

Fire & Life Safety America, Inc  
1407 Mill Race Drive Salem, VA 24153  
Tel: (540)378-6160 Fax: (540)378-6171

## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-10-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Beckwith School Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: Remoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 2012 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 12:15 AM / PM Alarms restored 1:15 AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 750 gpm, 4" Fire Matic w.t. Simplex 4010

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied?
- Has the occupancy classification or hazard of contents remained the same since the last inspection?
- Is the "fire protection system" in service?
- Has the "fire protection system" remained in service without modification or activation since last inspection?
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2009
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?
- Is the "fire protection system" adequately protected from freezing?
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
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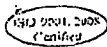
### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify) \_\_\_\_\_  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
/		12:15	/		1:00
/		12:10	/		
/		12:10	/		
/		1:00	/		
/		1:00	/		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
| <input type="checkbox"/> Dry Valve Trip Test Report       | <input type="checkbox"/> Hydrant Flow Test Form             | <input type="checkbox"/> Private Fire Service Mains Form  |
| <input type="checkbox"/> Sprinkler Piping Condition Form  | <input type="checkbox"/> Fire Alarm Detection Form          | <input type="checkbox"/> Backflow Test Form               |
| <input type="checkbox"/> Fire Pump Inspection Form        | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |



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## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-20-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Back Creek School Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: Kenneshaw State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 2012 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 12:15 AM / PM Alarms restored 1:15 AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 750 gpm, 4" Fire-Matic M.T. Simplex 4010

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied?
- Has the occupancy classification or hazard of contents remained the same since the last inspection?
- Is the "fire protection system" in service?
- Has the "fire protection system" remained in service without modification or activation since last inspection?
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2009
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?
- Is the "fire protection system" adequately protected from freezing?
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
/		
/		
/		
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### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
/		12:15	/		1:00
/		12:10	/		
/		12:10	/		
/			/		
/		1:00	/		
/		1:00	/		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- ☒ Sprinkler System Form  
☐ Dry Valve Trip Test Report  
☐ Sprinkler Piping Condition Form  
☐ Fire Pump Inspection Form

- ☐ Standpipe Inspection Form  
☐ Hydrant Flow Test Form  
☐ Fire Alarm Detection Form  
☐ Deluge/Pre-Action Trip Test Report

- ☐ Water Storage Tanks Form  
☐ Private Fire Service Mains Form  
☐ Backflow Test Form  
☐ Addendum to Report of Inspection

## Fire Protection Systems Report of Inspections

Work Order #: \_\_\_\_\_ Date: 12-20-13

Site Name: Beth Creek School Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: ROANOKE State: VA City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PART I INSPECTOR'S SECTION (all responses reference current inspection)		Yes	N/A	No
<b>A. General</b>				
1. Is the hydraulic data plate in place, permanently marked and securely attached?		/		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		/		
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>2009</u> )		/		
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>2012</u> )		/		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>2012</u> )		/		
6. Are system gauges (water/air) in good condition and showing normal pressures?		/		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2009</u> )		/		
<b>B. Wet Systems</b>				
1. Are areas protected by wet systems inside the property properly heated?		/		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?		/		
3. Are inspection and flow test tags in place and filled out completely?		/		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		/		
5. Are cold weather valves in the appropriate (open) / (closed) position?		/		
6. Are antifreeze test results satisfactory?			/	
Test Results: Solution Type _____ Freeze Point _____			/	
<b>C. Dry Systems (see trip test report dated _____)</b>				
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			/	
2. Is the air (compressor) or nitrogen supply in service and operating properly?			/	
3. Are quick-opening devices in service? (Semiannual test performed on _____)			/	
4. Are air maintenance device(s) installed and operating properly?			/	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?			/	
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)			/	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?			/	
<b>D. Special Systems (Deluge—Preaction) (see trip test report dated _____)</b>				
1. Did detection devices test satisfactorily during this inspection?			/	
2. Did the release/activation devices operate properly during detection testing?			/	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			/	
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>				
1. Are the alarm trim valves in the proper position, sealed and/or locked?		/		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?		/		
3. Did the central station/monitoring system receive all alarms?		/		
4. Did the low/high air alarms for the system piping/detection operate properly?			/	
5. Did tamper devices operate properly?		/		
<b>F. Sprinklers</b>				
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?				
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?				
3. Are standard sprinklers in service for less than 50 years / dated after 1920?				
4. Are fast response sprinklers in service for less than 20 years?				
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?				
6. Are sprinklers near _____ devices of proper temperature rating?				
<b>G. Control Valves (see item G.7)</b>				
1. Are sprinkler system control valves in the appropriate position?				
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)		/		
3. Were all control valves operated through full range and returned to normal position? (Date _____)		/		
4. Are valves free from external leaks?		/		
5. Are valves properly identified with signs?		/		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		/		

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Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampers	Seal No.	Abnormal Condition
City Connection Control Valve	2	Globe	YES/NO	YES	YES/NO	NO	NO		
Tank Control Valves	4	Ballcock	YES	YES	NO	YES	NO		
Pump Control Valves									
Sectional Control Valves									
System Control Valves	1	PSV	YES	YES	NO	YES	NO		
Other Control Valves									
Test Header Control Valve	1	BF	NO	YES	YES	YES	NO		
Pressure Reducing Control Valve									

1. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser?

YES	NA	NO
<input checked="" type="checkbox"/>		

2. Water supply pressures:

a. City 50 psi c. Tank        psi  
b. Fire pump 20 psi d.        psi

3. Water flow test at sprinkler riser (in psi):

Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. <u>UCT</u>	<u>2"</u>	<u>60</u>	<u>50</u>	<u>65</u>	d. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
b. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	e. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
c. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	f. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Explain any no answers and comment (see addendum(s) attached if checked ☐ )

(1) WATER MAIN GOING TO WORKING THIM STOPPED UP  
(2) TOWERS NOT WORKING IN PUMP ROOM.

1. Adjustments or corrections made during this inspection: NONE

(This inspection was performed substantially in accordance with NFPA Standard: 25(1) ☐ 13( ) ☐ ( ) ☐ ( ) ☐ ( ) ☐ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended (see addendum(s) attached if checked ☐ )

\* FLSA Completed Semi-Annual sprinkler inspection

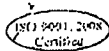
The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

Virginia Sharp Virginia Sharp  
Print Name Signature

Benny Haly  
Technician

12-20-17  
Date



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## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-23-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Clearbrook Elem School Owner: Roanoke County Schools  
Address: 5205 Franklin Rd Address: \_\_\_\_\_  
City: Roanoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 6-13 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☒ semi-annual ☐ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 8:00 PM Alarms restored \_\_\_\_\_ AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 13" Wet System

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied? ☒
- Has the occupancy classification or hazard of contents remained the same since the last inspection? ☒
- Is the "fire protection system" in service? ☒
- Has the "fire protection system" remained in service without modification or activation since last inspection? ☒
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected. ☒
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2011 ☒
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch? ☒
- Is the "fire protection system" adequately protected from freezing? ☒
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection? ☒

Yes	N/A**	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>		
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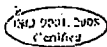
### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
| <input type="checkbox"/> Dry Valve Trip Test Report       | <input type="checkbox"/> Hydrant Flow Test Form             | <input type="checkbox"/> Private Fire Service Mains Form  |
| <input type="checkbox"/> Sprinkler Piping Condition Form  | <input type="checkbox"/> Fire Alarm Detection Form          | <input type="checkbox"/> Backflow Test Form               |
| <input type="checkbox"/> Fire Pump Inspection Form        | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |



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## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-10-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Back Creek School Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: Remoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 2012 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 12:15 AM / PM Alarms restored 1:15 AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 150 gpm, 4" Fire Matic w.t. Simplex 4010

### PART B OWNER'S SECTION (to be answered by owner or occupant)

1. Is the property occupied?  
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?  
3. Is the "fire protection system" in service?  
4. Has the "fire protection system" remained in service without modification or activation since last inspection?  
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.  
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2009  
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?  
8. Is the "fire protection system" adequately protected from freezing?  
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
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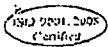
### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
/		12:15	/		1:00
/		12:15	/		
/		12:10	/		
/		1:00	/		
/		1:00	/		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
| <input type="checkbox"/> Dry Valve Trip Test Report       | <input type="checkbox"/> Hydrant Flow Test Form             | <input type="checkbox"/> Private Fire Service Mains Form  |
| <input type="checkbox"/> Sprinkler Piping Condition Form  | <input type="checkbox"/> Fire Alarm Detection Form          | <input type="checkbox"/> Backflow Test Form               |
| <input type="checkbox"/> Fire Pump Inspection Form        | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |



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## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-20-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Back Creek School Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: Roanoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 2012 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 12:15 AM / PM Alarms restored 1:15 AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 750 gpm, 4" Fire-Matic M.T. Simplex 4010

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied?
- Has the occupancy classification or hazard of contents remained the same since the last inspection?
- Is the "fire protection system" in service?
- Has the "fire protection system" remained in service without modification or activation since last inspection?
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2009
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?
- Is the "fire protection system" adequately protected from freezing?
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
/		
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### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
/		12:15	/		1:00
/		12:10	/		
/		12:10	/		
/		1:00	/		
/		1:00	/		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- ☒ Sprinkler System Form  
☐ Dry Valve Trip Test Report  
☐ Sprinkler Piping Condition Form  
☐ Fire Pump Inspection Form

- ☐ Standpipe Inspection Form  
☐ Hydrant Flow Test Form  
☐ Fire Alarm Detection Form  
☐ Deluge/Pre-Action Trip Test Report

- ☐ Water Storage Tanks Form  
☐ Private Fire Service Mains Form  
☐ Backflow Test Form  
☐ Addendum to Report of Inspection

## Fire Protection Systems Report of Inspections

Work Order #: \_\_\_\_\_

Date: 12-20-13

Site Name Beth Creek School  
Address \_\_\_\_\_  
City ROANOKE State VA  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

### PART I INSPECTOR'S SECTION (all responses reference current inspection)

	Yes	N/A	No
<b>A. General</b>			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	/		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	/		
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>2009</u> )	/		
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>2012</u> )	/		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>2012</u> )	/		
6. Are system gauges (water/air) in good condition and showing normal pressures?	/		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2009</u> )	/		
<b>B. Wet Systems</b>			
1. Are areas protected by wet systems inside the property properly heated?	/		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	/		
3. Are inspection and flow test tags in place and filled out completely?	/		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?	/		
5. Are cold weather valves in the appropriate (open) / (closed) position?	/		
6. Are antifreeze test results satisfactory?		/	
Test Results: Solution Type _____ Freeze Point _____		/	
<b>C. Dry Systems (see trip test report dated _____)</b>			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		/	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		/	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		/	
4. Are air maintenance device(s) installed and operating properly?		/	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		/	
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)		/	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		/	
<b>D. Special Systems (Deluge—Preaction) (see trip test report dated _____)</b>			
1. Did detection devices test satisfactorily during this inspection?		/	
2. Did the release/activation devices operate properly during detection testing?		/	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		/	
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	/		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	/		
3. Did the central station/monitoring system receive all alarms?	/		
4. Did the low/high air alarms for the system piping/detection operate properly?		/	
5. Did lamper devices operate properly?	/		
<b>F. Sprinklers</b>			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?			
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			
3. Are standard sprinklers in service for less than 50 years / dated after 1920?			
4. Are fast response sprinklers in service for less than 20 years?			
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?			
6. Are sprinklers near _____ devices of proper temperature rating?			
<b>G. Control Valves (see item G.7)</b>			
1. Are sprinkler system control valves in the appropriate position?			
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)	/		
3. Were all control valves operated through full range and returned to normal position? (Date _____)	/		
4. Are valves free from external leaks?	/		
5. Are valves properly identified with signs?	/		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)	/		



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Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampers	Seal No.	Abnormal Condition
City Connection Control Valve	2	Globe	YES/NO	YES	YES/NO	NO	NO		
Tank Control Valves	4	Ball	YES	YES	NO	YES	NO		
Pump Control Valves									
Sectional Control Valves									
System Control Valves	1	OSV	YES	YES	NO	YES	NO		
Other Control Valves									
Test Header Control Valve	1	BF	NO	YES	YES	YES	NO		
Pressure Reducing Control Valve									

4. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser? ☒ YES ☐ N/A ☐ NO

2. Water supply pressures:

a. City 50 psi c. Tank        psi  
b. Fire pump 20 psi d.        psi

3. Water flow test at sprinkler riser (in psi):

Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. <u>UCT</u>	<u>2"</u>	<u>60</u>	<u>50</u>	<u>65</u>	d. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
b. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	e. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
c. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	f. <u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Explain any no answers and comment (see addendum(s) attached if checked ☐ )

① WATER MAIN GOING TO WORKING, THEM STOPPED UP  
② VALVES NOT WORKING IN PUMP ROOM.

1. Adjustments or corrections made during this inspection: NONE

(This inspection was performed substantially in accordance with NFPA Standard: 254 ☐ 13 ☐ ( ) ☐ ( ) ☐ ( ) ☐ ( ) ☐ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended (see addendum(s) attached if checked ☐ )

\* FLSA Completed Semi-Annual sprinkler inspection

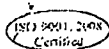
The information on this form is correct at the time and place of my inspection. The fire protection system was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

Virginia Sharp Virginia Sharp  
Print Name Signature

Blaney Holly  
Technician

12-20-13  
Date



Fire & Life Safety America, Inc

1407 Mill Race Drive Salem, VA 24153

Tel: (540)378-6160 Fax: (540)378-6171

## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-23-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Clearbrook Elem School Owner: Roanoke County Schools  
Address: 5205 Franklin Rd Address: \_\_\_\_\_  
City: Roanoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 6-13 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☒ semi-annual ☐ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 8:00 PM Alarms restored \_\_\_\_\_ AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 13" Wet System

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied? ☒
- Has the occupancy classification or hazard of contents remained the same since the last inspection? ☒
- Is the "fire protection system" in service? ☒
- Has the "fire protection system" remained in service without modification or activation since last inspection? ☒
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected. ☒
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2011 ☒
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch? ☒
- Is the "fire protection system" adequately protected from freezing? ☒
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection? ☒

Yes	N/A**	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
| <input type="checkbox"/> Dry Valve Trip Test Report       | <input type="checkbox"/> Hydrant Flow Test Form             | <input type="checkbox"/> Private Fire Service Mains Form  |
| <input type="checkbox"/> Sprinkler Piping Condition Form  | <input type="checkbox"/> Fire Alarm Detection Form          | <input type="checkbox"/> Backflow Test Form               |
| <input type="checkbox"/> Fire Pump Inspection Form        | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |

# Fire Protection Systems Report of Inspections

Work Order #: \_\_\_\_\_

Date: 12-23-13

Site Name Clearbrook Elem School  
Address Franklin Rd  
City Roanoke State VA  
Zip 24014 Phone \_\_\_\_\_

Owner Roanoke County Schools  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

PART I INSPECTOR'S SECTION (all responses reference current inspection)		Yes	N/A	No
<b>A. General</b>				
1. Is the hydraulic data plate in place, permanently marked and securely attached?		✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		✓		
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>2011</u> )		✓		
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>6-13</u> )		✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>6-13</u> )		✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?		✓		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2011</u> )		✓		
<b>B. Wet Systems</b>				
1. Are areas protected by wet systems inside the property properly heated?		✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?		✓		
3. Are inspection and flow test tags in place and filled out completely?		✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		✓		
5. Are cold weather valves in the appropriate (open) / (closed) position?			✓	
6. Are antifreeze test results satisfactory?			✓	
Test Results: Solution Type _____ Freeze Point _____				
<b>C. Dry Systems (see trip test report dated <u>N/A</u>)</b>				
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?			✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)			✓	
4. Are air maintenance device(s) installed and operating properly?			✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?			✓	
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)			✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?			✓	
<b>D. Special Systems (Deluge-Preaction) (see trip test report dated <u>N/A</u>)</b>				
1. Did detection devices test satisfactorily during this inspection?			✓	
2. Did the release/activation devices operate properly during detection testing?			✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			✓	
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>				
1. Are the alarm trim valves in the proper position, sealed and/or locked?		✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?		✓		
3. Did the central station/monitoring system receive all alarms?		✓		
4. Did the low/high air alarms for the system piping/detection operate properly?		✓		
5. Did tamper devices operate properly?		✓		
<b>F. Sprinklers</b>				
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?		✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?		✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?		✓		
4. Are fast response sprinklers in service for less than 20 years?		✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?		✓		
6. Are sprinklers near heating devices of proper temperature rating?		✓		
<b>G. Control Valves (see item G.7)</b>				
1. Are sprinkler system control valves in the appropriate position?		✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>12-13</u> )		✓		
3. Were all control valves operated through full range and returned to normal position? (Date <u>12-13</u> )		✓		
4. Are valves free from external leaks?		✓		
5. Are valves properly identified with signs?		✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)			✓	



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[illegible]

### 4. Water Supply Data

YES	N.A.	NO
✓		

7. Was a water flow test of main drain made at spring rise?

2 water supply pressures:

a City 120 mi

с. Тзгх N/A №

b. Fire pump N/A psi

12/11

3. Water flow test at sprinkler riser (in psi):

	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.	Riser	2"	120	125	120
b.					
c.					

Explain any no. answers and comment (see addendum(s) attached if checked ☐)

1. Adjustments or corrections made during this inspection:

Novel

6. This inspection was performed substantially in accordance with NFPA Standard 25111. If not, explain below: ☐ Yes ☐ No ☐ Partly. Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see addendum(s) attached if checked]:

The information on this form is correct at the time and place of my inspection. The fire protection system was left in operational condition upon completion of this inspection except as noted above.

ins report was reviewed with:

By: East Coast Fire Protection, Inc.

Karen L. Pindell  
Print Name

ಸಿಂಹಪುರ

Testicular

1.2-23-13





## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-23-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Park Grove Elem School Owner: Roanoke County Schools  
Address: 5005 Grandin Rd Ext Address: \_\_\_\_\_  
City: Roanoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_  
Last Inspection Date: 6-13 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☒ semi-annual ☐ annual Report to: Dennis Eppert

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced N/A AM / PM Alarms restored N/A AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) (1) 2" Domestic wet system (1) 1" Domestic wet system (1) 1 1/2" Domestic wet system

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied?
- Has the occupancy classification or hazard of contents remained the same since the last inspection?
- Is the "fire protection system" in service?
- Has the "fire protection system" remained in service without modification or activation since last inspection?
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: N/A
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?
- Is the "fire protection system" adequately protected from freezing?
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>		1:15	<input checked="" type="checkbox"/>		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
| <input type="checkbox"/> Dry Valve Trip Test Report       | <input type="checkbox"/> Hydrant Flow Test Form             | <input type="checkbox"/> Private Fire Service Mains Form  |
| <input type="checkbox"/> Sprinkler Piping Condition Form  | <input type="checkbox"/> Fire Alarm Detection Form          | <input type="checkbox"/> Backflow Test Form               |
| <input type="checkbox"/> Fire Pump Inspection Form        | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |

## Fire Protection Systems Report of Inspections

Work Order #: \_\_\_\_\_

Date: 12-23-13

Site Name Oak Grove Elem School  
Address 5005 Brandon Rd Ext  
City Roanoke State VA  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

Owner Roanoke County Schools  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
<b>A. General</b>			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?		✓	
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>6-13</u> )	✓	✓	
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>6-13</u> )	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>6-13</u> )	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?	✓	✓	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		✓	
<b>B. Wet Systems</b>			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓		
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from inspector's test valve and did the alarms operate?	✓		
5. Are cold weather valves in the appropriate (open) / (closed) position?		✓	
6. Are antifreeze test results satisfactory?		✓	
Test Results: Solution Type _____ Freeze Point _____			
<b>C. Dry Systems (see trip test report dated <u>N/A</u>)</b>			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		✓	
4. Are air maintenance device(s) installed and operating properly?		✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		✓	
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)		✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		✓	
<b>D. Special Systems (Deluge—Preaction) (see trip test report dated <u>N/A</u>)</b>			
1. Did detection devices test satisfactorily during this inspection?		✓	
2. Did the release/activation devices operate properly during detection testing?		✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		✓	
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?		✓	
3. Did the central station/monitoring system receive all alarms?		✓	
4. Did the low/high air alarms for the system piping/detection operate properly?		✓	
5. Did tamper devices operate properly?	✓		
<b>F. Sprinklers</b>			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?	✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	✓		
6. Are sprinklers near heating devices of proper temperature rating?	✓		
<b>G. Control Valves (see item G.7)</b>			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>N/A</u> )		✓	
3. Were all control valves operated through full range and returned to normal position? (Date <u>12-23-13</u> )	✓		
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?	✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		✓	

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Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampered	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves									
System Control Valves	6	Ball	YES	YES	NO	YES	YES		
Other Control Valves									
Test Header Control Valve									
Pressure Reducing Control Valve									

4. Water Supply Data

1. Was a water flow test of main drain made at sprinkler riser?

YES	NA	NO
<input checked="" type="checkbox"/>		

2. Water supply pressures:

a. City N/A psi

c. Tank N/A psi

b. Fire pump N/A psi

d. N/A psi

3. Water flow test at sprinkler riser (in psi):

Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a					d				
b					e				
c					f				

Explain any no answers and comment (see addendum(s) attached if checked ☐)

1. Adjustments or corrections made during this inspection:

NONE

(This inspection was performed substantially in accordance with NFPA Standard: 2514.13 ) ☐ ( ) ☐ ( ) ☐ ( ) ☐ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended (see addendum(s) attached if checked ☐)

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

By: East Coast Fire Protection, Inc.

Kimberly M. Bradshaw  
Print Name

[Signature]  
Signature

[Signature]  
Technician

12-23-13  
Date



## Fire Protection Systems Report of Inspections

Work Order #: \_\_\_\_\_

Date: 12-22-13

Site Name Clearbrook Elem School  
Address Franklin Rd  
City Roanoke State VA  
Zip 24014 Phone \_\_\_\_\_

Owner Roanoke County Schools  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
<b>A. General</b>			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	✓		
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>2011</u> )	✓		
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>6-13</u> )	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>6-13</u> )	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?	✓		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2011</u> )	✓		
<b>B. Wet Systems</b>			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓		
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?	✓		
5. Are cold weather valves in the appropriate (open) / (closed) position?		✓	
6. Are antifreeze test results satisfactory?		✓	
Test Results: Solution Type _____ Freeze Point _____			
<b>C. Dry Systems (see trip test report dated <u>N/A</u>)</b>			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?		✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)		✓	
4. Are air maintenance device(s) installed and operating properly?		✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?		✓	
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)		✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?		✓	
<b>D. Special Systems (Deluge-Preaction) (see trip test report dated <u>N/A</u>)</b>			
1. Did detection devices test satisfactorily during this inspection?		✓	
2. Did the release/activation devices operate properly during detection testing?		✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		✓	
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	✓		
3. Did the central station/monitoring system receive all alarms?	✓		
4. Did the low/high air alarms for the system piping/detection operate properly?	✓		
5. Did tamper devices operate properly?	✓		
<b>F. Sprinklers</b>			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?	✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	✓		
6. Are sprinklers near heating devices of proper temperature rating?	✓		
<b>G. Control Valves (see item G.7)</b>			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>12-13</u> )	✓		
3. Were all control valves operated through full range and returned to normal position? (Date <u>12-13</u> )	✓		
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?	✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		✓	

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[illegible]

#### 4. Water Supply Data

YES	N.A.	NO
✓		

1. Was a water flow test of main drain made at sprinkler riser? \_\_\_\_\_
2. Water supply pressures:
- a. City 120 psi
- b. Fire pump N/A psi
- c. Tank N/A psi
- d. \_\_\_\_\_ psi
3. Water flow test at sprinkler riser (in psi): \_\_\_\_\_

	Test Pipe Location	Size Test Pipe	Static	Residual	Static
a.	Riser	2"	120	125	120
b.					
c.					

Explain any no answers and comment (see addendum(s) attached if checked ☐).

1. Adjustments or corrections made during this inspection:

Novel

6. This inspection was performed substantially in accordance with NFPA Standard 2544 ~~1013~~ 1013 ☐ 1013 ☐ 1013 ☐ 1013 ☐ Although these comments are not the result of an engineering review, the following desirable improvements are recommended (see addendum(s) attached if checked ☐ )

The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

ins report was reviewed with:

By: East Coast Fire Protection, Inc.

Karen L. Penellatan  
Print Name

Signature

## Techniques

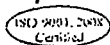
1.2-23-13



Description of Work:	FLSA completed Semi-annual sprinkler inspection per contract. System was returned to normal operation upon departure
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Limitation of Liability: FLISA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLISA under this Agreement. Customer shall hold FLISA harmless from any and all third party claims for personal injury, death or property damage arising from Customer's failure to maintain its premises, including but not limited to damages to the fire protection system or Customer's property caused by water leakage, freezing pipes, loss of power, acts of God or other similar causes beyond the control of FLISA. In no event shall FLISA be liable for any special, indirect, incidental, consequential or any other damages of any character, including but not limited to the loss of use of the Customer's property, lost profits or lost production, whether claimed by Customer or by any third party, irrespective of whether claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability or otherwise

Customer: Teacher's Education  
Signature: [Signature]  
Print Name: Karen N. Prudente  
Title: Principal  
Date: 12/23/13



Fire & Life Safety America, Inc  
1407 Mill Race Drive Salem, VA 24153  
Tel: (540)378-6160 Fax: (540)378-6171

## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-23-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Park Grove Elem School Owner: Roanoke County Schools  
Address: 5005 Grandin Rd Ext Address: \_\_\_\_\_  
City: Roanoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_  
Last Inspection Date: 6-13 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☒ semi-annual ☐ annual Report to: Dennis Epperly

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced N/A AM / PM Alarms restored N/A AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) (1) 2" Domestic wet system (1) 1" Domestic wet system (1) 1 1/2" Domestic wet system

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied?
- Has the occupancy classification or hazard of contents remained the same since the last inspection?
- Is the "fire protection system" in service?
- Has the "fire protection system" remained in service without modification or activation since last inspection?
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: N/A
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?
- Is the "fire protection system" adequately protected from freezing?
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
		1:15			

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
| <input type="checkbox"/> Dry Valve Trip Test Report       | <input type="checkbox"/> Hydrant Flow Test Form             | <input type="checkbox"/> Private Fire Service Mains Form  |
| <input type="checkbox"/> Sprinkler Piping Condition Form  | <input type="checkbox"/> Fire Alarm Detection Form          | <input type="checkbox"/> Backflow Test Form               |
| <input type="checkbox"/> Fire Pump Inspection Form        | <input type="checkbox"/> Deluge/Pre-Action Trip Test Report | <input type="checkbox"/> Addendum to Report of Inspection |
| <input type="checkbox"/> _____                            | <input type="checkbox"/> _____                              |   |

# Fire Protection Systems Report of Inspections

Work Order #: \_\_\_\_\_

Date: 12-23-13

Site Name Oak Grove Elem School

Owner Roanoke County Schools

Address 5005 Brandon Rd Ext

Address \_\_\_\_\_

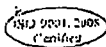
City Roanoke State VA

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

PART I INSPECTOR'S SECTION (all responses reference current inspection)		Yes	N/A	No
<b>A. General</b>				
1. Is the hydraulic data plate in place, permanently marked and securely attached?		✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?			✓	
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>6-13</u> )		✓	✓	
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>6-13</u> )		✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>6-13</u> )		✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?		✓	✓	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)			✓	
<b>B. Wet Systems</b>				
1. Are areas protected by wet systems inside the property properly heated?		✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?		✓		
3. Are inspection and flow test tags in place and filled out completely?		✓		
4. Was a flow test performed from Inspector's test valve and did the alarms operate?		✓		
5. Are cold weather valves in the appropriate (open) / (closed) position?			✓	
6. Are antifreeze test results satisfactory?			✓	
Test Results: Solution Type _____ Freeze Point _____				
<b>C. Dry Systems (see trip test report dated <u>N/A</u>)</b>				
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?			✓	
2. Is the air (compressor) or nitrogen supply in service and operating properly?			✓	
3. Are quick-opening devices in service? (Semiannual test performed on _____)			✓	
4. Are air maintenance device(s) installed and operating properly?			✓	
5. Is the intermediate chamber free from leakage and the velocity check free & clear?			✓	
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)			✓	
7. Did the heating equipment in the valve enclosure operate at the time of inspection?			✓	
<b>D. Special Systems (Deluge—Preaction) (see trip test report dated <u>N/A</u>)</b>				
1. Did detection devices test satisfactorily during this inspection?			✓	
2. Did the release/activation devices operate properly during detection testing?			✓	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			✓	
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>				
1. Are the alarm trim valves in the proper position, sealed and/or locked?		✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?			✓	
3. Did the central station/monitoring system receive all alarms?			✓	
4. Did the low/high air alarms for the system piping/detection operate properly?			✓	
5. Did tamper devices operate properly?		✓		
<b>F. Sprinklers</b>				
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?		✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?		✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?		✓		
4. Are fast response sprinklers in service for less than 20 years?		✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?		✓		
6. Are sprinklers near heating devices of proper temperature rating?		✓		
<b>G. Control Valves (see item G.7)</b>				
1. Are sprinkler system control valves in the appropriate position?		✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>N/A</u> )			✓	
3. Were all control valves operated through full range and returned to normal position? (Date <u>12-23-13</u> )		✓		
4. Are valves free from external leaks?		✓		
5. Are valves properly identified with signs?		✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)			✓	



Fire & Life Safety America, Inc  
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Tel: (540)378-6160 Fax: (540)378-6171

## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-10-13

Work Order #: 224134

### GENERAL INFORMATION

Site Name: Back Creek School Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: Remoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_

Last Inspection Date: 2012 By: FLSA

This inspection is (check one): ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annual ☒ annual Report to: \_\_\_\_\_

### PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced 12:15 AM / PM Alarms restored 1:15 AM / PM  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 750 gpm, 4" Fire Matic w.t. Simplex 4010

### PART B OWNER'S SECTION (to be answered by owner or occupant)

- Is the property occupied?
- Has the occupancy classification or hazard of contents remained the same since the last inspection?
- Is the "fire protection system" in service?
- Has the "fire protection system" remained in service without modification or activation since last inspection?
- If "no" to 4, all changes to building or system(s) fully reviewed, documented and properly protected.
- Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? Date: 2009
- Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?
- Is the "fire protection system" adequately protected from freezing?
- Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?

Yes	N/A**	No*
/		
/		
/		
/		
/		
	/	
/		
/		

### PART C - TEST NOTIFICATIONS

Monitoring Entity/Central Station  
Building Management  
Building Occupant  
AHJ/FD  
Other (specify)  
Did alarm central station receive signal properly?  
Did alarm panel reset properly?

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
/		<u>12:15</u>	/		<u>1:00</u>
/		<u>12:15</u>	/		
/		<u>12:10</u>	/		
/		<u>1:00</u>	/		
/		<u>1:00</u>	/		

### PART D - INSPECTION PERFORMED (Copies Attached of Items Checked)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sprinkler System Form | <input type="checkbox"/> Standpipe Inspection Form          | <input type="checkbox"/> Water Storage Tanks Form         |
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