



**Office of the State Fire Marshal
Fire Protection System(s)
Annual Certificate of Inspection**



OWNER OF THE PROPERTY

Name: DE STATE UNIVERSITY **Owner's Address:** 1200 N. DUPONT HWY
DOVER DE 19901

BUILDING/FACILITY

Name: LEARNING COMMONS/ ECHS **Address of the Building** 1200 N. DUPONT HWY
DOVER DE 19901

TENANT / OCCUPANT

Name: SAME **Address:** _____ **Phone:** _____
Contact: _____

Annual Certificate of Inspection **Report of a MAJOR deficiency (other than Annual Inspection)**

DATE OF INSPECTION 07/29/2022

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Anaconda Protective Concepts **License #:** FAL0252 / FSL0163

(for Water- Based systems) **Inspector's Name:** JOHN HOOPENGARDNER **Certificate #:** WBC -

SYSTEM TYPE:

- Fire Alarm**
- Automatic Sprinkler:**
 - Wet Sprinkler* *Dry Sprinkler* *Pre-Action* *Deluge* *Water Spray* *Other*
- Commercial Cooking**
- Special Hazard:**
 - HALON, Clean Agent, INERGEN, FM-200* *Carbon Dioxide* *Dry Chemical* *Foam* *Other*
- Standpipe:**
 - Wet Standpipe* *Dry Standpipe* *Other*

SYSTEM ID: COMMONS **SYSTEM LOCATION:** FIRE ALrm equip rm

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

COMMENTS/DEFICIENCY DESCRIPTION

The State Fire Prevention Regulation 703, Chapter 1, §4.1.5 mandates that Annual Certificates of Inspection be submitted to the Office of the State Fire Marshal by the licensed company within thirty (30) days of the completion of the required annual inspection.



Fire Alarm System Certificate of Inspection

210 Executive Dr. Suite 6
Newark, DE 19702

Contract Number: JB35004
Date of Inspection: 07/29/2022

Protected Property				Inspection Company			
Name:	DSU - LEARNING COMMONS			Name:	Anaconda Protective Concepts, inc.		
Address:	1200 N. DuPONT HWY			Address:	210 Executive Drive. Suite 6		
City:	DOVER			City:	Newark		
State:	DE	Zip:	19901	State:	DE	Zip:	19702
Contact:	Khalid Zerrad			Contact:	Service Department		
Phone:	302-857-7085			Phone:	302.834.1125		

System Owner			
Name:	Delaware State University		
Address:	1200 N. DuPont Hwy		
City:	Dover		
State:	DE	Zip:	19901

Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The licensed fire protection provider certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	J Hoopengardner	Title:	Service Tech

Type of Fire Alarm System

System ID:	COMMONS		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input checked="" type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input type="checkbox"/> Central Station	<input type="checkbox"/> Household

Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Telguard TG7
If yes, provide name, location, and phone number of monitoring company: Rapid Response

Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 55AH	Tested OK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by: <input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)		

Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)
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**Fire Alarm System
Certificate of Inspection**

210 Executive Dr. Suite 6
Newark, DE 19702

Alarm Initiating Devices

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Manual Pull Stations	34	34	0	
Heat Detectors	3	3	0	
Smoke Detectors	239	239	2	SEE NOTES
Duct Detectors	13	13	0	
Water Flow Devices	9	0		TESTED BY OTHERS
Other				

Alarm Indicating Devices

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Bells				
Horn/strobes	56	56	0	
Chimes				
Speakers	12	12	0	
Remote Annunciators	3	3	0	
Visual Signals	90	90	0	15
Other				

Supervisory Initiating Devices

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Sprinkler Control Valve	15			TESTED BY OTHERS
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump	1			TESTED BY OTHERS
Other				

Control Unit

Manufacturer	SIMPLEX	Model #	4100ES	System ID	COMMONS
Type	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Multiplex	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Other (Specify)	
<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System
Certificate of Inspection**

210 Executive Dr. Suite 6
Newark, DE 19702

INSPECTION DEFICIENCY AND COMMENTS

System ID: COMMONS		Location: FRONT FOYER	
Name:	DSU - LEARNING COMMONS/ECHS		
Address:	1200 N. DuPONT HWY		
City:	DOVER	State: DE	Zip: 19901
Phone:	(302)-857-7085	Date: 07/29/2022	
Explanatory Information			
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	SMOKE DET ROOM 404 AND 305 DID NOT ACTIVATE.	
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	PANEL BATTERIES ARE 55AH - TESTED 100%	
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	VOICE MICROPHONE DOES NOT OPENLY PAGE	
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

J HOOPENGARDNER

Service Representative

Customer Acknowledgment