



# ROANOKE COUNTY

Purchasing Division

5204 Bernard Drive, Suite 300-F, P.O. Box 29800

Roanoke, Virginia 24018-0798

TEL: (540) 772-2061 FAX: (540) 772-2074

October 5, 2021

## ADDENDUM NO. 2 TO ALL BIDDERS/OFFERORS:

Reference – IFB # 2022-030

Description: Fire Alarm Control Panel Replacements

Issue Date: September 16, 2021

Proposal Due: October 14, 2021

The above Project is hereby changed as addressed below:

1. Clarification to Scope/Specifications: The scope of the project is intended to cover replacement of the panels. If any additional devices require replacement due to integration with the replacement panel, the cost of replacement of such devices shall be included in the bid price. The bidder should include information outlining the details of any replacement items.
  - a. Battery Replacement: Batteries should be removed from ceiling locations, and housed within the panel case, in both locations.
2. Recent Inspection Report: Please see Exhibit A to this addendum for copies of the most recent inspection reports for the two locations.
3. Pre-Bid Conference Sign-In Log: Please see Exhibit B for a copy of the sign-in sheet from the pre-bid conference held on October 1, 2021.

**Note:** A signed acknowledgment of this addendum must be received at the location indicated on the original solicitation either prior to the proposal due date or attached to your proposal. Signature on this addendum does not substitute for your signature on the original proposal/bid document. The original proposal/bid document must be signed.

Thank you,

Kate Hoyt

[KHoyt@roanokecountyva.gov](mailto:KHoyt@roanokecountyva.gov)

\_\_\_\_\_  
Sign Name:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Name of Firm:

\_\_\_\_\_  
Date:

# LIBERTY

## FIRE SOLUTIONS, INC.

1645 Apperson Drive, Salem, VA 24153  
(540) 387-FIRE Fax: 387-1029

### Inspection and Testing Form

DATE: 6/9/2021  
TIME: 8:00 A.M.

#### SERVICE ORGANIZATION

Name: Liberty Fire Solutions, Inc.  
Address: 1645 Apperson Drive  
Salem, VA. 24153  
Representative: Brandon Shrader  
License No.: 2705149719  
Telephone: 540-387-1029

#### PROPERTY NAME (USER)

Name: Clearbrook Elementary School  
Address: 5205 Franklin Rd SW.  
Roanoke Va., 24014  
Owner Contact: Jeff Meachem  
Telephone: 540-302-7274

#### MONITORING ENTITY

Contact: Security Central  
Telephone: 1-800-438-4171  
Monitoring Account Ref. No.: A1466 3164

#### APPROVING AGENCY

Contact: Roanoke Co.  
Telephone: 540-772-2065

#### TYPE TRANSMISSION

☐ McCulloh  
☐ Multiplex  
☒ Digital  
☐ Reverse Priority  
☐ RF  
☐ Shunt  
☐ Parallel Phone  
☐ None  
☐ Other (Specify) \_\_\_\_\_

#### SERVICE

☐ Weekly  
☐ Monthly  
☐ Quarterly  
☒ Semiannually  
☐ Annually  
  
☐ Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: Simplex Model Number: 4020  
Circuit Styles: 4  
Number of Circuits: 1 SLC 4 NACS  
Software Rev.: Unknown  
Last Date System Had Any Service Performed: Unknown  
Last Date that Any Software or Configuration Was Revised: Unknown

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE	
	<u>Style 4</u>	Water Flow Device
<u>7</u>	<u>Style 4</u>	Duct Detector
<u>12</u>	<u>Style 4</u>	Smoke Detector
<u>20</u>	<u>Style 4</u>	Manual Pull Station
<u>4</u>	<u>Style 4</u>	Heat Detector

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### ALARM NOTIFICATION CIRCUIT INFORMATION

QUANTITY      CIRCUIT STYLE

12      Style Y

Are circuits monitored for integrity? Yes

### TESTED SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY      CIRCUIT STYLE

0      Y

#### SIGNALING LINE CIRCUITS

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

Quantity 1      Style(s) 4

#### SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120      Amps 20  
Overcurrent Protection: Type Breaker      Amps 20  
Location (of Primary Supply Panel Board): \_\_\_\_\_  
Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):  
2 FACP, 2 4009, 2 4009      Storage Battery: Amp-Hour Rating 55,12,12  
Calculated Capacity to operate system, in Hours: Unknown      24      60  
\_\_\_\_\_      Engine-driven generator dedicated to fire alarm system:  
Location of fuel storage: \_\_\_\_\_

#### TYPE BATTERY

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify):

(c) Emergency or Standby system used as a backup to primary power supply, instead of using a secondary power supply:  
\_\_\_\_\_  
Emergency system described in NFPA 70, Article 700.  
\_\_\_\_\_  
Legally required standby described in NFPA 70, Article 701.  
\_\_\_\_\_  
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

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### PRIOR TO ANY TESTING

#### NOTIFICATIONS ARE MADE

	YES	No	Who	TIME
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	8:15 AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Front Office	8:00 AM
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

### SYSTEM TESTS AND INSPECTIONS

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

#### SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>		See Additional Battery Sheet
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A
Transient Suppressors	<input type="checkbox"/>		None Found
Remote Annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	At Front Office

#### NOTIFICATION APPLIANCES

	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Voice Clarity		<input type="checkbox"/>	N/A

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### INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	SENSITIVITY RANGE(0.00%-0.00%)	PASS	FAIL
1-1 Boiler room	Heat			Not Found			
1-2 Mobile unit art and music	Pull	X	X			X	
1-3 Boiler room	Heat	X	X			X	
1-4 Boiler room	Pull	X	X			X	
1-5 Main entrance	Pull	X	X			X	
1-6 1 <sup>st</sup> Fl new classroom exit	Pull	X	X			X	
1-7 1 <sup>st</sup> Flr lobby exit to playground	Pull	X	X			X	
1-8 1 <sup>st</sup> multipurpose room left	Pull	X	X			X	
1-9 1 <sup>st</sup> multipurpose rm right	Pull	X	X			X	
1-10 1 <sup>st</sup> fl kitchen exit	Pull	X	X			X	
1-11 1 <sup>st</sup> fl outside of kitchen	Pull	X	X			X	
1-12 1 <sup>st</sup> fl left stair exit	Pull	X	X			X	
1-13 1 <sup>st</sup> fl old lobby exit	Pull	X	X			X	
1-14 gym	Pull	X		Need Lift To Access		x	
1-15 1 <sup>st</sup> Fl elevator lobby	Smoke	X	X			X	
1-16 1 <sup>st</sup> Fl center exit	Pull	X	X			X	
1-17 1 <sup>st</sup> fl at office	Duct	X	X			X	
1-18 1 <sup>st</sup> fl at office	Duct	X	X			X	
1-19 1 <sup>st</sup> fl at office	Duct	X	X			X	
1-20 1 <sup>st</sup> fl right side exit	Pull	X	X			X	
1-21 2 <sup>nd</sup> fl elevator equip rm	Pull	X	X			X	
1-22 2 <sup>nd</sup> fl elevator equip rm	Smoke	X	X			X	
1-23 2 <sup>nd</sup> fl elevator equip rm	Heat	X	X			X	
1-24 2 <sup>nd</sup> fl elevator lobby	Smoke	X	X			X	
1-25 top of elevator shaft	Smoke	X	X			X	
1-26 top of elevator shaft	Heat	X	X			X	
1-27 2 <sup>nd</sup> fl storage room at lobby	Duct	X	X			X	
1-28 2 <sup>nd</sup> fl lobby area	Duct	X	X			X	
1-29 2 <sup>nd</sup> fl new classroom lobby	Pull	X	X			X	
1-30 2 <sup>nd</sup> fl new classroom stair exit	Pull	X	X			X	
1-32 library air	Duct	X	X			X	
1-33 library return air	Duct	X	X			X	

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LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	SENSITIVITY RANGE(0.00%- 0.00%)	PASS	FAIL
1-34 2 <sup>nd</sup> fl corridor rear right stair	Pull	X	X			X	
1-35 2 <sup>nd</sup> fl corridor rear left stair	Pull	X	X			X	
1-39 2 <sup>nd</sup> fl double doors at new classroom	Smoke	X	X			X	
1-40 gym closet at NAC panel	Smoke	X	X			X	
1-41 1 <sup>st</sup> fl double doors to new classroom	Smoke	X	X			X	
1-43 Office above FACP	Smoke	X	X			X	
1-45 left field exit	Pull	X	X			X	
1-47 2 <sup>nd</sup> fl corridor room 201	Smoke	X	X			X	
1-48 2 <sup>nd</sup> fl corridor room 203	Smoke	X	X			X	
1-49 2 <sup>nd</sup> floor corridor at room 204	Smoke	X	X			X	
1-50 2 <sup>nd</sup> fl corridor room 205	Smoke	X	X			X	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### AUDIO VISUAL DEVICE LIST

LOCATION & S/N	DEVICE TYPE	PASS	FAIL
Corridor at room 108	H/S	X	
Corridor at cafeteria	H/S	X	
Cafeteria	H/S	X	
Trailer 113	H/S	X	
Trailer 114	H/S	X	
Lobby corridor 3 door exit	H/S	X	
Lobby corridor	H/S	X	
Room 110	H/S	X	
Room 109	H/S	X	
Room 111	H/S	X	
Room 112	H/S	X	
Corridor at room 111	H/S	X	
Gym	H/S	X	
Main entrance	H/S	X	
Main office	H/S	X	
Room 101	H/S	X	
Corridor at room 101	H/S	X	
Corridor at room 105	H/S	X	
Corridor at room 106	H/S	X	
Kitchen rear exit	H/S	X	
Library	H/S	X	
Library entry	H/S	X	
2 <sup>nd</sup> fl corridor at restroom	H/S	X	
Room 209	H/S	X	
Room 210	H/S	X	
Room 211	H/S	X	
Room 212	H/S	X	
Corridor at room 212	H/S	X	
2 <sup>nd</sup> fl elevator lobby	H/S	X	
Corridor at room 201	H/S	X	
Room 203	H/S	X	
Main entrance	Strobe	X	
Room 107	Strobe	X	
Kitchen	Strobe	X	
Main gym entrance	Strobe	X	
Rear gym entrance	Strobe	X	
Cafeteria rear exit	Strobe	X	
1 <sup>st</sup> fl boys restroom by stage	Strobe	X	
1 <sup>st</sup> fl girls restroom by stage	Strobe	X	
Room 102	Strobe	X	
Room 104	Strobe	X	
Room 105	Strobe	X	
Room 106	Strobe	X	
Room 201	Strobe	X	
Room 202	Strobe	X	
Room 204	Strobe	X	
Room 205	Strobe	X	
Room 208	Strobe	X	
Corridor at room 208	Strobe	X	

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LOCATION & S/N	DEVICE TYPE	PASS	FAIL
2 <sup>nd</sup> fl boys restroom	Strobe	X	
2 <sup>nd</sup> fl girls restroom	Strobe	X	
Room 215	Strobe	X	
Room 200	Strobe	X	
Room 209	Strobe	X	
Room 210	Strobe	X	
Room 211	Strobe	X	
Room 212	Strobe	X	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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EMERGENCY COMMUNICATION EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
(Specify) Doors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) Annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) 4009 NAC Panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS			
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Tested Elevators In Bypass, Did Not Test Elevator Recall. Could Not Verify Unit Shutdown Due To Units Not Running.

SUPERVISING STATION MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:15:07 AM	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:18:24 AM	
Supervisory Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8:19:24 AM	
Trouble Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:39:05 AM	

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	TIME
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	11:00 AM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Front Office	11:00 AM
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

The following did not operate correctly: 1) Device 1-1 In Bolier Room Is Missing. Part # (4098-9733) 2) Batteries Above FACP Need To Be Replaced Due To Failing Load Test. Batteries In Both 4009 Panels In Gym Storage Need To Be Replaced Due To Age And Corrosion.

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System restored to normal operation: Date: 6/9/2021 Time: 11:00 AM

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

Name of Inspector: Brandon Shrader Date: 6/9/2021 Time: 11:00 AM

Signature: Brandon Shrader

Name of Owner or Representative: Jeff Meachem

Date: 6/9/2021 Time: 11:00 AM

Signature: \_\_\_\_\_



**(540) 387-FIRE Fax: (540-387-1029)**

# Battery Test/Inspection Form

Date: 6/9/2021

[illegible]

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### Inspection and Testing Form

**DATE: 7 / 27 / 2021**

**TIME: 10:15hrs**

#### SERVICE ORGANIZATION

Name: LIBERTY FIRE SOLUTIONS, INC.  
Address: 1645 Apperson Drive  
Salem, VA. 24153  
Representative: Mike Meadows  
License No.: 2705149719  
Telephone: 540-387-3473

#### PROPERTY NAME (USER)

Name: Burlington Elementary  
Address: 6533 Peters Creek Rd  
Roanoke, VA 24019  
Owner Contact: Jeff Meachem  
Telephone: 540-309-7274

#### MONITORING ENTITY

Contact: Security Central  
Telephone: 1-800-438-4171

#### APPROVING AGENCY

Contact: Roanoke County  
Telephone: 540-772-2065

Monitoring Account Ref. No.: Acc. 3157 / Receiver  
A1466

#### TYPE TRANSMISSION

- ☐ McCulloh  
☐ Multiplex  
☒ Digital  
☐ Reverse Priority  
☐ RF  
☐ Shunt  
☐ Parallel Phone  
☐ None  
☐ Other (Specify) \_\_\_\_\_

#### SERVICE

- ☐ Weekly  
☐ Monthly  
☐ Quarterly  
☒ Semiannually  
☐ Annually  
☐ Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: Simplex  
Location Of Panel: In Main Office  
Circuit Styles: 4  
Number of Circuits: 8  
Software Rev.: Unknown  
Last Date System Had Any Service Performed: Unknown  
Last Date that Any Software or Configuration Was Revised: Unknown

Model Number: 4020

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE	
<u>4</u>	<u>Style 4</u>	Water Flow Device
<u>57</u>	<u>Style 4</u>	Duct Photo Detector
<u>27</u>	<u>Style 4</u>	Photo Detector
<u>1</u>	<u>Style 4</u>	Manual Pull Station
		Heat Detector

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### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QUANTITY CIRCUIT STYLE

8 Style Y

Are circuits monitored for integrity? Yes

### TESTED SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY CIRCUIT STYLE

0 Y

#### SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

#### SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 20  
Overcurrent Protection: Type Breaker Amps 20  
Location (of Primary Supply Panel Board): \_\_\_\_\_  
Disconnecting Means Location: \_\_\_\_\_

(b) Secondary (Standby):  
2 FACP / 2 NAC Booster Storage Battery: Amp-Hour Rating 12v 35ah & 12v 12ah  
Calculated Capacity to operate system, in Hours: Unknown 24 60  
Engine-driven generator dedicated to fire alarm system:  
Location of fuel storage: \_\_\_\_\_

#### TYPE BATTERY

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify):

(c) Emergency or Standby system used as a backup to primary power supply, instead of using a secondary power supply:  
\_\_\_\_\_  
Emergency system described in NFPA 70, Article 700.  
\_\_\_\_\_  
Legally required standby described in NFPA 70, Article 701.  
\_\_\_\_\_  
Optional standby system described in NFPA 70, Article 702, which also meets the performance  
Requirements of Article 700 or 701.

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### PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	10:26hrs
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Secretaries	10:15hrs
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

### SYSTEM TESTS AND INSPECTIONS

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

### SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>		FACP Above Ceiling Main Office Left: 12v 35ah Pass / Right 12v 35ah Pass
			NAC Booster In Room 132 Left 12v 12ah Pass / Right 12v 12ah Pass
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	N/A
Transient Suppressors	<input type="checkbox"/>		None
Remote Annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2 (Main Front Entrance and at Door 3)

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	N/A

# LIBERTY

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### INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	PASS	FAIL
<b>1-4</b> Gym Supply	Duct			No Access Gym Floor Was Waxed		
<b>1-10</b> Boiler Room 1 AC-CR (Access Through Courtyard)	Duct	X	x		X	
<b>1-11</b> Boiler Room 1 AC-CR (Access Through Courtyard)	Duct	X	X		X	
<b>1-12</b> 2 <sup>nd</sup> Floor Girl's Bathroom	Duct	X	X		X	
<b>1-7</b> Gym Storage Room 3	Smoke			No Access Gym Floor Was Waxed		
<b>1-8</b> Gym Storage Room 4	Smoke			No Access Gym Floor Was Waxed		
<b>1-39</b> Hall To Cafeteria	Smoke	X	X		X	
<b>1-40</b> In Cafeteria	Smoke	X	X		X	
<b>1-25</b> In Office Above FACP	Smoke	X	X		X	
<b>1-23</b> In Janitor's Closet Room 117	Smoke	X	X		X	
<b>1-102</b> In Library Lower Ceiling Left	Smoke	X	X		X	
<b>1-103</b> In Library Lower Ceiling Right	Smoke	X	X		X	
<b>1-100</b> In Library Upper Ceiling Left	Smoke	X	X		X	
<b>1-101</b> In Library Upper Ceiling Right	Smoke	X	X		X	
<b>1-9</b> Mechanical Room 1 (Access Through Courtyard)	Smoke	X	X		X	
<b>1-56</b> 1 <sup>st</sup> Floor Electrical Room 132	Smoke	X	X		X	

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LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	PASS	FAIL
<b>1-60</b> 1 <sup>st</sup> Floor Hall Exit At Room 125	Smoke	X	X		X	
<b>1-94</b> Hall At Men's Bathroom	Smoke	X	X		X	
<b>1-88</b> 2 <sup>nd</sup> Floor Hall At Room 201	Smoke	X	X		X	
<b>1-127</b> 2 <sup>nd</sup> Floor Hall At Room 201	Smoke	X	X		X	
<b>1-126</b> 2 <sup>nd</sup> Floor Hall At Room 204	Smoke	X	X		X	
<b>1-125</b> 2 <sup>nd</sup> Floor Hall At Room 205	Smoke	X	X		X	
<b>1-124</b> 2 <sup>nd</sup> Floor Hall At Room 206	Smoke	X	X		X	
<b>1-99</b> 2 <sup>nd</sup> Floor Hall At Room 207	Smoke	X	X		X	
<b>1-98</b> 2 <sup>nd</sup> Floor Hall At Room 208	Smoke	X	X		X	
<b>1-97</b> 2 <sup>nd</sup> Floor Hall At Room 211	Smoke	X	X		X	
<b>1-96</b> 2 <sup>nd</sup> Floor Hall At Room 214	Smoke	X	X		X	
<b>1-92</b> 2 <sup>nd</sup> Floor Hall At Room 215	Smoke	X	X		X	
<b>1-91</b> 2 <sup>nd</sup> Floor Hall At Room 216	Smoke	X	X		X	
<b>1-90</b> 2 <sup>nd</sup> Floor Hall At Room 217	Smoke	X	X		X	
<b>1-89</b> 2 <sup>nd</sup> Floor Hall At Room 218	Smoke	X	X		X	
<b>1-93</b> Hall At Stairs	Smoke	X	X		X	
<b>1-95</b> Hall At Women's Bathroom	Smoke	X	X		X	
<b>1-34</b> 2 <sup>nd</sup> Floor Elevator Lobby	Smoke	X	X		X	



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## FIRE SOLUTIONS, INC.

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LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	PASS	FAIL
<b>1-15</b> Basement Elevator Lobby	Smoke	X	X		X	
<b>1-28</b> 1 <sup>st</sup> Floor Elevator Lobby	Smoke	X	X		X	
<b>1-45</b> Elevator Equipment Room (Access Through Courtyard)	Smoke	X	X		X	
<b>1-121</b> 1 <sup>st</sup> Floor Cafeteria	Smoke	X	X		X	
<b>1-122</b> 1 <sup>st</sup> Floor Cafeteria At Exit	Smoke	X	X		X	
<b>1-108</b> 1 <sup>st</sup> Floor Hall At Cafeteria	Smoke	X	X		X	
<b>1-114</b> 1 <sup>st</sup> Floor Hall At Men's Bathroom	Smoke	X	X		X	
<b>1-106</b> 1 <sup>st</sup> Floor Hall At Main Office	Smoke	X	X		X	
<b>1-105</b> 1 <sup>st</sup> Floor Hall At Room 104	Smoke	X	X		X	
<b>1-104</b> 1 <sup>st</sup> Floor Hall At Room 105	Smoke	X	X		X	
<b>1-120</b> 1 <sup>st</sup> Floor Hall At Room 107	Smoke	X	X		X	
<b>1-119</b> 1 <sup>st</sup> Floor Hall At Room 108	Smoke	X	X		X	
<b>1-118</b> 1 <sup>st</sup> Floor Hall At Room 110	Smoke	X	X		X	
<b>1-117</b> 1 <sup>st</sup> Floor Hall At Room 110 And Stairs	Smoke	X	X		X	
<b>1-116</b> 1 <sup>st</sup> Floor Hall At Room 113	Smoke	X	X		X	
<b>1-112</b> 1 <sup>st</sup> Floor Hall At Room 114	Smoke	X	X		X	
<b>1-111</b> 1 <sup>st</sup> Floor Hall At Room 115	Smoke	X	X		X	
<b>1-110</b> 1 <sup>st</sup> Floor Hall At Room 116	Smoke	X	X		X	

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LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	PASS	FAIL
<b>1-109</b> 1 <sup>st</sup> Floor Hall At Room 117	Smoke	X	X		X	
<b>1-107</b> 1 <sup>st</sup> Floor Hall At Room 118	Smoke	X	X		X	
<b>1-113</b> 1 <sup>st</sup> Floor Hall At Stairs	Smoke	X	X		X	
<b>1-115</b> 1 <sup>st</sup> Floor Hall At Women's Bathroom	Smoke	X	X		X	
<b>1-52</b> 1 <sup>st</sup> Floor Hall At Double Doors At Room 121 Side Exit	Smoke	X	X		X	
<b>1-53</b> 1 <sup>st</sup> Floor Hall At Double Doors At Electrical Room 132	Smoke	X	X		X	
<b>1-49</b> 1 <sup>st</sup> Floor Hall At Double Doors At Room 121	Smoke	X	X		X	
<b>1-48</b> 1 <sup>st</sup> Floor Hall At Room 105	Smoke	X	X		X	
<b>1-123</b> 1 <sup>st</sup> Floor Kitchen Exit	Pull Station	X	X		X	
<b>1-27</b> East Exit	Pull Station	X	X		X	
<b>1-29</b> 1 <sup>st</sup> Floor Exit At Room 110	Pull Station	X	X		X	
<b>1-24</b> 1 <sup>st</sup> Floor At Main Entrance	Pull Station	X	X		X	
<b>1-2</b> Gym East Exit	Pull Station			No Access Floor Was Waxed		
<b>1-3</b> Gym Exit South	Pull Station			No Access Floor Was Waxed		
<b>1-19</b> Gym Exit South	Pull Station			No Access Floor Was Waxed		
<b>1-18</b> 1 <sup>st</sup> Floor Hall At Room 114	Pull Station	X	X		X	
<b>1-21</b> 1 <sup>st</sup> Floor Kitchen Exit	Pull Station	X	X		X	
<b>1-26</b> 1 <sup>st</sup> Floor Library	Pull Station	X	X		X	

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LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	PASS	FAIL
<b>1-13</b> Mechanical Room 1 (Access Through Courtyard)	Pull Station	X	X		X	
<b>1-57</b> 1 <sup>st</sup> Floor Exit At Music Room 121	Pull Station	X	X		X	
<b>1-58</b> 1 <sup>st</sup> Floor In Hall At Room 125	Pull Station	X	X		X	
<b>1-59</b> 1 <sup>st</sup> Floor In Hall Side Exit At Room 121	Pull Station	X	X		X	
<b>1-51</b> 1 <sup>st</sup> Floor Side Exit Room 121	Pull Station	X	X		X	
<b>1-1</b> Stairs At Gym	Pull Station	X	X		X	
<b>1-20</b> West Entrance	Pull Station	X	X		X	
<b>1-17</b> West / South Stairwell Exit	Pull Station	X	X		X	
<b>1-32</b> 2 <sup>nd</sup> Floor In Hall At Room 201	Pull Station	X	X		X	
<b>1-33</b> 2 <sup>nd</sup> Floor In Hall At Room 2010	Pull Station	X	X		X	
<b>1-31</b> 2 <sup>nd</sup> Floor In Hall At Room 215	Pull Station	X	X		X	
<b>1-16</b> Basement Stairs	Pull Station	X	X		X	
<b>1-36</b> In Room 301	Pull Station	X	X		X	
<b>1-37</b> In Room 302	Pull Station	X	X		X	
<b>1-38</b> In Room 304	Pull Station	X	X		X	
<b>1-30</b> 1 <sup>st</sup> Floor / Basement North Exit	Pull Station	X	X		X	
<b>1-35</b> 1 <sup>st</sup> Floor Cafeteria Exit	Pull Station	X	X		X	
<b>1-50</b> 1 <sup>st</sup> Floor In Hall At Double Doors At Room 105	Pull Station	X	X		X	

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Comments: \_\_\_\_\_  
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### AUDIO VISUAL DEVICE LIST

LOCATION & S/N	DEVICE TYPE	PASS	FAIL
1 <sup>st</sup> Floor Hall At Men's Bathroom	AV	X	
1 <sup>st</sup> Floor Hall At Building Addition Front Entrance	AV	X	
1 <sup>st</sup> Floor Hall At Building Addition Rear Exit	AV	X	
1 <sup>st</sup> Floor Hall At Room 101	AV	X	
1 <sup>st</sup> Floor Hall At Room 105	AV	X	
1 <sup>st</sup> Floor Hall At Room 108	AV	X	
1 <sup>st</sup> Floor Hall At Room 110	Av	X	
1 <sup>st</sup> Floor Hall At Room 115	Horn Only	X	
1 <sup>st</sup> Floor Hall At Room 116	AV	X	
1 <sup>st</sup> Floor Hall At Room 119	AV	X	
1 <sup>st</sup> Floor Hall At Room 126	AV	X	
1 <sup>st</sup> Floor In Stairs To Gym	AV	X	
1 <sup>st</sup> Floor Hall At Girl's Bathroom Near Room 104 Breezeway	AV	X	
1 <sup>st</sup> Floor Hall At Breezeway	Strobe	X	
1 <sup>st</sup> Floor Hall At Main Office And Library	AV	X	
1 <sup>st</sup> Floor In Boy's Bathroom Front Of Building	Strobe	X	
1 <sup>st</sup> Floor Hall At In Breezeway	AV	X	
1 <sup>st</sup> Floor In Cafeteria	AV	X	
1 <sup>st</sup> Floor In Cafeteria	AV	X	
1 <sup>st</sup> Floor In Girl's Bathroom Front Of Building	Strobe	X	
In Gym	AV	X	
In Gym	AV	X	
In Gym	AV	X	
1 <sup>st</sup> Floor In Library	AV	X	
1 <sup>st</sup> Floor In Library	AV	X	
1 <sup>st</sup> Floor In Kitchen Serving Line	AV	X	
Outside Of Mechanical Room	AV	X	
2 <sup>nd</sup> Floor In Hall At Boy's Bathroom	AV	X	
2 <sup>nd</sup> Floor In Hall At Girl's Bathroom	AV	X	
2 <sup>nd</sup> Floor At Rear Stairs	AV	X	
2 <sup>nd</sup> Floor In Hall At Room 201	AV	X	
2 <sup>nd</sup> Floor In Hall At Room 204	AV	X	
2 <sup>nd</sup> Floor In Hall At Room 208	AV	X	
2 <sup>nd</sup> Floor In Hall At Room 211	AV	X	
2 <sup>nd</sup> Floor In Hall At Room 216	Horn Only	X	
2 <sup>nd</sup> Floor In Hall At Room 217	AV	X	
2 <sup>nd</sup> Floor In Hall At Storage Cabinets	AV	X	
2 <sup>nd</sup> Floor Boy's Bathroom Rear Of Building	Strobe	X	
2 <sup>nd</sup> Floor Girl's Bathroom Rear Of Building	Strobe	X	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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EMERGENCY COMMUNICATION EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SPECIAL HAZARD SYSTEMS

(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: None

Comments: \_\_\_\_\_

SUPERVISING STATION MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:52:07hrs	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:04:25hrs	
Supervisory Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Monitoring stated that they did not receive any Trouble Signals.
Trouble Restoral	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	TIME
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	12:43hrs
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Secretaries	12:45hrs
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

The following did not operate correctly: \_\_\_\_\_

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## FIRE SOLUTIONS, INC.

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System restored to normal operation: Date: 7 / 27 / 2021 Time: 12:40hrs

Comments:

Test all devices located at this time, drawings not available for verification.

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

Name of Inspector: Mike Meadows Date: 7 / 27 / 2021 Time: 12:45hrs

Signature: Mike Meadows

Name of Owner or Representative: Jeff Meachem

Date: 7 / 27 / 2021 Time: 12:45hrs

Signature: \_\_\_\_\_

**IFB #2022-030 Fire Alarm Control Panel Replacements  
Mandatory Pre-Bid Conference**

**October 1, 2021**

**3:00 PM**

**(PLEASE PRINT)**

Name/Title ROBERT SMITH LOW VOLTAGE DEPT MANAGER  
Organization MOORE'S ELECT & MECH  
Email & Phone ROBERTS@MOORESELECTRIC.COM 434 907-5118

Name/Title NATHAN COUNTS - Life Safety Sales REPRIT  
Organization Johnson Controls Fire Protection LP  
Email & Phone Nathan.Counts@JCI.com  
nathan.counts@jci.com

Name/Title DAVID PALMER / SERVICE MANAGER  
Organization LIBERTY FIRE SOLUTIONS  
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Name/Title Lester Fouts  
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Name/Title Jamie Hurt Director of Sales  
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Email & Phone Jamie@acomplisteck.com 540-589-8438

Name/Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Email & Phone \_\_\_\_\_

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Organization \_\_\_\_\_  
Email & Phone \_\_\_\_\_

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Organization \_\_\_\_\_  
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