



**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 checked="" 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 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>Pump Room</u>

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

COMMENTS/DEFICIENCY DESCRIPTION

