Fire Alarm and Life Safety System Inspection Certificate

For

Kerrys Place

Building Number: 1475563

Tested to CAN/ULC S536-04 Standard
Smoke alarms are inspected to CAN ULC S552-02
This report should be accompanied by the BRForm containing the contents of CAN/ULC S536-04 Appendix E

This Inspection was performed in accordance with applicable ULC Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

The devices in this report are 100% tested and 100% passed

Annual Inspection
Start Date: Apr 1, 2026
End Date: Apr 1, 2026
Service - Tested

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Manpreet Sidhu

To obtain further details about this inspection please utilize your login and password to view online. This FireScan report should be accompanied with the associated BRForm.

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: Kerrys Place Dufferin

Address:

Address:

Email: accountspayable@kerrysplace.org

Contact: Alex Reisenwiber CONTACT

Phone: .

City/Province/Postal Code:

Inspection Performed By

Company: Georgian Bay Fire & Safety - Owen Sound

Address: 1700 20th Street East

Address:

Email: msidhu@gbfire.com

Technician: Manpreet Sidhu

Phone: (519) 270-5819

City/Province/Postal Code: Owen Sound, Ontario N4K 5W9

Certification

Company: Georgian Bay Fire & Safety - Owen Sound

Inspector: Manpreet Sidhu

Building: Kerrys Place

Contact: Alex Reisenwiber CONTACT

Individual Device Record

Generated by: BuildingReports.com

Type of Inspection: Fire Alarm System Annual Inspection and Test (ULC S536-04) and Smoke Alarms Inspection and Test(CAN/ULC-S552-02)
Building Name: Kerrys Place Dufferin-50 First Street
Inspection Date and Time: 4/1/26 1:04:37 PM
Inspector: Manpreet Sidhu
Note: The Location Column includes the location, time and date of the inspection and barcode number.
Remarks Column: Detector sensitivity in percentage and Waterflow Switch time delay in seconds.
For specific output circuit operation confirmation see associated BRForm section - "Ancillary Function Testing"

Location	Device Type	Correctly Installed	Requires Service, Repairs, Cleaning or Missing	Alarm Operation Confirmed	Annunciation Indication Confirmed	Zone Circuit Number or Address	Supervision of Wiring Device Confirmed	Ground Circuit Confirmed	Remarks/ Readings
Tested									
Basement At Laundry, 1:04:37PM 04/01/2026 (92433991)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
1st Apt A at Stairs, 12:52:33PM 04/01/2026 (92433995)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
1st Apt C Living Room, 12:50:49PM 04/01/2026 (92433997)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
1st (BC on top door right) Apt C bedroom, 12:51:49PM 04/01/2026 (A4637280)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
1st Main Living Room, 12:50:33PM 04/01/2026 (92433996)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
2nd (BC on EL at stairs) Apt A Bedroom 1, 12:53:24PM 04/01/2026 (A4637278)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
2nd (BC on EL at stairs) Apt A Bedroom 2, 12:53:27PM 04/01/2026 (A4637279)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
2nd Apt A Top of Stairs, 12:52:57PM 04/01/2026 (92433994)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
2nd Bedroom 1, 1:03:27PM 04/01/2026 (92433989)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD 04/01/2026
2nd Bedroom 2, 1:02:58PM 04/01/2026 (92433988)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	LTD

Location	Device Type	Correctly Installed	Requires Service, Repairs, Cleaning or Missing	Alarm Operation Confirmed	Annunciation Indication Confirmed	Zone Circuit Number or Address	Supervision of Wiring Device Confirmed	Ground Circuit Confirmed	Remarks/ Readings
2nd Hallway, 1:03:12PM 04/01/2026 (92433990)	Smoke Alarm	☑	☐	☑	☐	1	☐	☐	04/01/2026 LTD 04/01/2026

Inspection & Testing

Generated by: BuildingReports.com

Building: Kerrys Place Control Panel: 1

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
	Passed			
Initiating				
Smoke Alarm	Basement At Laundry	Tested	1:04:37 PM	04/01/2026
Smoke Alarm	1st Apt A at Stairs	Tested	12:52:33 PM	04/01/2026
Smoke Alarm	1st Apt C Living Room	Tested	12:50:49 PM	04/01/2026
Smoke Alarm	1st Main Living Room	Tested	12:50:33 PM	04/01/2026
Smoke Alarm	1st (BC on top door right) Apt C bedroom	Tested	12:51:49 PM	04/01/2026
Smoke Alarm	2nd Apt A Top of Stairs	Tested	12:52:57 PM	04/01/2026
Smoke Alarm	2nd Bedroom 1	Tested	1:03:27 PM	04/01/2026
Smoke Alarm	2nd Bedroom 2	Tested	1:02:58 PM	04/01/2026
Smoke Alarm	2nd Hallway	Tested	1:03:12 PM	04/01/2026
Smoke Alarm	2nd (BC on EL at stairs) Apt A Bedroom 1	Tested	12:53:24 PM	04/01/2026
Smoke Alarm	2nd (BC on EL at stairs) Apt A Bedroom 2	Tested	12:53:27 PM	04/01/2026

Smoke Alarms

Generated by: BuildingReports.com

Building: Kerrys Place

The smoke alarm report details the inspection of smoke alarms.

Scan ID	Location	Type	Voltage	Mfr. Date
Passed				
92433991	Basement At Laundry	Photoelectric	110V/Bat	04/09/2018
92433995	1st Apt A at Stairs	Photoelectric	110V/Bat	04/09/2018
92433997	1st Apt C Living Room	Photoelectric	110V/Bat	04/09/2018
92433996	1st Main Living Room	Photoelectric	110V/Bat	04/09/2018
A4637280	1st (BC on top door right) Apt C bedroom	Photoelectric	9V	04/09/2024
92433994	2nd Apt A Top of Stairs	Photoelectric	110V/Bat	04/09/2018
92433989	2nd Bedroom 1	Photoelectric	9V	04/09/2024
92433988	2nd Bedroom 2	Photoelectric	9V	04/09/2020
92433990	2nd Hallway	Photoelectric	110V/Bat	04/09/2018
A4637278	2nd (BC on EL at stairs) Apt A Bedroom 1	Photoelectric	9V	04/09/2024
A4637279	2nd (BC on EL at stairs) Apt A Bedroom 2	Photoelectric	9V	04/09/2024

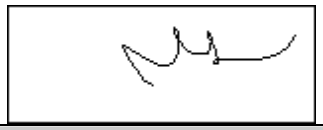
Alarm Signal Transmitter Annual Test and Inspection Report

CAN/ULC – S561-2020 Rev1

Building Information

Building:	Contact: Alex Reisenwiber CONTACT
Address:	Phone: .
Address:	Fax:
City/Territory/Postal Code: Orangeville, ON L9W 2E2	Date Inspected: 04/01/2026

Technician Conducting Test

1. Company performing the monthly test: Georgian Bay Fire & Safety - Owen Sound
2. Name of technician conducting test: Manpreet Sidhu
3. Technicians phone number: (519) 270-5819
4. Technician's C.F.A.A. number: 19-996879
5. Signature of technician conducting test:  04/01/2026 2:21 PM

Sprinkler System - Alarm and Supervisory Devices

1. Fire Alarm System Manufacturer & Model No: N/A
2. Alarm Signal Transmitter Manufacturer: DSC NEO
3. Model No: HS2032
4. Equipment Listing No: 89SL
5. Location of Signal Transmitting Equipment: Basement
6. Fire Signal Receiving Centre: Armstrong
7. Fire Signal Receiving Centre Identification: G23107971/CCN27971
8. Monitoring Station Telephone Number: 1-800-265-3118
9. Installing and Servicing Dealer Name: Georgian Bay Fire Saftey
10. Installing and Servicing Dealer Phone Number: 1-800-265-3197
11. The monitored system has been tested and inspected in accordance with CAN/ULC-S561, Standard for Installation and Services for Fire Signal Receiving Centres and Systems, Section 12, Periodic Inspections and Tests, and these records document the results of testing performed: ☑ Yes ☐ No
12. The monitored system is now fully functional? ☑ Yes ☐ No
13. The monitored system has deficiencies noted on the pages attached? ☐ Yes ☑ No

N/A

14. Deficiency Comments:

15. A copy of this report will be given to the following owner/owner's representative for this building:

Transmitting Unit Test Record

1. Power 'On' Visual Indicator tested correctly:	☑ Yes ☐ No ☐ N/A
2. Common Visual Trouble signal tested correctly:	☑ Yes ☐ No ☐ N/A
3. Common Audible Trouble signal tested correctly:	☑ Yes ☐ No ☐ N/A
4. Main Power Supply Failure Signal tested correctly:	☑ Yes ☐ No ☐ N/A
5. Alarm Signal Operation tested correctly:	☑ Yes ☐ No ☐ N/A
6. Input Circuit Trouble Operation tested correctly:	☑ Yes ☐ No ☐ N/A
7. Main Power Supply to Emergency Power Supply Transfer tested correctly:	☑ Yes ☐ No ☐ N/A

Transmitting Unit Inspection

1. Input Circuit Designations, Correctly Identified:	☑ Yes ☐ No ☐ N/A
2. Verified Correct Connected *Field Devices* , Plug in Components and Modules:	☑ Yes ☐ No ☐ N/A
3. Plug in Cables Securely in Place Cleanliness:	☐ Yes ☐ No ☑ N/A
4. Panel Grounded:	☑ Yes ☐ No ☐ N/A
5. Electrical Panel Location & Breaker # Listed on the Signal Transmitter Enclosure:	☐ Yes ☑ No ☐ N/A
6. Electrical Panel Location: Gen Panel	
7. Panel #: No number	
8. CCT#: 2	
9. Verified Correct Connected *Field Devices*, Modules:	☑ Yes ☐ No ☐ N/A
10. Confirm Plug-in Components connections secure:	☐ Yes ☐ No ☑ N/A
11. Monitoring Warning labels installed where required and visible:	☑ Yes ☐ No ☐ N/A
12. Fuses in Accordance With Manufacturer's Specification:	☑ Yes ☐ No ☐ N/A
13. Termination of Wiring to *Field Devices* Secure:	☑ Yes ☐ No ☐ N/A
14. Panel installed to Manufacturers installation instructions:	☑ Yes ☐ No ☐ N/A

Communication Inspection

1. Monitoring Connection Configuration:	☐ Active ☑ Passive
2. Communication Path(s): Phone Line/GSM	

Communication Test

1. CA38A Jack Located within 1M of the Signal Transmitter:	☐ Yes ☐ No ☑ N/A
2. On Passive System, the failure of the 1st communication path report on the 2nd path was within 180s:	☑ Yes ☐ No ☐ N/A
3. On Passive System, the failure of the 2nd communication path report on the 1st path was within 180s:	☑ Yes ☐ No ☐ N/A
4. On Active System, the failure of the communication path generate a failure at the *FSRC* was within 180s:	☐ Yes ☐ No ☑ N/A

Power Supply Inspection

1. Fused as per Manufacturer's Marked Rating of The System:	☑ Yes ☐ No ☐ N/A
2. Adequate to Meet The Requirements of The System:	☑ Yes ☐ No ☐ N/A

Emergency Power Supply Test and Inspection

1. Correct Battery Type as Recommended by Manufacturer:	☑ Yes ☐ No ☐ N/A
2. Correct Rating in conformance with the Equipment Listing:	☑ Yes ☐ No ☐ N/A
3. Battery Charging Voltage Primary Power 'ON' (V): 13.46	
4. Battery Charging Current (mA): 0.13	
5. Battery Voltage with Primary Power Supply 'OFF' (V): 12.8	
6. Current Draw from Battery primary power 'OFF' (mA): 0.13	
7. Battery Quantities: 2	
8. Battery Voltage: 12	

Emergency Power Supply Test and Inspection *continued*

9. Battery Ah: 7

10. Amp/hour rating required: 24 x Current Draw (aH): 4.3

11. Correct Rating as Determined by battery calculation based on full system load: ☑ Yes ☐ No ☐ N/A

12. Battery will provide 24hr emergency power? ☑ Yes ☐ No ☐ N/A

13. Inspected for Physical Damage: ☑ Yes ☐ No ☐ N/A

14. Terminals Clamped Tight: ☑ Yes ☐ No ☐ N/A

15. Battery Manufacturer's Date Code/Installation Date: Idealpower 2025

16. Disconnection Causes Trouble Signal: ☑ Yes ☐ No ☐ N/A

17. Emergency Power Supply Comments:

Device Testing - Legend and Notes

Devices	Type	Model No.
Sprinkler Flow Switch	Potter	VSR-S
Sprinkler Supervisory Device	Potter	RVBS
Low Pressure Supervisory Devices	N/A	N/A
Low Water Supervisory Devices	N/A	N/A
Low Temperature Supervisory Devices	N/A	N/A
Power Loss Supervisory Devices	N/A	N/A
Supervisory Devices	N/A	N/A
Signal Transmitting Unit Tamper Switch	N/A	N/A
Fire Alarm System Output Contact – Alarm	N/A	N/A
Fire Alarm System Output Contact – Trouble	N/A	N/A
Fire Alarm System Output Contact – Supervisory	N/A	N/A

Individual Equipment or Device Record

Barcode Checkpoint	Location	Device	Correctly Installed	Requires Service	Alarm/Operation Confirmed	Annunciation Confirmed	Circuit/ Zone/ Point Address	Supervision Ground Fault	Remarks

Safety Equipment Inspection Certificate

For

Kerrys Place

Building Number: 1475563

Any extinguisher inspections completed in accordance to Ontario Regulation 213/07, OFC 6.2.7.1
Any emergency light inspections completed in accordance to Ontario Regulation 213/07, OFC 2.7.3.3

This Inspection was performed in accordance with applicable standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

The devices in this report are 100% tested and 100% passed

Annual Inspection
Inspection Date
Apr 1, 2026

Building: Kerrys Place Dufferin-50 First Street
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Manpreet Sidhu

To obtain further details about this inspection please utilize your login and password to view online.

Executive Summary

Generated by: BuildingReports.ca

Building Information

Building:

Address:

Address:

Email: accountspayable@kerrysplace.org

Contact: Alex Reisenwiber CONTACT

Phone: .

City/Province/Postal Code:

Inspection Performed By

Company: Georgian Bay Fire & Safety - Owen Sound

Address: 1700 20th Street East

Address:

Email: msidhu@gbfire.com

Inspector: Manpreet Sidhu

Phone: (519) 270-5819

City/Province/Postal Code: Owen Sound, Ontario N4K 5W9

Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	5	62.50%	5	100.00%	5	100.00%	0	0.00%
Lighting	3	37.50%	3	100.00%	3	100.00%	0	0.00%
Totals	**8**	**100%**	**8**	**100.00%**	**8**	**100.00%**	**0**	**0.00%**

Certification

Company: Georgian Bay Fire & Safety - Owen Sound

Inspector: Manpreet Sidhu

Building: Kerrys Place

Contact: Alex Reisenwiber CONTACT

Inspection & Testing

Generated by: BuildingReports.ca

Building: Kerrys Place

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed /Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	ScanID : S/N	Service	Date Time
Passed				
Fire				
Fire Extinguisher, 5 Lbs, A.B.C.	Basement At Laundry	92433983 H28974887	Inspected	04/01/26 11:40:40 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st Apt A Kitchen	92433987 I24166573	Inspected	04/01/26 11:44:16 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st Apt C Kitchen	92433985 I24166572	Inspected	04/01/26 11:42:50 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st Main Kitchen	92433986 K-193067	Inspected	04/01/26 11:42:00 AM
Fire Extinguisher, 5 Lbs, A.B.C.	2nd Apt C Upstairs	92433984 R-542757	Inspected	04/01/26 12:57:03 PM
Lighting				
Emergency Light, Dual Head	1st Apt B	92433981	Inspected	04/01/26 12:59:34 PM
Emergency Light, Dual Head	1st Main Living Room	92433980	Inspected	04/01/26 12:58:36 PM
Emergency Light, Dual Head	2nd Apt A Upstairs	92433979	Inspected	04/01/26 1:01:28 PM

Fire Extinguisher Maintenance Report

Generated by: BuildingReports.ca

Building: Kerrys Place

This report provides details on the Hydrostatic Test and Maintenance/Breakdown dates for fire extinguishers. Items that will need either of these services at any time in the next two years are displayed. Items are grouped together by year for budgeting purposes.

ScanID	Location	Serial #	Hydro	Breakdown	Mfr Date
Due in 2028					
Breakdown/Maintenance					
Fire Extinguisher, A.B.C., 5 Lbs					
92433986	1st Main Kitchen	K-193067	04/09/22	04/09/09	04/09/09
92433984	2nd Apt C Upstairs	R-542757	04/09/22	04/09/09	04/09/09
				Total Fire Extinguisher, A.B.C., 5 Lbs:	**2**

Exit/Emergency Lighting

Generated by: BuildingReports.ca

Building: Kerrys Place

Exit and Emergency Lighting items are listed with each of the relevant measurements for pre and post test voltages, the load current, charge rate, and the rated voltage and current capacity of standby batteries. The remote heads indicate the number of other items that get their supply voltage from this item. Items are listed by type, and grouped by Passed or Failed /Other.

Location	Model #	Rated Volts	Pre-Test Volts	Post-Test Volts	Load Amps	Charge Amps	Remote Heads	Amp Hours
Passed								
Emergency Light, Dual Head								
1st Main Living Room	SLA06036-2N09T	6						5
1st Apt B	SLA06036-2N09T	6						5
2nd Apt A Upstairs	HB9011P	6						5

Sprinkler Inspection Certificate

For

Kerrys Place

Building Number: 1475563

This Inspection was performed in accordance with NFPA 25 - 2008 Edition. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

The devices in this report are 100% tested and 100% passed

☑ *The system is fully functional with no deficiencies at this time.*

☐ *The system has deficiencies which are noted in the discrepancy report.*

Annual Inspection
Inspection Date
Apr 1, 2026

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Manpreet Sidhu

To obtain further details about this inspection please utilize your login and password to view online. This SprinklerScan report should be accompanied with the associated BRForm.

Executive Summary

Generated by: BuildingReports.ca

Building Information

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT
Address:
Phone: .
Address:
City/Province/Postal Code:
Email: accountspayable@kerrysplace.org

Inspection Performed By

Company: Georgian Bay Fire & Safety - Owen Sound
Inspector: Manpreet Sidhu
Address: 1700 20th Street East
Phone: (519) 270-5819
Address:
City/Province/Postal Code: Owen Sound, Ontario N4K 5W9
Email: msidhu@gbfire.com

System Control Unit

System Type	System Location	Protected Area	Devices
Wet Pipe		Building-	8

Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	6	75.00%	6	100.00%	6	100.00%	0	0.00%
Pump	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Totals	**8**	**100%**	**8**	**100.00%**	**8**	**100.00%**	**0**	**0.00%**

Certification

Company: Georgian Bay Fire & Safety - Owen Sound
Building: Kerrys Place
Inspector: Manpreet Sidhu
Contact: Alex Reisenwiber CONTACT

Inspection & Testing

Generated by: BuildingReports.ca

Building: Kerrys Place

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
Passed				
Wet Pipe, Building-				
Tamper Switch	Basement	Annual	12:06:58 PM	04/01/2026
Tamper Switch	Basement	Annual	12:07:58 PM	04/01/2026
Tamper Switch	Basement	Annual	12:09:07 PM	04/01/2026
Tamper Switch	Basement	Annual	12:09:38 PM	04/01/2026
Tamper Switch	Basement	Annual	12:10:31 PM	04/01/2026
Waterflow Switch	Basement	Annual	12:13:53 PM	04/01/2026
Jockey Pump	Basement	Annual	1:18:34 PM	04/01/2026
Sprinkler Box	Basement	Annual	12:35:01 PM	04/01/2026

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.ca

Building: Kerrys Place

Building-

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was tested and passed; however, if the OK checkbox is unchecked, refer to the Inspection & Testing section for test status.

Jockey Pump

Manufacturer	Model #	Location	Serial #	OK	ScanID
General	XSP18A04	Basement	26716J2	☑	44669957

Type	Horsepower	Rated Speed	Volts	Amps	On psi	Off psi	Install Date
Automatic	2.0	3450	230/115	11.2	32	51	11/01/2024

Alarms

Tamper Switch

Type	Description	Location	# of Turns	Zone/Address	OK	ScanID
Plug	Supervisory	Basement		1-2	☑	44669974
Plug	Supervisory	Basement		1-2	☑	44669959
Plug	Supervisory	Basement		1-2	☑	44669970
Plug	Supervisory	Basement		1-2	☑	44669967
Plug	Supervisory	Basement		1-2	☑	44669966

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane	Potter	VSR-5	2	1”	1-22	☑	44669956

Devices

Sprinkler Box

Qty	Tool Available?	SIN List?	Size	Manufacturer	Location	OK	ScanID
7	Yes	No	6 unit	Potter	Basement	☑	44669962

Inspection Information:

1.OB/Contract NO: **124401**
2.Building Name: **Kerry's place**
3.Address:
Orangeville, ON
L9W 2F2
4.Date Completed: **4/1/26**

Main Drain Flow Test:

1.Water Supply Source:
- ☐ City
- ☐ Pump
- ☑ Tank

2.Drain Size: **1”**
3.Static Pressure: (PSI) **50**
4.Residual Pressure: (PSI) **N/A**
5.Did the floor drain take the water flow?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

Alarm Test

1.Were all the inspector's test valves opened and flowed?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

2.Did the alarm valve(s) function properly?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

3.Did the alarm line check valves (multi-headers) work?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

4.Did the water motor gong function properly?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

5.Did the 120vac bell(s) function properly?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

6.Did all flow switches register correctly at the fire alarm/monitoring panel?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

7.Did the alarm line switch register correctly at the fire alarm/monitoring panel?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

8.Were flow alarms received and properly identified by the monitoring station?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

9.How many flow switches were tested? **1**

Supplementary Information:

1.Is the entrance to the sprinkler room and the area surrounding the main riser(s) adequately cleared?
- ☑ Yes
- ☐ No
- ☐ N/A

☐ See Remarks

2.Is the sprinkler room and all areas with sprinkler piping adequately heated?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

3.Were the pump valves left in the appropriate positions?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

4.Were the alarm line shutoff valves left open?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

5.Were all the main control valves left open?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

6.Was the fire alarm/monitoring panel left clear of all flow alarms and supervisory conditions?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

7.Does the backflow preventer require annual testing?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

8.Does the excess pressure pump function properly?
- ☑ Yes
- ☐ No
- ☐ N/A

9.Manual or Automatic?
- ☐ Manual
- ☑ Automatic

10.PSI the system pressure was left at: **50**

Supervisory Tests

1.Are all the main control valves indicating type?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

2.Are all the main control valves in good working order?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

3.Were all main control valves sealed or supervised?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

4.Were valve supervision tests satisfactory?
- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

5.Were the low pressure supervision tests satisfactory?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

6.Do all the supervisory functions register correctly at the fire alarm/monitoring panel?
- ☑ Yes

- ☐ No
- ☐ N/A
- ☐ See Remarks

7.Were supervisory functions received and properly identified by the monitoring station?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

Sprinkler and Piping

1.Do the sprinkler heads/concealed head plates appear to be free of paint, corrosion, physical damage or obstructions?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

2.Is there a minimum clearance of 18" maintained below the sprinkler head?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

3.Are the sprinkler heads less than 50 years old?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

4.Are the sprinkler temperature ratings adequate in areas of high ambient heat?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

5.Does the sprinkler piping and pipe hangers appear to be secure and in good condition?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

6.Is there an adequate supply of spare sprinkler heads and a head wrench in the appropriate cabinet?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

7.Do the sprinkler heads appear to be properly spaced?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

8.Do the sprinkler heads appear to be proper types as per orientation?

- ☑ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

FIRE DEPARTMENT CONNECTION (SIAMESE)

1.Are the connections accessible, visible and free of obstructions?

- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

2.Are caps/plugs in place and do the couplings turn freely?

- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

3.Is the check valve tight and the ball drip functioning?

- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

GARBAGE CHUTE

1.Is the fusible link clean and in good condition?
- ☐ Yes
- ☐ No
- ☑ N/A
- ☐ See Remarks

2.Is the garbage chute protected with sprinkler head?
- ☐ Pass
- ☐ No
- ☑ N/A
- ☐ See Remarks

Glycol Loops

Glycol Loops			
Loop Location:	**Pipe Size:**	**Number of Heads:**	**Freezing Point:**

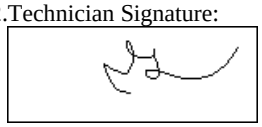
ALARM VALVE/RISER INFORMATION:

ALARM VALVE/RISER INFORMATION:					
System:	**Size:**	**Make and Model:**	**System Pressure:**	**Location:**	**Location of Test Valve:**
Wet system	1”	Paddle flow switch VSR-S	50	Basement	At riser

Remarks

1.REMARKS:

2.Technician Signature:



Signed on 4/1/26 2:25:08 PM