Date 9/28/2009

Industrial Fire and Safety

Contract #: 3301372

Fire Protection System Summary Inspection and Testing Form

Industrial Fire and Safety lic. #'s 87582700012007 EF-0001240
12075 - 34th Street North
St. Petersburg, FL 33716
Phone (727) 573-1556
Fax (727) 572-7266

PART A: GENERAL INFORMATION

Frequency: SSA

ıspection Technician3333 Customer # 3333HIL004 Date: 9-23-09

Contract Name: Hills Cty Sheriffs Ops Center

Site Address: 2008 E 8th Ave

Site City: Tampa Site State: FL Site Postal Code: 33605

Scheduling Contact: Lazaro Rodriguez Phone Number: (813) 247-0988

Site Contact: Phone Number Pager Number

Last inspection date: 7/15/2008 Last inspection by: TFS-ST

Central Station (C.S) Provider: C.S. Phone Number:

AHJ:

Fire Department: City of Tampa Fire Marshal Fax 813-274-7144 Phone Number:

PART B: QUESTIONS FOR OWNER OR OWNERS REPRESENTATIVE TO ANSWER

	Yes	No
A. Is the building occupied?		
B. Is the building and occupancy/hazard the same as the previous inspection (date_____)?		
C. Are all systems in service?		
D. Have there been any additions to the building or modifications/renovations since the last inspection?		
E. Is adequate heat available to wet system piping or dry, preaction, deluge or valve enclosures?		
F. Was property free from system activation?		

G. You have been shown the location of your system shut off valve. _____ (Initial Here)

The owner's representative acknowledges that applicable code makes the owner responsible for the operating conditions of the component parts of the fire protection system.

Comments

Initials of Owner's Representative Date

PART C: TEST NOTIFICATIONS

	PRIOR TO START Yes	No	Time	UPON COMPLETION Yes	No	Time
Monitoring Entity/Central Station	✓		3:00	✓		4:00
Building Management	✓		3:00	✓		4:00
Building Occupant						
AHJ/FD						
Did alarm panel reset properly?				✓		6:00

PART D: INSPECTION PERFORMED (Copies Attached of Items Checked)

- [ ] Water Based System Form
- [ ] Dry Pipe Sprinkler Form
- [ ] Sprinkler Piping Condition Form
- [ ] Fire Pump Inspection Form
- [ ] Foam System Form
- [ ] Range Hood Form
- [ ] Standpipe and Hose Inspection Form
- [ ] Hydrant Flow Test Form
- [ ] Fire Alarm Detection Form
- [ ] Preaction Deluge System Form
- [x] Suppression System Form
- [ ] Water Storage Tanks Form
- [ ] Private Fire Service Mains Form
- [ ] Backflow Test Form
- [x] Addendum to Report of Inspection
- [ ] Fire Extinguisher Form

Fire Suppression Inspection and Testing Form

Location HCSO - ops Inspection #: 3301372 Test Date: 9-23-09

Agent system manufacturer: Fenwall

Detector manufacturer: Fenwall (PSD-7155 CPD-7055)

Control panel manufacturer: Fenwall 2220

Date system installed: _____

Room or area designation: computer rm

Type of extinguishing agent: halon 1301

Area protected: ☐ Above ceiling ☒ Below raised floor ☒ Between floor and ceiling ☐ Local Application

Detection system: ☒ Ionization-type smoke detectors ☒ Photoelectric-type smoke detectors ☐ Rate-of-rise heat detectors ☐ Fixed-temperature heat detectors ☐ Rate-compensation heat detectors ☐ Other _____

Type of detection for system operation: ☐ Single zone ☒ Two zones (cross-zoned) ☐ Two detectors on any zone ☒ Other manual release (2) abort switch (2)

	YES	NO	N/A
Are as built drawings avaiable on site?		✓	
Nozzel caps are in place and nozzels free from damage.	✓		
Visual Inspection Performed.	✓		
Any changes noted to the room being protected.			✓
Doors are self-closing or close automatically for system discharge	✓		
Auxiliary Functions			
- Damper shut down			✓
- Emergency power off			✓
- Tie into Building fire alarm	✓		
- HVAC shutdown (thru bldg FACP)	✓		
- Other _____			✓
- Container pressure and weight are recored on tag attached to container.	✓		
- Control heads are operational. (remove heads from containers.)			✓
- Conduct actuating test of system (annually.) PAC - initiators single use only (0647)	✓		
- Control valve is operational.			✓
- Hoses were examined.			✓
-Low pressure switch operational			✓

Time Deploy _____

WHITE - FILE YELLOW - INSPECTOR PINK - OWNER

Date 9/28/2009 HCSD-003

Contract #:

Suppression Agent - Cylinder Form

Phone
Fax
,

Cyl. #	LOCATION	AGENT TYPE	FULL WT.	AGENT WT.	HYD DATE	LIQ. LVL.	TEMP.	VISUAL INS.	CONDITION	SERIAL NO.	MAIN RESV.
1	above ceiling	halon	277.5	180	/	/	75.9°F	✓	good	A50720	main
2	"	"	296	196	/	/	75.6°F	✓	"	A60780	"
3	"	"	296	196	/	/	69.3°F	✓	"	A60770	"

Industrial Fire and Safety

Addendum to Report of Inspection

Location Hills Cty Sheriffs Ops Center Inspection #: 3301372 Test Date: 9-23-09

no problems found at this time

System restored to normal operation, alarm panel is clear, all parties on Summary Inspection Form notified and addendum has been fully explained.

Name of Inspector/Technician Tom Tate Date 9-23-09

Signature Lloyd W Tate Time

Name of Owner Representative Date

Signature Time

(Sign here and initial Summary Form 7/94-P)