



# 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

September 27, 2022

### ADDENDUM NO. 1 TO ALL BIDDERS/OFFERRORS:

Reference – RFP 2023-030

Description: Fire Alarm Control Panel Replacements

Issue Date: September 15, 2022

Proposal Due: October 4, 2022

The above Project is hereby changed as addressed below:

1. Extension of Due Date and Time: proposals are hereby due no later than 2:00 PM EST on Tuesday, October 4, 2022. Proposals must be submitted and timestamped in the Roanoke County Purchasing office by that time.
2. Pre-Bid Conference Sign-In Log: see Exhibit 1 to this Addendum for a copy of the sign-in sheet from the mandatory pre-bid conference held on September 21, 2022.
3. Floor Plans and Inspection Reports: see Exhibit 2 to this Addendum for copies of documentation as requested at the pre-bid conference.

**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  
Phone: (540) 283-8149  
[KHoyt@roanokecountyva.gov](mailto:KHoyt@roanokecountyva.gov)

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Sign Name:

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Print Name:

---

Name of Firm:

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Date:

IFB #2023-030 Fire Alarm Control Panel Replacements  
PRE-BID MEETING SIGN-IN LOG

September 21, 2022      2:00 PM

(PLEASE PRINT)

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Name/Title HARLEY GRIMES - ASSOC. DIR. FACILITIES/STOPS  
Organization RCPS  
Email & Phone HGRIMES@RCPS.US

Name/Title WILLIAM ADKINS SR SALES ENGR.  
Organization SIEMENS  
Email & Phone william.adkins@siemens.com 540 761 0536

Name/Title NATE WILLIAMS LOW VOLTAGE SALES  
Organization VSC FIRE AND SECURITY  
Email & Phone NWILLIAMS@VSCFIRE.COM 540-765-1308

Name/Title MARTIN ANICKEL / DANNY CHUMBLEY LOW VOLTAGE  
Organization H&M ELECTRIC  
Email & Phone fleonurt@hmelectric.net / 540-355-0132

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

# LIBERTY

## FIRE SOLUTIONS, INC.

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

### Inspection and Testing Form

DATE: 6/7/2021  
 TIME: 12:00 PM

#### 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: Roanoke County Schools Admin  
 Address: 5937 Cove Road  
Roanoke Va., 24019  
 Owner Contact: Jeff Meachem  
 Telephone: 540-387-6590

#### MONITORING ENTITY

Contact: Security Central  
 Telephone: 1-800-438-4171  
 Monitoring Account Ref. No.: A1466 3159

#### 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  
 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

Model Number: 4010

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE	
4	Style 4	Water Flow Device
24	Style 4	Duct Detector
15	Style 4	Smoke Detector
	Style 4	Manual Pull Station
	Style 4	Heat Detector

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## FIRE SOLUTIONS, INC.

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### ALARM NOTIFICATION CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE
4	Style Y

Are circuits monitored for integrity? Yes

### 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): Hall In Front Of Main Entrance  
Disconnecting Means Location: Panel LA-1-Left Breaker #4

(b) Secondary (Standby):  
2 FACP Storage Battery: Amp-Hour Rating 7  
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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## FIRE SOLUTIONS, INC.

1645 Apperson Drive, Salem, VA 24153

(540) 387-FIRE Fax: 387-1029

### PRIOR TO ANY TESTING

#### NOTIFICATIONS ARE MADE

Monitoring Entity  
Building Occupants  
Building Management  
Other (Specify)  
AHJ Notified of Any Impairments

YES	NO	WHO	TIME
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	12:15 PM
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jeff	12:15 PM
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		

### SYSTEM TESTS AND INSPECTIONS

#### TYPE

Control Unit  
Interface Equipment  
Lamps/LEDS  
Fuses  
Primary Power Supply  
Trouble Signals  
Disconnect Switches  
Ground-Fault Monitoring

VISUAL	FUNCTIONAL	COMMENTS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

#### SECONDARY POWER

#### TYPE

Battery Condition  
Load Voltage  
Discharge Test  
Charger Test  
Specific Gravity  
**Transient Suppressors**  
**Remote Annunciators**

VISUAL	FUNCTIONAL	COMMENTS
<input checked="" type="checkbox"/>		FACP: Left: Failed Load Test Right: Failed Load Test
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	None Found
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Front Entrance

#### NOTIFICATION APPLIANCES

Audible  
Visual  
Speakers  
Voice Clarity

VISUAL	FUNCTIONAL	COMMENTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>	N/A

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## FIRE SOLUTIONS, INC.

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

### 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 At FACP	Smoke	X	X			X	
1-2 at reception office	Smoke	X	X			X	
1-3 conference room exit	Smoke	X	X			X	
1-4 hall @ room 216 personnel	Smoke	X	X			X	
1-5 front entrance	Smoke	X	X			X	
1-6 hall @ room 111	Smoke	X	X			X	
1-7 hall @ conference room	Smoke	X	X			X	
1-8 Hall @ room 121	Smoke	X	X			X	
1-9 hall @ public relations	Smoke	X	X			X	
1-10 hall @ admin staff development	Smoke	X	X			X	
1-11 hall @ room 137	Smoke	X	X			X	
1-12 hall @ room 129	Smoke	X	X			X	
1-13 door 4 instructional supervision	Smoke	X	X			X	
1-14 hall @ room 168	Smoke	X	X			X	
1-15 Hall @ room 169	Smoke	X	X			X	
1-16 hall @ mechanical room exit	Smoke	X	X			X	
1-17 hall @ room 184	Smoke	X	X			X	
1-18 Hall @ room 190	Smoke	X	X			X	
1-19 Hall at room 196	Smoke	X	X			X	
1-20 Hall @ room 201	Smoke	X	X			X	
1-21 Hall @ room 202	Smoke	X	X			X	
1-22 hall @ gym entrance	Smoke	X	X			X	
1-23 Hall @ room 126	Smoke	X	X			X	
1-24 Hall @ room 127	Smoke	X	X			X	
1-25 gym	Pull	X	X			X	
1-25 door 12	Pull	X	X			X	
1-25 door 8	Pull	X	X			X	
1-25 mechanical room exit door	Pull	X	X			X	
1-25 door 11	Pull	X	X			X	
1-25 gym	Pull	X	X			X	
1-25 gym	Pull	X	X			X	
1-25 door 14	Pull	X	X			X	
1-26 door 3	Pull	X	X			X	
1-26 door 2	Pull	X	X			X	
1-26 door 4	Pull	X	X			X	
1-26 door 5	Pull	X	X			X	
1-27 gym front	Duct	X		Need Lift		X	
1-27 gym rear	Duct	X		Need Lift		X	
1-28 IT warehouse	Pull	X	X			X	
1-28 IT warehouse	Pull	X	X			X	

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## FIRE SOLUTIONS, INC.

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

Comments: Could not locate Device 1-31, no one at facility had any additional information and no drawings to show location.

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## FIRE SOLUTIONS, INC.

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

## **AUDIO VISUAL DEVICE LIST**

LOCATION & S/N	DEVICE TYPE	PASS	FAIL
Hall @ room 216	Horn	X	
Hall @ Susan Petersons	Horn	X	
IT warehouse	Horn	X	
IT warehouse	H/S	X	
IT warehouse	H/S	X	
IT warehouse	H/S	X	
Hall @ room 103	Horn	X	
Hall @ public relations	Horn	X	
Hall @ room 169	Horn	X	
Hall @ room 175	Horn	X	
In gym @ budget & finance	Horn	X	
In gym	horn	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) Announcer	x	x	<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

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Comments: Could Not Locate Duct Detector Labeled AHU. Did Not Test Duct Detectors In Gym, Need A Lift To Access.

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SUPERVISING STATION MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:46:20 PM	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:51:54 PM	
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"/>	2:14:40 PM	
Trouble Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:17:13 PM	

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	TIME
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	3:00 PM
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jeff	3:00 PM
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

The following did not operate correctly: Batteries In FACP Need To Be Replaced Due To Failing Load Test.

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## FIRE SOLUTIONS, INC.

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System restored to normal operation: Date: 6/7/2021 Time: 3:00 PM

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

Name of Inspector: Brandon Shrader Date: 6/7/2021 Time: 3:00 PM

Signature: Brandon Shrader

Name of Owner or Representative: Jeff Meachem  
Date: 6/7/2021 Time: 3:00 PM

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



**RCPS Administration**  
 5937 Cove Road, Roanoke, VA 24019  
 Revised 05/2016

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## FIRE SOLUTIONS, INC.

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

### William Byrd Middle

DATE: 6/3/2021  
TIME: 8:00 A.M.

#### SERVICE ORGANIZATION

Name: Liberty Fire Solutions, Inc.  
 Address: 1645 Apperson Drive  
Salem, VA, 24153  
 Representative: Mike Meadows / Hunter Reid  
 License No.: 2705149719  
 Telephone: 540-387-1029

#### PROPERTY NAME (USER)

Name: William Byrd  
Middle School  
2910 E-Washington Ave  
Vinton VA, 24179  
 Owner Contact: Jeff Meachem  
 Telephone: 540-309-7274

#### MONITORING ENTITY

Contact: Security Central  
 Telephone: 1-800-438-4171  
 Monitoring Account Ref. No.: Acc: 3150 Rec: A1466

#### APPROVING AGENCY

Contact: Roanoke County  
 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: 4005/4010  
 Circuit Styles: 4  
 Number of Circuits: \_\_\_\_\_  
 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	
4	Style 4	Water Flow Device
68	Style 4	Duct Detector
19	Style 4	Smoke Detector
	Style 4	Manual Pull Station
	Style 4	Heat Detector

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## FIRE SOLUTIONS, INC.

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### ALARM NOTIFICATION 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
	Y

#### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):  
Quantity 2 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):  
4 FACP Storage Battery: Amp-Hour Rating 4-12v 7ah  
Calculated Capacity to operate system, in Hours: 24 60  
Location of fuel storage: \_\_\_\_\_  
Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

#### TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): \_\_\_\_\_

© 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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## FIRE SOLUTIONS, INC.

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(540) 387-FIRE Fax: 387-1029

### PRIOR TO ANY TESTING

#### NOTIFICATIONS ARE MADE

Monitoring Entity  
Building Occupants  
Building Management  
Other (Specify)  
AHJ Notified of Any Impairments

YES	NO	WHO	TIME
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	7:33 am
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overhead announcement	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	School employee	7:27 am
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		

### SYSTEM TESTS AND INSPECTIONS

#### TYPE

Control Unit  
Interface Equipment  
Lamps/LEDS  
Fuses  
Primary Power Supply  
Trouble Signals  
Disconnect Switches  
Ground-Fault Monitoring

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

Battery Condition  
Load Voltage  
Discharge Test  
Charger Test  
Specific Gravity  
**Transient Suppressors**  
**Remote Annunciators**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>		4010 FACP:12v 7ah Left: 13.63v 7.0v / Right: 13.83v 7.0v
			4005 FACP: 12v 7ah Left: 14.20v 7.0v / Right: 14.11v 6.62v
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
<b>Transient Suppressors</b>	<input type="checkbox"/>		N/A
<b>Remote Annunciators</b>	<input type="checkbox"/>	<input type="checkbox"/>	None Found

#### NOTIFICATION APPLIANCES

Audible  
Visual  
Speakers  
Voice Clarity

NOTIFICATION APPLIANCES	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input 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

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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
1-15 At FACP	smoke	X	X			X	
1-1 aux gym outside exit	smoke	X	X			X	
1-63 aux main gym	duct			Could not locate			
1-56 cafeteria east front	smoke	X	X			X	
1-58 cafeteria middle	smoke	X	X			X	
1-57 cafeteria west back	smoke	X	X			X	
1-13 corridor at auditorium 3	smoke	X	X			X	
1-4 corr at aux gym entrance L	smoke	X	X			X	
1-3 corr at aux gym entrance R	smoke	X	X			X	
1-7 corr at band room	smoke	X	X			X	
1-2 corr at boys locker rm	smoke	X	X			X	
1-12 corr at cafeteria and gym	smoke	X	X			X	
1-19 corr at clinic	smoke	x	X			X	
1-14 corr at elevator	smoke	X	X			x	
1-9 corr at front entrance	smoke	X	X			X	
1-20 corr at girl locker rm	smoke	X	X			X	
1-8 corr at left of band rm	smoke	X	X			X	
1-18 corr at principles office	smoke	X	X			X	
1-17 corr at resource office	smoke	X	X			X	
1-5 corr right main gym	smoke	X	X			X	
1-21 corr at room 102	smoke	X	X			X	
1-22 corr at room 106	smoke	X	X			X	
1-23 corr at room 108	smoke	X	X			X	
1-26 corr at room 109	smoke	X	X			X	
1-29 corr at room 111	smoke	X	X			X	
1-38 corr at rm 112	smoke	X	X			X	
1-31 corr at rm 113	smoke	X	X			X	
1-36 corr at rm 116	smoke	X	X			X	
1-35 corr at rm 118	smoke	X	X			X	
1-34 corr at rm 119	smoke	X	X			X	
1-28 corr at rm 122	smoke	X	X			X	
1-33 corr at room 129	smoke	X	X			X	
1-25 corr at science wing	smoke	X	X			X	
1-11 corr at stairs	smoke	X	X			X	
1-27 corr at teacher's lounge	smoke	X	X			X	
1-6 corr at team rm 2	smoke	X	X			X	

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## FIRE SOLUTIONS, INC.

1645 Apperson Drive, Salem, VA 24153

(540) 387-FIRE Fax: 387-1029

LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	COMMENTS	SENSITIVITY RANGE (0.00%-0.00%)	
					PASS	FAIL
1-32 corr at tech ed	smoke	X	X		X	
1-30 corr at work study	smoke	X	X		X	
3 Fire doors near rm 112	smoke	X	X		X	
3 fire doors near rm 112	smoke	X	X		X	
1-16 front office	smoke	X	X		X	
1-64 main gym	duct			Could not locate		
1-62 mech rm in student activities	smoke	X	X		X	
1-37 science prep room	smoke	X	X		X	
1-52 corr at custodial rm 4	smoke	X	X		X	
1-51 corr at mens RR	smoke	X	X		X	
1-40 corr at room 203	smoke	X	X		X	
1-39 corr at rm 207	smoke	X	X		X	
1-59 corr at rm 211	smoke	X	X		X	
1-55 corr at rm 215	smoke	X	X		X	
1-54 corr at rm 217	smoke	X	X		X	
1-53 corr at rm 219	smoke	X	X		X	
1-50 corr at rm 225	smoke	X	X		X	
1-49 corr at rm 227	smoke	X	X		X	
1-48 corr at rm 230	smoke	X	X		X	
1-47 corr at rm 235	smoke	X	X		X	
1-46 corr at rm 237	smoke	X	X		X	
1-45 corr at rm 241	smoke	X	X		X	
1-44 corr at rm 245	smoke	X	X		X	
1-43 corr at rm 249	smoke	X	X		X	
1-41 corr at student activity	smoke	X	X		X	
1-42 elevator lobby	smoke	X	X		X	
5 fire doors near rm 211	smoke	X	X		X	
5 fire doors near rm 211	smoke	X	X		X	
7 fire doors near rm 241	smoke	X	X		X	
7 fire doors near rm 241	smoke	X	X		X	
1-61 mech rm in student center	smoke	X	X		X	
1-60 mech rm front	smoke	X	X		X	
11 mech room in student center	duct	X	X		X	
11 amateur radio station	duct	X	X		X	

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

# LIBERTY

## FIRE SOLUTIONS, INC.

1645 Apperson Drive, Salem, VA 24153

(540) 387-FIRE Fax: 387-1029

### AUDIO VISUAL DEVICE LIST

LOCATION & S/N	DEVICE TYPE	PASS	FAIL
Auditorium stage middle	H/S	X	
Exit at aux gym	H/S	X	
Exit at rm 107	H/S	X	
Exit rm 111	H/S	X	
Exit at science pod	H/S	X	
Exit at science wing	H/S	X	
Exit at team rm 1	H/S	X	
Exit between band and chorus	H/S	X	
Exit in aux gym	H/S	X	
Exit in tech ed wing	H/S	X	
Kitchen exit	H/S	X	
Main entrance	H/S	X	
Main gym exit	H/S	X	
Side exit at an auditorium	H/S	X	
Side exit at auditorium	H/S	X	
Stairs at rm 217	H/S	X	
Stair at rm 247	H/S	X	
Top of stair at guidance	H/S	X	
Top of stair at mech rm	H/S	X	
At admin	H/S	X	
At room 108	H/S	X	
At room 115	H/S	X	
At rm 116 science hall	H/S	X	
At 118	H/S	X	
At 119	H/S	X	
At 120	H/S	X	
At 125	H/S	X	
Aux gym	H/S	X	
cafeteria	H/S	X	
Center stage auditorium	H/S	X	
Exit at rm 138	H/S	X	
Hall at aux gym	H/S	X	
Exit at rm 138	strobe	X	
Hall at women's RR	H/S	X	
In auditorium	H/S	X	
In kitchen	H/S	X	
Main gym back wall	H/S	X	
Main gym close to entrance	H/S	X	
Near rm 115	strobe	X	
At rm 205	H/S	X	
At rm 213	H/S	X	
At rm 221	H/S	X	
At rm 227	H/S	X	
At rm 239	H/S	X	
At rm 246	H/S	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) _____	<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: None

SUPERVISING STATION MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7:40:38 am	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7:45:46 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"/>	7:36:29 am	_____
Trouble Restoral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7:38:07 am	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	TIME
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security Central	11:33 am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overhead announcement	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Secretary	11:35 am
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

The following did not operate correctly: All located devices tested during this inspection.

# LIBERTY

## FIRE SOLUTIONS, INC.

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

System restored to normal operation: Date: 8/6/2021 \_\_\_\_\_ Time: 11:33 am \_\_\_\_\_

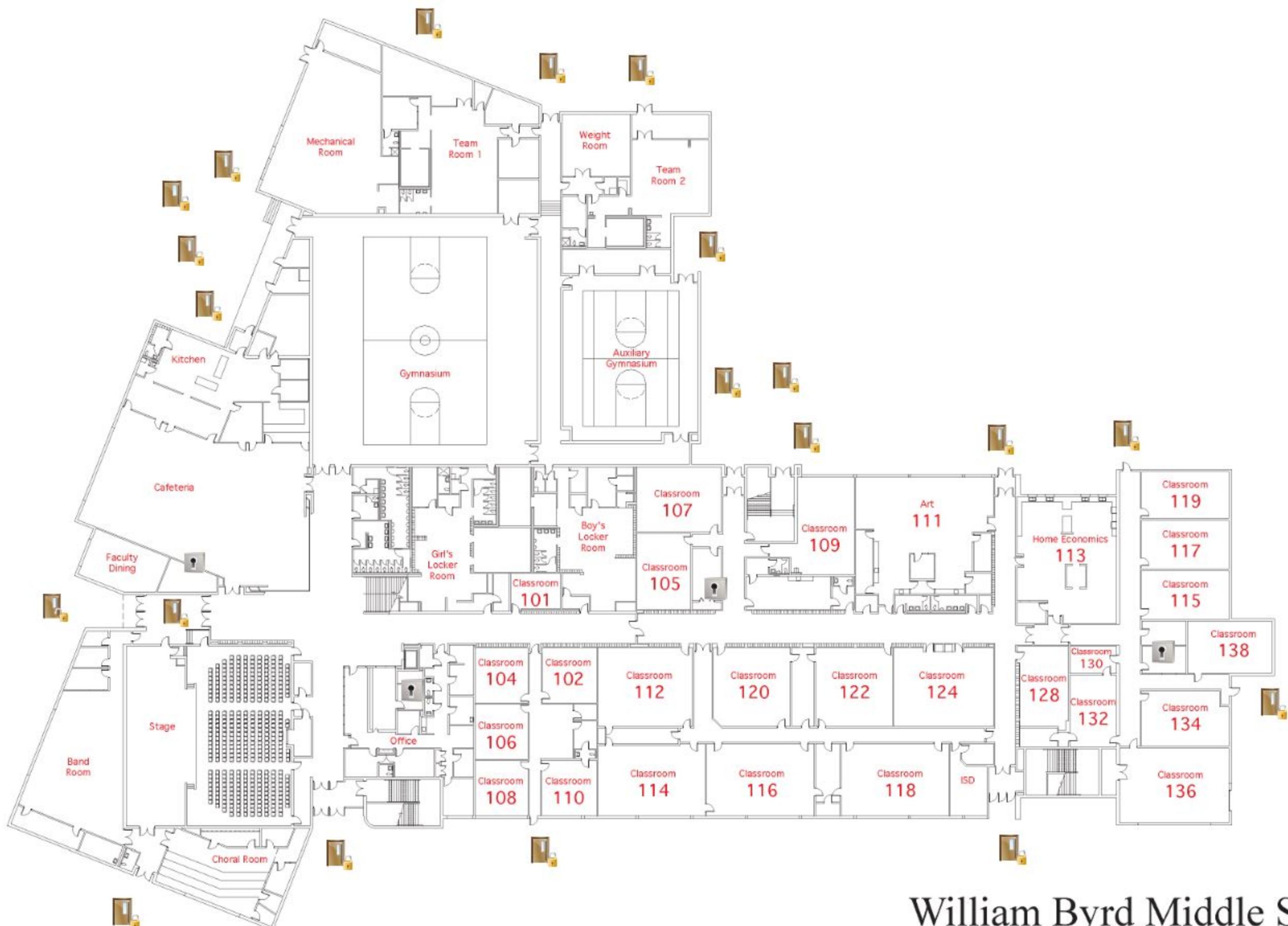
**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

Name of Inspector: Mike Meadows / Hunter Reid Date: 8/8/2021 Time: 11:33 am

Signature: Mike Meadows

Name of Owner or Representative: Jeff Meachem  
Date: 8/6/2021 Time: 11:33 am

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



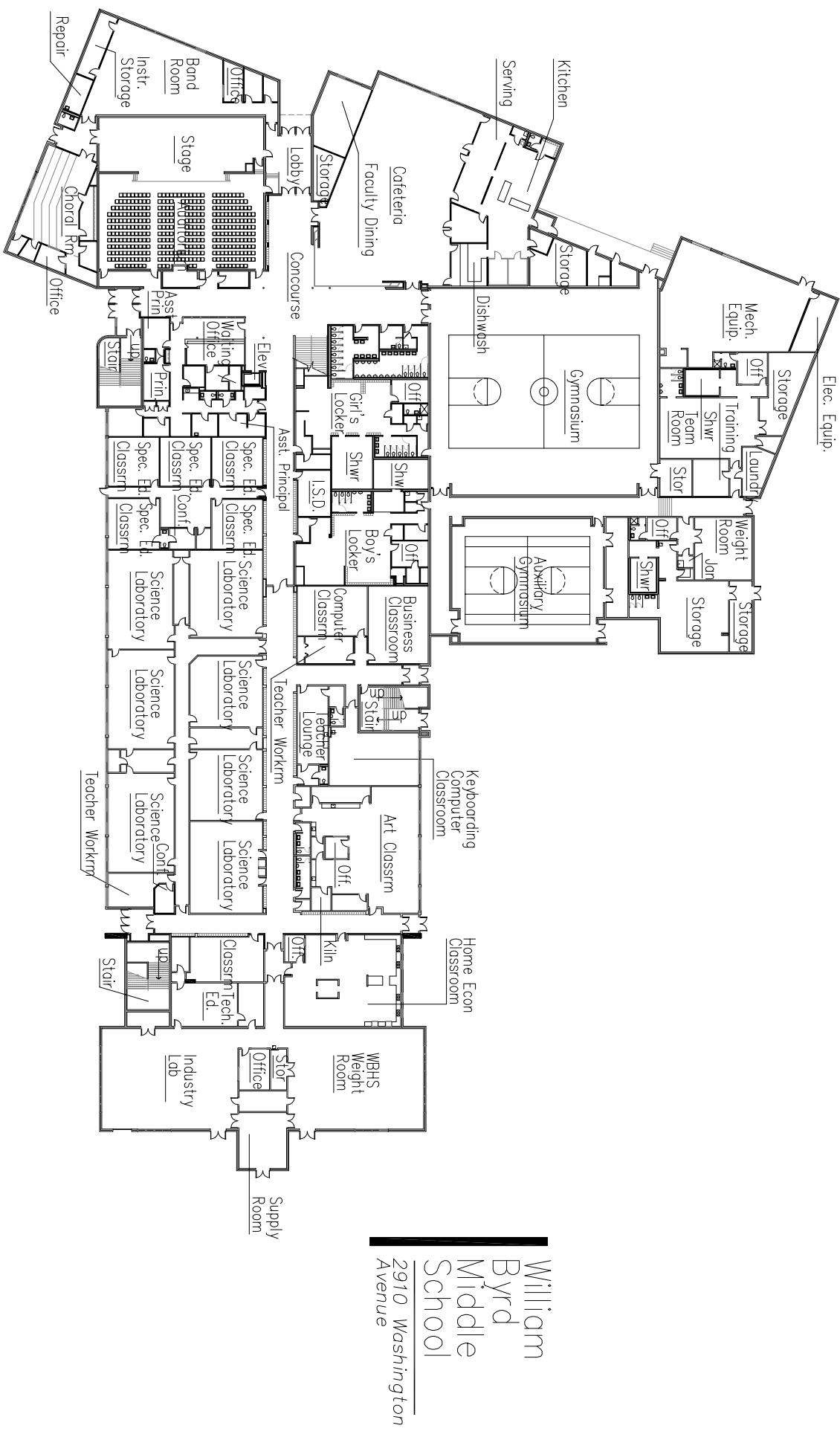
First Floor

# William Byrd Middle School

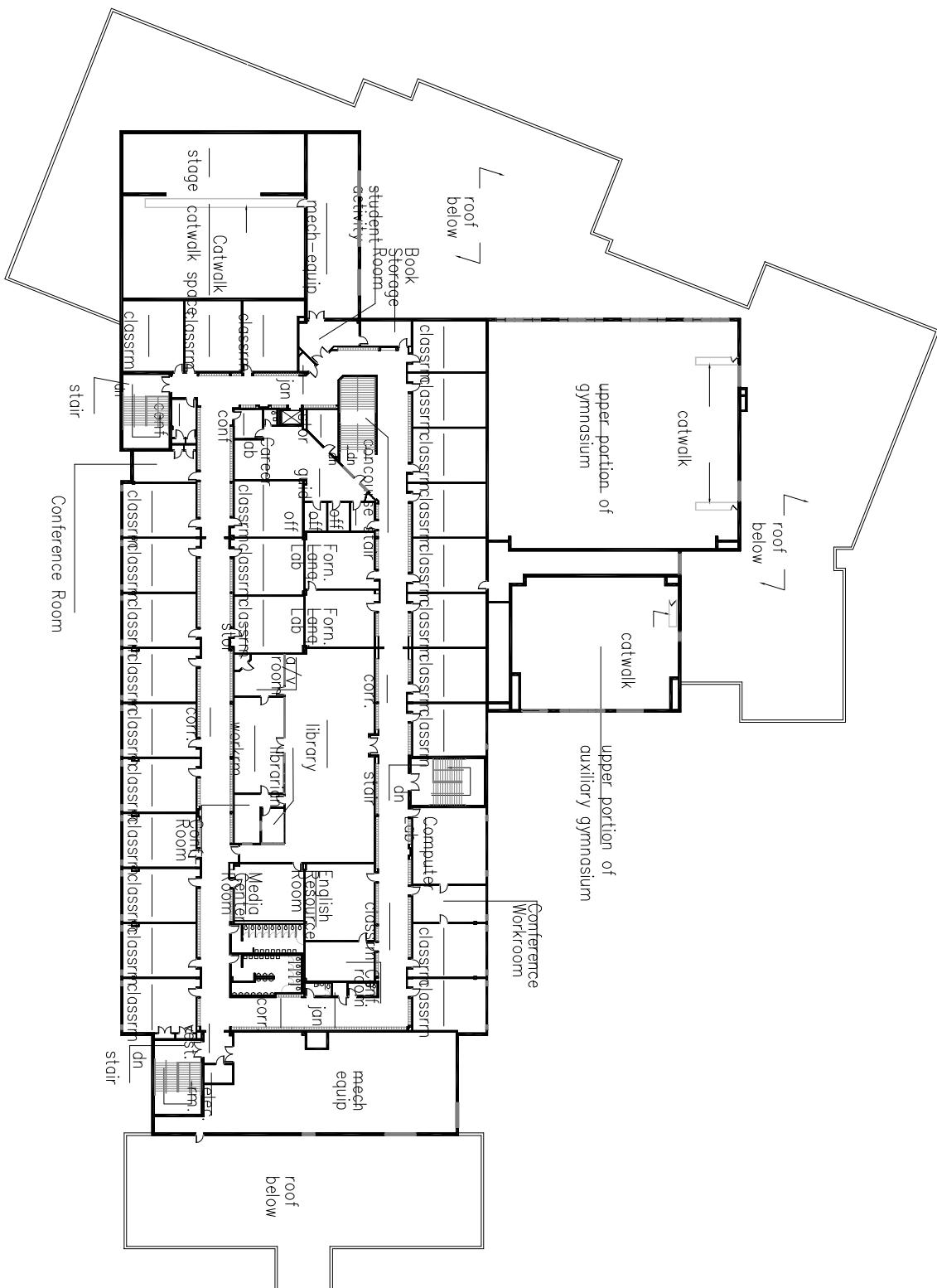
2910 Washington Avenue, Vinton, VA 24179

Revised 12/2013

## ● First Floor Plan ●



● Second Floor Plan ●



William Byrd Middle School  
2910 Washington Avenue

A diagram consisting of two parts. The top part shows a right angle with a horizontal line segment on the left and a vertical line segment on the right. The bottom part shows two circles that overlap, with the left circle being larger and the right circle being smaller, positioned to the right of the first.