



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: Drexel Hall Owner/Contact:
Address/City: 355 West Duck Creek Rd Clayton DE 19938 Phone Number: 999-734-4486

PROPERTY OWNER

Owner: Same Address:

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: B-SAFE INC. FAL #: 0023
Technician's Name: Richard West Date: 7-7-16

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? [X] Yes [] No
If yes, provide name, location and phone # of monitoring station: Security Partners 241 N. Plum St. Lancaster PA 17602 1-800-836-0142

SYSTEM INFORMATION

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

PANEL MANUFACTURER: Ademco MODEL NUMBER: V128FB

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

Jurisdiction:

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



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Property/Address Changed

PROTECTED PROPERTY

Name: MORPIL MAIL Owner/Contact: _____

Address/City: 355 W. Duck Creek RD
CLAYTON DE 17938 Phone Number: 273-2130

PROPERTY OWNER

Owner: SAME Address: _____

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: B-SAFE INC. FAL #: 0023

Technician's Name: RICHARD WOST Date: 12-28-17

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? Yes No

If yes, provide name, location and phone # of monitoring station: SECURITY PARTNERS
211 N. PLUM ST. WINSTON SA 17602 1-800-836-0112

SYSTEM INFORMATION

System ID Number: _____ Panel Location: By Front Door

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

PANEL MANUFACTURER: SZIEWT KNIGHT MODEL NUMBER: 5200

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

Jurisdiction: _____

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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: _____

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



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Property/Address Changed PROTECTED PROPERTY

Name: ST. MICHAEL'S HALL Owner/Contact: _____
Address/City: 355 West Duck Creek Rd Phone Number: 223-2150
Clyde DE 19938

PROPERTY OWNER

Owner: Same Address: _____

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: B-SAFE INC. FAL #: 0023
Technician's Name: Richard West Date: 7-7-16

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: _____ Panel Location: ZT CLOSET
System Type: Central Station Monitored Remote Station Monitored
 Proprietary Local Alarm Only Dialer

PANEL MANUFACTURER: Adenco MODEL NUMBER: V100

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) |
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COMMENTS/DEFICIENCY DESCRIPTION

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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 _____