

**FIRE ALARM
INSPECTION AND TESTING FORM**


**PREMIUM
Fire & Security, LLC**

505 Schoolhouse Road
Kennett Square, PA, 19348
Tel: (610)444-8180 Fax: (610)444-2120

Property <u>Dsu Price Hall</u>	Date <u>08/27/2022</u>
Address <u>1200 n. Dupon t hwy</u>	Phone # <u>302-535-3809</u>
Address <u>Dover de 19901</u>	Fax # _____
Contact <u>Khalid zerrad</u>	E-mail address: _____

Class of Inspection: <input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Supression	Frequency or Type of this inspection: <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
---	---

The tests were conducted in accordance with the requirements of the applicable National Fire Protection Association (NFPA) standards in accordance with the requirements of the Fire Code. The system was restored to normal operation.

Inspector: Matthew kearns Sign:  Date/Time: 08/27/2022

System Owner's acknowledgement of inspection and explanation of deficiencies or failures contained herein:
 Owner Rep: _____ Sign: _____ Title: _____

MONITORING INFORMATION

Monitoring Co: <u>Advantech</u>	Monitoring Account #: <u>000572</u>	Monitoring Phone #: <u>18009323822</u>
Online Dispatch #: _____	Offline Dispatch #: _____	Contact Name: _____
Dialer: <u>Cell</u>	Phone Line #1: _____	Phone Line #2: _____

MAIN PANEL INFORMATION

FA Panel Manufacturer: <u>Silent knight</u>	Model #: <u>lfp-2100</u>	FA Panel Serial #: _____
System is Existing: <input checked="" type="checkbox"/>	System is New: <input type="checkbox"/>	Permit # if new: _____
Location of FA Panel: <u>Front entrance</u>	Panel Disconnect Location: _____	<input type="checkbox"/> Conventional <input checked="" type="checkbox"/> Addressable
Remote Annunciator: Qty: <u>1</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Remote Annunciator: _____	

ALARM INITIATING DEVICES

Device Type	Total Devices in System	# Tested this Inspection	# of Deficiencies or Failures	Circuit Style/Qty	Mfg	Model #	Comments
Manual Pull Stations	11	11	0				
Ionization Smoke Detectors							
Photo Smoke Detectors	28	28	0				
Heat Detectors	4	4	0				
Duct Detector	8	8	0				
Waterflow Devices	2	2	0				
Beam Detectors							
Other (Specify)							

ALARM NOTIFICATION APPLIANCES

Appliance Type	Total	Tested	Deficiencies
Horn Strobes			
Horns			
Strobes	12	12	0
Speaker Strobes	62	62	0
Speakers			
Other (Specify)			
Other (Specify)			

SUPERVISORY INITIATING DEVICES

Device Type	Total	Tested	Deficiencies
Tamper Switches	3	3	0
Low Air Switches			
Pump Power Fail			
Pump Running			
Fire Pump Auto Position			
Room Temp. Site			
Water Temp. Site			
Water Level			
Other (Specify)			

**FIRE ALARM
INSPECTION AND TESTING FORM**

**PREMIUM
Fire & Security, LLC**

505 Schoolhouse Road
Kennett Square, PA, 19348
Tel: (610)444-8180 Fax: (610)444-2120

Property: **Dsu Price Hall**

Date: **08/27/2022**

SIGNALING POWER SUPPLIES

Primary Power Supply Normal Voltage: 120 Amps: _____ Location: _____
Overcurrent Protection: Type: Circuit Breaker Amps: 20 Disconnecting Means Location: _____
Model: _____ Quantity: 1

Secondary Power Supply Nominal Voltage: _____ Amps: _____ Location: _____ Model: _____ Quantity: _____
Storage Battery: Amp-Hour Rating: _____ Calculated capacity is: _____ Amp-Hours to operate system for _____ hours

CONTROL FUNCTIONS

Device Type	Total Devices in System	# Tested this Inspection	# of Deficiencies or Failures
Primary Recall	1	1	0
Secondary Recall	1	1	0
Shunt Trip	1	1	0
Door Holder Release	8	8	0
Card Access Doors			

SYSTEM TESTS AND INSPECTIONS

Type	Visual	Functional	COMMENTS
Control Unit	✓	✓	
Interface Equipment	✓	✓	
Lamps/LEDs	✓	✓	
Fuses	✓	✓	
Primary Power Supply	✓	✓	
Trouble Signals	✓	✓	
Disconnect Switches	✓	✓	
Ground-Fault Monitoring	✓	✓	

SECONDARY POWER

EMERGENCY COMMUNICATION EQUIPMENT TYPE

Type	Visual	Functional	Comments	Type	Visual	Functional	Comments
Battery Condition	✓	✓		Phone Set			
Load Voltage	✓	✓		Phone Jacks			
Discharge Test	✓	✓		Off-Hook Indicator			
Charger Test	✓	✓		Amplifier(s)			
Specific Gravity				Tone Generators(s)			
Transient Suppressors				Call-in Signal			
Remote Annunciators				System Performance			

SUPERVISING STATION MONITORING

Type	YES	NO	WHO	TIME	COMMENTS
Alarm Signal	✓				
Alarm Restoration	✓				
Trouble Signal	✓				
Trouble Signal Restoration	✓				
Supervisory Signal	✓				
Supervisory Signal Restoration	✓				

Notification BEFORE AND AFTER testing is complete

Notifications are made	YES	NO	WHO	BEFORE TIME	AFTER TIME	COMMENTS
Monitoring Entity: Advantech	✓					
Building Occupants	✓					
Building Management	✓					
Other (specify)						
Customer notified of any impairments						

**FIRE ALARM
INSPECTION AND TESTING FORM**

PREMIUM
Fire & Security, LLC

505 Schoolhouse Road
Kennett Square, PA, 19348
Tel: (610)444-8180 Fax: (610)444-2120

System Deficiencies/Recommendations: _____

Inspector Notes & Comments: _____

24 HOUR EMERGENCY SERVICE (610)444-8180

**FIRE ALARM
INSPECTION AND TESTING FORM**

**PREMIUM
Fire & Security, LLC**

505 Schoolhouse Road
Kennett Square, PA, 19348
Tel: (610)444-8180 Fax: (610)444-2120

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: Above facp _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: 5495	Quantity: 1		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: 2
Storage Battery:	Amp-Hour Rating: 7	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: 2nd floor left closet _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: 5495	Quantity: 2		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: 4
Storage Battery:	Amp-Hour Rating: 7	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: _____	Quantity: _____		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: _____
Storage Battery:	Amp-Hour Rating: _____	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: _____	Quantity: _____		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: _____
Storage Battery:	Amp-Hour Rating: _____	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: _____	Quantity: _____		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: _____
Storage Battery:	Amp-Hour Rating: _____	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: _____	Quantity: _____		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: _____
Storage Battery:	Amp-Hour Rating: _____	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours

SIGNALING POWER SUPPLIES

Property: Dsu Price Hall		Date: 08/27/2022	
Primary Power Supply	Normal Voltage: _____	Amps: _____	Location: _____
Overcurrent Protection:	Type: _____	Amps: _____	Disconnecting Means Location: _____
Model: _____	Quantity: _____		
Secondary Power Supply	Nominal Voltage: _____	Amps: _____	Location: _____ Model: _____ Quantity: _____
Storage Battery:	Amp-Hour Rating: _____	Calculated capacity is: _____	Amp-Hours to operate system for _____ hours



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



OWNER OF THE PROPERTY

Name: _____ Owner's Address: _____

BUILDING/FACILITY

Name: Dsu Price Hall Address of the Building: 1200 n. Dupon t hwy
Dover de 19901

TENANT / OCCUPANT

Name: _____ Address: _____
Phone: (302) 535-3809 Contact: Khalid Zerrad

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

DATE OF INSPECTION 08/27/2022

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Premium Fire and Security License #: 0312

(for Water- Based systems) Inspector's Name: _____ 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: 000572 SYSTEM LOCATION: Front entrance

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.