-5699 | Monitoring         |
|                   | End Time: 900   | 800-286-5699 | Monitoring         |
| City of Crestview | Start Time: 615 | 850-682-3741 | Dispatch           |
|                   | End Time: 900   | 850-682-3741 | Dispatch           |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |
| Riser Check                       | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |

*System Valve Inspection*

| Location/Description | Valve Description        | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|--------------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                          | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| Riser                | 4" Riser Check Victaulic | 65                | 75     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2020  | No                           |

**Print Date:** 4/24/2020

**Page 1 of 3**

# Report of Inspection/Test

Annual Sprinkler

11/20/2019

Property: Okaloosa County Health Department Crestview

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010535



## Fire Sprinklers

| Sprinkler Type | Manufacturer Model  | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|----------------|---------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| Std Pendent    | Central Solder link | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |

## Pressure Gauge Inspection List

| Qty | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-----|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| 2   | Riser                  | Yes            | 2020                               | Yes                                  | 0                 |

## Long Cycle Items

| Item Type  | Location/Description | Required Frequency | Last Performed | Next Due |
|------------|----------------------|--------------------|----------------|----------|
| Wet system | All                  | 5 year             | 2015           | 2020     |

## Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

## Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA  | If sprinklers have been replaced, were they proper replacements?                                      |

## Fire Department Connection

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Flow Test

| System | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|--------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|        |                   |             | Static         | Resid | Static |                 |                                  |
| Riser  | Inspector's test  | 2           | 75             | 55    | 70     | 10              | Yes                              |

Print Date: 4/24/2020

Page 2 of 3

# Report of Inspection/Test

Annual Sprinkler

11/20/2019

Property: Okaloosa County Health Department Crestview

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010535

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Inspector's Test Valve

| System/Location | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------|----------------|---------------|---------------------|---------|-------------------|
| Riser           | Yes            | 42            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location             | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |  |
|----------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|--|
|                      |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |
| Riser                | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 12         | NA         |  |
| Backflow Supply      | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | 0          | NA         |  |
| Backflow System Side | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | 0          | NA         |  |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

# Report of Inspection/Test

Annual Sprinkler

04/03/2020

**Property**

Okaloosa County Health  
 Department FWB NEW  
 221 Hospital Dr.  
 Fort Walton Beach, FL 32547

John Alfone  
 (850)833-9240 x2255

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
 ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: Eric Frongner

Inspection Ref: 200000011285

Print Date: 4/27/2020

*Signatures*

|  |                           |                          |   |
|--|---------------------------|--------------------------|---|
| Inspector - Printed<br>Henry Jablonski | Inspector - Signature<br> | Date Completed<br>4/3/20 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--|---------------------------|--------------------------|---|

*Tag Color*

| System Description/Location | Tag Color |
|-----------------------------|-----------|
| Wet system                  |           |
| Wet riser                   | Green     |

*Notifications*

| To Be Notified    | Testing Time     | Phone Test   | Contact / Operator |
|-------------------|------------------|--------------|--------------------|
| Security Central  | Start Time: 6:00 | 800-286-5699 | Monitoring         |
|                   | End Time: 9:00   | 800-286-5699 | Monitoring         |
| Okaloosa Dispatch | Start Time: 6:00 | 850-689-5766 | Dispatch           |
|                   | End Time: 9:00   | 850-689-5766 | Dispatch           |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                              | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                              | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

*System Valve Inspection*

| Location/Description | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet system</b>    |                   |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet riser            | 4"                | NA                | 65     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2021  | No                           |

Print Date: 4/27/2020

# Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property: Okaloosa County Health Department FWB NE

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000011285

## Fire Sprinklers

| Sprinkler Type     | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|--------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| Sdt Pendent Chrome | Star SSP 735A      | Sauder               | 1/2"        | 1992                | 2042                             | Yes                             | Yes                       | Yes              |
| QR Pendent Chrome  | Victaulic V2708    | 5.6/155              | 1/2"        | 2013                | 2033                             | Yes                             | Yes                       | Yes              |
| QR Sidewall Chrome | Globe J90          | 155                  | 1/2"        | 2013                | 2033                             | Yes                             | Yes                       | Yes              |
| Std Upright Brass  | Rasco SSUD1        | 212 sauder           | 1/2"        | 1992                | 2042                             | Yes                             | Yes                       | Yes              |

## Pressure Gauge Inspection List

| Qty        | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|------------|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| Wet system |                        |                |                                    |                                      |                   |
| 1          | Wet riser              | Yes            | 2021                               | Yes                                  | 0                 |

## Long Cycle Items

| Item Type | Location/Description | Required Frequency | Last Performed | Next Due |
|-----------|----------------------|--------------------|----------------|----------|
| Riser     | Riser Room           | 5 year             | 2016           | 2021     |

| Pipe |                         |     |  |  |
|------|-------------------------|-----|--|--|
| Yes  | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |  |
| Yes  | No external corrosion ? | Yes | Properly aligned ?   |  |
| Yes  | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |  |

| Sprinklers |  |     |   |  |
|------------|--|-----|---|--|
| NA         | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |  |
| No         | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |  |
| Yes        | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |  |
| Yes        | Free of foreign materials including paint?   | Yes | Free of physical damage?  |  |
| Yes        | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |  |
| Yes        | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |  |
| Yes        | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | Yes | If sprinklers have been replaced, were they proper replacements?                                      |  |

| Fire Department Connection NW Side of Bldg |  |     |  |  |
|--|--|-----|--|--|
| Yes  | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |  |
| Yes  | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |  |
| Yes  | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |  |
| Yes  | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |  |
| NA   | Valve clapper operational over its full range (if caps are not in place) ? |     |  |  |

## Flow Test

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

04/03/2020

Property: Okaloosa County Health Department FWB NE1

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000011285

### Flow Test

| System     | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|            |                   |             | Static         | Resid | Static |                 |                                  |
| Wet system |                   |             |                |       |        |                 |                                  |
| Wet riser  | Main drain        | 2"          | 65             | 55    | 65     | 5               | Yes                              |

### Inspector's Test Valve

| System/Location | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------|----------------|---------------|---------------------|---------|-------------------|
| Wet system      |                |               |                     |         |                   |
| Wet riser       | Yes            | 55            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location             | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |    |
|----------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|----|
|                      |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |    |
| Wet system           |            |      |            |            |      |            |       |           |            |            |    |
| Wet riser            | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 12         | NA |
| Backflow Supply      | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | Ok        | Ok         | 18         | NA |
| Backflow System Side | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | Ok        | Ok         | 18         | NA |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

# Report of Inspection/Test

Annual Sprinkler

11/06/2019

**Property**

Okaloosa County Jail NEW

1200 East James Lee Blvd.  
Crestview, FL 32539

Sgt. Denise  
689-5690x1315

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: David Woodard

Inspection Ref: 200000010493

Print Date: 4/24/2020

*Signatures*

|                                      |                           |                           |   |
|--------------------------------------|---------------------------|---------------------------|---|
| Inspector - Printed<br>David Woodard | Inspector - Signature<br> | Date Completed<br>11/6/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|---------------------------|---|

*Tag Color*

| System Description/Location                                    | Tag Color  |                  |              |         |                |              |          |
|--|--|------------------|--------------|---------|----------------|--------------|----------|
| <b>Wet System</b>  |  |                  |              |         |                |              |          |
| Alpha Pod/ transport office                                    | Red Critical   |                  |              |         |                |              |          |
| Admin / Medical  | Green  |                  |              |         |                |              |          |
| Bravo Pod  | Red Critical   |                  |              |         |                |              |          |
| Charlie Pod  | Green  |                  |              |         |                |              |          |
| Echo Pod   | Red Critical   |                  |              |         |                |              |          |
| Delta Pod  | Green  |                  |              |         |                |              |          |
| <b>Dry System</b>  |  |                  |              |         |                |              |          |
| Sally Port   | Red Critical   |                  |              |         |                |              |          |
| No system pressure switch<br>Air compressor would not activate |  |                  |              |         |                |              |          |
| Delta Pod  | Green  |                  |              |         |                |              |          |
| Okaloosa   | <table border="1"> <tr> <td>Start Time: 8:15</td> <td>850-689-5766</td> <td>Heather</td> </tr> <tr> <td>End Time: 2:30</td> <td>850-689-5766</td> <td>Jennifer</td> </tr> </table> | Start Time: 8:15 | 850-689-5766 | Heather | End Time: 2:30 | 850-689-5766 | Jennifer |
| Start Time: 8:15   | 850-689-5766   | Heather          |              |         |                |              |          |
| End Time: 2:30   | 850-689-5766   | Jennifer         |              |         |                |              |          |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Served Repaired |      | Failed |      |
|-----------------------------------|------|-----------|--------|-------------------|------|-----------------|------|--------|------|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty             | %    | Qty    | %    |
| <b>Sprinkler Dry System Riser</b> |      |           |        |                   |      |                 |      |        |      |
| Main drain                        | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0% |
| OS&Y                              | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0% |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                 |      |        |      |
| OS&Y                              | 3    | 3         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0% |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                 |      |        |      |
| Main drain                        | 5    | 5         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0% |
| Butterfly                         | 1    | 1         | 100.0% | 0                 | 0.0% | 0               | 0.0% | 0      | 0.0% |

*System Valve Inspection*

Print Date: 4/24/2020

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# Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

Inspection Ref: 20000010493

### System Valve Inspection

| Location/Description        | Valve Description                | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|-----------------------------|----------------------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                             |                                  | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet System</b>           |                                  |                   |        |                          |                    |           |             |         |                |   |                              |
| Alpha Pod/ transport office | 4" Riser Check 1984 Victaulic 80 |                   | 90     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2020  | No                           |
| Admin / Medical             | 4"                               |                   | 90     | NA                       | Ok                 | Ok        | NA          | Ok      | Ok             | 2020  | No                           |
| Bravo Pod                   | 4"                               |                   | 90     | NA                       | Ok                 | Ok        | NA          | Ok      | Ok             | 2020  | No                           |
| Charlie Pod                 | 4"                               |                   | 85     | NA                       | Ok                 | Ok        | NA          | Ok      | Ok             | 2020  | No                           |
| Echo Pod                    | 4"                               |                   | 90     | NA                       | Ok                 | Ok        | NA          | Ok      | Ok             | 2020  | No                           |
| Delta Pod                   | 4" Riser Check B                 |                   | 90     | NA                       | Ok                 | Ok        | NA          | Ok      | Ok             | 2020  | No                           |

### Fire Sprinklers

| Sprinkler Type     | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|--------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| Std Upright Chrome | Tyco TY323         | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| Std Pendent Chrome | Tyco TY3281 INST   | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| QR Sidewall Chrome | Tyco TY3390        | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| Std Sidewall Brass | Central SOLDER L   | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| QR Sidewall Chrome | RASCO R3731        | 5.6/165              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| QR Sidewall Brass  | Tyco TY3331        | 200                  | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| QR Upright brass   | Tyco TY3131        | 5.6/155              | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |
| QR Upright Chrome  | Central            | 200                  | 1/2"        |                     |                                  | Yes                             | Yes                       | Yes              |

# Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

### Pressure Gauge Inspection List

| Qty               | Location / Description      | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-------------------|-----------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Wet System</b> |                             |                |                                    |                                      |                   |
| 1                 | Alpha Pod/ transport office | Yes            | 2020                               | Yes                                  | 0                 |
| 1                 | Admin / Medical             | Yes            | 2020                               | Yes                                  | 0                 |
| 1                 | Bravo Pod                   | Yes            | 2020                               | Yes                                  | 0                 |
| 1                 | Charlie Pod                 | Yes            | 2020                               | Yes                                  | 0                 |
| 1                 | Echo Pod                    | Yes            | 2020                               | Yes                                  | 0                 |
| 1                 | Delta Pod                   | Yes            | 2020                               | Yes                                  | 0                 |
| <b>Dry System</b> |                             |                |                                    |                                      |                   |
| 2                 | Sally Port                  | Yes            | 2023                               | Yes                                  | 0                 |
| 2                 | Delta Pod                   | Yes            | 2020                               | Yes                                  | 0                 |

### Long Cycle Items

| Item Type | Location/Description | Required Frequency | Last Performed | Next Due |
|-----------|----------------------|--------------------|----------------|----------|
| Riser     | All                  | Every 5 years      | 2015           | 2020     |

| Pipe |                         |     |  |  |
|------|-------------------------|-----|--|--|
| Yes  | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |  |
| Yes  | No external corrosion ? | Yes | Properly aligned ?   |  |
| Yes  | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |  |

| Sprinklers                            |  |            |   |  |
|---------------------------------------|--|------------|---|--|
| <b>No</b>                             | Free of corrosion?   | <b>Yes</b> | Free of obstructions to spray patterns?   |  |
| <b>Found corroded sprinkler heads</b> |  |            |   |  |
| No                                    | Eng evaluation recommended for sprinkler type?   | Yes        | Proper number and type of spare sprinklers?   |  |
| NA                                    | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No         | Eng evaluation recommended for spacing?   |  |
| <b>No</b>                             | Free of foreign materials including paint?   | <b>No</b>  | Free of physical damage?  |  |
| <b>Found painted sprinkler heads</b>  |  |            |   |  |
| Yes                                   | Sprinklers free of loading and dirt?   | Yes        | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |  |
| Yes                                   | Are all sprinklers in service dated 1920 or later?                                     | Yes        | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |  |
| Yes                                   | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA         | If sprinklers have been replaced, were they proper replacements?                                      |  |

| Fire Department Connection Alpha |  |     |  |  |
|----------------------------------|--|-----|--|--|
| NA                               | Valve clapper operational over its full range (if caps are not in place) ? |     |  |  |
| Yes                              | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |  |
| Yes                              | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |  |
| Yes                              | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |  |
| Yes                              | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |  |

Print Date: 4/24/2020

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# Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

## Fire Department Connection Admin / Medical

|     |  |     |  |
|-----|--|-----|--|
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Fire Department Connection Bravo

|     |  |     |  |
|-----|--|-----|--|
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |

## Fire Department Connection Charlie

|     |  |     |  |
|-----|--|-----|--|
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Fire Department Connection Echo

|     |  |     |  |
|-----|--|-----|--|
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |

## Air Compressor PIPE MOUNT SallyPort Dry System

|           |   |            |                                      |
|-----------|---|------------|--------------------------------------|
| <b>No</b> | Compressor appears to be in working condition?                          | <b>NA</b>  | Compressor appears free of leaks?    |
| 3/4       | Size of compressor (HP)   | PIPE MOUNT | Compressor Description/Type          |
| GENERAL   | Manufacturer of compressor  | DL161-5035 | Model of compressor                  |
| ELECTRIC  |   |            |                                      |
| NA        | Compressor and motor are free of vibration and unusual noises?          | NA         | Guages appear Ok and show normal PSI |
| NA        | Oil appears clean with no burnt odor                                    | <b>No</b>  | Electrical connections Ok?           |
| NA        | Has condensate/water been drained from the tank and/or water separator? | NA         | Dryer/Separator Ok?                  |
| NA        | Breaker in the ON Position?   | NA         | Inlet air filter clean?              |
| NA        | Belt is in good condition?  | NA         | Tension on the belt is Ok?           |

## Cold Weather Check Sally Port Dry System

|    |  |    |  |
|----|--|----|--|
| NA | Adequate heat in areas with wet piping?  | NA | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| NA | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | NA | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

# Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

### Air Compressor Delta floor mounted tank

|                  |   |               |                                      |
|------------------|---|---------------|--------------------------------------|
| Yes              | Compressor appears to be in working condition?                          | Yes           | Compressor appears free of leaks?    |
| General Electric | Manufacturer of compressor  | 9QK56C17D2012 | Model of compressor                  |
| 1/2              | Size of compressor (HP)   | P             |                                      |
|                  |   | floor mounted | Compressor Description/Type          |
| NA               | Belt is in good condition?  | NA            | Tension on the belt is Ok?           |
| NA               | Has condensate/water been drained from the tank and/or water separator? | NA            | Dryer/Separator Ok?                  |
| Yes              | Breaker in the ON Position?   | NA            | Inlet air filter clean?              |
| NA               | Oil appears clean with no burnt odor                                    | Yes           | Electrical connections Ok?           |
| Yes              | Compressor and motor are free of vibration and unusual noises?          | NA            | Guages appear Ok and show normal PSI |

### Cold Weather Check Delta Pod Dry System

|    |  |    |  |
|----|--|----|--|
| NA | Adequate heat in areas with wet piping?  | NA | Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning?               |
| NA | Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? | NA | Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? |

### Fire Department Connection Delta

|     |  |     |  |
|-----|--|-----|--|
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

### Flow Test

| System                      | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|-----------------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                             |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Wet System</b>           |                   |             |                |       |        |                 |                                  |
| Alpha Pod/ transport office | Main drain        | 2           | 90             | 70    | 90     | 5               | Yes                              |
| Admin / Medical             | Main drain        | 2           | 90             | 75    | 90     | 5               | Yes                              |
| Bravo Pod                   | Main drain        | 2           | 90             | 75    | 90     | 5               | Yes                              |
| Charlie Pod                 | Main drain        | 2           | 85             | 70    | 85     | 5               | Yes                              |
| Echo Pod                    | Main drain        | 2           | 90             | 75    | 90     | 5               | Yes                              |
| Delta Pod                   | Main drain        | 2           | 90             | 75    | 90     | 5               | Yes                              |
| <b>Dry System</b>           |                   |             |                |       |        |                 |                                  |
| Sally Port                  | Main drain        | 2           |                |       |        |                 |                                  |
| Delta Pod                   | Main drain        | 2           | 90             | 75    | 90     | 5               | Yes                              |

# Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

### Inspector's Test Valve

| System/Location             | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------------------|----------------|---------------|---------------------|---------|-------------------|
| <b>Wet System</b>           |                |               |                     |         |                   |
| Alpha Pod/ transport office | Yes            | 8             | Yes                 | Yes     | Yes               |
| Admin / Medical             | Yes            | 50            | Yes                 | Yes     | Yes               |
| Bravo Pod                   | Yes            | 20            | Yes                 | Yes     | Yes               |
| Charlie Pod                 | Yes            | 25            | Yes                 | Yes     | Yes               |
| Echo Pod                    | Yes            | 45            | Yes                 | Yes     | Yes               |
| Delta Pod                   | Yes            | 45            | Yes                 | Yes     | Yes               |
| <b>Dry System</b>           |                |               |                     |         |                   |
| Sally Port                  | NA             | NA            | NA                  | NA      | NA                |
| Delta Pod                   | Yes            | 1             | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location                  | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |  |
|---------------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|--|
|                           |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |
| Backflow Supply           | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | Ok    | Ok        | 20         | NA         |  |
| Backflow Supply delta pod | OS&Y       | 4"   | Pad Locked | Ok         | Ok   | Ok         | NA    | Ok        | 14         | NA         |  |
| Backflow System Side      | OS&Y       | 4"   | Pad Locked | Ok         | Ok   | Ok         | NA    | Ok        | 14         | NA         |  |

### Backflow

|                      |      |    |            |    |    |    |    |    |    |    |
|----------------------|------|----|------------|----|----|----|----|----|----|----|
| Backflow System Side | OS&Y | 6" | Pad Locked | Ok | Ok | Ok | Ok | Ok | 20 | NA |
|----------------------|------|----|------------|----|----|----|----|----|----|----|

### Wet System

|                             |      |    |            |    |    |    |    |    |    |    |
|-----------------------------|------|----|------------|----|----|----|----|----|----|----|
| Alpha Pod/ transport office | OS&Y | 2" | Supervised | Ok | Ok | Ok | Ok | Ok | 10 | NA |
| Admin / Medical             | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |
| Bravo Pod                   | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |
| Charlie Pod                 | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |
| Echo Pod                    | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |
| Delta Pod                   | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |

### Dry System

|            |      |    |            |    |    |    |    |    |    |    |
|------------|------|----|------------|----|----|----|----|----|----|----|
| Sally Port | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |
| Delta Pod  | OS&Y | 4" | Supervised | Ok | Ok | Ok | Ok | Ok | 14 | NA |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

### Dry Valve Trip Test - Dry System

Print Date: 4/24/2020

Page 6 of 8

**Report of Inspection/Test**

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

**B&C FIRE SAFETY**FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS**850-862-7812**

Inspection Ref: 20000010493

|                |                             |                |                |                         |                                |                |
|----------------|-----------------------------|----------------|----------------|-------------------------|--------------------------------|----------------|
| Dry Valve      |                             | Size: 4"       | Year: 01/01/00 | Q. O. D.                |                                | Year:          |
| Make           | Model                       | Serial no.     |                | Make                    | Model                          | Serial no.     |
|                |                             |                |                |                         |                                |                |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure   | Trip point air pressure | Time water reached test outlet | Alarm Operated |
| Without Q.O.D. | sec                         | psi            | psi            | psi                     | sec                            |                |
| With Q.O.D.    | sec                         | psi            | psi            | psi                     | sec                            |                |

Comparable to previous tests ?

|                |                             |                |                |                         |                                |                |
|----------------|-----------------------------|----------------|----------------|-------------------------|--------------------------------|----------------|
| Dry Valve      |                             | Size: 4"       | Year: 01/01/00 | Q. O. D.                |                                | Year:          |
| Make           | Model                       | Serial no.     |                | Make                    | Model                          | Serial no.     |
|                |                             |                |                |                         |                                |                |
|                | Time to Trip thru test pipe | Water Pressure | Air Pressure   | Trip point air pressure | Time water reached test outlet | Alarm Operated |
| Without Q.O.D. | sec                         | psi            | psi            | psi                     | sec                            |                |
| With Q.O.D.    | sec                         | psi            | psi            | psi                     | sec                            |                |

Comparable to previous tests ?

# Report of Inspection/Test

Annual Sprinkler

11/06/2019

Property: Okaloosa County Jail NEW

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010493

## Deficiency / Recommendations Summary

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

### Sprinklers All

Inspection Riser All

**No** Free of corrosion?

Found corroded sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

**No** Free of foreign materials including paint?

Found painted sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

**No** Free of physical damage?

Found damaged sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

### Air Compressor PIPE MOUNT SallyPort Dry System

GENERAL ELECTRIC DL161-5035 Compressor

**No** Compressor appears to be in working condition?

**No** Electrical connections Ok?

### Tag Sally Port Dry System Sally Port

Dry System Riser OS&Y Sally Port

**Red Critical** Tag Color

No system pressure switch

Air compressor would not activate

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

**Property**

Okaloosa County Sheriff's  
Office - CID NEW  
50 2nd Street  
Shalimar, FL 32579

Ricky Buehrig  
651-7410

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: Chris Caouette

Inspection Ref: 200000010047

Print Date: 4/27/2020

*Signatures*

|                                      |                           |                           |   |
|--------------------------------------|---------------------------|---------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>8/27/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|---------------------------|---|

*Tag Color*

| System Description/Location | Tag Color |
|-----------------------------|-----------|
| Wet/Riser                   |           |
| Wet Riser/Rear Entrance     | Green     |

*Notifications*

| To Be Notified   | Testing Time     | Phone Test   | Contact / Operator |
|------------------|------------------|--------------|--------------------|
| Security Central | Start Time: 8:30 | 800-286-5699 | Monitoring         |
|                  | End Time: 1115   | 800-286-5699 | Monitoring         |
| Okaloosa         | Start Time: 8:30 | 850-689-5766 | Dispatch           |
|                  | End Time: 1115   | 850-689-5766 | Dispatch           |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                              | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |  |
| Inspector's test                  | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

*System Valve Inspection*

| Location/Description | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet/Riser</b>     |                   |                   |        |                          |                    |           |             |         |                |   |                              |

Print Date: 4/27/2020

Page 1 of 3

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Sheriff's Office - CID NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010047

### System Valve Inspection

| Location/Description    | Valve Description                         | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|-------------------------|---|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                         |   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet/Riser</b>        |   |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet Riser/Rear Entrance | 3" Riser Check 2014 Globe RCV #16413RCV14 | 55                | 60     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2019  | No                           |

### Fire Sprinklers

| Sprinkler Type | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|----------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Pendent     | Globe GL5601 chr   | 155                  | 1/2"        | 2014                | 2034                             | Yes                             | Yes                       | Yes              |
| QR Upright     | Globe GL5615 bra   | 200                  | 1/2"        | 2014                | 2034                             | Yes                             | Yes                       | Yes              |

### Pressure Gauge Inspection List

| Qty              | Location / Description  | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|------------------|-------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Wet/Riser</b> |                         |                |                                    |                                      |                   |
| 2                | Wet Riser/Rear Entrance | Yes            | 2019                               | Yes                                  | 0                 |

### Long Cycle Items

| Item Type | Location/Description | Required Frequency | Last Performed | Next Due |
|-----------|----------------------|--------------------|----------------|----------|
| Piping    | Riser/Building       | 5 year             | 2014           | 2019     |

| Pipe |                         |     |  |  |
|------|-------------------------|-----|--|--|
| Yes  | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |  |
| Yes  | No external corrosion ? | Yes | Properly aligned ?   |  |
| Yes  | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |  |

| Sprinklers |  |     |   |  |
|------------|--|-----|---|--|
| NA         | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |  |
| No         | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |  |
| Yes        | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |  |
| Yes        | Free of foreign materials including paint?   | Yes | Free of physical damage?  |  |
| Yes        | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |  |
| Yes        | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |  |
| Yes        | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | Yes | If sprinklers have been replaced, were they proper replacements?                                      |  |

Print Date: 4/27/2020

Page 2 of 3

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Sheriff's Office - CID NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000010047

### Fire Department Connection Backflow

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

### Fire Department Connection Rear riser

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

### Flow Test

| System                  | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|-------------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                         |                   |             | Static         | Resid | Static |                 |                                  |
| <i>Wet/Riser</i>        |                   |             |                |       |        |                 |                                  |
| Wet Riser/Rear Entrance | Inspector's test  | 1-1/4       | 55             | 40    | 55     | 10              | Yes                              |

### Inspector's Test Valve

| System/Location         | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-------------------------|----------------|---------------|---------------------|---------|-------------------|
| <i>Wet/Riser</i>        |                |               |                     |         |                   |
| Wet Riser/Rear Entrance | Yes            | 35            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location                | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |    |
|-------------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|----|
|                         |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |    |
| <i>Wet/Riser</i>        |            |      |            |            |      |            |       |           |            |            |    |
| Wet Riser/Rear Entrance | Butterfly  | 3"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 9          | NA |
| Backflow Supply         | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 15         | NA |
| Backflow System Side    | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 15         | NA |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

# Report of Inspection/Test

Annual Sprinkler

05/01/2019

**Property**

Okaloosa County  
 Transportation NEW  
 600 Transit Way  
 Fort Walton Beach, FL 32548

Tyron Parker  
 (850)609-7003

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
 ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

Conducted by: David Woodard

Inspection Ref: 20000009325

Print Date: 4/27/2020

*Signatures*

|                                      |                           |                          |   |
|--------------------------------------|---------------------------|--------------------------|---|
| Inspector - Printed<br>David Woodard | Inspector - Signature<br> | Date Completed<br>5/1/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|--------------------------|---|

*Tag Color*

|                             |              |
|-----------------------------|--------------|
| System Description/Location | Tag Color    |
| Riser                       | Red Critical |

*Notifications*

| To Be Notified   | Testing Time     | Phone Test   | Contact / Operator |
|------------------|------------------|--------------|--------------------|
| Security Central | Start Time: 2:45 | 800-286-5699 | Monitoring         |
|                  | End Time: 3:45   | 800-286-5699 | Monitoring         |
| Okaloosa         | Start Time: 2:45 | 850-689-5766 | Dispatch           |
|                  | End Time: 3:45   | 850-689-5766 | Dispatch           |

*Equipment Summary*

| Description                       | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|-----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                                   | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| <b>Sprinkler Valve</b>            |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                              | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| <b>Sprinkler Wet System Riser</b> |      |           |        |                   |      |                   |      |        |      |  |
| Main drain                        | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

*System Valve Inspection*

| Location/Description | Valve Description                            | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|--|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |  | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| Riser                | 4" Riser Check 2003 Victaulic 717R #40141101 | 50                | 50     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2018  | No                           |

Due for five year internal inspection

Print Date: 4/27/2020

Page 1 of 4

# Report of Inspection/Test

Annual Sprinkler

05/01/2019

Property: Okaloosa County Transportation NEW

# B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009325

## Fire Sprinklers

| Sprinkler Type    | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|-------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Recessed Chron | Tyco TY3231        | 5.6/155              | 1/2"        | 2004                | 2024                             | Yes                             | Yes                       | Yes              |
| QR Upright        | Tyco TY3131        | 5.6/155              | 1/2"        | 2003                | 2023                             | Yes                             | Yes                       | Yes              |

## Pressure Gauge Inspection List

| Qty | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-----|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| 2   | Riser                  | Yes            | 2021                               | Yes                                  | 0                 |

## Long Cycle Items

| Item Type | Location/Description | Required Frequency | Last Performed | Next Due |
|-----------|----------------------|--------------------|----------------|----------|
| Wet       | All                  | 5 Years            | Unknown        | 2018     |

## Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

## Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | Yes | If sprinklers have been replaced, were they proper replacements?                                      |

## Fire Department Connection

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Flow Test

| System | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|--------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|        |                   |             | Static         | Resid | Static |                 |                                  |
|        |                   |             |                |       |        |                 |                                  |

Print Date: 4/27/2020

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# Report of Inspection/Test

Annual Sprinkler

05/01/2019

Property: Okaloosa County Transportation NEW

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

Inspection Ref: 20000009325

### Flow Test

| System | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|--------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|        |                   |             | Static         | Resid | Static |                 |                                  |
| Riser  | Inspector's test  | 2           | 50             | 45    | 50     | 2               | Yes                              |

### Inspector's Test Valve

| System/Location | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------|----------------|---------------|---------------------|---------|-------------------|
| Riser           | Yes            | 45            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location             | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |    |
|----------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|----|
|                      |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |    |
| Riser                | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 14         | NA |
| Backflow Supply      | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 26         | NA |
| Backflow System Side | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 20         | NA |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable

**Report of Inspection/Test**

**Annual Sprinkler**

**05/01/2019**

**Property:** Okaloosa County Transportation NEW

**B&C FIRE SAFETY**



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

**Inspection Ref:** 20000009325

**Deficiency / Recommendations Summary**

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

**System Valve Riser Riser**

Victaulic 717R Wet System Riser Main drain40141101 Riser

**2018** 5yr Serv.Date-Interior Insp/Gauge

Due for five year internal inspection

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

**Property**

Okaloosa County Water &  
Sewer FWB NEW  
1804 Lewis Turner Blvd.  
Fort Walton Beach, FL 32547

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
5489 Old Bethel Road  
Crestview, FL 32536

**Conducted by:** Chris Caouette

**Inspection Ref:** 200000010161

Scott Powell  
(850)651-7172

Randy Overly  
(850)420-1267

**Print Date:** 4/27/2020

*Signatures*

|                                      |                           |                           |   |
|--------------------------------------|---------------------------|---------------------------|---|
| Inspector - Printed<br>Eric Frongner | Inspector - Signature<br> | Date Completed<br>8/27/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted. |
|--------------------------------------|---------------------------|---------------------------|---|

*Tag Color*

| System Description/Location | Tag Color    |
|-----------------------------|--------------|
| Wet System #3               |              |
| Wet riser                   | Red Critical |

*Notifications*

| To Be Notified    | Testing Time    | Phone Test   | Contact / Operator |
|-------------------|-----------------|--------------|--------------------|
| Security Central  | Start Time: 115 | 800-286-5699 | Kara               |
|                   | End Time: 315   | 800-286-5699 | Tyler              |
| Okaloosa Dispatch | Start Time: 115 | 850-689-5766 | Mona               |
|                   | End Time: 315   | 850-689-5766 | Mona               |

*Equipment Summary*

| Description                      | Site | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |  |
|----------------------------------|------|-----------|--------|-------------------|------|-------------------|------|--------|------|--|
|                                  | Qty  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |  |
| Sprinkler Hose Storage Devices   |      |           |        |                   |      |                   |      |        |      |  |
|                                  | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Sprinkler Hose Valve Outlets     |      |           |        |                   |      |                   |      |        |      |  |
|                                  | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Sprinkler Sectional CV - FT, ITV |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                             | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Sprinkler Valve                  |      |           |        |                   |      |                   |      |        |      |  |
| OS&Y                             | 2    | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Wall Post                        | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |
| Sprinkler Wet System Riser       |      |           |        |                   |      |                   |      |        |      |  |
|                                  | 1    | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |  |

*System Valve Inspection*

**Print Date:** 4/27/2020

**Page 1 of 5**

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010161

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### System Valve Inspection

| Location/Description | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| <b>Wet System #3</b> |                   |                   |        |                          |                    |           |             |         |                |   |                              |
| Wet riser            | 4"                | 55                | 55     | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2024  | No                           |

### Fire Sprinklers

| Sprinkler Type      | Manufacturer Model | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|---------------------|--------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| Std Pendent chrome  | Viking Vk589a      | 155                  | 1/2"        | 1992                | 2042                             | Yes                             | Yes                       | Yes              |
| Std Upright brass   | Viking 589A        | 155                  | 1/2"        | 1990                | 2040                             | Yes                             | Yes                       | Yes              |
| Std Sidewall chrome | Viking 589A        | 286                  | 1/2"        | 1992                | 2042                             | Yes                             | Yes                       | Yes              |

### Pressure Gauge Inspection List

| Qty                  | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|----------------------|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| <b>Wet System #3</b> |                        |                |                                    |                                      |                   |
| 2                    | Wet riser              | Yes            | 2020                               | Yes                                  | 0                 |

### Long Cycle Items

| Item Type  | Location/Description   | Required Frequency | Last Performed | Next Due |
|------------|------------------------|--------------------|----------------|----------|
| Wet system | Riser and branch lines | 5 year             | 2015           | 2020     |

### Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

### Sprinklers

|   |  |     |   |
|---|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ? | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?                             | Yes | Proper number and type of spare sprinklers?   |
| No  | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| <b>Found ten corroded sprinkler heads</b> |  |     |   |
| Yes                                       | Free of foreign materials including paint?                                 | Yes | Free of physical damage?  |
| Yes                                       | Sprinklers free of loading and dirt?                                       | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes                                       | Are all sprinklers in service dated 1920 or later?                         | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000010161



## Sprinklers

|     |  |    |  |
|-----|--|----|--|
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA | If sprinklers have been replaced, were they proper replacements? |
|-----|--|----|--|

## Fire Department Connection Outside Riser Room in NW Corner Wet System

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Hose Valve Outlets Wet/S.E. Stairs Wet System

|     |   |     |  |
|-----|---|-----|--|
| Yes | Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ? | Yes | Valves not leaking and no visible obstructions ? |
|-----|---|-----|--|

## Hose Valve Outlets N.E Stairs Wet System

|     |   |     |  |
|-----|---|-----|--|
| Yes | Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition ? | Yes | Valves not leaking and no visible obstructions ? |
|-----|---|-----|--|

## Hose Storage Devices 1st - 4th Floor SE Stairs

|                 |  |    |  |
|-----------------|--|----|--|
| 1st - 4th Floor | Location   | NA | Hose properly racked or rolled ?                                   |
| NA              | Nozzle clips in place and nozzles contained ?    | NA | Devices undamaged, unobstructed and operable ?                     |
| NA              | Will racks swing out of cabinet at least 90deg ? | NA | Hose reracked or rerolled so folds do not occur in same position ? |

## Hose Storage Devices 1st - 4th Floor NE Stairs

|                 |  |    |  |
|-----------------|--|----|--|
| 1st - 4th Floor | Location   | NA | Hose properly racked or rolled ?                                   |
| NA              | Nozzle clips in place and nozzles contained ?    | NA | Devices undamaged, unobstructed and operable ?                     |
| NA              | Will racks swing out of cabinet at least 90deg ? | NA | Hose reracked or rerolled so folds do not occur in same position ? |

## Flow Test

| System               | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|----------------------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|                      |                   |             | Static         | Resid | Static |                 |                                  |
| <b>Wet System #1</b> |                   |             |                |       |        |                 |                                  |
| Standpipe #1         | Inspector's test  | 1/2         | 55             | 40    | 50     | 10              | Yes                              |
| <b>Wet System #2</b> |                   |             |                |       |        |                 |                                  |
| Standpipe #2         | Inspector's test  | 1/2         | 55             | 40    | 50     | 10              | Yes                              |
| <b>Wet System #3</b> |                   |             |                |       |        |                 |                                  |
| Wet riser            | Inspector's test  | 1/2"        | 55             | 40    | 50     | 10              | Yes                              |

# Report of Inspection/Test

Annual Sprinkler

08/27/2019

Property: Okaloosa County Water & Sewer FWB NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 200000010161

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Inspector's Test Valve

| System/Location      | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|----------------------|----------------|---------------|---------------------|---------|-------------------|
| <b>Wet System #1</b> |                |               |                     |         |                   |
| Standpipe #1         | Yes            | 35            | Yes                 | Yes     | Yes               |
| <b>Wet System #2</b> |                |               |                     |         |                   |
| Standpipe #2         | Yes            | 40            | Yes                 | Yes     | Yes               |
| <b>Wet System #3</b> |                |               |                     |         |                   |
| Wet riser            | Yes            | 45            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location                  | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |    |
|---------------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|----|
|                           |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |    |
| <b>Wet System #1</b>      |            |      |            |            |      |            |       |           |            |            |    |
| Standpipe #1              | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 12         | NA |
| <b>Wet System #2</b>      |            |      |            |            |      |            |       |           |            |            |    |
| Standpipe #2              | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 12         | NA |
| <b>Wet System #3</b>      |            |      |            |            |      |            |       |           |            |            |    |
| Wet riser                 | Butterfly  | 4"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | Ok         | 12         | NA |
| Backflow Supply           | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 0          | NA |
| Backflow System Side      | OS&Y       | 6"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 0          | NA |
| <b>Wet system</b>         |            |      |            |            |      |            |       |           |            |            |    |
| Wet/Outside of Riser Room | Wall Post  | 3"   | Pad Locked | Ok         | Ok   | Ok         | NA    | NA        | NA         | 0          | NA |

**Ok** - Passes Inspection **S** - Serviced on site **X** - Requires Service **NA** - Not Applicable

**Report of Inspection/Test**

**Annual Sprinkler**

**08/27/2019**

**Property:** Okaloosa County Water & Sewer FWB NEW

**Owner:** Okaloosa Co. Facility Maintenance

**Inspection Ref:** 200000010161

**B&C FIRE SAFETY**



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

**850-862-7812**

**Deficiency / Recommendations Summary**

These items were deficient and do not meet the requirements of the applicable code at the time of the inspection. Items marked *Recommendation* are not required by the applicable code but are opportunities to improve the Life Safety of the property.

***Sprinklers Riser and branch lines***

Inspection Wet system Riser and branch lines

**No** Free of corrosion?

Found ten corroded sprinkler heads

NFPA-25-2011 5.2.1.1 *Sprinklers shall be inspected from the floor level annually.*

# Report of Inspection/Test

Annual Sprinkler

05/23/2019

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS - SPRINKLERS - EXTINGUISHERS

**850-862-7812**

**Property**

Okaloosa County Water &  
Sewer NEW  
Maint Bldg  
3050 Airport Rd  
Crestview, FL 32536  
Mark Griffin  
(850)651-7176

**Owner/Agent**

Okaloosa Co. Facility  
Maintenance  
5489 Old Bethel Road  
Crestview, FL 32536  
Randy Overly  
(850)420-1267

**Conducted by:** Eric Frongner

**Inspection Ref:** 20000009413

**Print Date:** 4/27/2020

*Signatures*

|  |                                      |                           |  |
|--|--------------------------------------|---------------------------|--|
| Inspector - Printed<br>Eric Frongner           | Inspector - Signature<br>            | Date Completed<br>5/23/19 | I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.              |
| Owner's Representative - Prin<br>Harold Godwin | Owner's Representative - Signatu<br> | Date Completed<br>5/23/19 | Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms. |

*Tag Color*

| System Description/Location |             |     |              | Tag Color |
|-----------------------------|-------------|-----|--------------|-----------|
| Wet Riser                   |             |     |              | Green     |
| Okaloosa                    | Start Time: | 230 | 850-689-5766 | Heather   |
|                             | End Time:   | 300 | 850-689-5766 | Heather   |

*Equipment Summary*

| Description                       | Site |  | Inspected |        | Unable to Inspect |      | Serviced Repaired |      | Failed |      |
|-----------------------------------|------|--|-----------|--------|-------------------|------|-------------------|------|--------|------|
|                                   | Qty  |  | Qty       | %      | Qty               | %    | Qty               | %    | Qty    | %    |
| <b>Sprinkler Valve</b>            |      |  |           |        |                   |      |                   |      |        |      |
| OS&Y                              | 2    |  | 2         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |
| <b>Sprinkler Wet System Riser</b> |      |  |           |        |                   |      |                   |      |        |      |
| Main drain                        | 1    |  | 1         | 100.0% | 0                 | 0.0% | 0                 | 0.0% | 0      | 0.0% |

*System Valve Inspection*

| Location/Description | Valve Description | Pressure Readings |        |                          | Physical Condition | Pressures | Trim valves | Leakage | Hydraulic Sign | Valve Interior Inspection or Dry Valve Full Flow Test |                              |
|----------------------|-------------------|-------------------|--------|--------------------------|--------------------|-----------|-------------|---------|----------------|---|------------------------------|
|                      |                   | Supply            | System | Accelerator (if present) |                    |           |             |         |                | Year Due  | Inspection or Test Performed |
| Wet Riser            | 6" Alarm          | 80                |        | NA                       | Ok                 | Ok        | Ok          | Ok      | Ok             | 2019  | No                           |

**Print Date:** 4/27/2020

**Page 1 of 3**

# Report of Inspection/Test

Annual Sprinkler

05/23/2019

Property: Okaloosa County Water & Sewer NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000009413



## Fire Sprinklers

| Sprinkler Type | Manufacturer Model  | K Factor Temperature | Thread Size | Year of Manufacture | Year Replace or Testing Required | Replace Test or Recall Req Ok ? | Spare Sprinkler Available | Wrench Available |
|----------------|---------------------|----------------------|-------------|---------------------|----------------------------------|---------------------------------|---------------------------|------------------|
| QR Pendent     | Victaulic/White V27 | 5.6/155              | 1/2"        | 2007                | 2027                             | Yes                             | Yes                       | Yes              |
| Std Upright    | Rasco/Brass R17     | 5.6/200              | 1/2"        | 2001                | 2051                             | Yes                             | Yes                       | Yes              |

## Pressure Gauge Inspection List

| Qty | Location / Description | Condition Ok ? | Year Due for Replacement (5-Years) | Date Prior to Required Replacement ? | Quantity Replaced |
|-----|------------------------|----------------|------------------------------------|--------------------------------------|-------------------|
| 1   | Wet Riser              | Yes            | 2021                               | Yes                                  | 0                 |

## Long Cycle Items

| Item Type | Location/Description | Required Frequency | Last Performed | Next Due |
|-----------|----------------------|--------------------|----------------|----------|
| Wet       | Riser                | 5 year             | 2014           | 2019     |

## Pipe

|     |                         |     |  |
|-----|-------------------------|-----|--|
| Yes | In good condition ?     | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | No external corrosion ? | Yes | Properly aligned ?   |
| Yes | No external loads ?     | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |

## Sprinklers

|     |  |     |   |
|-----|--|-----|---|
| NA  | Extra high, very extra high and ultra high temperature sprinklers tested ?             | No  | Eng evaluation recommended for spacing?   |
| No  | Eng evaluation recommended for sprinkler type?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?   | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?   | Yes | Free of physical damage?  |
| Yes | Sprinklers free of loading and dirt?   | Yes | Escutcheons and coverplates for recessed, flush and concealed sprinklers not missing?                 |
| Yes | Are all sprinklers in service dated 1920 or later?                                     | Yes | Fast Response sprinklers in service for less than 20 years? If no test sample now and every 10 years. |
| Yes | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years. | NA  | If sprinklers have been replaced, were they proper replacements?                                      |

## Fire Department Connection

|     |  |     |  |
|-----|--|-----|--|
| Yes | Visible and accessible?  | Yes | Couplings and swivels not damaged and rotate smoothly?     |
| Yes | Plugs or caps in place and undamaged?                                      | Yes | Gaskets in place and in good condition?                    |
| Yes | Identification sign(s) in place?   | Yes | Check valve is not leaking?                                |
| Yes | Automatic drain valve in place and operating properly?                     | NA  | Interior free of obstructions (if caps are not in place) ? |
| NA  | Valve clapper operational over its full range (if caps are not in place) ? |     |  |

## Flow Test

| System | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|--------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|        |                   |             | Static         | Resid | Static |                 |                                  |

# Report of Inspection/Test

Annual Sprinkler

05/23/2019

Property: Okaloosa County Water & Sewer NEW

Owner: Okaloosa Co. Facility Maintenance

Inspection Ref: 20000009413

## B&C FIRE SAFETY



FIRE SUPPRESSION SPECIALISTS  
ALARMS • SPRINKLERS • EXTINGUISHERS

850-862-7812

### Flow Test

| System    | Connection Flowed | Outlet Size | Pressure (psi) |       |        | Time To Restore | Results comparable to prior test |
|-----------|-------------------|-------------|----------------|-------|--------|-----------------|----------------------------------|
|           |                   |             | Static         | Resid | Static |                 |                                  |
| Wet Riser | Main drain        | 2           | 80             | 45    | 55     | 10              | Yes                              |

### Inspector's Test Valve

| System/Location | Alarm Reported | Time to Alarm | Smooth Bore Orifice | Signage | Easily Accessible |
|-----------------|----------------|---------------|---------------------|---------|-------------------|
| Wet Riser       | Yes            | 30            | Yes                 | Yes     | Yes               |

### Valve Inspection List

| Location             | Valve Type | Size | Secured    | Inspection |      |            |       | Maint.    |            |            |  |
|----------------------|------------|------|------------|------------|------|------------|-------|-----------|------------|------------|--|
|                      |            |      |            | Leakage    | Open | Accessible | Signs | Exercised | # of Turns | Lubricated |  |
| Wet Riser            | Butterfly  | 6"   | Supervised | Ok         | Ok   | Ok         | Ok    | Ok        | 15         | NA         |  |
| Backflow Supply Side | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | NA    | Ok        | 0          | Ok         |  |
| Backflow System Side | OS&Y       | 4"   | Supervised | Ok         | Ok   | Ok         | NA    | Ok        | 0          | Ok         |  |

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable