

APPENDIX 8

Fire Inspection Certificate



**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: St. Catherine of Siena - Church & School Owner/Contact: St. Catherine of Siena

Address/City: 2505 Centerville Road / Wilmington Phone Number: 302-633-4900

PROPERTY OWNER

Owner: St. Catherine of Siena Address: 2505 Centerville Road, Wilmington, DE 19808

FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION

Company Name: Preferred Security, Inc. FAL #: 0180

Technician's Name: Paul Pennachi Date: 11/21/18

FIRE ALARM SIGNALING SYSTEM MONITORING

Is this system monitored off-site? Yes No

If yes, provide name, location and phone # of monitoring station: COPS Monitoring
Williamstown, NJ 08094 1-800-633-2677

SYSTEM INFORMATION

System ID Number: _____ Panel Location: Electrical Room

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

PANEL MANUFACTURER: FCI **MODEL NUMBER:** FC-72

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

- 7620
- 7621
- 7622
- 7623
- 7624
- 7625
- 7626
- 7627

- 7628
- 7629
- 7630
- 7631

- NONE CHECKED BELOW
- 7632
 - 7633
 - 7634
 - 7635
 - 7636
 - 7637
 - 7638
 - 7639

COMMENTS/DEFICIENCY DESCRIPTION

Replaced the following Smoke Detectors 2-8 Lower Level Girls Bathroom, 5-7 Dry Storage, 5-8 Gym Janitors Closet, 5-10 Gym Girls Bathroom at time of inspection

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: _____