

ANNUAL SMOKE/CO ALARM

General Information

Building Name
Kerry's Place
Address

Technician
Edward M.
Date
19/12/2025

Items to check

Items to check	YES	NO	N/A
A. Are the alarms securely attached to the wall or ceiling?	☒	☐	☐
B. Alarm vent holes are clean and clear of obstructions?	☒	☐	☐
C. Are the alarms clear of paint, grease and dust?	☒	☐	☐
D. Interconnection tested with multiple detectors on each alarm?	☒	☐	☐
E. Are any Devices past the Manufacturers Expiry Date? (please refer to product/device manual for device life span)	☐	☒	☐
F. Is the system monitored off site and were the signals tested ok?	☒	☐	☐

Location

Location	Device	Type	Pass	Fail	Battery Backup	Device date of Expiration 4 digit year	Device Make/ model	Remarks
Basement - Northwest Room	SA	INTERCON	☒	☐	Yes	2031	Kidde P4010ACLED:	
Basement - Hallway	SA/CO	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
Basement - east room	SA	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
Main Floor - living room	SA/CO	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
Main floor - tv room	SA/CO	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
2nd floor - east room	SA	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
2nd floor -	SA	INTERCON	☒	☐	Yes	2032	Kidde	

ANNUAL SMOKE/CO ALARM

Location	Device	Type	Pass	Fail	Battery Backup	Device date of Expiration 4 digit year	Device Make/model	Remarks
north room							P4010ACLED:	
2nd floor - hallway	SA/CO	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
2nd floor - northwest room	SA	INTERCON	☒	☐	Yes	2032	Kidde P4010ACLED:	
Basement - office	CO	AC	☒	☐	Yes	2033	Garrsion 46-0019-0	

Deficiencies/Recommendations:



Emergency
Lighting

Annual Emergency Lighting Test Report

Company Name: Kerry's Place Address: Technician: Edward M.	Date: 12/19/2025 Load Test Duration: 30 Min.
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OFC Section 2.7.3.3 and CSA 22.2 Requirements

1. Pilot lights are functioning and are not damaged or obstructed.
2. Battery connections are clean, free of corrosion and lubricated where necessary. Specific gravity tested.
3. Units tested to ensure that they will provide emergency lighting for a duration equal to the design criteria under simulated load conditions.
4. Systems have been tested to ensure that the emergency lights will function upon failure of the primary power supply and the end test voltage has not dropped more than 20% of the rated voltage.
5. Following completion of the load test, trickle charging current is tested to confirm that the batteries will recharge as per manufacturers specifications.
6. System test to OFC section 2.7.3.3 and CSA 22.2

Device Legend

Exit Sign = ES Single Remote = SR Double Remote = DR Combo Unit = CU Power Unit = PU Inverter = I

Device Report Details

Unit #:	Location:	Select Device	Power Device:	Lighting Device	Unit Rated Voltage:	Unit Rated Watts:	Test Method:	Voltage Test Start:	Voltage Test End:	Battery Recovery:	Battery Type:	Bulb Type:	Pass:	Fail:	Remarks:	Photo Capture:
1	Main entrance	Power Device	CU		6	36	Breaker (1)	11:08 AM	11:38	Yes			☒	☐		
2	Tv room	Power Device	CU		6	36	Breaker (1)	11:08 AM	11:38	Yes			☒	☐		

EMERGENCY LIGHTING DEFICIENCIES

Number of Devices That Failed:

0.00

Total Number of Units:

2

Describe Deficiencies:



Emergency
Lighting



Annual Emergency Lighting Test Report

Date:

12/19/2025



Annual Fire Extinguisher and Fire Hose Inspection Report

Company Name: Kerry's Place	Contact: Anwar	Account #: Kerry's Place	Work Order #: 0153717
Date: 12/19/2025	Contact Phone: 4164397576	Account #:	Work Order #:
Address:			

Equipment List

Unit #:	Location of Fire Extinguisher / Fire Hose:	Type:	Size:	Serial #:	HWF ID:	MFG Year:	Condition:	Certified:	Maint:	Remarks:	Capture Photo:
1.0	Main floor - kitchen	ABC	5 LB	3181	HWF00316305	2022	Good	Yes			
2.0	Main floor - tv room	ABC	5 LB	4816	HWF00316306	2022	Good	Yes			
3.0	Basement - hallway	ABC	5 LB	4822	HWF00316307	2022	Good	Yes			
4.0	Basement - hallway by sprinkler room	ABC	5 LB	3156	HWF00316308	2022	Good	Yes			
5.0	Main hallway - first aid closet	ABC	5 LB	4823	HWF00316304	2022	Good	Yes			

Fire Extinguisher:

5

Fire Hose:

0

Number of Items Not Certified:

0.00

Other:

Field Technician:

Edward M.

Sprinkler System Inspection Report

No.: 01777
Date: 22/12/2025

CUSTOMER INFORMATION

Building Name	Kerry's Place
Address	
Date	12/19/2025
Inspector	Edward M.
Signed	



Work Order Number	0153717
Customer Number	Kerry's Place
Is there a wet system?	☒
Is there a dry system?	☐
Is there a special system?	☐

TO BE ANSWERED BY OWNER OR OWNER'S REPRESENTATIVE

General Questions	A. Have there been any changes to the occupancy/hazard since the last inspection?
Result	No
General Questions	B. Have any changes been made to the fire protection system since the last inspection?
Result	No
General Questions	C. Has the system piping been checked for obstructions? (recommended every 5 years)
Result	N/A
General Questions	D. Have the dry system(s) been checked for proper pitching? (recommended every 5 years)
Result	N/A
If Yes, When?	
General Questions	E. Are dry pipe valves and wet system piping adequately protected from freezing?
Result	Yes

GENERAL

General Questions	A. Are all sprinkler systems in service?
Result	Yes
General Questions	B. Is the building completely sprinklered?

Sprinkler System Inspection Report

Result	Yes
General Questions	C. Do all sprinkler heads have at least 18" clearance from obstructions?
Result	Yes
General Questions	D. In areas protected by wet systems. does the building appear to be properly heated in all areas, including blind attics. perimeter areas, and are all exterior openings protected against cold air?
Result	Yes
General Questions	E. Is the fire department connection free of obvious obstructions. couplings move freely, caps/plugs secure?
Result	N/A
General Questions	F. Is the fire department connection free of leaks and is the ball drip fully functional?
Result	N/A
General Questions	G. Does the fire department connection have proper signage?
Result	N/A

GENERAL QUESTIONS

General Questions	Control Valves
Result	Yes
Type	
Size	
Manufacturer	
Model	
Control Valve Cycled	Yes

WATER SUPPLIES

General Questions	A. Was a 2" main drain test performed and the results satisfactory?
Result	N/A

WET SYSTEM

Quantity of Alarm Valves	0
Quantity of Water Flow Switches	1
Size/Make/Model	1" Potter VSR-S
A. Are cold weather valves open or closed as necessary?	N/A

Sprinkler System Inspection Report

B. Are alarm valves, water flow switches and retards in satisfactory condition?	Yes
C. Is the excess pressure pump operational?	Yes
C-1. Is the excess pressure pump Manual or Automatic?	Automatic
Manufacturer Date of Gauges	2022
New Multi Photo	
D. Are anti-freeze systems operational and left in a satisfactory condition?	N/A
Anti-Freeze #1	N/A
Temp	N/A
Anti-Freeze #2	N/A
Temp	N/A
Anti-Freeze #3	N/A
Temp	N/A
Anti-Freeze #4	N/A
Temp	N/A

ALARMS

Water motor gong operational?	N/A
Did all flow/pressure alarm switches operate normally?	Yes
Tamper/Low air/Low water switches operate normally?	Yes
Central Station alarm signal sent and confirmed?	Yes
Central Station trouble/supervisory signal sent and confirmed?	Yes
Make/Model of Fire Alarm Panel	Keypad Dial
Location of Fire Alarm Panel	Sprinkler room
Monitoring Station	Herbert Williams Fire
System Number	50034882
Phone Number	9058978822
Passcode	2663

SPRINKLER PIPING

Are the sprinkler heads in good condition, not obstructed and free of corrosion and paint?	Yes
Are there spare sprinkler heads and a wrench available?	Yes
Is the condition of piping, drain valves, check valves, hangers, pressure gauges and open sprinklers okay?	Yes
Year of Sprinkler Heads	2021
Are the sprinklers less than 50 years old?	Yes

COMPRESSOR

Photo of Compressor	
Is there a Starter Switch OFF/AUTO/HAND	
Photo Of Starter Switch If applicable	
Pressure switch tank or Riser mount	
RPM	
Horse Power HP	
How Many Phase	
Voltage	
Gallons	

SYSTEM

Sprinkler System Inspection Report

System	Main
Zone	Main
Time to Alarm	6secs
Test Valve Location	Sprinkler room
Barcode - HWFID	HWF00239874
Photo	



Make/Model/Size Of Control Valve	1" ball valve - threaded
Cycled	Yes
Operational	Yes
Left open	Yes
Lock/Supervised	Supervised
Remarks	
Pump 50/90	
System is a reservoir tanks	

Sprinkler System Inspection Report

Main Drain Location	Sprinkler room
Size	1"
Static Pressure	90psi
Residual Pressure	10psi
Alarm Line Left Open - Yes	☐
5 year internal valve inspection date	0
5 year obstruction date	0
5 year fire department hydrostatic test date	0
Location of Fire Department Connection	N/a
Proximity of Fire Department Connection to Main	N/a
Valve Distance (ft)	
Type of Check Valve on Fire Department Connection	N/a
Sprinkler System Test Repair Listing	
Deficiencies	
None	
Recommendations	
None	

BACKFLOW DEVICE

Backflow Valve	N/a
Location of Backflow Device	
Make	
Model	
Barcode - HWFID	
Photo	
Cycled	
TYPE: Domestic or Fire or Irrigation	
Left open	
Lock/Supervised	
Remarks	
Size	
Deficiencies	
Recommendations	