

Sprinkler Inspection Certificate

For

Kerrys Place

Building Number: 1475555

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
Jan 8, 2026*

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Daniel Nunez

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.

Sprinkler Inspection Report

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: Daniel Nunez					
Address: 1700 20th Street East			Phone: 519-373-4458					
Address:			City/Province/Postal Code: Owen Sound, Ontario N4K 5W9					
Email: daniel.nunez@fire-sp.com								
System Control Unit								
System Type	System Location			Protected Area			Devices	
Wet Pipe				Main Sprinkler			5	
Inspection Summary								
Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	40.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	20.00%	1	100.00%	1	100.00%	0	0.00%
Pump	1	20.00%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	20.00%	1	100.00%	1	100.00%	0	0.00%
Totals	5	100%	5	100.00%	5	100.00%	0	0.00%
Certification								
Company: Georgian Bay Fire & Safety - Owen Sound			Building: Kerrys Place					
Inspector: Daniel Nunez			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
<i>Passed</i>				
Wet Pipe, Main Sprinkler				
Pressure Switch	Basement Sprinkler room	Annual	10:02:15 AM	01/08/2026
Waterflow Switch	Basement Sprinkler room	Annual	10:00:56 AM	01/08/2026
Electric Bell	1st stairs to basement	Tested	9:59:15 AM	01/08/2026
Pump	Basement Sprinkler room	Annual	10:02:29 AM	01/08/2026
Sprinkler Box	Basement Sprinkler room	Annual	10:02:23 AM	01/08/2026

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.ca

Building: Kerrys Place						Main Sprinkler	
<i>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.</i>							
Pump							
Manufacturer	Model #	Location	Serial #	Install Date	OK	ScanID	
General	XSP18A04	Basement Sprinkler room	215163-39	01/17/2019	☒	90966111	
Type	Orientation	Aligned?	Water Supply	Impeller Size	Startup		
Pump Primary	End Suction				Automatic		
Alarms							
Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
On/Off	Supervisory	Hubbell	34	52		☒	90966110
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane	System sensor	WFDTNA		1.25"	1-1	☒	88607383
Devices							
Electric Bell							
Location	Manufacturer	Model #	Size	OK	ScanID		
1st stairs to basement	Potter	PBA1206	6"	☒	90966113		
Sprinkler Box							
Qty	Tool Available?	SIN List?	Size	Manufacturer	Location	OK	ScanID
5	Yes	Yes	12 unit	National fire	Basement Sprinkler room	☒	90966107

Inspection Information:

- 1.OB/Contract NO: **119547**
2.Building Name: **Kerry's Place**
3.Address:
Orangeville,ON
4.Date Completed: **1/8/26**

Main Drain Flow Test:

- 1.Water Supply Source:
☐ City
☐ Pump
☒ Tank
2.Drain Size: **1"**
3.Static Pressure: (PSI) **48psi**
4.Residual Pressure: (PSI) **Pump**
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: **52psi**

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

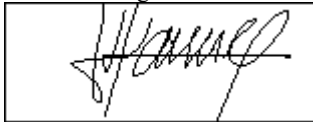
Glycol Loops			
Loop Location:	Pipe Size:	Number of Heads:	Freezing Point:
N/A	N/A	N/A	N/A

ALARM VALVE/RISER INFORMATION:

ALARM VALVE/RISER INFORMATION:					
System:	Size:	Make and Model:	System Pressure:	Location:	Location of Test Valve:
Wet sys	1.25"	System Sensor WFDTNA	48psi	Basement	At riser

Remarks

1. REMARKS:
2. Technician Signature:



Signed on 1/8/26 10:27:04 AM

Fire Alarm and Life Safety System Inspection Certificate

For

Kerrys Place

Building Number: 1475555

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: Jan 8, 2026

End Date: Jan 8, 2026

Service - Tested

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Daniel Nunez

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	Contact: Alex Reisenwiber CONTACT
Address:	Phone: .
Address:	City/Province/Postal Code:
Email:	
Inspection Performed By	
Company: Georgian Bay Fire & Safety – Owen Sound	Technician: Daniel Nunez
Address: 1700 20th Street East	Phone: 519-373-4458
Address:	City/Province/Postal Code: Owen Sound, Ontario N4K 5W9
Email: daniel.nunez@fire-sp.com	
Certification	
Company: Georgian Bay Fire & Safety – Owen Sound	Building: Kerrys Place
Inspector: Daniel Nunez	Contact: Alex Reisenwiber CONTACT

Notes & Recommendations

Generated by: BuildingReports.com

Building: Kerrys Place			Control Panel: 1	
<i>The Notes & Recommendations Report details notes made by the technician during the course of the building inspection for passed devices and the inspection as a whole.</i>				
ScanID	Note	Device Type	Location	Comment
<i>Initiating</i>				
A0240544	1	Smoke Alarm	Basement at Laundry Room	Passed
Replaced with a new one during inspection				
A0240543	2	Smoke Alarm	Basement at sprinkler system	Passed
Replaced with a new one 2026				

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

Inspection Date and Time: 1/8/26 11:49:38 AM

Inspector: Daniel Nunez

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
<i>Tested</i>									
Basement Storage Room, 10:35:01AM 01/08/2026 (90966120)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
Basement at Laundry Room, 11:44:59AM 01/08/2026 (A0240544)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
Basement at sprinkler system, 11:49:38AM 01/08/2026 (A0240543)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
1st At main entrance, 10:52:23AM 01/08/2026 (90966122)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
1st Bedroom at office, 11:01:24AM 01/08/2026 (96613410)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
1st Hall at office, 10:53:13AM 01/08/2026 (90966124)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
1st Office, 10:53:45AM 01/08/2026 (96613409)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
1st apartment #1 bedroom behind kitchen, 11:02:19AM 01/08/2026 (96613411)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
1st apartment #1 behind kitchen, 10:59:30AM 01/08/2026 (A0240547)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
2nd Apartment 2 bedroom, 11:07:54AM 01/08/2026	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
(96613412)									01/08/2026
2nd Apartment 2 living room, 11:03:51AM 01/08/2026 (90966129)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
2nd Apartment 3 Hall, 11:05:41AM 01/08/2026 (90966128)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
2nd Apartment 3 bedroom, 11:07:17AM 01/08/2026 (96613413)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026
2nd at top of stairwell, 11:05:05AM 01/08/2026 (90966131)	Smoke Alarm	☒	☐	☐	☐	1	☐	☐	LTD 01/08/2026

Inspection & Testing

Generated by: BuildingReports.com

Building: Kerrys Place		Control Panel: 1		
<i>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.</i>				
Device Type	Location	Service	Time	Date
Passed				
Initiating				
Smoke Alarm	Basement Storage Room	Tested	10:35:01 AM	01/08/2026
Smoke Alarm	Basement at Laundry Room	Tested	11:44:59 AM	01/08/2026
Smoke Alarm	Basement at sprinkler system	Tested	11:49:38 AM	01/08/2026
Smoke Alarm	1st At main entrance	Tested	10:52:23 AM	01/08/2026
Smoke Alarm	1st Bedroom at office	Tested	11:01:24 AM	01/08/2026
Smoke Alarm	1st Hall at office	Tested	10:53:13 AM	01/08/2026
Smoke Alarm	1st Office	Tested	10:53:45 AM	01/08/2026
Smoke Alarm	1st apartment #1 bedroom behind kitchen	Tested	11:02:19 AM	01/08/2026
Smoke Alarm	1st apartment #1 behind kitchen	Tested	10:59:30 AM	01/08/2026
Smoke Alarm	2nd Apartment 2 bedroom	Tested	11:07:54 AM	01/08/2026
Smoke Alarm	2nd Apartment 2 living room	Tested	11:03:51 AM	01/08/2026
Smoke Alarm	2nd Apartment 3 Hall	Tested	11:05:41 AM	01/08/2026
Smoke Alarm	2nd Apartment 3 bedroom	Tested	11:07:17 AM	01/08/2026
Smoke Alarm	2nd at top of stairwell	Tested	11:05:05 AM	01/08/2026

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				
90966120	Basement Storage Room	Ionization	9V	01/17/2023
A0240544	Basement at Laundry Room	Photoelectric	110V/Bat	01/08/2026
A0240543	Basement at sprinkler system	Photoelectric	110V/Bat	01/08/2026
90966122	1st At main entrance	Ionization	110V/Bat	01/17/2019
96613410	1st Bedroom at office	Ionization	9V	02/19/2024
90966124	1st Hall at office	Ionization	110V/Bat	01/17/2023
96613409	1st Office	Ionization	9V	02/19/2024
96613411	1st apartment #1 bedroom behind kitchen	Ionization	9V	02/19/2024
A0240547	1st apartment #1 behind kitchen	Combo SA/CO	110V/Bat	01/17/2024
96613412	2nd Apartment 2 bedroom	Ionization	9V	02/19/2024
90966129	2nd Apartment 2 living room	Ionization	110V	01/17/2023
90966128	2nd Apartment 3 Hall	Ionization	110V/Bat	01/17/2019
96613413	2nd Apartment 3 bedroom	Ionization	9V	02/19/2024
90966131	2nd at top of stairwell	Ionization	110V	01/17/2023

Alarm Signal Transmitter Annual Test and Inspection Report

CAN/ULC – S561-2020 Rev1

Building Information

Building:	Contact:
Address:	Phone:
Address:	Fax:
City/Territory/Postal Code:	Date Inspected:

Technician Conducting Test

1. Company performing the monthly test:
2. Name of technician conducting test:
3. Technicians phone number:
4. Technician's C.F.A.A. number:
5. Signature of technician conducting test:

Sprinkler System - Alarm and Supervisory Devices

1. Fire Alarm System Manufacturer & Model No:
2. Alarm Signal Transmitter Manufacturer:
3. Model No:
4. Equipment Listing No:
5. Location of Signal Transmitting Equipment:
6. Fire Signal Receiving Centre:
7. Fire Signal Receiving Centre Identification:
8. Monitoring Station Telephone Number:
9. Installing and Servicing Dealer Name:
10. Installing and Servicing Dealer Phone Number:
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
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 <i>Field Devices</i> , 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:	
7. Panel #:	
8. CCT#:	
9. Verified Correct Connected <i>Field Devices</i> , 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 <i>Field Devices</i> 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):	
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 <i>FSRC</i> 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):	
4. Battery Charging Current (mA):	
5. Battery Voltage with Primary Power Supply 'OFF' (V):	
6. Current Draw from Battery primary power 'OFF' (mA):	
7. Battery Quantities:	
8. Battery Voltage:	

Emergency Power Supply Test and Inspection *continued*

9. Battery Ah:

10. Amp/hour rating required: $24 \times \text{Current Draw (aH)}$:

☐ Yes ☐ No ☐ N/A☐ Yes ☐ No ☐ N/A☐ Yes ☐ No ☐ N/A☐ Yes ☐ No ☐ N/A

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

☐ Yes ☐ No ☐ N/A

17. Emergency Power Supply Comments:

Device Testing - Legend and Notes

Devices	Type	Model No.
Sprinkler Flow Switch		
Sprinkler Supervisory Device		
Low Pressure Supervisory Devices		
Low Water Supervisory Devices		
Low Temperature Supervisory Devices		
Power Loss Supervisory Devices		
Supervisory Devices		
Signal Transmitting Unit Tamper Switch		
Fire Alarm System Output Contact – Alarm		
Fire Alarm System Output Contact – Trouble		
Fire Alarm System Output Contact – Supervisory		

Individual Equipment or Device Record

[illegible]

Safety Equipment Inspection Certificate

For

Building Number: 1475555

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

Jan 8, 2026

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Daniel Nunez

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

Safety Equipment Report

Executive Summary

Generated by: BuildingReports.ca

Building Information								
Building:			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: Daniel Nunez					
Address: 1700 20th Street East			Phone: 519-373-4458					
Address:			City/Province/Postal Code: Owen Sound, Ontario N4K 5W9					
Email: daniel.nunez@fire-sp.com								
Inspection Summary								
Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	5	50.00%	5	100.00%	5	100.00%	0	0.00%
Lighting	5	50.00%	5	100.00%	5	100.00%	0	0.00%
Totals	10	100%	10	100.00%	10	100.00%	0	0.00%
Certification								
Company: Georgian Bay Fire & Safety - Owen Sound			Building:					
Inspector: Daniel Nunez			Contact: Alex Reisenwiber CONTACT					

Notes & Recommendations

Generated by: BuildingReports.ca

Building: Kerrys Place				
The Notes & Recommendations Report details notes made by the technician during the course of the building inspection for passed devices and the inspection as a whole.				
Note	Device Type	Location	Comment	ScanID
Fire				
1	Fire Extinguisher	1st at Front Entrance	Passed	A0240546
	Replaced with a new hp during inspection			
2	Fire Extinguisher	1st apartment 1 behind kitchen	Passed	A0240545
	Replaced with a new hp During inspection			
Lighting				
3	Emergency Light	Basement at rear exit	Passed	90966115
	New 6V-5ah battery installed			

Inspection & Testing

Generated by: BuildingReports.ca

Building: Kerrys Place				
<i>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.</i>				
Device Type	Location	ScanID : S/N	Service	Date Time
Passed				
Fire				
Fire Extinguisher, 5 Lbs, A.B.C.	Basement Laundry room	90966118 006640C	Inspected	01/08/26 9:59:37 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement at rear exit	90966114 CD-919489	Inspected	01/08/26 11:26:15 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st apartment 1 behind kitchen	A0240545 I60929256	Inspected	01/08/26 11:31:58 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st at Front Entrance	A0240546 I60910925	Inspected	01/08/26 11:26:57 AM
Fire Extinguisher, 5 Lbs, A.B.C.	2nd at Apartments 2&3	90966133 AC-278910	Inspected	01/08/26 10:43:41 AM
Lighting				
Emergency Light, Combination	Basement at rear exit	90966115	Inspected	01/08/26 11:41:34 AM
Emergency Light, Combination	Basement laundry room	90966117	Inspected	01/08/26 10:33:09 AM
Emergency Light, Dual Head	Basement storage room	90966119	Inspected	01/08/26 10:35:47 AM
Emergency Light, Dual Head	Basement in stairwell	96643891	Inspected	01/08/26 10:38:03 AM
Emergency Light, Dual Head	2nd Top of stairs	90966132	Inspected	01/08/26 10:45:29 AM

Fire Extinguisher Maintenance Report

Generated by: BuildingReports.ca

Building: Kerrys Place					
<i>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.</i>					
ScanID	Location	Serial #	Hydro	Breakdown	Mfr Date
Due in 2027					
Hydrostatic Test					
Fire Extinguisher, A.B.C., 5 Lbs					
90966118	Basement Laundry room	006640C	01/17/15	01/17/21	01/17/02
90966114	Basement at rear exit	CD-919489	01/17/15	01/17/21	01/17/15
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, Combination								
Basement laundry room	RG36-LMC	6			30 minut			7.2
Basement at rear exit	RG36-LMC	6			30 minut		2	5
Emergency Light, Dual Head								
Basement storage room	RG36-LMC	6			30 minut		2	7.2
Basement in stairwell		6			30 minut		2	7.2
2nd Top of stairs	6V-36w	6			30 minut		2	7.2