



**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:	SimplexGrinnell/Johnson Controla Fire Protection, LP	License # :	104
Inspector's Name:	Michael Obrien	WBC Certif #	2103
SYSTEM TYPE:			
<input type="checkbox"/> Fire Alarm			
<input type="checkbox"/> Automatic Sprinkler:			
<input type="checkbox"/> Wet Sprinkler <input 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 checked="" type="checkbox"/> Standpipe:			
<input checked="" type="checkbox"/> Wet Sprinkler <input type="checkbox"/> Dry Sprinkler <input type="checkbox"/> Other			
SYSTEM ID:	STANDPIPE	SYSTEM LOCATION:	Stairwells

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

COMMENTS/DEFICIENCY DESCRIPTION
