

Safety Equipment Inspection Certificate

For

Kerrys Place

Building Number: 1475560

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 7, 2025

Building: Kerrys Place
Contact: Alex Reisenwiber CONTACT

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

Safety Equipment Report

Executive Summary

Generated by: BuildingReports.ca

Building Information								
Building: Kerrys Place				Contact: Alex Reisenwiber CONTACT				
Address:				Phone: .				
Address:				City/Province/Postal Code:				
Email: accountspayable@kerrysplace.org								
Inspection Performed By								
Company: Georgian Bay Fire & Safety - Owen Sound				Inspector: Daniel Nunez				
Address: 1700 20th Street East				Phone: 519-373-4458				
Address:				City/Province/Postal Code: Owen Sound, Ontario N4K 5W9				
Email: dnunez@gbfire.com								
Inspection Summary								
Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	6	27.27%	6	100.00%	6	100.00%	0	0.00%
Lighting	3	13.64%	3	100.00%	3	100.00%	0	0.00%
Safety	13	59.09%	13	100.00%	13	100.00%	0	0.00%
Totals	22	100%	22	100.00%	22	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				
<i>The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed /Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.</i>				
Device Type	Location	ScanID : S/N	Service	Date Time
Passed				
Fire				
Fire Extinguisher, 5 Lbs, A.B.C.	Basement At Stairs	91105583 B10982705	Inspected	02/07/25 1:55:19 PM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement In Laundry Room	91105577 F90192487	Inspected	02/07/25 1:49:42 PM
Fire Extinguisher, 5 Lbs, A.B.C.	1st At front entrance	91105587 B10982715	Inspected	02/07/25 2:07:46 PM
Fire Extinguisher, 5 Lbs, A.B.C.	1st In Kitchen	91105597 H29011724	Inspected	02/07/25 2:14:32 PM
Fire Extinguisher, 5 Lbs, A.B.C.	1st In Living room	91105584 G37127003	Inspected	02/07/25 2:16:10 PM
Fire Extinguisher, 5 Lbs, A.B.C.	2nd At stairs	91105591 B10982716	Inspected	02/07/25 2:23:38 PM
Lighting				
Emergency Light, Power Unit	Basement At stairs	91105582	Inspected	02/07/25 1:57:40 PM
Emergency Light, Power Unit	1st In hallway	91105586	Inspected	02/07/25 2:11:08 PM
Emergency Light, Power Unit	2nd At stairs	91105590	Inspected	02/07/25 2:20:24 PM
Safety				
Smoke Alarm, Smoke/CO Combo	Basement At stairs	91105581	Tested	02/07/25 1:52:48 PM
Smoke Alarm, Smoke/CO Combo	Basement In Laundry Room	91105578	Tested	02/07/25 1:51:34 PM
Smoke Alarm, Smoke/CO Combo	Basement In bedroom	91105580	Tested	02/07/25 1:54:03 PM
Smoke Alarm, Smoke/CO Combo	Basement In living room	91105579	Tested	02/07/25 1:52:28 PM
Smoke Alarm, Smoke/CO Combo	1st In Bedroom	91105589	Tested	02/07/25 2:19:01 PM
Smoke Alarm, Smoke/CO Combo	1st In Bedroom tv area	91105588	Tested	02/07/25 2:30:31 PM
Smoke Alarm, Smoke/CO Combo	1st In hallway	91105599	Tested	02/07/25 2:30:19 PM

Device Type	Location	ScanID : S/N	Service	Date Time
<i>Passed</i>				
Safety				
Smoke Alarm, Smoke/CO Combo	1st In living room	91105598	Tested	02/07/25 2:18:27 PM
Smoke Alarm, Smoke/CO Combo	2nd At top of stairs	91105594	Tested	02/07/25 2:26:46 PM
Smoke Alarm, Smoke/CO Combo	2nd In bedroom 1	91105592	Tested	02/07/25 2:30:36 PM
Smoke Alarm, Smoke/CO Combo	2nd In living room 1	91105593	Tested	02/07/25 2:30:40 PM
Smoke Alarm, Smoke/CO Combo	2nd In office	91105596	Tested	02/07/25 2:30:13 PM
Smoke Alarm, Smoke/CO Combo	2nd In office bedroom	91105595	Tested	02/07/25 2:30:07 PM

Fire Extinguisher Maintenance Report

Generated by: BuildingReports.ca

Building: Kerrys Place					
<i>This report provides details on the Hydrostatic Test and Maintenance/Breakdown dates for fire extinguishers. Items that will need either of these services at any time in the next two years are displayed. Items are grouped together by year for budgeting purposes.</i>					
ScanID	Location	Serial #	Hydro	Breakdown	Mfr Date
Due in 2027					
Breakdown/Maintenance					
Fire Extinguisher, A.B.C., 5 Lbs					
91105577	Basement In Laundry Room	F90192487	02/15/21	02/15/21	02/15/21
91105583	Basement At Stairs	B10982705	02/15/16	02/15/21	02/15/16
Total Fire Extinguisher, A.B.C., 5 Lbs:					2
Hydrostatic Test					
Fire Extinguisher, A.B.C., 5 Lbs					
91105587	1st At front entrance	B10982715	02/15/15	02/15/22	02/15/15
Total Fire Extinguisher, A.B.C., 5 Lbs:					1

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
<i>Passed</i>								
Emergency Light, Power Unit								
Basement At stairs	RG36	6	6.3	5.9	2.6	.4	2	7.2
1st In hallway	RG36	6	6.9	6.3	2.7	.3	2	7.2
2nd At stairs	RG36	6	6.9	6.3	2.9	0.4	2	7.2

Sprinkler Inspection Certificate

For

Kerrys Place

Building Number: 1475560

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 7, 2025

Kerrys Place

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		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: dnunez@gbfire.com			
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe		Main Sprinkler	8
Certification			
Company: Georgian Bay Fire & Safety – Owen Sound		Building: Kerrys Place-186 Credit Creek Blvd.	
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
<i>Passed</i>				
Wet Pipe, Main Sprinkler				
Pressure Switch	Basement In Laundry room	Annual	12:55:53 PM	02/07/2025
Waterflow Switch	Basement In Laundry room	Annual	12:54:18 PM	02/07/2025
Electric Bell	Basement In Laundry room	Tested	1:03:24 PM	02/07/2025
Water Storage Tank	Basement In Laundry room	Annual	1:01:01 PM	02/07/2025
Fire Dep't Connection	1st At garage entrance front of the house	Annual	1:06:16 PM	02/07/2025
Jockey Pump	Basement In Laundry room	Annual	12:57:06 PM	02/07/2025
Sprinkler Box	Basement In Laundry room	Annual	1:05:01 PM	02/07/2025
Control Valve	Basement In Laundry room	Annual	1:00:47 PM	02/07/2025

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.ca

Building: Kerrys Place						Main Sprinkler		
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>								
Jockey Pump								
Manufacturer	Model #	Location		Install Date		OK	ScanID	
WEG	13D-200	Basement In Laundry room		02/15/2018		☒	91105573	
Serial #	Type	Horsepower	Rated Speed	Volts	Amps	On psi	Off psi	
65685-007	Automatic	3	3485	230	13.2		34	
Alarms								
Pressure Switch								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
On/Off		Pumptrol	34psi	50psi		☒	91105570	
Waterflow Switch								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	System Sensor	WFDNA	17.329 99	1"	1-1	☒	88608861	
Components								
Control Valve								
Type	Location		Manufacturer		Model #	OK	ScanID	
Butterfly	Basement In Laundry room		Aleum		BT	☒	91105574	
Position	Size		Status		Description			
Open	1.5"		Supervised		Isolation			
Devices								
Electric Bell								
Location		Size	Manufacturer		Model	OK	ScanID	
Basement In Laundry room		6"	FPPI		FPPI-AB120	☒	96609593	
Fire Dep't Connection								
Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
1st At garage entrance front of the house	Wall	1.5"	1	No	Yes	02/15/2018	☒	96609586
Sprinkler Box								
Qty	Tool Available?	SIN List?	Size	Manufacturer	Location		OK	ScanID
9	Yes	no	6 unit	National fire equipm	Basement In Laundry room		☒	96609585
Water Storage Tank								

Manufacturer	Model #	Capacity	Internal Date	Air Pressure	Temperature	OK	ScanID
		200gal(4)	02/15/2018			☒	91105576
Type		Location					
Above ground		Basement In Laundry room					

Alarm Signal Transmitter Annual Test and Inspection Report

CAN/ULC – S561-2020 Rev1

Building Information

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

Technician Conducting Test

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

Sprinkler System - Alarm and Supervisory Devices

1. Fire Alarm System Manufacturer & Model No:
2. Alarm Signal Transmitter Manufacturer:
3. Model No:
4. Equipment Listing No:
5. Location of Signal Transmitting Equipment:
6. Fire Signal Receiving Centre:
7. Fire Signal Receiving Centre Identification:
8. Monitoring Station Telephone Number:
9. Installing and Servicing Dealer Name:
10. Installing and Servicing Dealer Phone Number:
11. The monitored system has been tested and inspected in accordance with CAN/ULC-S561, Standard for Installation and Services for Fire Signal Receiving Centres and Systems, Section 12, Periodic Inspections and Tests, and these records document the results of testing performed: ☐ Yes ☐ No
12. The monitored system is now fully functional? ☐ Yes ☐ No
13. The monitored system has deficiencies noted on the pages attached? ☐ Yes ☐ No
14. Deficiency Comments:
15. A copy of this report will be given to the following owner/owner's representative for this building:

Transmitting Unit Test Record	
1. Power 'On' Visual Indicator tested correctly:	☐ Yes ☐ No ☐ N/A
2. Common Visual Trouble signal tested correctly:	☐ Yes ☐ No ☐ N/A
3. Common Audible Trouble signal tested correctly:	☐ Yes ☐ No ☐ N/A
4. Main Power Supply Failure Signal tested correctly:	☐ Yes ☐ No ☐ N/A
5. Alarm Signal Operation tested correctly:	☐ Yes ☐ No ☐ N/A
6. Input Circuit Trouble Operation tested correctly:	☐ Yes ☐ No ☐ N/A
7. Main Power Supply to Emergency Power Supply Transfer tested correctly:	☐ Yes ☐ No ☐ N/A
Transmitting Unit Inspection	
1. Input Circuit Designations, Correctly Identified:	☐ Yes ☐ No ☐ N/A
2. Verified Correct Connected <i>Field Devices</i> , Plug in Components and Modules:	☐ Yes ☐ No ☐ N/A
3. Plug in Cables Securely in Place Cleanliness:	☐ Yes ☐ No ☐ N/A
4. Panel Grounded:	☐ Yes ☐ No ☐ N/A
5. Electrical Panel Location & Breaker # Listed on the Signal Transmitter Enclosure:	☐ Yes ☐ No ☐ N/A
6. Electrical Panel Location:	
7. Panel #:	
8. CCT#:	
9. Verified Correct Connected <i>Field Devices</i> , Modules:	☐ Yes ☐ No ☐ N/A
10. Confirm Plug-in Components connections secure:	☐ Yes ☐ No ☐ N/A
11. Monitoring Warning labels installed where required and visible:	☐ Yes ☐ No ☐ N/A
12. Fuses in Accordance With Manufacturer's Specification:	☐ Yes ☐ No ☐ N/A
13. Termination of Wiring to <i>Field Devices</i> Secure:	☐ Yes ☐ No ☐ N/A
14. Panel installed to Manufacturers installation instructions:	☐ Yes ☐ No ☐ N/A
Communication Inspection	
1. Monitoring Connection Configuration:	☐ Active ☐ Passive
2. Communication Path(s):	
Communication Test	
1. CA38A Jack Located within 1M of the Signal Transmitter:	☐ Yes ☐ No ☐ N/A
2. On Passive System, the failure of the 1st communication path report on the 2nd path was within 180s:	☐ Yes ☐ No ☐ N/A
3. On Passive System, the failure of the 2nd communication path report on the 1st path was within 180s:	☐ Yes ☐ No ☐ N/A
4. On Active System, the failure of the communication path generate a failure at the <i>FSRC</i> was within 180s:	☐ Yes ☐ No ☐ N/A
Power Supply Inspection	
1. Fused as per Manufacturer's Marked Rating of The System:	☐ Yes ☐ No ☐ N/A
2. Adequate to Meet The Requirements of The System:	☐ Yes ☐ No ☐ N/A
Emergency Power Supply Test and Inspection	
1. Correct Battery Type as Recommended by Manufacturer:	☐ Yes ☐ No ☐ N/A
2. Correct Rating in conformance with the Equipment Listing:	☐ Yes ☐ No ☐ N/A
3. Battery Charging Voltage Primary Power 'ON' (V):	
4. Battery Charging Current (mA):	
5. Battery Voltage with Primary Power Supply 'OFF' (V):	
6. Current Draw from Battery primary power 'OFF' (mA):	
7. Battery Quantities:	
8. Battery Voltage:	

Emergency Power Supply Test and Inspection *continued*

9. Battery Ah:

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

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

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

☐ Yes ☐ No ☐ N/A

17. Emergency Power Supply Comments:

Device Testing - Legend and Notes

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

Individual Equipment or Device Record

[illegible]

Inspection Information:

- 1.OB/Contract NO: **98545**
- 2.Building Name: **Kerry's Place**
- 3.Address:
- 4.Date Completed: **2/7/25**

Main Drain Flow Test:

- 1.Water Supply Source:
☐ City
☐ Pump
☒ Tank
- 2.Drain Size: **1"**
- 3.Static Pressure: (PSI) **44 psi**
- 4.Residual Pressure: (PSI) **49psi pump**
- 5.Did the floor drain take the water flow?
☐ Yes
☐ No
☒ N/A
☐ See Remarks

Alarm Test

- 1.Were all the inspector's test valves opened and flowed?
☒ Yes
☐ No
☐ N/A
☐ See Remarks
- 2.Did the alarm valve(s) function properly?
☐ Yes
☐ No
☒ N/A
☐ See Remarks
- 3.Did the alarm line check valves (multi-headers) work?
☐ Yes
☐ No
☒ N/A
☐ See Remarks
- 4.Did the water motor gong function properly?
☐ Yes
☐ No
☒ N/A
☐ See Remarks
- 5.Did the 120vac bell(s) function properly?
☒ Yes
☐ No
☐ N/A
☐ See Remarks
- 6.Did all flow switches register correctly at the fire alarm/monitoring panel?
☒ Yes
☐ No
☐ N/A
☐ See Remarks
- 7.Did the alarm line switch register correctly at the fire alarm/monitoring panel?
☐ Yes
☐ No
☒ N/A
☐ See Remarks
- 8.Were flow alarms received and properly identified by the monitoring station?
☒ Yes
☐ No
☐ N/A
☐ See Remarks
- 9.How many flow switches were tested? **1**

Supplementary Information:

- 1.Is the entrance to the sprinkler room and the area surrounding the main riser(s) adequately cleared?
☒ Yes
☐ No
☐ N/A
☐ See Remarks
- 2.Is the sprinkler room and all areas with sprinkler piping adequately heated?

- ☒ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

3. Were the pump valves left in the appropriate positions?

- ☒ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

4. Were the alarm line shutoff valves left open?

- ☐ Yes
- ☐ No
- ☒ N/A
- ☐ See Remarks

5. Were all the main control valves left open?

- ☒ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

6. Was the fire alarm/monitoring panel left clear of all flow alarms and supervisory conditions?

- ☒ Yes
- ☐ No
- ☐ N/A
- ☐ See Remarks

7. Does the backflow preventer require annual testing?

- ☐ Yes
- ☐ No
- ☒ N/A
- ☐ See Remarks

8. Does the excess pressure pump function properly?

- ☒ Yes
- ☐ No
- ☐ N/A

9. Manual or Automatic?

- ☐ Manual
- ☒ Automatic

10. PSI the system pressure was left at: **44 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

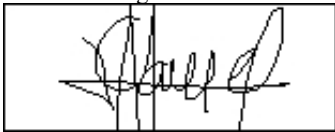
Glycol Loops			
Loop Location:	Pipe Size:	Number of Heads:	Freezing Point:
Garage	1.5"	6	-23 C

ALARM VALVE/RISER INFORMATION:

ALARM VALVE/RISER INFORMATION:					
System:	Size:	Make and Model:	System Pressure:	Location:	Location of Test Valve:
Main Sprinkler	1.5"	System Sensor WFDTNA	44 psi	Basement laundry room	At riser

Remarks

1. REMARKS: N/A
2. Technician Signature:



Signed on 2/7/25 1:13:42 PM