



**Office of the State Fire Marshal
Fire Protection System(s)
Annual Certificate of Inspection**



OWNER OF THE PROPERTY

Name: First State Montessori Academy Owner's Address: 1000 North French St.
Wilmington De. 19001

BUILDINGS/ FACILITY

Name: S/A Address of the Building: _____

TENANT / OCCUPANT

Name: S/A Address: _____ Phone: 302-440-9748
Contact: Patrick Ellis

Annual Certification of Inspection Report of a MAJOR deficiency (other than Annual Inspection)

DATE OF INSPECTION 10/8/2021

| FIRE PROTECTION SYSTEM INFORMATION | | | |
|---|---|---------------------------------------|---|
| License Company Name: | <u>SimplexGrinnell/Johnson Controla Fire Protection, LP</u> | License # : | <u>104</u> |
| Inspector's Name: | <u>Michael Obrien</u> | WBC Certif # | <u>2103</u> |
| SYSTEM TYPE: | | | |
| <input type="checkbox"/> Fire Alarm | | | |
| <input checked="" type="checkbox"/> Automatic Sprinkler: | | | |
| <input type="checkbox"/> Wet Sprinkler | <input checked="" type="checkbox"/> Dry System | <input type="checkbox"/> Pre Action | <input type="checkbox"/> Deluge <input type="checkbox"/> Water Spray <input type="checkbox"/> Other |
| <input type="checkbox"/> Commercial Cooking | | | |
| <input type="checkbox"/> Special Hazard: | | | |
| <input type="checkbox"/> HALON, Clean Agent, INTERGEN, FM-200 | <input type="checkbox"/> Carbon Dioxide | <input type="checkbox"/> Dry Chemical | <input type="checkbox"/> Foam <input type="checkbox"/> Other |
| <input type="checkbox"/> Standpipe: | | | |
| <input type="checkbox"/> Wet Sprinkler | <input type="checkbox"/> Dry Sprinkler | <input type="checkbox"/> Other | |
| SYSTEM ID: | <u>WET</u> | SYSTEM LOCATION: | <u>2nd floor riser closet</u> |

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION? Yes (if so, describe below) NO

COMMENTS/DEFICIENCY DESCRIPTION
