Safety Equipment Inspection Certificate

For

Kerrys Place

Building Number: 1475562

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
Feb 12, 2026

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Brady VanDerWielen

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: 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: Brady VanDerWielen

Address: 1700 20th Street East

Phone: (800) 265-3197

Address:

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

Email: brady.vanderwielen@fire-sp.com

Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	4	16.00%	4	100.00%	4	100.00%	0	0.00%
Lighting	8	32.00%	8	100.00%	8	100.00%	0	0.00%
Safety	13	52.00%	13	100.00%	13	100.00%	0	0.00%
Totals	**25**	**100%**	**25**	**100.00%**	**25**	**100.00%**	**0**	**0.00%**

Certification

Company: Georgian Bay Fire & Safety - Owen Sound

Building: Kerrys Place

Inspector: Brady VanDerWielen

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 In common room	91105608 H29011726	Inspected	02/12/26 10:10:35 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement In laundry room	91105612 G37138975	Inspected	02/12/26 10:12:30 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st At entrance	91105617 AH-987717	Inspected	02/12/26 10:07:12 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st In kitchen	91105623 E92908440	Inspected	02/12/26 10:04:37 AM
Lighting				
Emergency Light, Power Unit	Basement In bedroom	91105605	Inspected	02/12/26 9:59:19 AM
Emergency Light, Power Unit	Basement In common room	91105607	Inspected	02/12/26 9:59:30 AM
Emergency Light, Power Unit	Basement In laundry room	91105610	Inspected	02/12/26 10:00:08 AM
Emergency Light, Power Unit	Basement In laundry room storage area	91105614	Inspected	02/12/26 10:00:19 AM
Emergency Light, Power Unit	1st At entrance	91105616	Inspected	02/12/26 10:01:10 AM
Emergency Light, Dual Head	1st In hallway	91105625	Inspected	02/12/26 10:01:00 AM
Emergency Light, Power Unit	1st In kitchen	91105621	Inspected	02/12/26 10:01:19 AM
Emergency Light, Power Unit	1st In living room	91105620	Inspected	02/12/26 10:01:31 AM
Safety				
Smoke Alarm, 110V /Battery Backup	Basement In bedroom	91105604	Tested	02/12/26 10:20:00 AM
Smoke Alarm, 110V /Battery Backup	Basement In bedroom 2	91105606	Tested	02/12/26 10:19:45 AM
Smoke Alarm, 110V /Battery Backup	Basement In bedroom 2	91105615	Tested	02/12/26 10:21:15 AM
Smoke Alarm, 110V /Battery Backup	Basement In common room	91105609	Tested	02/12/26 10:19:30 AM

Device Type	Location	ScanID : S/N	Service	Date Time
		Passed		
Safety				
Smoke Alarm, 110V /Battery Backup	Basement In furnace room	91105611	Tested	02/12/26 10:25:11 AM
Smoke Alarm, 110V /Battery Backup	Basement In laundry storage area	91105613	Tested	02/12/26 10:20:41 AM
Smoke Alarm, 110V /Battery Backup	1st At main entrance	96609581	Tested	02/12/26 10:21:36 AM
Smoke Alarm, 110V /Battery Backup	1st In bedroom 1	91105626	Tested	02/12/26 10:22:17 AM
Smoke Alarm, Smoke/CO Combo	1st In bedroom 2	91105627	Tested	02/12/26 10:22:28 AM
Smoke Alarm, Smoke/CO Combo	1st In hallway	96609588	Tested	02/12/26 10:22:11 AM
Smoke Alarm, 110V /Battery Backup	1st In kitchen	B1195528	Tested	02/12/26 10:21:41 AM
Smoke Alarm, 110V /Battery Backup	1st In living room	91105619	Tested	02/12/26 10:21:53 AM
Smoke Alarm, Smoke/CO Combo	1st In office	91105628	Tested	02/12/26 10:26:04 AM

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 In hallway	RG36	6			2.7	.4	2	7.2
Emergency Light, Power Unit								
Basement In bedroom	RG36	6			2.9	.2	2	4.5
Basement In common room	RG36	6			3.4	..2	2	4.5
Basement In laundry room	RG36	6			3.1	..4	2	7.2
Basement In laundry room storage area	RG36	6			2.7	.3	2	7.2
1st At entrance	RG36	6			6.2	..3	2	7.2
1st In kitchen	RG36	6			3.7	.3	2	12
1st In living room	RG36	6			2.4	.3	2	7.2

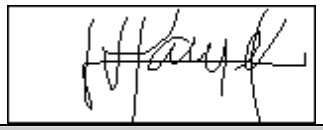
Alarm Signal Transmitter Annual Test and Inspection Report

CAN/ULC – S561-2020 Rev1

Building Information

Building:	Contact: Alex Reisenwiber CONTACT
Address:	Phone: .
Address:	Fax:
City/Territory/Postal Code:	Date Inspected: 02/12/2026

Technician Conducting Test

1. Company performing the monthly test: Georgian Bay Fire & Safety - Owen Sound
2. Name of technician conducting test: Daniel Nunez
3. Technicians phone number: (519) 373-4458
4. Technician's C.F.A.A. number: 19-997871
5. Signature of technician conducting test:  02/12/2026 10:13 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: 89SL
5. Location of Signal Transmitting Equipment: Basement storage room
6. Fire Signal Receiving Centre: GBFS
7. Fire Signal Receiving Centre Identification: G2310-7984
8. Monitoring Station Telephone Number: 1-800-265-3118
9. Installing and Servicing Dealer Name: GBFS
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

Phone line is not communicating

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

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: Basement storage room	
7. Panel #: House Panel	
8. CCT#: 9	
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): GSM+Phone	

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): 13.8	
4. Battery Charging Current (mA): 0.2	
5. Battery Voltage with Primary Power Supply 'OFF' (V): 13.6	
6. Current Draw from Battery primary power 'OFF' (mA): 0.3	
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): 5.94

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: 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	Vane	System Sensor 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	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
88608858	Basement storage room	Sprinkler Flow Switch	Y	N	Y	Y	1	Y	N/A

Sprinkler Inspection Certificate

For

Kerrys Place

Building Number: 1475562

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
Feb 12, 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.

Executive Summary

Generated by: BuildingReports.ca

Building Information

Building: Kerrys Place Townline

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		Building-	1
Wet Pipe		Main Sprinkler	7

Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	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%
Valve	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: Daniel Nunez

Contact: Alex Reisenwiber CONTACT

Daniel Nunez Certifications

Certification Type	Number
CFAA Registered Technician	19-997871

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-				
Electric Bell	Basement bottom of stairs	Tested	9:57:38 AM	02/12/2026
Wet Pipe, Main Sprinkler				
Pressure Switch	Basement In Storage room	Annual	10:04:36 AM	02/12/2026
Waterflow Switch	Basement In Storage room	Annual	10:08:16 AM	02/12/2026
Water Storage Tank	Basement In Storage room	Annual	10:03:58 AM	02/12/2026
Fire Dep't Connection	1st from entrance wall	Annual	10:05:51 AM	02/12/2026
Jockey Pump	Basement In Storage room	Annual	10:04:19 AM	02/12/2026
Sprinkler Box	Basement In Storage room	Annual	10:05:38 AM	02/12/2026
Control Valve	Basement In Storage room	Annual	10:05:19 AM	02/12/2026

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.

Devices

Electric Bell

Location	Manufacturer	Model #	Size	OK	ScanID
Basement bottom of stairs	potter	PBA 1206	6"	☑	96609578

Building: Kerrys Place — Main Sprinkler

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 Air	XPS23E09	Basement In Storage room	214583-29	☑	91105600

Type	Horsepower	Rated Speed	Volts	Amps	On psi	Off psi	Install Date
Automatic	5	3450	230	24	58	60	02/15/2019

Alarms

Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
On/Off		Condor	60ps			☑	91105601

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane	System Sensor	WFDTNA	14.25	1”	1-1	☑	88608858

Components

Control Valve

Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement In Storage room	NFP		☑	91105603

Position	Size	Status	Description
Open	2”	Unsecured	Isolation

Devices

Fire Dep't Connection

Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID

1st from entrance wall	Wall	1.5"	1	No	Yes	02/15/2019	☑	96609580

Sprinkler Box

Qty	Tool Available?	SIN List?	Size	Manufacturer	Location	OK	ScanID
5	Yes	No	12 unit	National fire equipm	Basement In Storage room	☑	96609579

Water Storage Tank

Manufacturer	Model #	Capacity	Internal Date	Air Pressure	Temperature	OK	ScanID
		250gal(3)	02/15/2024			☑	91105602

Type	Location
Above ground	Basement In Storage room

Inspection Information:

1.OB/Contract NO: **120621**
2.Building Name: **Kerry's Place**
3.Address:
4.Date Completed: **2/12/26**

Main Drain Flow Test:

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

2.Drain Size: **1”**
3.Static Pressure: (PSI) **60 psi**
4.Residual Pressure: (PSI) **60 psi**
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?

- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

3.Were the pump valves left in the appropriate positions?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

4.Were the alarm line shutoff valves left open?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

5.Were all the main control valves left open?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

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

7.Does the backflow preventer require annual testing?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

8.Does the excess pressure pump function properly?
- [x] Yes
- [ ] No
- [ ] N/A

9.Manual or Automatic?
- [ ] Manual
- [x] Automatic

10.PSI the system pressure was left at: **60 psi**

Supervisory Tests

1.Are all the main control valves indicating type?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

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

3.Were all main control valves sealed or supervised?
- [ ] Yes
- [x] No
- [ ] N/A
- [ ] See Remarks

4.Were valve supervision tests satisfactory?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

5.Were the low pressure supervision tests satisfactory?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

6.Do all the supervisory functions register correctly at the fire alarm/monitoring panel?
- [ ] Yes
- [ ] No
- [x] 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

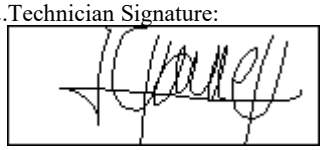
ALARM VALVE/RISER INFORMATION:

ALARM VALVE/RISER INFORMATION:					
System:	**Size:**	**Make and Model:**	**System Pressure:**	**Location:**	**Location of Test Valve:**
Main Sprinkler	1.25”	System Sensor - WFDTNA	60 psi	Basement storage room	At riser

Remarks

1.REMARKS: **Main control valve shall be locked**

2.Technician Signature:



Signed on 2/12/26 10:13:19 AM

Safety Equipment Inspection Report

For

Kerrys Place

Building Number: 1475562

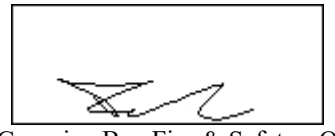
Any extinguisher inspections completed in accordance to Ontario Regulation 213/07, OFC 6.2.7.1

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 96% passed

Annual Inspection
Inspection Date
Feb 15, 2024



Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Tyler Lynch

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: Kerrys Place # Townline

Address: 5 **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: tlynch@gbfire.com

Inspector: Tyler Lynch

Phone: (519) 447-4775

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

Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	4	16.00%	4	100.00%	4	100.00%	0	0.00%
Lighting	8	32.00%	8	100.00%	7	87.50%	1	12.50%
Safety	13	52.00%	13	100.00%	13	100.00%	0	0.00%
Totals	**25**	**100%**	**25**	**100.00 %**	**24**	**96.00%**	**1**	**4.00%**

Certification

Company: Georgian Bay Fire & Safety - Owen Sound

Inspector: Tyler Lynch

Signed: Feb 15, 2024

Building: Kerrys Place

Contact: Alex Reisenwiber CONTACT

Signed:

Discrepancy Report with Proposed Solutions

Generated by: BuildingReports.ca

Building: Kerrys Place

This report consolidates all discrepancies and provides proposed solutions to these issues. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any devices that have been corrected and passed the retest are checkmarked under the Fixed column and details regarding the individual who completed the fix are noted in the last column. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.

Device Type	Manufacturer	Model Number	Date	Qty
Items listed for Recall or Replacement/Upgrade				
No items found during this inspection.				

Scan Number	Model	Type/Size	Discrepancy	Solution	Cost	APPROVED	FIXED	Date Corrected and Passed Retest
Emergency Light, Power Unit								
91105621	RG36	Power Unit			T/M	☐	☐	
Location: 1st In kitchen			**Note:** Replaced 6v12 ah during annual inspection.					

Total Cost (excluding taxes): T/M
PO #: (none)

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	Basement In common room	Passed	91105608
	Replaced with new 5lb ABC fire extinguisher to replace Flag due for 6yr.			
2	Fire Extinguisher	1st At entrance	Passed	91105617
	Exchanged extinguisher due for service during annual inspection.			
3	Fire Extinguisher	1st In kitchen	Passed	91105623
	Exchanged extinguisher due for 12yr hydro test during annual inspection.			
		Lighting		
4	Emergency Light	Basement In bedroom	Passed	91105605
	Replaced 6v5ah battery during annual inspection 2024.			
5	Emergency Light	Basement In common room	Passed	91105607
	Replaced 6v5ah battery during annual inspection 2024.			

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 In common room	91105608 H29011726	Inspected	02/15/24 1:25:57 PM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement In laundry room	91105612 G37138975	Inspected	02/15/24 12:41:05 PM
Fire Extinguisher, 5 Lbs, A.B.C.	1st At entrance	91105617 AH-987717	Inspected	02/15/24 1:25:51 PM
Fire Extinguisher, 5 Lbs, A.B.C.	1st In kitchen	91105623 E92908440	Inspected	02/15/24 1:25:46 PM
Lighting				
Emergency Light, Power Unit	Basement In bedroom	91105605	Inspected	02/15/24 1:26:05 PM
Emergency Light, Power Unit	Basement In common room	91105607	Inspected	02/15/24 1:26:01 PM
Emergency Light, Power Unit	Basement In laundry room	91105610	Inspected	02/15/24 12:36:08 PM
Emergency Light, Power Unit	Basement In laundry room storage area	91105614	Inspected	02/15/24 12:44:23 PM
Emergency Light, Power Unit	1st At entrance	91105616	Inspected	02/15/24 12:48:17 PM
Emergency Light, Power Unit	1st In hallway	91105625	Inspected	02/15/24 1:14:19 PM
Emergency Light, Power Unit	1st In living room	91105620	Inspected	02/15/24 12:58:15 PM
Safety				
Smoke Alarm, 110V/Battery Backup	Basement In bedroom	91105604	Tested	02/15/24 12:15:18 PM
Smoke Alarm, 110V/Battery Backup	Basement In bedroom 2	91105606	Tested	02/15/24 12:20:18 PM
Smoke Alarm, 110V/Battery Backup	Basement In bedroom 2	91105615	Tested	02/15/24 12:46:40 PM
Smoke Alarm, 110V/Battery Backup	Basement In common room	91105609	Tested	02/15/24 12:34:10 PM
Smoke Alarm, 110V/Battery Backup	Basement In furnace room	91105611	Tested	02/15/24 12:38:25 PM
Smoke Alarm, 110V/Battery Backup	Basement In laundry storage area	91105613	Tested	02/15/24 12:43:09 PM
Smoke Alarm,	1st At main entrance	91105618	Tested	02/15/24 12:55:50 PM

Device Type	Location	ScanID : S/N	Service	Date Time
110V/Battery Backup Smoke Alarm,	1st In bedroom 1	91105626	Tested	02/15/24 1:16:24 PM
110V/Battery Backup Smoke Alarm, Smoke/CO Combo	1st In bedroom 2	91105627	Tested	02/15/24 1:17:24 PM
Smoke Alarm, Smoke/CO Combo	1st In hallway	91105624	Tested	02/15/24 1:12:44 PM
Smoke Alarm, 110V/Battery Backup	1st In kitchen	91105622	Tested	02/15/24 1:04:04 PM
Smoke Alarm, 110V/Battery Backup	1st In living room	91105619	Tested	02/15/24 12:57:02 PM
Smoke Alarm, Smoke/CO Combo	1st In office	91105628	Tested	02/15/24 1:18:49 PM
Failed/Other				
Lighting				
Emergency Light, Power Unit	1st In kitchen	91105621	Inspected	02/15/24 1:01:39 PM

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, Power Unit								
Basement In laundry room	RG36	6					2	7.2
Basement In laundry room storage area	RG36	6					2	7.2
Basement In common room	RG36	6					2	5
Basement In bedroom	RG36	6					2	5
1st At entrance	RG36	6					2	7.2
1st In living room	RG36	6					2	7.2
1st In hallway	RG36	6					2	7.2
Failed/Other								
Emergency Light, Power Unit								
1st In kitchen	RG36	6					2	12

Sprinkler Inspection Certificate

For

Kerrys Place

Building Number: 1475562

Inspection completed in accordance to Ontario Regulation 213/07, Ontario Fire Code and the referenced standards

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
Feb 15, 2024

Kerrys Place

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

Company: Georgian Bay Fire & Safety - Owen Sound
Contact: Tyler Lynch

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:

Inspection Performed By

Company: Georgian Bay Fire & Safety - Owen Sound

Inspector: Tyler Lynch

Address: 1700 20th Street East

Phone: (519) 447-4775

Address:

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

Email: tlynch@gbfire.com

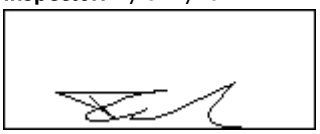
System Control Unit

System Type	System Location	Protected Area	Devices
Wet Pipe		Main Sprinkler	5

Certification

Company: Georgian Bay Fire & Safety - Owen Sound

Inspector: Tyler Lynch



Signed: Feb 15, 2024

Building: Kerrys Place

Contact: Alex Reisenwiber CONTACT

Signed:

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, Main Sprinkler				
Pressure Switch	Basement In Storage room	Annual	11:53:15 AM	02/15/2024
Waterflow Switch	Basement In Storage room	Annual	11:49:51 AM	02/15/2024
Water Storage Tank	Basement In Storage room	Annual	11:52:27 AM	02/15/2024
Pump	Basement In Storage room	Annual	11:54:17 AM	02/15/2024
Control Valve	Basement In Storage room	Annual	11:58:10 AM	02/15/2024

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.ca

Building: Kerrys Place — Main Sprinkler

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 actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Pump

Manufacturer	Model Number	Location	Install Date	ScanID
General Air	XPS23E09	Basement In Storage room	02/15/2019	91105600

Serial Number	Type	Orientation	Aligned?	Water Supply	Impeller Size
214583-29	Pump Primary	End Suction		Water Storage Tank	

Alarms

Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Pressure Switch		Condor	60ps		1	☑	91105601

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane	System Sensor	WFDTNA	11.35999	1”	1-1	☑	88608858

Components

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball	NFP		Basement In Storage room	2”	Open	Sealed	☑	91105603

Description
Isolation

Devices

Water Storage Tank

Location	Capacity	Internal Date	Pressure psi	Deg	OK	ScanID
Basement In Storage room	250gal(3)	02/15/2024			☑	91105602

Type	Manufacturer	Model Number
Above ground		

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: 02/12/2026

Technician Conducting Test

1. Company performing the monthly test: Georgian Bay Fire & Safety - Owen Sound
2. Name of technician conducting test: Daniel Nunez
3. Technicians phone number: (519) 373-4458
4. Technician's C.F.A.A. number: 19-997871

5. Signature of technician conducting test:

02/12/2026 10:13 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: 89SL
5. Location of Signal Transmitting Equipment: Basement storage room
6. Fire Signal Receiving Centre: GBFS
7. Fire Signal Receiving Centre Identification: G2310-7984
8. Monitoring Station Telephone Number: 1-800-265-3118
9. Installing and Servicing Dealer Name: GBFS
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

Phone line is not communicating

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

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: Basement storage room	
7. Panel #: House Panel	
8. CCT#: 9	
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): GSM+Phone	

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): 13.8	
4. Battery Charging Current (mA): 0.2	
5. Battery Voltage with Primary Power Supply 'OFF' (V): 13.6	
6. Current Draw from Battery primary power 'OFF' (mA): 0.3	
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): 5.94

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: 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	Vane	System Sensor 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	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
88608858	Basement storage room	Sprinkler Flow Switch	Y	N	Y	Y	1	Y	N/A

Inspection Information:

1.OB/Contract NO: **67918**
2.Building Name: **Kerry's Place**
3.Address:
4.Date Completed: **2/15/24**

Main Drain Flow Test:

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

2.Drain Size: **1”**
3.Static Pressure: (PSI) **62psi**
4.Residual Pressure: (PSI) **62psi**
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?

- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

3.Were the pump valves left in the appropriate positions?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

4.Were the alarm line shutoff valves left open?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

5.Were all the main control valves left open?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

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

7.Does the backflow preventer require annual testing?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

8.Does the excess pressure pump function properly?
- [x] Yes
- [ ] No
- [ ] N/A

9.Manual or Automatic?
- [ ] Manual
- [x] Automatic

10.PSI the system pressure was left at: **62psi**

Supervisory Tests

1.Are all the main control valves indicating type?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

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

3.Were all main control valves sealed or supervised?
- [x] Yes
- [ ] No
- [ ] N/A
- [ ] See Remarks

4.Were valve supervision tests satisfactory?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

5.Were the low pressure supervision tests satisfactory?
- [ ] Yes
- [ ] No
- [x] N/A
- [ ] See Remarks

6.Do all the supervisory functions register correctly at the fire alarm/monitoring panel?
- [ ] Yes
- [ ] No
- [x] 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

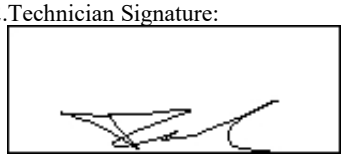
ALARM VALVE/RISER INFORMATION:

ALARM VALVE/RISER INFORMATION:					
System:	**Size:**	**Make and Model:**	**System Pressure:**	**Location:**	**Location of Test Valve:**
Main Sprinkler	1.25”	System Sensor - WFDTNA	62psi	Basement storage room	At riser

Remarks

1.REMARKS: **N/A**

2.Technician Signature:



Signed on 2/15/24 11:49:35 AM