

FIRE ALARM INSPECTION & COVER SHEET

03/28/18

Date of Submission:

Faith City

179 Stanton-Christiana Road

Newark, DE 19702

Time: **11:00**

Sprinklers: **No**

Extinguishers: **No**

Special Notes:

REMOVE NACS AND PUT RESISTER ON EOL TO PREVENT RUNAWAY SIGNALS

Contact Person _____

Phone Number _____

We certify that we have tested and examined the following elements of the Fire Alarm System(s) at the above referenced location, and left them in service as of: 03/28/18
(Insert Date)

** Please fill out the following information completely. Use the comments section for explanations. **

SECTION SUMMARY	YES	NO
Section B – CONTROL EQUIPMENT Summary: Were all the elements of the control equipment tested and found to be in working order and installed in accordance with NFPA 72? (If NO, explain)	X	
Section C – INITIATING DEVICES Summary: Were all initiating devices tested and found to be in working order and installed in accordance with NFPA 72? (If NO, explain)	X	
Section D – AUDIBLE/VISIBLE DEVICES Summary: Were all audible/visible devices tested and found to be in working order and installed in accordance with NFPA 72? (If NO, explain)	X	
Section E – ELECTRICAL Summary: Were all electrical elements of the Fire Alarm System that could be tested (including those listed above) tested and installed in accordance with NFPA 72? (If NO, explain)	X	

Type of Fire Alarm Control Panel: Silent Knight 5208

System is: EXISTING NEW _____ If new, provide Electrical Permit Number: _____

* The test(s) was/were conducted in accordance with requirements of the applicable National Fire Protection Association (NFPA) standards. *
** All tests shall be in accordance with the National Fire Alarm Code, NFPA 72 section 10-4; 2002 Edition. **

The results of the test(s) indicate that no elements of the system(s) were found to be defective on this date.

_____ The results of the test(s) indicate that certain elements of the system(s) were found to be defective on this date and the system(s) could not be certified.

CERTIFIED BY:

Richard deMoss

Fire Alarm System Inspector's Name (Printed)

Fire Alarm System Inspector's Signature

FAL 0102

Fire Alarm System Inspector's License Number

CERTIFICATE OF INSPECTION FIRE ALARM SYSTEMS

TESTING CONTRACTOR (Name & Full Address)	Richard F. deMoss of Quality Security 2301 Millstone Drive Newark, DE 19711	FIRE ALARM SYSTEMS INSPECTOR OR ELECTRICAL CONTRACTOR LICENSE NO. FAL 0102
LOCATION OF TEST (House Number & Street)	179 Stanton Christiana Road Newark, DE 19702	DATE OF TEST 03/28/18
OWNER/OCCUPANT (Name & Full Address)	Faith City Family Church 179 Stanton Christiana Road Newark, DE 19702	

IN ALL SECTIONS BELOW Y=YES, N=NO, NA=NOT APPLICABLE (EXPLAIN ALL "NO ANSWERS EXCEPT AS NOTED")

A. OWNER'S SECTION

	Y	N		Y	N
1. Is the building occupied?	X		4. Are the test results kept on file?	X	
2. Has the building occupancy, hazard, or floor layout changed since the last inspection? (If Yes, explain)		X	5. Have there been any modifications to the system since the last certification? (If Yes, explain)		X
3. Are all systems kept in service?	X		6. Was there any action of alarm since the last certification? (If Yes, explain)		X

B. CONTROL EQUIPMENT

	Y	N		Y	N
7. Was the fire alarm Control Panel in an accessible location? (In main entrance or unlocked room)	X		12. Were audible, visible trouble and alarm signals in the Control Panel tested satisfactorily?	X	
8. Was the battery charging circuit in the Control Panel operating correctly and at the proper voltage?	X		13. Were trouble signal silence switches and alarm silence switches in the Control Panel tested satisfactorily?	X	
9. Was Ground Fault Monitoring tested satisfactorily?	X		14. Was the off-premise transmission (Central Station) test satisfactory?	X	
10. Was the test of lamps and LED's in the Control Panel satisfactory?	X		15. Did the remote Annunciator test satisfactory?	X	
11. Was the test of the interface equipment (i.e. door holders, elevator recall, AHU shutdown) satisfactory?	X		16. Was the Control Panel supervision test acceptable?	X	

C. INITIATING DEVICES

	Y	N		Y	N
17. Were all devices mounted according to manufacturers instructions?	X		22. Were all non-restorable heat detectors inspected and in satisfactory condition?	N	A
18. Were manual fire alarm box tests acceptable?	X		23. Were all restorable heat detector tests acceptable?	X	
19. Were the smoke detector inspection/tests acceptable?	X		24. Were the alarm verification tests satisfactory?	X	
20. Were the smoke detector thermal elements tests acceptable?	N	A	25. Were the sensitivity tests satisfactory?	N	A
21. Were the smoke detector control output tests acceptable?	N	A	26. Were the duct smoke detector tests acceptable?	N	A

D. AUDIBLE/VISIBLE DEVICES

	Y	N		Y	N
27. Were audible alarms tested and operating properly?	X		28. Were visible alarms tested and operating properly?	X	

E. ELECTRICAL

	Y	N		Y	N
29. Was the fire alarm system power connected to a dedicated branch circuit of the electrical panel?	X		33. Was the test of the secondary power source (batteries) satisfactory?	X	
30. Was the fire alarm system power disconnect for the dedicated branch circuit locked in the "ON" position?	X		34. Was the system tested using the secondary power source satisfactorily? (maximum load with only batteries connected)	X	
31. Was the fire alarm system power disconnect location clearly identified in writing at or on the control panel?	X		35. Were the waterflow alarm devices connected to the fire alarm system?	N	A
32. Was the test of the primary power source satisfactory? (maximum load with only primary (AC) power connected)	X		36. Were the supervisory control valves connected to the fire alarm system?	N	A

F. DEVICE & CIRCUIT INFORMATION

	CLASS	STYLE	QUANTITY
A. Class and Style for all initiating circuits	B	Y	K. Quantity of pressure type water switches
B. Class and Style for all notification circuits	B	Y	L. Quantity of control valve tamper switches
C. Class and Style for all signaling line circuits			M. Quantity of bells found on system
		QUANTITY	N. Quantity of horns found on system
D. Quantity of manual pull stations found on system		9	O. Quantity of strobes found on system
E. Quantity of photoelectric smokes found on system		21	P. Quantity of horn/strobes found on system
F. Quantity of ionization smoke found on system			Q. Quantity of speakers found on system
G. Quantity of duct smoke detectors found on system			R. Quantity of speaker/strobes found on system
H. Quantity of restorable heat detectors found on system			S. Quantity of low pressure switches
I. Quantity of non-restorable heat detectors found on system			T. Primary power supply number
J. Quantity of vane type water switches found on system			U. Primary power supply disconnect (breaker) no.

OWNER/REPRESENTATIVE NAME (PRINT)
OWNER/REPRESENTATIVE SIGNATURE

INSPECTED BY (Print Name)	Richard deMoss	(Signature)
CERTIFIER'S SIGNATURE	DATE	03/28/18

Quality Security**LOCATION:**

2301 Millstone Drive
Newark, DE 19711

179 Stanton Christiana Road
Newark, DE 19702

FIRE ALARM INSPECTION REPORT**INSPECTION DATE: 03/28/18****INSPECTED BY: Richard deMoss****DEVICE KEY**

PS = Photo Smoke, IS = Ionization Smoke, M = Manual Station, HD = Heat Detector, T = Tamper, B = Bell, H = Horn, STB = Strobe, HS = Horn Strobe, WF = Waterflow Switch, PSW = Pressure Switch, BATT = Battery, TJ = Telephone Jack, ANN = Annunciator, FPJ = Fire, DSD = Duck Smoke Detector, BSD = Beam Smoke Detector

<i>DEVICE</i>	<i>ZONE</i>	<i>LOCATION</i>	<i>PASS</i>	<i>NOTES</i>
PS	10-1	Fire alarm panel area		
PS	4-2	1st floor rest room area		
PS	4-1	1st Floor stairwell area		
PS	3-1	1st floor office area		
M	5-1	1st floor office doors		
PS	4-3	1st floor class room hall		
PS	4-4	1st floor class room hall		
PS	4-5	1st floor class room hall		
PS	4-6	1st floor class room hall		
PS	4-7	Side foyer doors / stairwell		
M	6-1	Side foyer door / stairwell		
M	6-2	Side foyer doors / stairwell		
M	7-1	1st floor kitchen area		
PS	8-1	1st floor kitchen area		
PS	8-2	1st floor kitchen area		
PS	8-3	All purpose room		
PS	8-4	All purpose room		
PS	8-7	Stage / All purpose room		
PS	8-8	Stage / all purpose room		
PS	8-5	All purpose room		
PS	8-6	All purpose room		
PS	9-2	Nurse room		
PS	9-3	Stairwell by nurse area		
PS	12-1	2nd stairwell to reach FM 3rd floor		
PS	11-2	2nd floor main lobby		2nf floor is main floor
M	13-2	2nd main lobby		
PS	11-1	2nd main lobby		
M	13-1	2nd main lobby		
M	19-2	Reception area / office area		
PS	17-1	Reception area / office area		
PS	17-2	Reception area / office area		
PS	17-3	Reception area / office area		
PS	16-2	Office hall		
PS	16-1	Office hall		
PS	8-9	Storage room by stage		
PS	9-1	1st Floor hall by Nurse's room		

DEVICE	ZONE	LOCATION	PASS	NOTES
M	15-1	Office hall stairwell		
PS	18-2	2nd floor class hall		
PS	18-3	2nd floor class hall		
PS	18-4	2nd floor class hall		
PS	18-5	2nd Floor class hall		
PS	18-6	2nd Floor class hall		
M	19-2	2nd Floor class hall		
PS	20-1	2nd floor stair well / class hall		
PS	20-2	2nd Floor stairwell high		
PS	18-1	2nd floor mail room		
PS	14-2	3rd floor hall		
PS	14-1	3rd floor stair well		
		HORNS		
H/S		1st floor side doors stairwell		
H/S		1st floor side door stairwell		
H/S		1st floor class room hall		
H/S		1st floor class room hall		
H/S		1st floor office area doors		
H/S		1st floor panel area door		
H/S		1st floor restroom area		
S		1st floor boys restroom area		
S		1st floor girls restroom area		
H/S		1st floor kitchen area		
H/S		All purpose room		
H/S		All purpose room		
H/S		Nurse area		
H/S		Nurse room		
H/S		Main Lobby 2nd floor (main floor)		
H/S		Reception area/office area		
H/S		Reception area/office area		
S		Reception/office area women's restrm		
S		Reception/office area men's restrm		
H/S		Office hall		
S		Office rest room		
H/S		Office hall		
H/S		2nd floor class hall		
H/S		2nd floor class hall		
H/S		2nd Floor mall room		
H/S		3rd floor hall		
S		3rd floor hall rest room		
H/S		3rd floor hall		
H/S		3rd floor stair well		
H/S		Office area		
H/S		Closet Area		



DELAWARE STATE FIRE MARSHAL
FIRE ALARM SYSTEM
CERTIFICATE OF INSPECTION



[X] Annual Certificate of Inspection [] Non-Annual WITH a MAJOR deficiency

[] Property/Address Changed

PROTECTED PROPERTY

Name: Faith City Family Church Owner/Contact: Don Post
Address/City: 179 Stanton-Christiana Road Newark, DE 19702 Phone Number: 302-738-3337

PROPERTY OWNER

Owner: Faith City Family Church Address: 179 Stanton - Christiana Newark, DE 19702

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: Quality Security FAL #: 0102
Technician's Name: Richard deMoss Date: 03/28/18

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? [X] Yes [] No

If yes, provide name, location and phone # of monitoring station: C.O.P.S. Monitoring
P.O. Box 836
Williamstown, NJ 08094 1-800-633-2677

SYSTEM INFORMATION

System ID Number: 1 Panel Location: All Purpose Room
System Type: [] Central Station Monitored [X] Remote Station Monitored
[] Proprietary [] Local Alarm Only [] Dialer

PANEL MANUFACTURER: MODEL NUMBER:

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE [X] CHECKED BELOW []

- [] 7601 - System Out-of-Service / Impaired
[] 7602 - Unprotected Residential Corridors
[] 7603 - FACP in ALARM / TROUBLE
[] 7604 - System Monitoring Out-of-Service
[] 7605 - More than 10% of Initiating Devices Failed
[] 7606 - More than 10% of Sounding Devices Failed
[] 7607 - Other (Make Comment)

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE [X] CHECKED BELOW []

- [] 7620 [] 7624 [] 7628 [] 7632 [] 7636
[] 7621 [] 7625 [] 7629 [] 7633 [] 7637
[] 7622 [] 7626 [] 7630 [] 7634 [] 7638
[] 7623 [] 7627 [] 7631 [] 7635 [] 7639

COMMENTS/DEFICIENCY DESCRIPTION

FOR INTERNAL USE ONLY:

Data Entry Date: Date Received By T.S. Manager: FM Assigned: Date FM Assigned: Date Inspected:

[] NO MAJOR DEFICIENCIES FOUND [] MAJOR DEFICIENCIES FOUND: [] MAJOR DEFICIENCIES VERIFIED:
DATE NOV ISSUED: COMPLIANCE DATE: 1ST EXTENSION DATE: 2ND EXTENSION & APPROVAL DATE:



DELAWARE STATE FIRE MARSHAL
FIRE ALARM SYSTEM
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DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____ BY _____



DELAWARE STATE FIRE MARSHAL
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MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:

- | | | | | | |
|-------------|---|---|-------------|---|---|
| <u>7620</u> | - | Battery / Secondary Power out-of-service | <u>7630</u> | - | Tamper Switch not Connected to FASS |
| <u>7621</u> | - | A Battery out-of-date / Corroded | <u>7631</u> | - | Manual Pull Station Obstructed |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged | <u>7632</u> | - | Manual Pull Station Damaged |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent | <u>7633</u> | - | Bell, Horn / Strobes Damaged |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing |
| <u>7626</u> | - | Inadequate Detector Coverage | <u>7636</u> | - | Device Identification Lacking |
| <u>7627</u> | - | Duct Detector Inoperative | <u>7637</u> | - | Circuit Breaker to FACP no Lockout |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down | <u>7638</u> | - | Supervisory Function Deficiency |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS | <u>7639</u> | - | Other |