



Emergency  
Lighting

# Annual Emergency Lighting Test Report

|                                                                                                         |                                                                         |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Company Name:</b><br>Kerry's Place<br><br><b>Address:</b><br><br><br><b>Technician:</b><br>Edward M. | <b>Date:</b><br>04/02/2025<br><br><b>Load Test Duration:</b><br>30 Min. |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

## 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       | Basement landing  | Power Device  | PU            |                 | 6                   | 36                | Test Switch  | 01:29 PM            | 13:59             | Yes               |               |            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |                |
| 2       | Main hallway      | Power Device  | PU            |                 | 6                   | 36                | Test Switch  | 01:30 PM            | 14:00             | Yes               |               |            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |                |
| 3       | 2nd floor landing | Power Device  | PU            |                 | 6                   | 36                | Test Switch  | 01:30 PM            | 14:00             | Yes               |               |            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |                |
| 4       | Kitchen exit      | Power Device  | PU            |                 | 6                   | 36                | Test Switch  | 01:30 PM            | 14:00             | Yes               |               |            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |                |

## EMERGENCY LIGHTING DEFICIENCIES

**Number of Devices That Failed:**  
0.00



Emergency  
Lighting

# Annual Emergency Lighting Test Report

**Total Number of Units:**

4

**Describe Deficiencies:**

**Date:**

04/02/2025



## Annual Fire Extinguisher and Fire Hose Inspection Report

|                                       |                                       |                                    |                                 |
|---------------------------------------|---------------------------------------|------------------------------------|---------------------------------|
| <b>Company Name:</b><br>Kerry's Place | <b>Contact:</b><br>Diana Lue          | <b>Account #:</b><br>Kerry's Place | <b>Work Order #:</b><br>0141734 |
| <b>Date:</b><br>04/02/2025            | <b>Contact Phone:</b><br>416-537-2000 | <b>Account #:</b>                  | <b>Work Order #:</b>            |
| <b>Address:</b>                       |                                       |                                    |                                 |

### Equipment List

| Unit #: | Location of Fire Extinguisher / Fire Hose: | Type: | Size: | Serial #:  | HWF ID:     | MFG Year: | Condition: | Certified: | Maint: | Remarks: | Capture Photo: |
|---------|--------------------------------------------|-------|-------|------------|-------------|-----------|------------|------------|--------|----------|----------------|
| 1.0     | Second floor landing                       | ABC   | 5 LB  | I-13651290 | HWF00290915 | 2024      | Good       | Yes        |        |          |                |
| 2.0     | Main floor kitchen                         | ABC   | 5 LB  | I-13651279 | HWF00290914 | 2024      | Good       | Yes        |        |          |                |
| 3.0     | Basement bottom of stairs                  | ABC   | 5 LB  | I-13652672 | HWF00290913 | 2024      | Good       | Yes        |        |          |                |

|                                               |
|-----------------------------------------------|
| <b>Fire Extinguisher:</b><br>3                |
| <b>Fire Hose:</b><br>0                        |
| <b>Number of Items Not Certified:</b><br>0.00 |
| <b>Other:</b>                                 |
| <b>Field Technician:</b><br>Edward M.         |

# ANNUAL SMOKE/CO ALARM

## General Information

**Building Name**  
Kerry's Place  
**Address**

**Technician**  
Edward M.  
**Date**  
02/04/2025

### Items to check

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

### Location

| Location                     | Device | Type | Pass                                | Fail                     | Battery Backup | Device date of Expiration 4 digit year | Device Make/ model | Remarks           |
|------------------------------|--------|------|-------------------------------------|--------------------------|----------------|----------------------------------------|--------------------|-------------------|
| Basement therapy room        | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2031                                   | Kidde i12010SCOCA  |                   |
| Basement office              | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2031                                   | Kidde i12010SCOCA  |                   |
| Basement hallway by washroom | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2028                                   | Kidde i12010SCOCA  |                   |
| Basement laundry area        | HEAT   | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No             | 0                                      | Heat               | Heat gun required |
| Main floor kitchen           | HEAT   | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No             | 0                                      | Fixed heat         |                   |
| Main floor hallway           | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2030                                   | Kidde i12010SCOCA  |                   |

# ANNUAL SMOKE/CO ALARM

| Location                 | Device | Type | Pass                                | Fail                     | Battery Backup | Device date of Expiration<br>4 digit year | Device Make/model   | Remarks |
|--------------------------|--------|------|-------------------------------------|--------------------------|----------------|-------------------------------------------|---------------------|---------|
| 2nd floor landing        | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2029                                      | Kidde KN-COSM-IBACA |         |
| 2nd floor southeast room | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2031                                      | Kidde i12010SCOCA   |         |
| 2nd floor northeast room | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2031                                      | Kidde i12010SCOCA   |         |
| 2nd floor northwest room | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2031                                      | Kidde i12010SCOCA   |         |
| 2nd floor southwest room | SA/CO  | AC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes            | 2031                                      | Kidde i12010SCOCA   |         |

Deficiencies/Recommendations:

## Sprinkler System Inspection Report

No.: 01542  
Date: 02/04/2025

### CUSTOMER INFORMATION

|                            |                                                                                    |
|----------------------------|------------------------------------------------------------------------------------|
| Building Name              | Kerry's Place                                                                      |
| Address                    |                                                                                    |
| Date                       | 04/02/2025                                                                         |
| Inspector                  | Edward M.                                                                          |
| Signed                     |  |
| Work Order Number          | 0141734                                                                            |
| Customer Number            | Kerry's Place                                                                      |
| Is there a wet system?     | <input checked="" type="checkbox"/>                                                |
| Is there a dry system?     | <input type="checkbox"/>                                                           |
| Is there a special system? | <input type="checkbox"/>                                                           |

### 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

Date: 02/04/2025

|                   |                                                                                                                                                                                                       |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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            | Yes                                                                                                                                                                                                   |
| General Questions | F. Is the fire department connection free of leaks and is the ball drip fully functional?                                                                                                             |
| Result            | Yes                                                                                                                                                                                                   |
| General Questions | G. Does the fire department connection have proper signage?                                                                                                                                           |
| Result            | Yes                                                                                                                                                                                                   |

## 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                                         | 2" Potter VSR-F |
| 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?                                     | N/A  |
| C-1. Is the excess pressure pump Manual or Automatic?                           | N/A  |
| Manufacturer Date of Gauges                                                     | 2019 |
| New Multi Photo                                                                 |      |
| 1 photo                                                                         |      |
| Photo 1                                                                         |      |



|                                                                              |     |
|------------------------------------------------------------------------------|-----|
| 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 |

## Sprinkler System Inspection Report

Date: 02/04/2025

|                |     |
|----------------|-----|
| 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                                 | Dial Keypad                  |
| Location of Fire Alarm Panel                                   | Basement supply storage room |
| Monitoring Station                                             | Herbert Williams Fire        |
| System Number                                                  | 50034879                     |
| Phone Number                                                   | 18006875956                  |
| 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                                                                                    | 2002 |
| 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

|                     |             |
|---------------------|-------------|
| System              | Main        |
| Zone                | Main Wet    |
| Time to Alarm       | 13secs      |
| Test Valve Location | @riser      |
| Barcode - HWFID     | HWF00290980 |

## Sprinkler System Inspection Report

No.: 01542  
Date: 02/04/2025

Photo



|                                       |                              |
|---------------------------------------|------------------------------|
| Make/Model/Size Of Control Valve      | 2" butterfly - threaded      |
| Cycled                                | Yes                          |
| Operational                           | Yes                          |
| Left open                             | Yes                          |
| Lock/Supervised                       | Supervised                   |
| Remarks                               |                              |
| None                                  |                              |
| Main Drain Location                   | Basement storage supply room |
| Size                                  | 1"                           |
| Static Pressure                       | 65psi                        |
| Residual Pressure                     | 50psi                        |
| Alarm Line Left Open - Yes            | <input type="checkbox"/>     |
| 5 year internal valve inspection date | 0                            |

## Sprinkler System Inspection Report

|                                                   |                          |
|---------------------------------------------------|--------------------------|
| 5 year obstruction date                           | 0                        |
| 5 year fire department hydrostatic test date      | 0                        |
| Location of Fire Department Connection            | Main entrance            |
| Proximity of Fire Department Connection to Main   | 25                       |
| Valve Distance (ft)                               |                          |
| Type of Check Valve on Fire Department Connection | Unknown - behind drywall |
| Sprinkler System Test Repair Listing              |                          |
| Deficiencies                                      |                          |
| Def1 - gauges require replaced x2, 5yr due        |                          |
| Recommendations                                   |                          |
| None                                              |                          |

## BACKFLOW DEVICE

|                                      |            |
|--------------------------------------|------------|
| Backflow Valve                       | N/a        |
| Location of Backflow Device          |            |
| Make                                 |            |
| Model                                |            |
| Barcode - HWFID                      |            |
| Photo                                |            |
| Cycled                               | Yes        |
| TYPE: Domestic or Fire or Irrigation |            |
| Left open                            | Yes        |
| Lock/Supervised                      | Supervised |
| Remarks                              |            |
| None                                 |            |
| Size                                 | 1"         |
| Deficiencies                         |            |
| Recommendations                      |            |
| None                                 |            |