

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: Back Creek School Owner: _____
Address: _____ Address: _____
City: Kenmore 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 Mt. 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
/		12:21	/		
/		12:21	/		
/		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 |

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
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 <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. 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 _____)			
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—Preaction) (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, Preaction & 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, 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 issuing 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 _____)	/		
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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7. 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									

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 meter going to working, then stopped up
 ② lowers 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(4) ☐ 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

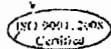
The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

Virginia Sharp Virginia Sharp
Print Name Signature

Barney Hasky
Technician

12-20-13
Date



Fire & Life Safety America, Inc

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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"/>		
<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?

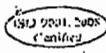
PRIOR TO START			UPON COMPLETION		
Yes	No	Time	Yes	No	Time
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		<u>8:00</u>	<input checked="" type="checkbox"/>		

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

- ☒ 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: 12-10-13

Work Order #: 224134

GENERAL INFORMATION

Site Name: Beckwith School Owner: _____
Address: _____ Address: _____
City: Kenmore 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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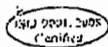
PART C - TEST NOTIFICATIONS

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:

12-10-13

Work Order #:

224134

GENERAL INFORMATION

Site Name:

Backus School

Owner:

Address:

Address:

City:

Remond

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*
/		
/		
/		
/		
/		
/		
/		
/		
/		

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 ROANOK State VA
Zip _____ Phone _____

Owner _____
Address _____
City _____ State _____
Zip _____ Phone _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)		Yes	N/A	No
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 <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. 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 _____)				
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—Preaction) (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, Preaction & 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, 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 issuing 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 _____)	/			
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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7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampers	Seal No.	Abnormal Condition
City Connection Control Valve	2	Gate	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									

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 FLOW TEST NOT WORKING, TRIM 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: 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 ☐)

* FLSA Completed Semi-Annual sprinkler inspection

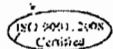
The information on this form is correct at the time and place of my inspection. The "fire protection system" was left in operational condition upon completion of this inspection except as noted above.

This report was reviewed with:

Virginia Sharp Virginia Sharp
Print Name Signature

Robert H. H. H.
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"/>		
<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 |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

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
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 <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. 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 <u>N/A</u>)				
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-Preaction) (see trip test report dated <u>N/A</u>)				
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, Preaction & 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, 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?		✓		
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 <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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Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Stions	Tampered	Seal No.	Abnormal Condition
City Connection Control Valve									
Tank Control Valves									
Pump Control Valves									
Sectional Control Valves									
System Control Valves	2	OS&Y	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	N/A	NO
<input checked="" type="checkbox"/>		

2. Water supply pressures:

a. City 120 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. Riser	2"	120	105	120	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 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: East Coast Fire Protection, Inc.

Karen L. Pincell
Fire Name

Signature

Technician

12-23-13
Date



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

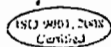
Limitation of Liability: FLSA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSA under this Agreement. Customer shall hold FLSA harmless from any and all third party claims 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.

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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: Technical Elements
Signature: [Signature]
Print Name: Karen V. Prud'homme
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 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 Eppley

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	<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

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)		Yes	N/A	No
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 <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. 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 <u>N/A</u>)				
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—Praction) (see trip test report dated <u>N/A</u>)				
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, Praction & 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, 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?		✓		
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 <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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[illegible]

4. Water Supply Data

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

1. Was a water flow test of main drain made at sprinkler riser? _____
2. Water supply pressures:
- a. City N/A 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.					
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 ☐)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

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) ☐


This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

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


Signature

Charon Lane
Technician

12-23-13

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
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 <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. 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 <u>N/A</u>)			
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—Preaction) (see trip test report dated <u>N/A</u>)			
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, Preaction & 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, 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?	✓		
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 <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 sprinkler riser?

2. Water supply pressures:

a City 120 km

с ТЭК $\frac{10/1}{1/1}$ 20

b. Fire pump NA psi

d N/H B

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.	Riser	2"	120	125	120	d.					
b.						e.					
c.						f.					

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

1. Adjustments or corrections made during this inspection:

Nove

(This inspection was performed substantially in accordance with NFPA Standard 2511 ~~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: East Coast Fire Protection, Inc.

Karen L. Pinckleton
Print Name

ಸಿಂಹಪುರ

Techniques

1.2-23-13



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

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

[illegible]

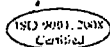
Limitation of Liability: FLSA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSA under this Agreement. Customer shall hold FLSA harmless from any and all third party claims 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: FLISA 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 FLISA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOST PROFITS INCURRED BY CUSTOMER, WHETHER OR NOT FLISA RECEIVES NOTICE OF THE POTENTIAL FOR SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIABILITY INCURRED BY FLISA SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

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Customer: Technical Elements
Signature: [Signature]
Print Name: Karen V. Pundkefer
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 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 Eganly

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*
✓		
✓		
✓		
✓		
✓		
	✓	
✓		
✓		
✓		

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
✓	✓				
✓		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 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)

	Yes	N/A	No
A. General			
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>8-13</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"/>	<input checked="" type="checkbox"/>	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		<input checked="" type="checkbox"/>	
B. Wet Systems			
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 _____			
C. Dry Systems (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"/>	
D. Special Systems (Deluge—Preaction) (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"/>	
E. Alarms (Wet, Dry, Preaction & Deluge)			
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"/>		
F. Sprinklers			
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, loading 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"/>		
G. Control Valves (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>N/A</u>)		<input checked="" 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"/>		
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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7. Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Stions	Tamper	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	N/A	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: 2514.1-13) ☐ () ☐ () ☐ () ☐ . Although these comments are not the result of an engineering review, the following desirable improvements are recommended (see addendum(s) attached if checked ☐)

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
Fire Name

[Signature]
Signature

[Signature]
Technician

12-23-13
Date



Service Authorization Agreement No: 106979

Order Date: 12/23/13 Phone:	Customer PO #
FLSA Job No.	Ordered By:
Job Name: Oak Grove Elem School	Bill To:
Job Address: 5005 Grandin Rd Ext Roanoke, VA	Billing Address:
Contact Name: Dennis Eppert	Pmt Method: Cash/Chk Visa MC Amex Discover Bill To
Phone:	CC No: Exp Date:
Valve Seal #	CC Signature:

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

Qty	Materials	Unit Price	Amount	Techn(s)	Date on Job	Star	Notes	Travel
				A. Thron	12/23/13			
				A. Ruble	12/23/13			
N/A							Contract	
					TOTAL			
				Return Trip Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
				Date Completed: 12/23/13				
				Office Use Only - Cost Summary				
				Total Labor				
				Total Materials				
				Fuel Charge				
				Grand Total				

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:

Form 4.5.07

White - Office Yellow - Customer Pink - Technician

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

PART C - TEST NOTIFICATIONS

	PRIOR TO START			UPON COMPLETION		
	Yes	No	Time	Yes	No	Time
Monitoring Entity/Central Station						
Building Management	<input checked="" type="checkbox"/>		12:15	<input checked="" type="checkbox"/>		1:15
Building Occupant	<input checked="" type="checkbox"/>		12:15	<input checked="" type="checkbox"/>		1:15
AHJ/FD						
Other (specify)						
Did alarm central station receive signal properly?					<input checked="" type="checkbox"/>	
Did alarm panel reset properly?						

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 & Life Safety America, Inc

1407 Mill Race Drive, Salem, VA 24153

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

<http://flsaamerica.com>

Fire Protection Systems Report of Inspections

Work Order #:

Date: 12-23-13

Site Name Mt. View Elementary
Address Mt. View School Rd
City Roanoke State VA
Zip _____ Phone _____

Owner same
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 ?) ☐
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked _____) ☒
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked _____) ☒
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 NO GAUGES) ☒

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 _____)

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—Preaction) (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, Preaction & 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 lamper 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, 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? ☒

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 6-13) ☒
3. Were all control valves operated through full range and returned to normal position? (Date 6-13) ☒
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 _____) ☐

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

INTO VIEW
ELEMENTARY

Page 3 of 4

Work Order #:

Date: 12-23-13

G. 7.	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	8	OSY	YES	YES	NO	SOME	YES		
	Other Control Valves									
	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 NO Gauge psi

c. Tank _____ 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
a.	NO MAIN DRAINS				
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: ☒ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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.

Glenn Allen
Technician

12-23-13
Date

Pg 4 of 4

Inspection Contract:

Addendum Report of Inspection

Location: Mtn. View Elementary

Test Date: 12-23-13

SUMMATION ITEMS

Form #	Corrections*, Comments & Suggestions - All items marked with an asterisk (*) are required corrections.
	There are (4) 1" systems with 2 sprinkler heads a backflow and 2 control valves on each.
①	(4) Backflows are due for testing
②	5 yr maintenance is possibly due. NOT SURE OF INSTALL DATE.
③	NO ITVs were installed. NEED TO properly install ITVs on each system so flow switches can be tested.
④	NO main drains were installed on the systems. NEED TO install main drains so a static Residual TEST can be performed on each systems WATER supply.
⑤	NO gauges were installed on the systems. NEED TO install proper gauges on each system so pressures can be recorded.

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 Allen

Date. 17-23-13

Signature

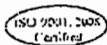
Time

Name of Owner Representative

Date 12-23-13

Signature _____

Time



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 #: _____

GENERAL INFORMATION

Site Name: Glenvar Middle School Owner: Roanoke County Public Schools
Address: 4555 Malus Dr. B Address: _____
City: Salem State: VA City: _____ State: _____
Last Inspection Date: 6-2013 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 12:00 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)

- 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: 2-2009
- 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*
<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/FO
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"/>		12:00	<input checked="" type="checkbox"/>		1:20
<input checked="" type="checkbox"/>		12:00	<input checked="" type="checkbox"/>		1:20
<input checked="" type="checkbox"/>		12:00	<input checked="" type="checkbox"/>		1:20
			<input checked="" type="checkbox"/>		1:45
			<input checked="" type="checkbox"/>		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 |

Fire Protection Systems Report of Inspections

Work Order #: _____

Date: 12/23/13

Site Name Glenvar Middle School
Address 4555 Malus 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
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 light and accessible and visible?	/		
3. Has the system check valve(s) been internally inspected within 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. 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 _____)			
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—Preactlon) (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, Preactlon & 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, 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 read 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 <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

Control Valve Maintenance Table	Number	Type	Open	Secured	Closed	Signs	Tampered	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	OSV	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Water supply pressures:

a. City 135 psi

c. Tank N/A psi

b. Fire pump N/A psi

d. N/A N/A 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	160	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 Chad West
Print Name Signature Technician

12/23/13
Date

1407 Mill Race Drive, Salem, VA 24153 • (540) 378-6160 • (800) 207-4350 • Fax (540) 378-6160 • 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) 222-1391
- ☐ 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.V.A. 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: SAVE
Address: 3712 Chaparral 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- Johnson Risers

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

	Yes	N/A	No
1. Is the property occupied?	<input checked="" type="checkbox"/>		
2. Has the occupancy classification or hazard of contents remained the same since the last inspection?	<input checked="" type="checkbox"/>		
3. Is the "fire protection system" in service?	<input checked="" type="checkbox"/>		
4. Has the "fire protection system" remained in service without modification or activation since last inspection?	<input checked="" type="checkbox"/>		
5. If "no" to 4, all changes to building or system(s) fully reviewed, documented and property protected.		<input checked="" type="checkbox"/>	
6. Has the system been examined internally for obstructions where conditions exist that could cause obstructed piping? (Date <u>?</u>)			<input checked="" type="checkbox"/>
7. Has the system piping (dry, preaction, deluge) been checked for proper drainage and/or pitch?		<input checked="" type="checkbox"/>	
8. Is the "fire protection system" adequately protected from freezing?	<input checked="" type="checkbox"/>		
9. Have hazardous locations and materials been identified and safety instructions provided to the technician prior to performing the inspection?		<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		
Yes	No	Time
<input checked="" type="checkbox"/>		8:15
<input checked="" type="checkbox"/>		8:15

UPON COMPLETION		
Yes	No	Time
<input checked="" type="checkbox"/>		9:15
<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 & Life Safety America, Inc

1407 Mill Race Drive, Salem, VA 24153

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

<http://flisamerica.com>

Fire Protection Systems Report of Inspections

Work Order #:

Date: 12-23-13

Site Name CAVE Spring High School
Address 3712 Chaparral DR
City Roanoke State VA
Zip 24018 Phone _____

Owner Same
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 1) ☐
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 ?) ☐

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—Preaction) (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, Preaction & 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, 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? ☒

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 _____) ☐