

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: 12-20-13

Work Order #: 224134

## GENERAL INFORMATION

Site Name:	Backcreek School		
Address:			
City:	Remote	State:	VA

Owner:			
Address:			
City:		State:	

Last Inspection Date: 2012 By: FLSA

By: FLS, A

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**

2. Fire Protection System(s) to be inspected (No., Size, Make, Model)

AM / PM Alarms restored 1:15 AM / PM

2. Fire Protection System(s) to be inspected (No., Size, Make, Model) **750 GPM, 4" FIRE METER 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?

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

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#### 4 Water Supply Data

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

YES	N.A.	NO
X		

- ## 2. Water supply pressures:

a. City 50 psi c. Tank            psi

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

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a) <u>DUCT</u>	"2"	60	50	65
b)				
c)				
d)				

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d				
e				
f				

- Explain any no 'answers and comment [see addendum(s) attached if checked] □

- (1) water meter going to working trim stopped up
- (2) valves not working in pump room.

1. Assessments or corrections made during this inspection: none

(This inspection was performed substantially in accordance with NFPA Standard 25 (✓) or 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:

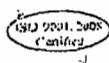
Virginia Sharp  
Print Name

Virginia May  
Signature

Barry H. Kirby  
Technician

12-20-13





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## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-20-13

Work Order #: 224134

## **GENERAL INFORMATION**

Site Name:	Becker Creek School		
Address:			
City:	Reedsport	State:	OR

Owner:			
Address:			
City:		State:	

Last Inspection Date: 2012 By: FLSA

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**  
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) **750 GPM, 4" FIRE MHTC WLT. SIMPLEX 40/10**

**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?

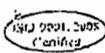
**PART C - TEST - NOTIFICATIONS**

**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



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## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12-20-13

Work Order #: **224134**

## **GENERAL INFORMATION**

Site Name:	Backcreek School		
Address:			
City:	Roanoke	State:	VA

Owner:			
Address:			
City:		State:	

Last Inspection Date: 12/01/2012 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 AMP, 4" FIRE METIC ULT. 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?

**PART C - TEST NOTIFICATIONS**

PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
/		12:15	/		1:00
/		12:16	/		
/		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	<u>Buck Creek School</u>		Owner		
Address			Address		
City	<u>ROCKVILLE</u>	State	<u>MD</u>	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?	<input checked="" type="checkbox"/>			
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	<input checked="" type="checkbox"/>			
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date <u>2009</u> )	<input checked="" type="checkbox"/>			
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>2012</u> )	<input checked="" type="checkbox"/>			
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>2012</u> )	<input checked="" type="checkbox"/>			
6. Are system gauges (water/air) in good condition and showing normal pressures?	<input checked="" type="checkbox"/>			
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2009</u> )	<input checked="" type="checkbox"/>			
<b>B. Wet Systems</b>				
1. Are areas protected by wet systems inside the property properly heated?	<input checked="" type="checkbox"/>			
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	<input checked="" type="checkbox"/>			
3. Are inspection and flow test tags in place and filled out completely?	<input checked="" type="checkbox"/>			
4. Was a flow test performed from Inspector's test valve and did the alarms operate?	<input checked="" type="checkbox"/>			
5. Are cold weather valves in the appropriate (open) / (closed) position?	<input checked="" type="checkbox"/>			
6. Are antifreeze test results satisfactory?	<input checked="" type="checkbox"/>			
Test Results: Solution Type _____ Freeze Point _____	<input checked="" type="checkbox"/>			
<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?	<input checked="" type="checkbox"/>			
2. Is the air (compressor) or nitrogen supply in service and operating properly?	<input checked="" type="checkbox"/>			
3. Are quick-opening devices in service? (Semiannual test performed on _____)	<input checked="" type="checkbox"/>			
4. Are air maintenance device(s) installed and operating properly?	<input checked="" type="checkbox"/>			
5. Is the intermediate chamber free from leakage and the velocity check free & clear?	<input checked="" type="checkbox"/>			
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)	<input checked="" type="checkbox"/>			
7. Did the heating equipment in the valve enclosure operate at the time of inspection?	<input checked="" type="checkbox"/>			
<b>D. Special Systems (Deluge—Preactivation) (see trip test report dated _____)</b>				
1. Did detection devices test satisfactorily during this inspection?	<input checked="" type="checkbox"/>			
2. Did the release/activation devices operate properly during detection testing?	<input checked="" type="checkbox"/>			
3. Is the air pressure and priming water level for the preactivation system in accordance with manufacturer's instructions?	<input checked="" type="checkbox"/>			
<b>E. Alarms (Wet, Dry, Preactivation &amp; Deluge)</b>				
1. Are the alarm trim valves in the proper position, sealed and/or locked?	<input checked="" type="checkbox"/>			
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	<input checked="" type="checkbox"/>			
3. Did the central station/monitoring system receive all alarms?	<input checked="" type="checkbox"/>			
4. Did the low/high air alarms for the system piping/detection operate properly?	<input checked="" type="checkbox"/>			
5. Did tamper devices operate properly?	<input checked="" type="checkbox"/>			
<b>F. Sprinklers</b>				
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	<input checked="" type="checkbox"/>			
2. Are all sprinklers free from corrosion, scaling or obstruction to spray discharge?	<input checked="" type="checkbox"/>			
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	<input checked="" type="checkbox"/>			
4. Are fast response sprinklers in service for less than 20 years?	<input checked="" type="checkbox"/>			
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	<input checked="" type="checkbox"/>			
6. Are sprinklers near freezing devices of proper temperature rating?	<input checked="" type="checkbox"/>			
<b>G. Control Valves (see item G.7)</b>				
1. Are sprinkler system control valves in the appropriate position?	<input checked="" type="checkbox"/>			
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)	<input checked="" type="checkbox"/>			
3. Were all control valves operated through full range and returned to normal position? (Date _____)	<input checked="" type="checkbox"/>			
4. Are valves free from external leaks?	<input checked="" type="checkbox"/>			
5. Are valves properly identified with signs?	<input checked="" type="checkbox"/>			
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)	<input checked="" type="checkbox"/>			

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#### 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 50 psi c. Tank 100 psi

b. Fire pump 20 psi

c. Tank \_\_\_\_\_ psi  
d. \_\_\_\_\_ psi

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

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a) <u>uct</u>	2"	60	50	65
b)				
c)				

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d				
e				
f				

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

① water meter going no working, trim stopped up  
② tanks not working in pump room.

1. Adjustments or corrections made during this inspection: none

\* 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  
Print Name

Virginia Sharp  
Signature

Barry Hirsch  
Technician

12-20-13



Fire Protection Systems Report of Inspections

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

Date: 12-23-13

Site Name <u>Clearbrook Elkm School</u>	Owner <u>Roanoke County Schools</u>
Address <u>Franklin Rd</u>	Address _____
City <u>Roanoke</u>	City _____
Zip <u>24014</u>	State <u>VA</u>
Phone _____	Zip _____
Phone _____	State _____
Phone _____	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? <input checked="" type="checkbox"/>				
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible? <input checked="" type="checkbox"/>				
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>2011</u> ) <input checked="" type="checkbox"/>				
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>6-13</u> ) <input checked="" type="checkbox"/>				
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>6-13</u> ) <input checked="" type="checkbox"/>				
6. Are system gauges (water/air) in good condition and showing normal pressures? <input checked="" type="checkbox"/>				
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2011</u> ) <input checked="" type="checkbox"/>				
<b>B. Wet Systems</b>				
1. Are areas protected by wet systems inside the property properly heated? <input checked="" type="checkbox"/>				
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain? <input checked="" type="checkbox"/>				
3. Are inspection and flow test tags in place and filled out completely? <input checked="" type="checkbox"/>				
4. Was a flow test performed from Inspector's test valve and did the alarms operate? <input checked="" type="checkbox"/>				
5. Are cold weather valves in the appropriate (open) / (closed) position? <input checked="" type="checkbox"/>				
6. Are antifreeze test results satisfactory? <input checked="" type="checkbox"/>				
Test Results: Solution Type _____ Freeze Point _____				
<b>C. Dry Systems</b> (see trip test report dated <u>N/A</u> )				
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions? <input checked="" type="checkbox"/>				
2. Is the air (compressor) or nitrogen supply in service and operating properly? <input checked="" type="checkbox"/>				
3. Are quick-opening devices in service? (Semiannual test performed on _____) <input checked="" type="checkbox"/>				
4. Are air maintenance device(s) installed and operating properly? <input checked="" type="checkbox"/>				
5. Is the intermediate chamber free from leakage and the velocity check free & clear? <input checked="" type="checkbox"/>				
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J) <input checked="" type="checkbox"/>				
7. Did the heating equipment in the valve enclosure operate at the time of inspection? <input checked="" type="checkbox"/>				
<b>D. Special Systems (Deluge-Preaction)</b> (see trip test report dated <u>N/A</u> )				
1. Did detection devices test satisfactorily during this inspection? <input checked="" type="checkbox"/>				
2. Did the release/activation devices operate properly during detection testing? <input checked="" type="checkbox"/>				
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions? <input checked="" type="checkbox"/>				
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>				
1. Are the alarm trim valves in the proper position, sealed and/or locked? <input checked="" type="checkbox"/>				
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing? <input checked="" type="checkbox"/>				
3. Did the central station/monitoring system receive all alarms? <input checked="" type="checkbox"/>				
4. Did the low/high air alarms for the system piping/detection operate properly? <input checked="" type="checkbox"/>				
5. Did tamper devices operate properly? <input checked="" type="checkbox"/>				
<b>F. Sprinklers</b>				
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector? <input checked="" type="checkbox"/>				
2. Are all sprinklers free from corrosion, scaling or obstruction to spray discharge? <input checked="" type="checkbox"/>				
3. Are standard sprinklers in service for less than 50 years / dated after 1920? <input checked="" type="checkbox"/>				
4. Are fast response sprinklers in service for less than 20 years? <input checked="" type="checkbox"/>				
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser? <input checked="" type="checkbox"/>				
6. Are sprinklers near heating devices of proper temperature rating? <input checked="" type="checkbox"/>				
<b>G. Control Valves</b> (see item G.7)				
1. Are sprinkler system control valves in the appropriate position? <input checked="" type="checkbox"/>				
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>12-13</u> ) <input checked="" type="checkbox"/>				
3. Were all control valves operated through full range and returned to normal position? (Date <u>12-13</u> ) <input checked="" type="checkbox"/>				
4. Are valves free from external leaks? <input checked="" type="checkbox"/>				
5. Are valves properly identified with signs? <input checked="" type="checkbox"/>				
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____) <input checked="" type="checkbox"/>				

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### Water Supply Data

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

YES	N.A.	NO
✓		

- ## 2 Water supply pressures:

سچنکنیا ایڈیشنز

in Tank N/A 23

2 City Tax

11/11



Test Pipe Location	Size Test Pipe	Static	Residual	Static	Test Pipe Location	Size Test Pipe	Static	Residual	Static
2 Rises	2"	120	105	120	4				
3					5				
4					6				

Explain any missing answers and comment (see addendum(s) attached if checked)

1. Add comments or corrections made during this inspection:

NOTE

This inspection was performed substantially in accordance with NFPA Standard 25 (UV 187-13) ( )□ ( )□ ( )□ ( )□ ( )□. 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.

It is good to be honest with:

By: East Coast Fire Protection, Inc.

Karen L. Pinckerton  
First Name

Signature

## Technique

1.2-23-13



Service Authorization Agreement No: 106977

Order Date: <u>12/23/13</u> Phone:	Customer PO #
FLSA Job No.	Ordered By:
Job Name: <u>Clearbrook Elem School 15</u>	Bill To:
Job Address: <u>5205 Franklin Rd</u> <u>Roanoke, VA 24014</u>	Billing Address:
Contact Name: <u>Dennis Eppert</u>	Pmt Method: <input type="checkbox"/> Cash/Chk <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover Bill To
Phone:	CC No: <input type="text"/> Exp Date: <input type="text"/>
Valve Seal #	CC Signature: <input type="text"/>

Description of Work: FLSA completed Semi-annual Sprinkler inspection per contract. System was returned to normal operation upon departure.

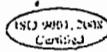
**Limitation of Liability:** FLSA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSA under this Agreement. Customer shall hold FLSA harmless from any and all third party 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 FLSA. In no event shall FLSA 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.

DISCLAIMER OF WARRANTIES: FLSA HEREBY DISCLAIMS ANY AND ALL WARRANTIES NOT EXPRESSLY STATED HEREIN, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. UNDER NO CIRCUMSTANCES AND IN NO EVENT SHALL FLSA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOST PROFITS INCURRED BY CUSTOMER, WHETHER OR NOT FLSA RECEIVES NOTICE OF THE POTENTIAL FOR SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIABILITY INCURRED BY FLSA SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS WORK ORDER. CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS WORK ORDER AND HAS READ THE FRONT AND REVERSE SIDE OF THIS WORK ORDER.

By signing below, the Customer hereby authorizes FLSA to perform the Work described above and certifies that: (i) the information provided above and/or attached to this Agreement is true, accurate, and complete to the best of Customer's knowledge; (ii) the signor has the authority to authorize the Work requested pursuant to this Agreement; and (iii) the Customer has read this entire Agreement and agrees to comply with and be bound by the terms and conditions contained herein.

Customer: Technische Universität Berlin  
Signature: Pr. habil. Prof. Dr. rer. pol. Karen von Puschendorf  
Print Name: Karen von Puschendorf  
Title: Professor  
Date: 12.12.23



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: Oak Grove Elem School  
Address: 5005 Grandin Rd East  
City: Brentwood State: VA

Owner:	Panhandle County Schools	
Address:		
City:		State:

Last Inspection Date:

By: FLSA

This inspection is (check one):  monthly  bi-monthly  quarterly  semi-annual  annual Report to: *Dennis Eberly*

## **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

**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: 7/14
  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*
✓		
✓		
✓		
✓		
✓		
	✓	
✓		
✓		

## 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?

**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: 12-23-13

Site Name Oak Grove Elementary School  
 Address 5005 Franklin Rd Ext  
 City Roanoke State VA  
 Zip \_\_\_\_\_

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

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

## A. General

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 in the last 5 years? (Date 6-13)
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 6-13)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 6-13)
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. Wet Systems

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 \_\_\_\_\_

C. Dry Systems (see trip test report dated N/A)

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?

D. Special Systems (Deluge—Preactivation) (see trip test report dated N/A)

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 preactivation system in accordance with manufacturer's instructions?

## E. Alarms (Wet, Dry, Preactivation &amp; Deluge)

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?

## F. Sprinklers

1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?
2. Are all sprinklers free from corrosion, scaling 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?

## G. Control Valves (see item G.7)

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 N/A)
3. Were all control valves operated through full range and returned to normal position? (Date 12-23-13)
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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#### 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:

City N/P c Tank N/P 000

2 CITY W/IN N/A 20

C Tank W/H 25

ମହାକାଶ କେବଳ ଦେଖିବାରେ କାହାରେ ନାହିଁ

3. Water flow test at sprinkler head (in psi).

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a)				
b)				
c)				

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d				
e				
f				

Explain any no's/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 25 (4/98) 13. )□ ( )□ ( )□ ( )□ ( )□ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see attachment(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  
First Name

  
KMB

Chase, John

12-23-13

## Fire Protection Systems Report of Inspections

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

Date: 12-23-13

Site Name Clearbrook Elcm School Owner Roanoke County Schools  
 Address Franklin Rd Address \_\_\_\_\_  
 City Roanoke State VA City \_\_\_\_\_ State \_\_\_\_\_  
 Zip 24014 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 in 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, scaling 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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#### 4. Water Supply Data

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

YES	N.A.	NO
<input checked="" type="checkbox"/>		

- ## 2. Water supply pressures:

$$\frac{N/A}{N/H} \approx$$

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

Test Pipe Location	Size Test Pipe	Static	Residual	Static
Riser	2"	120	105	120
1				
2				
3				

Explain any no' answers and comment [see addendum(s) attached if checked ]

1. Assessments or corrections made during this inspection:

None

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 article was reviewed with:

By: East Coast Fire Protection, Inc.

Karen L. Pindleton

Signature

تہذیب

12-23-13



Service Authorization Agreement No: 106977

Order Date: <u>12/23/13</u> Phone:	Customer PO #
FLSA Job No.	Ordered By:
Job Name: <u>Clear brush Elec School 5</u>	Bill To:
Job Address: <u>5205 Franklin Rd</u> <u>Roanoke, VA 24014</u>	Billing Address:
Contact Name: <u>Dennis Epperly</u>	Prmt Method: <input type="checkbox"/> Cash/Chk <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover Bill To
Phone:	CC No: <input type="text"/> Exp Date: <input type="text"/>
Valve Seal #	CC Signature: <input type="text"/>

Description of Work: FLSA completed Semi-annual Sprinkler inspection per contract. System was returned to normal operation upon departure.

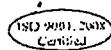
**Limitation of Liability:** FLSA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSA under this Agreement. Customer shall hold FLSA harmless from any and all third party 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 FLSA. In no event shall FLSA 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.

**DISCLAIMER OF WARRANTIES:** FLSA HEREBY DISCLAIMS ANY AND ALL WARRANTIES NOT EXPRESSLY STATED HEREIN, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. UNDER NO CIRCUMSTANCES AND IN NO EVENT SHALL FLSA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOST PROFITS INCURRED BY CUSTOMER, WHETHER OR NOT FLSA RECEIVES NOTICE OF THE POTENTIAL FOR SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIABILITY INCURRED BY FLSA SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS WORK ORDER. CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS WORK ORDER AND HAS READ THE FRONT AND REVERSE SIDE OF THIS WORK ORDER.

By signing below, the Customer hereby authorizes FLSA to perform the Work described above and certifies that: (i) the information provided above and/or attached to this Agreement is true, accurate, and complete to the best of Customer's knowledge; (ii) the signor has the authority to authorize the Work requested pursuant to this Agreement; and (iii) the Customer has read this entire Agreement and agrees to comply with and be bound by the terms and conditions contained herein.

Customer: Kenji Iizuka  
Signature: Kenji Iizuka  
Print Name: Kenji Iizuka  
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: Oak Grove Elem School  
Address: 5005 Grandin Rd Ext  
City: Brentwood State: CA

Owner:	Renoite County Schools	
Address:		
City:		State:

Last Inspection Date: 6-13 By: FLSA

By: FLSA

This inspection is (check one):  monthly  bi-monthly  quarterly  semi-annual  annual Report to: *Dennis Farrelly*

## PART A EQUIPMENT AND ALARMS

1. Central station notified / alarms silenced **N/D** AM / PM Alarms restored **N/D** AM / PM

2. Fire Protection System(s) to be inspected (No., Size, Make, Model) **(1) 2" Domestic wet system** **(1) 1" Domestic**

Wet Cystogen (1) ~~1/2~~ " Doneciz Wet Cystogen.

**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: 1/14
  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*
✓		
✓		
✓		
✓		
✓		
	✓	
✓		
✓		

## **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?

**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: 12-23-13

Site Name Oak Grove Elem School Owner Roanoke County Schools  
 Address 5005 Grandin Rd Ext Address \_\_\_\_\_  
 City Roanoke State VA City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

## A. General

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 6-13)
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 6-13)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 6-13)
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. Wet Systems

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 \_\_\_\_\_

C. Dry Systems (see trip test report dated MTA)

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?

D. Special Systems (Deluge—Preactivation) (see trip test report dated MTA)

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 preactivation system in accordance with manufacturer's instructions?

## E. Alarms (Wet, Dry, Preactivation &amp; Deluge)

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?

## F. Sprinklers

1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?
2. Are all sprinklers free from corrosion, scaling 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?

## G. Control Valves (see item G.7)

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 MTA)
3. Were all control valves operated through full range and returned to normal position? (Date 12-23-13)
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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#### 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:

6 T308 11/8 21

- 2 City WIA WIA

11/14

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

Explain any no's/answers and comment is see addendum(s) attached if checked

1. Assessments or corrections made during this inspection:

None

(This inspection was performed substantially in accordance with NFPA Standard 25 (4) B 13. )□ ( )□ ( )□ ( )□ ( )□ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended [see attachment(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.

The food was reviewed with:

By East Coast Fire Protection, Inc.

Kimberly M. Bradshaw  
First Name

  
Signature

Caron J. L.

12-23-13



Service Authorization Agreement No: 106979

Order Date: <u>12/23/13</u> Phone:	Customer PO #
FLSA Job No.	Ordered By:
Job Name: <u>Oak Grove Elem School</u>	Bill To:
Job Address: <u>5005 Grandin Rd EXT</u> <u>Roanoke, VA</u>	Billing Address:
Contact Name: <u>Dennis Eppertly</u>	Pmt Method: <input type="checkbox"/> Cash/Chk <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover Bill To
Phone:	CC No: <input type="text"/> Exp Date: <input type="text"/>
Valve Seal #	CC Signature: <input type="text"/>

Description of Work: FLSA completed quarterly SprintNet inspection per contract. All systems was normal upon departure.

**Limitation of Liability:** FLSA'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 FLSA under this Agreement. Customer shall hold FLSA 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 FLSA. In no event shall FLSA 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.

**DISCLAIMER OF WARRANTIES:** FLSA HEREBY DISCLAIMS ANY AND ALL WARRANTIES NOT EXPRESSLY STATED HEREIN, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. UNDER NO CIRCUMSTANCES AND IN NO EVENT SHALL FLSA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOST PROFITS INCURRED BY CUSTOMER, WHETHER OR NOT FLSA RECEIVES NOTICE OF THE POTENTIAL FOR SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIABILITY INCURRED BY FLSA SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS WORK ORDER. CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS WORK ORDER AND HAS READ THE FRONT AND REVERSE SIDE OF THIS WORK ORDER.

By signing below, the Customer hereby authorizes FLSA to perform the Work described above and certifies that: (i) the information provided above and/or attached to this Agreement is true, accurate, and complete to the best of Customer's knowledge; (ii) the signor has the authority to authorize the Work requested pursuant to this Agreement; and (iii) the Customer has read this entire Agreement and agrees to comply with and be bound by the terms and conditions contained herein.

**Customer:**

Signature:

Print Name:

Title:

Date:

Kimberly Bradshaw  
11/18

1407 Mill Race Drive, Salem, VA 24153 • (540) 378-6160 • (800) 207-4350 • Fax (540) 378-6171 • www.flamerica.com

Date: 12-23-13

Inspection Contract #:

## Fire Protection System Summary Inspection and Testing Form

- Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250     Charlotte Division - 381 Industrial Court; Concord, NC 28025 (877) 855-7981
- Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381.
- Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757) 485-7486
- Atlanta Division - 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770) 448-4700
- Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540) 378-6160
- N.VA Division - 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703) 502-0397
- Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (800) 252-7233

## GENERAL INFORMATION

Property Name: Mt. View Elementary Owner: Same  
 Address: Mt. View School Rd Billing Address:  
 City: Roanoke State: VA Zip: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Last Inspection Date: 2013 By: FLSA

This inspection is (check one):  monthly  bimonthly  quarterly  semiannual  annual Report to: OFFICE

## PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced A/A AM/PM; alarms restored NO AM/PM  
 2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 4- 1" WET SYSTEMS

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

- |  | Yes | N/A** | No* |
|--|-----|-------|-----|
| 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 <u>?</u> )          |     |       | ✓   |
| 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? |     | ✓     |     |

## 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		
Yes	No	Time
✓		12/15
✓		12/15

UPON COMPLETION		
Yes	No	Time
✓		1:15
✓		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 |

## Fire Protection Systems Report of Inspections

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

Date: 12-23-13

Site Name: Mt. View Elementary Owner: SAME  
 Address: mt view School Rd Address: \_\_\_\_\_  
 City: Roanoke State: VA City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(MTO. VIEW  
ELEMENTARY)

Fire & Life Safety America, Inc  
Fire Protection Systems Report of Inspections

Page 5 of 4

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

Date: 12-23-13

G. 7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tamers	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves									
System Control Valves									
Other Control Valves									
Test Header Control Valve									
Pressure Reducing Control Valve									

80% YES 45% NO some 45%

H. 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 NO Gauge psi      c. Tank \_\_\_\_\_ psi

b. Fire pump N/A psi      d. \_\_\_\_\_ psi

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

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. <u>NO MAIN BEGINS</u>				
b. _____				
c. _____				

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d. _____				
e. _____				
f. _____				

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

SEE  
Addendum

J. Adjustments or corrections made during this inspection:

NOTE: SYSTEM LOCATIONS

- ① ELEC Rm Kindergarten Hall
- ② Record Rm
- ③ PTA room
- ④ OUTSIDE COURTYARD @ ART rm.

K. This inspection was performed substantially in accordance with NFPA Standard:  201  131  101  105  106

Although these comments are not the result of an engineering review, the following desirable improvements are recommended (see addendum(s) attached if checked)

SEE  
Addendum

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:

Leigh Porter Leigh Porter  
Print Name

Signature

By: Fire & Life Safety America, Inc.

Placer Alg  
Technician

12-23-13  
Date

Pg 4 of 4

### Inspection Contract:

## **Addendum Report of Inspection**

Location: Mt. View Elementary

Test Date: 12-23-13

## SUMMATION ITEMS

System restored to normal operation, alarm panel is clear, all parties on Summary Inspection Form notified, and any required corrections, comments and suggestions fully explained as noted above.

Name of Inspector/Technician

Damon Alley

Date 17-23-13

Signature

Barber, Bill

## Time

Name of Owner Representative

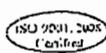
Leslie Porter

Date 12.28.13

Signature

1887-1890

Time 1'25



## FIRE PROTECTION SYSTEM SUMMARY INSPECTION AND TESTING FORM

Date: 12/23/13

Work Order #:

## GENERAL INFORMATION

Site Name: Glenvar Middle School  
Address: 4555 Malus Dr. S  
City: Salem State: VA

Owner:	Roanoke County Public Schools	
Address:		
City:		State:

Last Inspection Date: 6-2013

By: FleSA

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                         | 12:00                               | AM / PM | Alarms restored |  | AM / PM |
| 2. Fire Protection System(s) to be inspected (No., Size, Make, Model) | 1-4" wet system. 1-2 1/2" PA system |         |                 |  |         |

**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: 7-2009
  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?

### **PART C - TEST NOTIFICATIONS**

**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: 12/23/13

Site Name Glenvar Middle School  
 Address 4855 Matus Dr  
 City Salem State VA  
 Zip 24153 Phone \_\_\_\_\_

Owner Roanoke County Public 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 in the last 5 years? (Date <u>09</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>09</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, scaling 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>6-13</u> )			✓		
3. Were all control valves operated through full range and returned to normal position? (Date <u>6-13</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.  
Fire Protection Systems Report of Inspections

Page 3 of 3

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

Date: 12/23/13

G. 7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tamper	Seal No.	Abnormal Condition
City Connection Control Valve	1	PIV	YES	YES	NO	YES	YES		
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves	Wet	2	BF	YES	YES	NO	YES	YES	
System Control Valves	PA	1	BF	YES	YES	NO	YES	YES	
Other Control Valves	BKFL	2	OS4	YES	YES	NO	YES	YES	
Test Header Control Valve									
Pressure Reducing Control Valve									

H. 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	<u>135</u> psi	c. Tank	<u>N/A</u> psi
b. Fire pump	<u>N/A</u> psi	d. <u>N/A</u> psi	

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

Test Pipe Location	Size Test Pipe	Static	Residual	Static
a. @ wet	2"	135	120	135
b.				
c. @ PA	3/4"	175	120	135

Test Pipe Location	Size Test Pipe	Static	Residual	Static
d.				
e.				
f.				

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

NONE

- J. Adjustments or corrections made during this inspection:

NONE

K. This inspection was performed substantially in accordance with NFPA Standard:  25(11)  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: Fire & Life Safety America, Inc.

Michael Blankenship Michael Blankenship Christopher Hart  
Print Name Signature Technician

12/23/13  
Date

1407 Mill Race Drive, Salem, VA 24153 • (540) 378-6160 • (800) 207-4350 • Fax (540) 378-6161 • www.flamerica.com

Date: 12-23-13

Inspection Contract #:

## Fire Protection System Summary Inspection and Testing Form

- Raleigh Division - 7711 Welborn Street, Suite 103; Raleigh, NC 27615 (919) 872-3250     Charlotte Division - 381 Industrial Court; Concord, NC 28025 (877) 855-7981
- Richmond Division - 3017 Vernon Road; Richmond, VA 23228 (804) 222-1381
- Tidewater Division - 1113 Cavalier Blvd.; Chesapeake, VA 23323 (757) 485-7486
- Atlanta Division - 5695 Oakbrook Pkwy., Suite E; Norcross, GA 30093 (770) 448-4700
- Roanoke Division - 1407 Mill Race Drive; Salem, VA 24153 (540) 378-6160
- N.VA Division - 14101 Sullyfield Circle, Suite 300; Chantilly, VA 20151 (703) 502-0397
- Baltimore/Washington Division - 7526 Connelley Drive, Suite L; Hanover, MD 21076 (800) 252-7233

## GENERAL INFORMATION

Property Name: Cave Spring High School    Owner: SAME  
 Address: 3712 Charcoal Dr    Billing Address: \_\_\_\_\_  
 City: Roanoke    State: VA    Zip: 24018    City:    State:    Zip: \_\_\_\_\_

Last Inspection Date: 2013    By: FLSA

This inspection is (check one):  monthly  bimonthly  quarterly  semiannual  annual    Report to: Paul Hickman

## PART A EQUIPMENT AND ALARMS

1. Central station notified/alarms silenced \_\_\_\_\_ AM/PM; alarms restored \_\_\_\_\_ AM/PM
2. Fire Protection System(s) to be inspected (No., Size, Make, Model) 2- JH-5000 RISERS

## 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 ?)
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?

## 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  
Yes    No    Time

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8:15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8:15

UPON COMPLETION  
Yes    No    Time

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9:15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9:15

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

- Sprinkler System Form     Standpipe Inspection Form     Water Storage Tanks Form  
 Dry Valve Trip Test Report     Hydrant Flow Test Form     Private Fire Service Mains Form  
 Sprinkler Piping Condition Form     Fire Alarm Detection Form     Backflow Test Form  
 Fire Pump Inspection Form     Deluge/Pre-Action Trip Test Report     Addendum to Report of Inspection

## Fire &amp; Life Safety America, Inc

1407 Mill Race Drive, Salem, VA 24153

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

<http://flsamerica.com>

## Fire Protection Systems Report of Inspections

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

Date: 12-23-13

Site Name	<u>CAVE SPRING HIGH SCHOOL</u>		Owner	<u>Scare</u>	
Address	<u>3712 Chaparral DR</u>		Address		
City	<u>ROANOKE</u>	State	<u>VA</u>	City	State
Zip	<u>24018</u>	Phone	_____	Zip	_____

**PART I INSPECTOR'S SECTION (all responses reference current inspection)****A. General:**

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 in the last 5 years? (Date 12-13)
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 12-13)
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 12-13)
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 12-13)

**B. Wet Systems**

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? CANNOT FLOW
5. Are cold weather valves in the appropriate  (open) /  (closed) position?
6. Are antifreeze test results satisfactory?

Test Results: Solution Type \_\_\_\_\_ Freeze Point \_\_\_\_\_

**C. Dry Systems (see trip test report dated \_\_\_\_\_)**

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?

**D. Special Systems (Deluge—Preactivation) (see trip test report dated \_\_\_\_\_)**

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?

**E. Alarms (Wet, Dry, Preactivation & Deluge)**

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? CANNOT FLOW
3. Did the central station/monitoring system receive all alarms? CANNOT FLOW
4. Did the low/high air alarms for the system piping/detection operate properly?
5. Did tamper devices operate properly?

**F. Sprinklers**

1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?
2. Are all sprinklers free from corrosion, scaling 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?

**G. Control Valves (see item G.7)**

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 12-13)
3. Were all control valves operated through full range and returned to normal position? (Date 12-13)
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 \_\_\_\_\_)