# Sprinkler Inspection Certificate

*For*

## Kerrys Place

Building Number: 1475561

*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 6, 2026*

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Charlie Osterndorff

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:** Charlie Osterndorff
**Address:** 1700 20th Street East
**Phone:** .
**Address:**
**City/Province/Postal Code:** Owen Sound, Ontario N4K 5W9
**Email:** charlie.osterndorff@fire-sp.com

## System Control Unit

| System Type | System Location | Protected Area | Devices |
|---|---|---|---|
| Wet Pipe | | Building- | 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:** Charlie Osterndorff
**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-** | | | | |
| Pressure Switch | Basement Sprinkler room | Annual | 9:55:39 AM | 01/06/2026 |
| Waterflow Switch | Basement Sprinkler room | Annual | 9:54:47 AM | 01/06/2026 |
| Electric Bell | Basement Bottom of stairs to basement | Tested | 9:56:22 AM | 01/06/2026 |
| Excess Pressure Pump | Basement Sprinkler room | Annual | 9:56:00 AM | 01/06/2026 |
| Sprinkler Box | Basement Sprinkler room | Annual | 9:56:35 AM | 01/06/2026 |

# *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.*

### Excess Pressure Pump

| Manufacturer | Model # | Location | Serial # | OK | ScanID |
|---|---|---|---|---|---|
| General | XPS18A04 | Basement Sprinkler room | | ☑ | 90966106 |

| Type | Horsepower | Turn On psi | Turn Off psi | Volts | Amps | Install Date |
|---|---|---|---|---|---|---|
| Automatic | 2 | 35 | 55 | 220 | 8 | 01/17/2024 |

## *Alarms*

### Pressure Switch

| Type | Description | Manufacturer | Low | High | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|---|---|
| On/Off | Supervisory | Hubbell | on @ 35 psi | off @ 55 psi | | ☑ | 90966105 |

### Waterflow Switch

| Type | Manufacturer | Model # | Sec | Size | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|---|---|
| Vane | System sensor | WFDTNA | 24.53 | 1.25” | 1-1 | ☑ | 88607386 |

## *Devices*

### Electric Bell

| Location | Manufacturer | Model # | Size | OK | ScanID |
|---|---|---|---|---|---|
| Basement Bottom of stairs to basement | Potter | PBA1206 | 6" | ☑ | 90966108 |

### Sprinkler Box

| Qty | Tool Available? | SIN List? | Size | Manufacturer | Location | OK | ScanID |
|---|---|---|---|---|---|---|---|
| 4 | Yes | Yes | 6 unit | National fire | Basement Sprinkler room | ☑ | 90966109 |

**Inspection Information:**

1.OB/Contract NO: **119703**
2.Building Name: **Kerry's place**
3.Address:
**Orangeville, ON**
**L9W 2E4**
4.Date Completed: **1/6/26**

**Main Drain Flow Test:**

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

2.Drain Size: **1”**
3.Static Pressure: (PSI) **55 psi**
4.Residual Pressure: (PSI) **Na**
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: **55 psi**

**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:** |

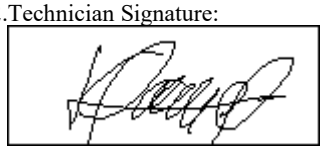
**ALARM VALVE/RISER INFORMATION:**

| ALARM VALVE/RISER INFORMATION: | | | | | |
|---|---|---|---|---|---|
| **System:** | **Size:** | **Make and Model:** | **System Pressure:** | **Location:** | **Location of Test Valve:** |
| Main wet | 1.25” | Paddle flow switch-System sensor WFDTNA | 55 psi | Basement sprinkler room | Above tile at room 33 hall in front of nurse station |

**Remarks**

1.REMARKS:

2.Technician Signature:



**Signed on 1/8/26 4:40:33 PM**

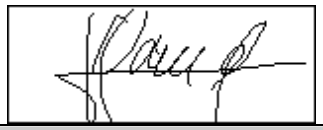
# Alarm Signal Transmitter Annual Test and Inspection Report

*CAN/ULC – S561-2020 Rev1*

## Building Information

| | |
|---|---|
| Building: | Contact: Alex Reisenwiber CONTACT |
| Address: | Phone: . |
| Address: | Fax: |
| City/Territory/Postal Code: | Date Inspected: 01/06/2026 |

## Technician Conducting Test

1. Company performing the monthly test: Georgian Bay Fire & Safety - Owen Sound
2. Name of technician conducting test: Charlie Osterndorff
3. Technicians phone number: .
4. Technician's C.F.A.A. number: 19-997871
5. Signature of technician conducting test:  01/06/2026 9:59 AM

## Sprinkler System - Alarm and Supervisory Devices

1. Fire Alarm System Manufacturer & Model No: N/A
2. Alarm Signal Transmitter Manufacturer: DSC
3. Model No: HS2032
4. Equipment Listing No: 89ASL
5. Location of Signal Transmitting Equipment: Basement Sprinkler Room
6. Fire Signal Receiving Centre: Georgian Bay Fire and Safety
7. Fire Signal Receiving Centre Identification: G23107991
8. Monitoring Station Telephone Number: 18002653118
9. Installing and Servicing Dealer Name: Georgian Bay Fire and Safety
10. Installing and Servicing Dealer Phone Number: 18002653197
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: Kerry's Place Central Office

## 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: Panel at Front of Basement Electrical room breaker number 32 | |
| 7. Panel #: N/a | |
| 8. CCT#: 32 | |
| 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): Telephone line and 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): 13.2,13.2 | |
| 4. Battery Charging Current (mA): 1.6 | |
| 5. Battery Voltage with Primary Power Supply 'OFF' (V): 12.8,12.8 | |
| 6. Current Draw from Battery primary power 'OFF' (mA): .2 | |
| 7. Battery Quantities: 2 | |
| 8. Battery Voltage: 12 | |

## Emergency Power Supply Test and Inspection *continued*

9. Battery Ah: 7.2

10. Amp/hour rating required: 24 x Current Draw (aH): 4.8

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: Jan 2025

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

17. Emergency Power Supply Comments: N/a

## Device Testing - Legend and Notes

| Devices | Type | Model No. |
|---|---|---|
| Sprinkler Flow Switch | Vein | WFDTNA |
| Sprinkler Supervisory Device | n/a | N/a |
| Low Pressure Supervisory Devices | N/a | N/a |
| Low Water Supervisory Devices | N/a | N/a |
| Low Temperature Supervisory Devices | Na | Na |
| Power Loss Supervisory Devices | Na | Na |
| Supervisory Devices | Na | Na |
| Signal Transmitting Unit Tamper Switch | Plunge | Plunge |
| Fire Alarm System Output Contact – Alarm | Na | Na |
| Fire Alarm System Output Contact – Trouble | Na | Na |
| Fire Alarm System Output Contact – Supervisory | Na | Na |

## 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 |
|---|---|---|---|---|---|---|---|---|---|
| 88607386 | Sprinkler room | Sprinkler Flow Switch | Y | N | Y | Y | Zone 1 | N/A | Na |
| | | | | | | | | | |
| | | | | | | | | | |
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# Safety Equipment Inspection Certificate

*For*

Building Number: 1475561

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 6, 2026*

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Charlie Osterndorff

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:** charlie.osterndorff@fire-sp.com

**Inspector:** Charlie Osterndorff

**Phone:** .

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

## Inspection Summary

| Category: | Total Items | | Serviced | | Passed | | Failed/Other | |
|---|---|---|---|---|---|---|---|---|
| | Qty | % | Qty | % | Qty | % | Qty | % |
| Fire | 7 | 25.00% | 7 | 100.00% | 7 | 100.00% | 0 | 0.00% |
| Lighting | 8 | 28.57% | 8 | 100.00% | 8 | 100.00% | 0 | 0.00% |
| Safety | 13 | 46.43% | 13 | 100.00% | 13 | 100.00% | 0 | 0.00% |
| **Totals** | **28** | **100%** | **28** | **100.00%** | **28** | **100.00%** | **0** | **0.00%** |

## Certification

**Company:** Georgian Bay Fire & Safety - Owen Sound

**Inspector:** Charlie Osterndorff

**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 Apartment kitchen | 96605657 F81918016 | Inspected | 01/06/26 10:22:35 AM |
| Fire Extinguisher, 5 Lbs, A.B.C. | Basement Small Apartment | 96605665 B10952880 | Inspected | 01/06/26 10:58:36 AM |
| Fire Extinguisher, 5 Lbs, A.B.C. | Basement Sprinkler room | 96604459 A02443203 | Inspected | 01/06/26 10:21:55 AM |
| Fire Extinguisher, 5 Lbs, A.B.C. | Basement at Front Exit | 96605663 F81918017 | Inspected | 01/06/26 11:00:11 AM |
| Fire Extinguisher, 5 Lbs, A.B.C. | 1st Kitchen | 96605643 A94112386 | Inspected | 01/06/26 11:06:07 AM |
| Fire Extinguisher, 5 Lbs, A.B.C. | 1st at Main Entrance | 96605639 A34873443 | Inspected | 01/06/26 11:03:52 AM |
| Fire Extinguisher, 5 Lbs, A.B.C. | 2nd at Stairs | 96605664 I24161405 | Inspected | 01/06/26 11:11:23 AM |
| **Lighting** | | | | |
| Emergency Light, Combination | Basement Hallway | 96605660 | Inspected | 01/06/26 10:55:07 AM |
| Emergency Light, Combination | Basement Small Apartment | 96605661 | Inspected | 01/06/26 10:57:30 AM |
| Emergency Light, Combination | Basement at Apartment Living Room | 96605656 | Inspected | 01/06/26 10:53:44 AM |
| Emergency Light, Combination | Basement at Apartment Rear Exit | 96605659 | Inspected | 01/06/26 10:50:39 AM |
| Emergency Light, Combination | Basement at Front Exit | 96605653 | Inspected | 01/06/26 10:55:27 AM |
| Emergency Light, Combination | 1st Kitchen | 96605644 | Inspected | 01/06/26 11:05:38 AM |
| Emergency Light, Combination | 1st at Main Entrance | 96605640 | Inspected | 01/06/26 11:02:52 AM |
| Emergency Light, Combination | 2nd at Staira | 96605650 | Inspected | 01/06/26 11:11:08 AM |
| **Safety** | | | | |
| Smoke Alarm, 9 volt | Basement Apartment Bedroom | A0240559 | Tested | 01/06/26 10:51:45 AM |
| Smoke Alarm, 9 volt | Basement Hallway | A0240560 | Tested | 01/06/26 10:54:42 AM |

| Device Type | Location | ScanID : S/N | Service | Date Time |
|---|---|---|---|---|
| | | ***Passed*** | | |
| **Safety** | | | | |
| Smoke Alarm, 9 volt | Basement Small Apartment | A0240557 | Tested | 01/06/26 10:56:55 AM |
| Smoke Alarm, 9 volt | Basement at Front Exit | A0240558 | Tested | 01/06/26 10:56:31 AM |
| Smoke Alarm, 9 volt | Basement at TV room | A0240561 | Tested | 01/06/26 10:53:12 AM |
| Smoke Alarm, 9 volt | 1st Bedroom at Kitchen Freezer | A0240553 | Tested | 01/06/26 11:09:07 AM |
| Smoke Alarm, 9 volt | 1st Bedroom at Rear of Kitchen | A0240552 | Tested | 01/06/26 11:08:06 AM |
| Smoke Alarm, 9 volt | 1st Living Room Area | A0240555 | Tested | 01/06/26 11:04:46 AM |
| Smoke Alarm, 9 volt | 1st at Bedroom off Kitchen | A0240554 | Tested | 01/06/26 11:07:29 AM |
| Smoke Alarm, 9 volt | 1st at Main Entrance | A0240556 | Tested | 01/06/26 11:03:33 AM |
| Smoke Alarm, 9 volt | 2nd Bedroom | A0240550 | Tested | 01/06/26 11:13:14 AM |
| Smoke Alarm, 9 volt | 2nd Multipurpose Room | A0240549 | Tested | 01/06/26 11:13:42 AM |
| Smoke Alarm, 9 volt | 2nd TV Room | A0240551 | Tested | 01/06/26 11:12:11 AM |

# *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 2027*** | | | | | |
| **Breakdown/Maintenance** | | | | | |
| **Fire Extinguisher, A.B.C., 5 Lbs** | | | | | |
| 96605657 | Basement Apartment kitchen | F81918016 | 10/08/21 | 10/08/21 | 10/08/21 |
| 96605663 | Basement at Front Exit | F81918017 | 10/08/21 | 10/08/21 | 10/08/21 |
| | | | | Total Fire Extinguisher, A.B.C., 5 Lbs: | **2** |
| **Hydrostatic Test** | | | | | |
| **Fire Extinguisher, A.B.C., 5 Lbs** | | | | | |
| 96604459 | Basement Sprinkler room | A02443203 | 10/08/15 | 10/08/22 | 10/08/15 |
| 96605665 | Basement Small Apartment | B10952880 | 10/08/15 | 10/08/21 | 10/08/15 |
| 96605639 | 1st at Main Entrance | A34873443 | 10/08/15 | 10/08/21 | 10/08/15 |
| 96605643 | 1st Kitchen | A94112386 | 10/08/15 | 10/08/21 | 10/08/15 |
| | | | | Total Fire Extinguisher, A.B.C., 5 Lbs: | **4** |

# *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 at Apartment Rear Exit | 6V36 | 6v | | | 30 minut | | | 4.5 |
| Basement at Apartment Living Room | 6V36 | 6v | | | 30 minut | | | 4.5 |
| Basement Hallway | 6V36 | 6v | | | 30 minut | | | 7.2 |
| Basement at Front Exit | 6V36 | 6v | | | 30 minut | | | 7.2 |
| Basement Small Apartment | 6V36 | 6V | | | 30 minut | | | 7.2 |
| 1st at Main Entrance | 6V36 | 6v | | | 30 minut | | | 7.2 |
| 1st Kitchen | 6V36 | 6v | | | 30 minut | | | 7.2 |
| 2nd at Staira | 6V36 | 6v | | | 30 minut | | | 7.2 |