



DELAWARE STATE FIRE MARSHAL FIRE ALARM SYSTEM CERTIFICATE OF INSPECTION



Annual Certificate of Inspection Non-Annual WITH a MAJOR deficiency

Property/Address Changed

PROTECTED PROPERTY

Name: Children of New Castle School Owner/Contact: _____

Address/City: 160 Lakewood Dr New Castle DE 19720 Phone Number: 302 324 8901

PROPERTY OWNER

Owner: Children of New Castle School Address: 160 Lakewood Dr New Castle DE 19720

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: JCI Security Solutions FAL#: 14

Technician's Name: I. Soren Date: 3-28-19

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? Yes No

If yes, provide name, location and phone# of monitoring station: JCI 1800 289 2647

SYSTEM INFORMATION

System ID Number: 11029008063 Panel Location: IDF Room

System Type: Central Station Monitored Remote Station Monitored
 Proprietary Local Alarm Only Dialer

PANEL MANUFACTURER: Bosch MODEL NUMBER: D7024

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION

- 7601 - System Out -of-Service / Impaired
- 7602 - Unprotected Residential Corridors
- 7603 - FACP in ALARM / TROUBLE
- 7604 - System Monitoring Out-of-Service

- NONE CHECKED BELOW
- 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

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 7620 | <input type="checkbox"/> 7624 | <input type="checkbox"/> 7628 | <input type="checkbox"/> 7632 | <input type="checkbox"/> 7636 |
| <input type="checkbox"/> 7621 | <input type="checkbox"/> 7625 | <input type="checkbox"/> 7629 | <input type="checkbox"/> 7633 | <input type="checkbox"/> 7637 |
| <input type="checkbox"/> 7622 | <input type="checkbox"/> 7626 | <input type="checkbox"/> 7630 | <input type="checkbox"/> 7634 | <input type="checkbox"/> 7638 |
| <input type="checkbox"/> 7623 | <input type="checkbox"/> 7627 | <input type="checkbox"/> 7631 | <input type="checkbox"/> 7635 | <input type="checkbox"/> 7639 |

COMMENTS/DEFICIENCY DESCRIPTION

All tested OK

FOR INTERNAL USE ONLY:

Date 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: _____
DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____ BY _____



**DELAWARE STATE FIRE MARSHAL
FIRE ALARM SYSTEM
CERTIFICATE OF INSPECTION**



Annual Certificate of Inspection **Non-Annual WITH a MAJOR deficiency**

Property/Address Changed PROTECTED PROPERTY

Name: Chantun School of New Castle Owner/Contact: _____

Address/City: 170 Cuckens Drive New Castle DE 19722 Phone Number: _____

PROPERTY OWNER

Owner: _____ Address: _____

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: DCI/790 FAL#: 14

Technician's Name: T. Smith Date: 8/6/19

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? Yes No

If yes, provide name, location and phone# of monitoring station: _____

SYSTEM INFORMATION

System ID Number: 11922930480 Panel Location: Electrical Room

System Type: Central Station Monitored Remote Station Monitored
 Proprietary Local Alarm Only Dialer

PANEL MANUFACTURER: Silent Knight MODEL NUMBER: 5820XL

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION NONE CHECKED BELOW

<input type="checkbox"/> 7601 - System Out -of-Service / Impaired	<input type="checkbox"/> 7605 - More than 10% of Initiating Devices Failed
<input type="checkbox"/> 7602 - Unprotected Residential Corridors	<input type="checkbox"/> 7606 - More than 10% of Sounding Devices Failed
<input type="checkbox"/> 7603 - FACP in ALARM / TROUBLE	<input type="checkbox"/> 7607 - Other (Make Comment)
<input type="checkbox"/> 7604 - System Monitoring Out-of-Service	

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION NONE CHECKED BELOW

<input type="checkbox"/> 7620	<input type="checkbox"/> 7624	<input type="checkbox"/> 7628	<input type="checkbox"/> 7632	<input type="checkbox"/> 7636
<input type="checkbox"/> 7621	<input type="checkbox"/> 7625	<input type="checkbox"/> 7629	<input type="checkbox"/> 7633	<input type="checkbox"/> 7637
<input type="checkbox"/> 7622	<input type="checkbox"/> 7626	<input type="checkbox"/> 7630	<input type="checkbox"/> 7634	<input type="checkbox"/> 7638
<input type="checkbox"/> 7623	<input type="checkbox"/> 7627	<input type="checkbox"/> 7631	<input type="checkbox"/> 7635	<input type="checkbox"/> 7639

COMMENTS/DEFICIENCY DESCRIPTION

ALL TESTED OK - Annual Fire Alarm System signals
Verified DAND Panel operation

FOR INTERNAL USE ONLY:

Date 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: _____

DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____ BY _____



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Annual Certificate of Inspection **Non-Annual WITH a MAJOR deficiency**

Property/Address Changed

PROTECTED PROPERTY

Name: Family Foundation Academy Owner/Contact: Jose Beltran
Address/City: 1101 Delaware Ave New Castle De Phone Number: (302) 559-8001

PROPERTY OWNER

Owner: Same as above Address: _____

FIRE ALARM SIGNALING SYSTEM COMPANY AND INSPECTION DATE

Company Name: Johnson Controls (Simplex) FAL #: 36
Technician's Name: Chasity Rivera Inspection Date: 6/20/2019

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? Yes No
If yes, provide name, location and phone # of monitoring station: Unknown

SYSTEM INFORMATION

System ID Number: 208-2896 Panel Location: Maintenance MECH RM
System Type: Central Station Monitored Remote Station Monitored
 Proprietary Local Alarm Only Dialer

PANEL MANUFACTURER: Simplex **MODEL NUMBER:** 4010

MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE **CHECKED BELOW**

- | | |
|---|--|
| <input type="checkbox"/> 7601 – System Out-of-Service / Impaired | <input type="checkbox"/> 7605 – More than 10% of Initiating Devices Failed |
| <input type="checkbox"/> 7602 – Unprotected Residential Corridors | <input type="checkbox"/> 7606 – More than 10% of Sounding Devices Failed |
| <input type="checkbox"/> 7603 – FACP in ALARM / TROUBLE | <input type="checkbox"/> 7607 – Other (Make Comment) |
| <input type="checkbox"/> 7604 – System Monitoring Out-of-Service | |

MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION

NONE **CHECKED BELOW**

- | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> 7620 | <input type="checkbox"/> 7624 | <input type="checkbox"/> 7628 | <input type="checkbox"/> 7632 | <input type="checkbox"/> 7636 |
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COMMENTS/DEFICIENCY DESCRIPTION

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DATE NOV ISSUED: _____ COMPLIANCE DATE: _____ 1ST EXTENSION DATE: _____ 2ND EXTENSION & APPROVAL DATE: _____

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