

ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS

INVITATION TO BID

SPECIFICATION FOR: Firm Fixed Bid Prices for **Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services** for the benefit of the **Facilities Management Department** on an as needed basis.

BID NUMBER: 21-215 R

E-BID OPENING DATE: 2:00 pm, Wednesday, August 26, 2020

PART A - INSTRUCTIONS TO BIDDERS

1.0 GENERAL PROVISIONS

1.1 Purpose

Alachua County Board of County Commissioners are calling for and requesting the submission of bids for Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services.

The herein included Instructions to Bidders (PART A), Terms and Conditions (PART B), Technical Specifications (PART C), Bidder's Check List (PART D); together with all attached documents herein identified, constitute the entire Invitation to Bid package. Specifications and supplementary documents are essential parts of the contract and requirements occurring in one are as binding as though occurring in all.

1.2 Distribution of Information

The County posts and distributes information pertaining to its procurement solicitations on DemandStar.

The County has transitioned from accepting hard (paper) copy submittals to accepting electronic submittals through "E-Bidding" on DemandStar. In order to submit a bid response to this solicitation the bidder must be registered with DemandStar.

1.3 Submission of Bids

Costs for the preparation and submittal of bids in response to this Invitation to Bid are entirely the obligation of the bidder and shall not be chargeable in any manner to Alachua County.

The bid response, containing all required documents, with authorized signatures, must be received by 2:00 p.m. on the due date indicated on the Bid Cover Page for this project. The bidder's complete submittal in pdf format must be uploaded into DemandStar prior to the 2:00 p.m. deadline.

THIS PLATFORM WILL NOT ACCEPT LATE SUBMITTALS.

Upload bid response as a pdf formatted document only, unless the solicitation states otherwise.

The pdf document should be titled with bidder's name, bid number, and, if the response is submitted in parts, include "Part # of x".

Modifications to or withdrawal of a bidder's submittal can be made up to the deadline date. Modifications and withdrawals must be documented in DemandStar in order to be recognized by the County. Any bid not withdrawn will constitute an irrevocable offer, for a period of one hundred

and twenty (120) days, to provide the County adequate time to award the Contract for the services specified in this solicitation.

Blank spaces must be filled in as noted, in ink or typed, with the amounts extended and totaled. Any corrections necessarily made on the bid form **EXHIBIT A** should be made by crossing out the item in error and inserting the corrected item immediately above. Such corrections shall be initialed and dated by the person signing the bid. No bid containing correction by erasure will be accepted.

The response must be signed by an officer of the business who is legally authorized to enter into a contractual relationship in the name of the bidder. **An authorized representative who is not an officer may sign the proposal, but must attach a corporate resolution EXHIBIT B granting authorization to the representative to execute on behalf of the business.**

The submittal of a proposal by a bidder will be considered by the County as constituting an offer by the bidder to perform the required services at the stated fees.

1.4 **Electronic Signatures**

The Parties agree that an electronic version of the submitted bid shall have the same legal effect and enforceability as a paper version. The Parties further agree that the Electronic Submittal, regardless of whether in electronic or paper form, may be executed by use of electronic signatures. Electronic signatures shall have the same legal effect and enforceability as manually written signatures. The County shall determine the means and methods by which electronic signatures may be used to execute an Agreement with the awarded vendor and shall provide the awarded vendor with instructions on how to use said method. Delivery of this Agreement or any other document contemplated hereby bearing an manually written or electronic signature by facsimile transmission (whether directly from one facsimile device to another by means of a dial-up connection or whether mediated by the worldwide web), by electronic mail in "portable document format" (".pdf") form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

1.5 **Proprietary Information**

Responses to this Request for Proposals upon receipt by the County become public records subject to the provisions of Chapter 119 F.S., Florida's Public Records Law. If you believe that any portion or all of your response is confidential or proprietary, or otherwise exempt from disclosure as a Public Record, you should clearly assert such exemption and state the specific legal authority for the asserted exemption. All material that is designated as exempt from Chapter 119 **must be uploaded as a separate pdf file**, clearly identified as "**PUBLIC RECORDS EXEMPT**" with your name and the proposal number marked on the outside. Furthermore, you must complete **EXHIBIT C, PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION**.

Please be aware that the designation of an item as exempt from disclosure as a Public Record may be challenged in court by any person. By your designation of material in your proposal as "Public Records Exempt", you agree to defend and hold harmless the County from any claims, judgments, damages, costs, and attorney's fees and costs of the challenger and for costs and attorney's fees incurred by the County by reason of any legal action challenging your designation.

1.6 **Non-Warranty of Specifications**

Due care and diligence has been used in preparing these specifications. The County shall not be responsible for any error or omission in these specifications, nor for the failure on the part of the

bidders to determine the full extent of the request. It is the sole responsibility of the bidders to ensure that they have all information necessary for the submittal of bids.

1.7 **Inquiries/Questions**

No interpretation of the meaning of the Specifications and/or Scope of Services or contract documents will be made to any interested bidder orally. Every request for such interpretation shall be made in writing, via email with reference to the appropriate **BID number and Bid Title** in the subject line of the email to **Markisha Boykin** at **mboykin@alachuacounty.us** no later than ten (10) days prior to the deadline set for receipt of bids. Any and all such interpretations and any supplemental instructions will be in the form of a written addendum; duly issued, and a copy of such addendum will be posted to **DemandStar**. Oral answers will not be authoritative. All addenda so issued shall become part of the bid documents.

1.8 **Acceptance/Rejection**

Alachua County reserves the right to reject any bid which may be considered irregular, show serious omission, unauthorized alteration of form, unauthorized alternate bids, incomplete or unbalanced bids or irregularities of any kind. Further, the County reserves the right to accept or reject any and all bids in whole or in part and to waive any technicalities or informalities in any bid.

Bid forms may be considered irregular and subject to rejection if they show serious omission, unauthorized alteration of form, unauthorized alternate bids, incomplete or unbalanced bids or irregularities of any kind.

1.9 **Withdrawal of Bids**

Modifications to or withdrawal of a bid can be made up to the deadline date. Modifications and withdrawals must be documented in DemandStar.com in order to be recognized by the County.

All prices bid shall remain firm for a period of one hundred and twenty (120) days after the bid opening.

1.10 **Small Business Enterprise (SBE) Program Participation**

1.10.1 SBE Vendor is a vendor that is certified by the Alachua County Equal Opportunity Division prior to the proposal opening.

1.10.2 The SBE Program Participation Form, **EXHIBIT D**, should be completed for your proposal to be considered responsive.

1.10.3 Alachua County has adopted a 15% participation goal, and policies which encourage participation of SBE in the provision of materials, supplies (i.e. office, auto, janitor, lawn, etc.) equipment, services and construction.

1.10.4 The County will award a preference in evaluation points to certified SBE or contractors that meet the SBE participation goal in its bid response.

1.10.5 The County will award a five-percent bid price preference, not to exceed \$50,000 on a single bid, to any certified SBE that submits a bid.

1.10.6 The County will award a three-percent bid price preference, not to exceed \$50,000 on any single bid, to any Contractor that agrees to use certified SBE for at least 15 percent of the dollar value of the bid.

1.10.7 SBE preference does not apply to contracts that are reserved in accordance with Section 22.11-205, Alachua County Code, in which the County reserved contracts for bidding only by SBEs. SBE bid preferences will not be combined.

1.10.8 **Proposed Subcontractors Requirements**

1.10.8.1 Contractors submitting proposals under this solicitation are to identify, on the SBE Program Participation Form, the intended SBE subcontractors and the

estimated percentage of total dollar amount(s) as well as the total dollar amount(s) of the contract to be awarded to SBE firms, **EXHIBIT D, Option 3.**

1.10.8.2 If SBE subcontractors are not available for the bid/RFP you should complete a Good Faith Effort Form, **EXHIBIT D, Option 4.**

1.10.9 Good Faith Effort Requirements

1.10.9.1 Every competitive bid or proposal, if not submitted by a certified Small Business Enterprise (SBE), should demonstrate good faith efforts to utilize SBE as subcontractors. Unless your company will perform all the work and no subcontractors will be utilized. The Equal Opportunity Division maintains a directory of certified SBE's. The Alachua County Small Business Enterprise Directory is available at: <http://smallbusdir.alachuacounty.us/>

1.10.9.2 The Equal Opportunity Division shall determine what constitutes a "good faith effort" for purposes of contractor compliance with contractual requirements relating to the use of services or commodities of a certified SBE's. , The good faith efforts that may be considered by the County are listed under Section 22.11-207, of the Alachua County Code:

1.10.9.2.1 The Contractor will be expected to furnish documents substantiating compliance with good faith effort requirements, **EXHIBIT D.**

1.11 Alachua County Government Minimum Wage (GMW)

1.11.1 Services solicited through this Invitation to Bid are considered covered services under Chapter 22, Article 12, of the Alachua County Code of Ordinances ("Alachua County Government Minimum Wage") which establishes a government minimum wage for certain consultants and subcontractors providing selected services to Alachua County government. Proposers should consider the cost of compliance, if any, when submitting bids.

1.11.2 The consultant shall certify via **EXHIBIT E** it will pay each of its covered employees the GMW, and ensure that it will require that of its subcontractors. Upon execution of the awarded contract, the certification shall become an obligation to the vendor.

1.12 Public Entity Crimes

A person or affiliate who has been placed on the convicted vendor list following a conviction of a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 F.S., for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

1.13 Drug Free Workplace

Florida Statute, Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. A vendor certifying a drug-free workplace shall complete **EXHIBIT F.**

1.14 Proposed Subcontractors NON-SBE

Bidder shall notify the County of the proposed use of subcontractors in the provision of services required herein by completing and returning the Proposed Subcontractors (Non-Small Business

Enterprise) Form, EXHIBIT G. No subcontractor shall be employed by the Contractor for the provision of these services without the written approval of the County.

2.0 QUALIFICATION OF BIDDERS

2.1 Consideration

2.1.1 Bids will be considered only from firms normally engaged in providing and performing services specified herein. Bidder must have adequate organization, facilities, equipment and personnel to ensure prompt and efficient service to the County, and shall have all necessary licenses and permits required by law to do business with the County.

2.2 Bidder's Questionnaire

The County reserves the right before recommending any award to inspect the facilities and organization or to take any other action necessary to determine ability to perform in accordance with specifications, terms and conditions. Bidders are requested to complete and return along with their bid the Bidder's Questionnaire EXHIBIT H.

2.3 Performance

The County will determine whether the evidence of ability to perform is satisfactory and reserves the right to reject bids where evidence submitted, or investigation and evaluation indicates inability of the bidder to perform.

3.0 EXAMINATION OF PROPERTY

3.1 Bidder's Responsibility

3.1.1 Before submitting his bid, it shall be the bidder's responsibility to visit the premises of the proposed work and familiarize himself with the nature and extent of the work and any local conditions that may in any way affect the work to be done and the equipment, materials and labor required.

3.1.2 The bidder is also required to carefully examine the specifications and contract documents, to inform themselves regarding any and all conditions and requirements that may in any manner affect the work to be performed under the contract. Failure to do so will not relieve the bidder of complete performance under the contract.

4.0 QUALITY

All materials shall be new and in no case will used, reconditioned or obsolete parts be acceptable. All equipment specifications are to be considered minimum requirements.

5.0 LAWS, PERMITS AND REGULATIONS

Permit, Application, and License Fees

The contracted firm shall obtain and pay for all necessary permits, permit application fees, licenses or any fees required.

5.1 Compliance

The contractor shall comply with all laws, ordinances, regulations and building code requirements applicable to the work contemplated in the proposal. The contracted firm is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the work. Ignorance on the part of the contracted firm will in no way relieve it of responsibility.

The contractor must agree to abide by and conduct its programs and provide its services in compliance with the provisions of the Civil Rights Act of 1866, Civil Rights Act of 1871, Equal Pay Act of 1963, Civil Rights Act of 1964, Age Discrimination and Employment Acts of 1967, Rehabilitation Act of 1973, 1990 Americans with Disabilities Act, 1991 Federal Civil Rights Act,

1992 Florida Civil Rights Act, and all other applicable ordinances, statutes, laws and amendments thereto.

6.0 CONSIDERATION OF BIDS AND AWARD OF CONTRACT

The award of the contract, if it is awarded, will be to the lowest responsive and responsible bidder whose qualifications indicate the award will be in the best interest of the County, and whose bid complies with all prescribed requirements. No award will be made until the County has concluded such investigations as he deems necessary to establish the responsibility, qualifications and financial ability of the bidders to do the work in accordance with the contract documents to the satisfaction of the County within the time prescribed.

The County reserves the right to award the contract to more than one bidder, as determined to be in the best interest of the County.

If the contract is awarded, the County will accept the bid and award the contract to the successful bidder(s) within one hundred twenty days (120) days after the opening of the bids by written notice to the successful bidder(s). Additional days may be added upon mutual written agreement between the County and the successful bidder.

The County reserves the right to reject any or all bids and to waive informalities, or to accept any bid or combination of bids which, in the County's judgment, will best serve its interest.

7.0 ACCEPTANCE OF BID

The signed bid shall be considered an offer on the part of the bidder; such offer shall be deemed acceptable upon completion of all steps in the procurement process and issuance of a Purchase Order or execution of a Contract by the County.

8.0 PERFORMANCE TIME

All material and parts shall be bid F.O.B. destination, at the job site. The performance time may be a factor in the evaluation of the bid. It is to be emphasized that the meeting of specified performance schedules is a significant part of ability to perform and that failure to meet such schedule may result in termination of the contract and will surely be considered in the evaluation of future bids.

9.0 COLLUSION

The bidder, by affixing his signature to the bid form, declares that the bid is made without any previous understanding, agreement, or connections with any persons, firms or corporations making a bid on the same items and that it is in all respects, fair, and in good faith without any outside control, collusion, or fraud.

The bidder, by affixing his signature to the bid form, declares that no County Commissioner, other County officer, or County employee, directly or indirectly owns more than five (5) percent of the total assets or capital stock of the bidding entity, nor will directly or indirectly benefit by more than five (5) percent from the profits or emoluments of this contract.

10.0 ADDENDA

Addenda issued by the County prior to the bid opening shall be binding as if written into the original solicitation document. Bidders shall acknowledge receipt of the same as indicated on the bid form.

11.0 VENDOR COMPLAINTS OR GRIEVANCES; RIGHT TO PROTEST

Unless otherwise governed by state or Federal law, this Part shall govern the protest and appeal of Procurement decisions by the County. The term "Bidder" includes any Person that responds to any type of Solicitation issued by the County (e.g., ITB, RFP, ITN), and is not limited solely to a Person that submits a bid in response to an Invitation to Bid (ITB).

11.1 **Notice of Solicitations and Awards**

The County Shall provide notice of all Solicitations and Awards by Electronic posting in accordance with the Procedures, unless a different method is required by the Florida Statutes, in which case the County Shall provide notice in accordance with the requirement of the Florida Statutes.

11.2 **Solicitation Protest**

Any prospective Bidder may file a Solicitation Protest concerning a Solicitation.

11.2.1 Basis of the Solicitation Protest: The alleged basis for a Solicitation Protest shall be limited to the following:

11.2.1.1 The Solicitation is inconsistent with this Code or the requirements of applicable Florida Statutes;

11.2.1.2 The terms, conditions or Specifications of the Solicitation are in violation of, or are inconsistent with, applicable laws, Regulations, Procedures, policies or other legal authorities governing the Solicitation, including but not limited to the method of evaluating, ranking or awarding of the Solicitation, reserving rights of further negotiations, or modifying or amending any resulting Contract; and

11.2.1.3 The Solicitation instructions are unclear or contradictory.

11.2.2 **Timing and Content of the Solicitation Protest**

The Solicitation protest must be in writing and provide all content in accordance with the Alachua County Code, Chapter 22 "Procurement", Article 9 "Legal and Contractual Remedies" and must be received by the Procurement Manager by no later than 3:00 PM on the fourth business day after the solicitation was posted by the County. Failure to timely file a solicitation protest shall constitute a total and complete waiver of the bidder's right to protest or appeal any solicitation defects, and shall bar the bidder from subsequently raising such solicitation defects in any subsequent Award protest, if any, or any other administrative or legal proceeding.

11.3 **Award Protest**

Any Bidder who is not the intended awardee and who claims to be the rightful awardee may file an Award Protest. However, an Award Protest is not valid and shall be rejected for lack of standing if it does not demonstrate that the protesting party would be awarded the Solicitation if its protest is upheld.

11.3.1 **Basis of the Award Protest**

The alleged basis for an Award Protest shall be limited to the following:

- 11.3.1.1 The protesting party was incorrectly deemed non-responsive due to an incorrect assessment of fact or law;
- 11.3.1.2 The County failed to substantively follow the Procedures or requirements specified in the Solicitation documents, except for minor irregularities that were waived by the County in accordance with this Code, which resulted in a competitive disadvantage to the protesting party; and
- 11.3.1.3 The County made an identifiable mathematical or other errors in evaluating the responses to the Solicitation, resulting in an incorrect score and not protesting party not being selected for award.

11.3.2 **Timing and Content of the Award Protest**

The Award Protest must be in writing and provide all content in accordance with the Alachua County Code, Chapter 22 "Procurement", Article 9 "Legal and Contractual Remedies" and must be received by the Procurement Manager by no later than 3:00 PM on the fourth Business day after the County's proposed Award decision was posted by the County. Failure to timely file an Award Protest shall constitute a total and complete waiver of the Bidder's right to protest or appeal the County's proposed Award decision in any administrative or legal proceeding.

11.4 **Burden of Proof**

Unless otherwise provided by Florida law, the burden of proof shall rest with the protesting party.

11.5 **Stay of Procurement during Protests**

In the event of a timely protest, the County shall not proceed further with the Solicitation or with the award of the Contract until the County Manager, after consultation with the head of the Using Agency, makes a written determination that the award of the Solicitation without delay is:

- 11.5.1 necessary to avoid an immediate and serious danger to the public health, safety, or welfare;
- 11.5.2 necessary to avoid or substantially reduce significant damage to County property;
- 11.5.3 necessary to avoid or substantially reduce interruption of essential County Services; or;
- 11.5.4 otherwise in the best interest of the public.

PART B - TERMS AND CONDITIONS

1.0 DEFINITION OF TERMS

Where the following terms or their pronouns occur herein, the intent and meaning shall be as follows:

COUNTY/OWNER: Alachua County Board of County Commissioners, Alachua County, Florida or its authorized representative.

BID PRICE: The amount bid submitted on the prescribed forms by the bidder setting forth the prices for the work to be performed.

BIDDER: Any person, firm or corporation submitting a proposal/bid for the goods and/or services contemplated herein, or a duly authorized representative.

CONTRACT: The written agreement resulting from this solicitation, incorporating the bid submitted by the bidder and which is approved by the Board, or its designee, along with all documents identified in this Invitation to Bid document and any addenda, thereto, shall be the contract between the County and the bidder.

CONTRACT DOCUMENTS: The Agreement, Specifications, Drawings, Addenda whether issued prior to opening of bids or execution of the Contract and Modifications.

CONTRACTOR: Any person, firm, corporation, or governmental entity with whom the County has executed a contract for the performance of the work, or his duly authorized representative.

DIRECTOR: The duly authorized representative of the Board of County Commissioners during the contract period as identified herein.

RESPONSIBLE AGENT: The duly authorized representative of the Alachua County Board of County Commissioners during the contract period.

SPECIFICATIONS: The directions, provisions, and requirements contained herein, together with all written agreements made setting out or relating to the method and manner of performing the requested services, the quality of material and personnel to be furnished under this contract. All applicable laws of the State of Florida, the Federal Government and the Rules and Regulations of the County of Alachua are hereby adopted and made part hereof as specifications.

WORK: To provide all management, supervision, labor, materials, supplies and equipment. To plan, schedule, coordinate and assure effective performance of all services described herein.

2.0 CONTRACTOR'S INSURANCE

The contractor shall provide and maintain during the life of the contract, coverages and amounts stated in, **EXHIBIT J**.

Failure to maintain such insurance may be deemed as a cause of termination of this agreement.

3.0 BONDING REQUIREMENTS (If Applicable)

A bid security in the form of a Bid Bond or certified check made payable to "Alachua County Board of County Commissioners" in an amount equal to five percent (5%) of the base bid will be required as a guarantee that the bidder will enter into a written contract with the County if his bid is accepted. A performance bond and payment bond in an amount equal to one hundred percent (100%) of the contract sum will be required of the successful bidder. No bidder may withdraw his bid for a period of one hundred twenty (120) days after the actual date of the opening thereof.

4.0 **MODIFICATIONS**

This agreement constitutes the entire agreement and understanding between the parties hereto, and it shall not be considered modified, altered, changed or amended in any respect unless in writing and signed by the parties hereto.

The County will not be bound under this agreement for similar or like services being provided by County agencies or for services entered into by the County under a separate agreement.

5.0 **SEVERABILITY**

If any provisions of this agreement shall be declared illegal, void or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

6.0 **INDEPENDENT CONTRACTOR**

In the performance of this agreement, the Contractor will be acting in the capacity of an independent Contractor and not as an agent, employee, partner, joint venturer, or associate of the County. The Contractor shall be solely responsible for the means, method, technique, sequences, and procedures utilized by the Contractor in the full performance of the agreement.

7.0 **TERM OF THE CONTRACT**

The agreement shall be effective for the period beginning on the date of the fully executed contract or issuance of a purchase order. Generally the term will begin on October 1, **2020** and continue through September 30, **2022** unless earlier terminated as provided herein. The county has the option of renewing this agreement for **two (2)** additional **two (2)** year-periods and the same terms and conditions outlined here in. The amendments to extend the contract will be issued once the county has exercised the option to renew. (Annual)

A contract as a result of the solicitation shall be deemed effective only to the extent of appropriations available to the County Agency at any time during the contract period.

8.0 **RESPONSIBLE AGENT**

The Contractor shall designate and submit a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County and the contractor, **EXHIBIT I**.

The Department Director will be the responsible agent for the County. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor.

A letter when addressed and sent by certified list mail to either part, at its business herein, will constitute notice required in this bid or contract.

9.0 **ASSIGNMENT OF PERSONNEL**

All personnel assigned to the project will be subject to the approval of the County and no changes shall be allowed unless prior written approval is obtained.

10.0 **GOVERNING LAW**

This agreement shall be governed in accordance with the laws of the State of Florida. Venue shall be in Alachua County.

11.0 **AWARD OF CONTRACT(S)**

The County reserves the right to award contracts to more than one (1) firm as determined to be in the best interest of the County.

12.0 **ASSIGNMENT OF INTEREST**

The parties recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the County. Therefore, the vendor hereby assigns to the County any and all claims for such overcharges as to goods, material or services purchased in connection with the Agreement. However, for all other assignments, neither party will assign, convey, pledge, sublet, transfer or otherwise dispose any interest in this Agreement and shall not transfer any interest in same without prior written consent of the other party.

13.0 **INDEMNIFICATION**

The Purchaser agrees to protect, defend, indemnify, and hold the County and director and their officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or directly or indirectly relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this Agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc., including but not limited to personal injury, death, damage to property (including destruction) defects in materials or workmanship, actual or alleged infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule, or regulation or decree of any court, shall be included in the indemnity hereunder. The Purchaser further agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent. Purchaser agrees that indemnification of the County shall extend to any and all work performed by the Purchaser, its subcontractors, employees, agents, servants or assigns. This obligation shall in no way be limited in any nature whatsoever by any limitation on the amount or type of Purchaser's insurance coverage. This indemnification provision shall survive the termination of the Contract between the County and the Purchaser.

Nothing contained herein shall constitute a waiver by the County of its sovereign immunity, the limits of liability or the provisions of §768.28, Florida Statutes.

14.0 **AMENDMENTS**

This agreement may be amended by mutual written agreement of the parties and may be changed only by such written amendment.

15.0 **DEFAULT AND TERMINATION**

The failure of either party to comply with any provision of this agreement shall place that party in default. Prior to terminating this agreement, the non-defaulting party shall notify the defaulting party in writing. Notification shall make specific reference to the provision which gave rise to the default.

The defaulting party shall be given seven (7) days in which to cure the default. Department Director is authorized to provide written notice of termination on behalf of the County, and if the default situation is not corrected within the allotted time, the Department is authorized to provide final termination notice on behalf of the County to the Contractor.

The County may terminate this agreement without cause by first providing at least thirty (30) days written notice to the Contractor prior to the termination date. The Department Director is authorized to provide written notice of termination on behalf of the County.

If the contractor is adjudged bankrupt, either voluntary or involuntary, the County may terminate the contract effective on the day and at the time the bankruptcy petition is filed and may proceed to provide service as previously outlined.

In the event funds to finance this contract become unavailable, the County may terminate the contract with no less than twenty-four hours' notice in writing to the Contractor. The County shall be the final authority as to the availability of funds.

16.0 SUCCESSORS AND ASSIGNS

The County and Contractor each bind the other and their respective successors and assigns in all respects to all of the terms, conditions, covenants, and provisions of this agreement, and any assignment or transfer by the Contractor of its interest in this agreement without the written consent of the County shall be void. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the County or Contractor, nor shall it be construed as giving any right or benefit hereunder to anyone other than the County or the Contractor.

17.0 NON WAIVER

The failure of either party to exercise any right shall not be considered a waiver of such right in the event of any further default or noncompliance.

18.0 BOOKS AND RECORDS

The county shall have the right to audit, review, examine and transcribe any pertinent records or documents relating to any contract resulting from this solicitation held by the Contractor. The Contractor will retain all documents applicable to the contracts for a period of not less than three years after final payment is made.

19.0 ACCIDENT PREVENTION

Precaution shall be exercised at all times for the protection of employees, other persons and property.

Contractor's employees shall report to their superintendent any hazardous conditions or items in need of repair noted during the performance of work. Said superintendent shall thereupon notify the responsible agent or his designee of such conditions.

20.0 WORKPLACE VIOLENCE

Employees of bidders (or responders for RFP's) are prohibited from committing any act of workplace violence. Violation may be grounds for termination. Workplace violence means the commission of any of the following acts by a bidder's employee.

Battery: intentional offensive touching or application of force or violence to another.

Stalking: willfully, maliciously and repeatedly following or harassing another person.

PART C- TECHNICAL SPECIFICATIONS

1.0 SCOPE

The provisions contained in this section are intended to be cooperative with, to supplement, or to modify Instructions to Bidders and Terms and Conditions. In case of any conflict with such sections, the intent of any kind and all Technical Specifications shall govern.

- 1.1 Provide all labor and tools necessary to perform inspections/testing/maintenance of the fire protection systems installed in the various County owned buildings. This work shall include Fire Pumps, Sprinkler Heads, Fire Suppression Systems, Fire Risers, Ansul Systems, Halon and FM 200 Systems.
- 1.2 All Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.
- 1.3 Inspections/testing/maintenance shall be in accordance with local authorities having jurisdiction and NFPA 25 2017 FLORIDA Edition for Sprinkler Inspections/Testing/Maintenance shall be followed. Routine maintenance/testing/inspections shall include all services necessary per the NFPA 25 2017 Edition guidelines for quarterly, semiannual, annual testing, and maintenance requirements.
- 1.4 All testing/inspections shall be recorded on approved NFPA 25 2017 FLORIDA Edition inspection reports as per attachments. All inspection/test/maintenance reports shall have one copy left in the clear Plexiglas wall pocket adjacent to the sprinkler system control valve or riser of each building being inspected/tested and one copy forwarded to Facilities Management Division Office addressed to:

Facilities Management Department
Facilities Manager
915 SE 5th Street
Gainesville FL 32601
- 1.5 The Criminal Courthouse, Civil Courthouse, Sheriff's Office, County Jail, Administration Building, Community Support Services/Heath Department and Consolidated Communications Center (911) **require two (2) inspectors to perform required services.**

2.0 FIRE ALARM MAINTENANCE AND INSPECTIONS REQUIREMENTS

- 2.1 Contractors shall be governed by the general requirements of the NFPA 72 2017 FLORIDA Edition fire alarm code for maintenance of the fire alarm systems. The requirements for testing, inspecting and maintaining fire detection devices and panels associated with the fire alarm system shall also be bid to meet the requirements of the NFPA 72 2017 Edition fire alarm code. The County's equipment, such as the linear beam smoke detectors, are not directly mentioned in the NFPA 72 2017 Edition documents; however, they must inspect, maintain all County's fire alarm equipment and units and conduct tests by the vendor, according to the manufacturer's operation and maintenance manuals. The contractor shall maintain and keep current all records of maintenance, testing, and inspections performed. Contractor will provide all records of testing and maintenance upon request by the County and a report will be required annually.

3.0 SPRINKLER SYSTEM MAINTENANCE AND INSPECTION REQUIREMENTS

- 3.1 Automatic sprinkler systems shall be inspected, tested and maintained according to NFPA 25 2017 Edition, code and manuals. As stated above, the NFPA 25 2017 Edition, documents may not

directly mention the type of equipment located in the libraries; however, all of the County's sprinkler equipment and units must be inspected, maintained, and tested by the vendor, according to the manufacturer's operation and maintenance manuals. Operation and maintenance manuals will be available upon request.

- 3.2 The 5th year Sprinkler Inspection, Test and Maintenance Service will be required by the NFPA 25 2017 Edition. The inspection, test and maintenance shall cover the following services:
 - 3.2.1 alarm valves (internal)
 - 3.2.2 strainers, filters (internal)
 - 3.2.3 gauges (replace)
 - 3.2.4 underground piping flow
 - 3.2.5 standpipe flow
 - 3.2.6 high temperature sprinklers (solder type) and system flushing.

4.0 **HALON INSPECTION REQUIREMENTS**

- 4.1 All bids for Halon inspection shall conform to NFPA 2001 code and manuals which detail the requirements for the testing and servicing of a Halon suppression system. As stated above the NFPA document may not directly mention the type of equipment located at the County or HQ Library, however, all County & Library Halon equipment and units must be inspected, maintained and tested by the vendor, according to the manufacturer's operation and maintenance manuals.

5.0 **WATER-BASED (Wet) FIRE PROTECTION SYSTEMS**

- 5.1 In general, all inspections, testing and maintenance methods and procedures shall follow the same as those found in NFPA 25 2017 Edition, Standards for Inspection, Maintenance, and Testing of Water-Based and Dry Fire Protection Systems.

6.0 **BACKGROUND CHECKS**

- 6.1 Contractors will be required to successfully pass a background check prior to entering any County building. The Contractor will be responsible for the costs of background checks.
- 6.2 Contractor will have background checks, acceptable to the County on all employees of the Contractor and any subcontractors, whether full or part time at least 72 hours prior to such employee(s) commencing work. The Contractor will ensure that no employee of the contractor or any sub-contractor who has not had a background check run will enter Buildings identified in this agreement as requiring such checks.
- 6.3 The County or the Administrating Official for Agencies occupying buildings for which the County provides maintenance, janitorial, construction or other services may refuse to allow any contractor or sub-contractor's employee's access to the buildings or offices occupied if deemed by the Agency Administrator to be in the best interest of the orderly functioning of the Agency.

7.0 **IDENTIFICATION BADGES**

- 7.1 The contractor shall require that all his employees have a shirt with visible company logo and personal identification on the individual employee. All contractor personnel must follow all applicable sign-in rules/guidelines associated with various buildings and/or as required by security staff.

8.0 **HOURS OF SERVICE**

8.1 Inspection/Testing/Maintenance shall be performed Monday through Friday, between the hours 6:30 AM and 6:30 PM and/or after hours to reduce the chance of interruptions such fire pumps testing. Emergency repair calls during normal working hours will be charged at a rate set in the price schedule. Emergency repair calls after hours will be charged at the overtime rate.

9.0 **ANNUAL PRICE ADJUSTMENTS**

9.1 At the option of the County, Price adjustments (whether an increase or decrease) will be based on the change in the Consumer Price Index or Commodity Price Index for the preceding twelve (12) months as calculated and published by the United States Department of Labor.

10.0 **MANDATORY PRE-BID SITE VISITS**

10.1 Bidders are required to visit each building/facility, compare the specifications with the work to be completed and inform themselves as to all conditions. Failure to do so will in no manner relieve the successful bidder from the necessary furnishing of materials, or performing any of the work that may be required to carry out and/or complete the contract in accordance with true intent and meaning of the specifications.

11.0 **AWARD OF CONTRACT**

11.1 This bid will be awarded by lump sum total with the Annual Fire Sprinkler/Risers Inspection weighting sixty-five (65%) and Maintenance and Repair Services Labor Rates weighting forty-five (45%) .

12.0 **LIST OF BUILDING AND SERVICES FOR SITE VISITS**

FACILITY	FIRE ALARM	STAND PIPES	FIRE PUMP	SPRINKLER HEAD	HALON/FM 200 SUPPRESSION
Alachua County Jail 3333 NE 39 th Avenue; Gainesville FL	Yes	No	Yes	Yes	Yes
Alachua County Sheriff's Department 2621 SE Hawthorne Road; Gainesville FL	Yes	No	No	Yes	Yes
Animal Services 3500 NE 53 rd Avenue; Gainesville FL	Yes	No	No	Yes	No
Austin Carey Fire Tower 12160 NE Waldo Road Gainesville	Yes	No	No	No	No
Civil Courthouse 201 E University Avenue; Gainesville FL	Yes	Yes	Yes	Yes	Yes
Community Support Services/ Health Dept 218 SE 24 th Street; Gainesville FL	Yes	No	Yes	Yes	No
Consolidated Communications Center (911) 2620 SE Hawthorne Road; Gainesville FL	Yes	No	No	Yes	Yes
County Administration Building 12 SE 1 st Street; Gainesville FL	Yes	Yes	No	No	No
County Administrative Annex Building	Yes	No	No	Yes	No

120 S Main Street; Gainesville FL					
Criminal Courthouse 220 South Main Street; Gainesville FL	Yes	Yes	Yes	Yes	No
Fairgrounds 2800 NE 39 th Avenue ; Gainesville FL	Yes	Yes	No	Yes	No
Fire Station #20 16935 NW Hwy 441 High Springs	Yes	No	Yes	Yes	No
Fire Station #23 1600 Ft. Clark Blvd Gainesville	Yes	No	No	Yes	No
Fire Station #24 3509 NW 143 rd Street Jonesville	Yes	No	No	Yes	No
Fire Station #25 12825 NW Hwy 441 Gainesville	Yes	No	No	Yes	No
Fire Station #30 930 SE 5 th Street Gainesville	Yes	No	No	Yes	No
Fire Station #33 5901 NW 34 th Street Gainesville	Yes	No	No	Yes	No
Fire Station #40 14377 NE Hwy 301 Waldo	Yes	No	No	Yes	No
Fire Station #41 5715 NE Hwy 301 Hawthorne	Yes	No	No	Yes	No
Fire Station #60 1320 SE 43 rd Street Gainesville	Yes	No	No	Yes	No
Fire Station #80 2000 SW 43 rd Street Gainesville	No	No	No	Yes	No
Fire Station #81 8815 SW Archer Road Gainesville	Yes	No	No	Yes	No
Fire Station #82 17128 SW Archer Road Archer	Yes	No	No	Yes	No
Household Hazard Waste Collection Center 5125 NE 63 rd Avenue; Gainesville FL	Yes	No	No	Yes	No
Main Street Legal Building 33 N Main Street; Gainesville FL	Yes	No	No	Yes	No
Metamorphosis Building 4201 SW 21 st Street; Gainesville FL	Yes	No	No	No	No
Records Retention Building 919 SE 5 th Street; Gainesville FL	Yes	No	No	Yes	No
Recovered Material Processing Building 5121 NE 63 rd Avenue; Gainesville FL	Yes	No	No	Yes	No
State Attorney's Building 120 West University, Gainesville FL	Yes	No	No	No	No
Transfer Station Building/ Administration Office 5115 NE 63 rd Avenue; Gainesville FL	Yes	No	Yes	Yes	No
Wilson Building 30 E University Ave; Gainesville FL	Yes	No	No	Yes	Yes
Work Release –Mod #1 3333 NE 39 th Avenue; Gainesville FL	No	No	No	Yes	No
Work Release –Mod #2 3333 NE 39 th Avenue; Gainesville FL	No	No	No	Yes	No

Work Release -POD 1 (Women's) 3375 NE 39 th Avenue; Gainesville FL	Yes	No	No	No	No
Work Release -POD 2 (Men's) 3375 NE 39 th Avenue; Gainesville FL	Yes	No	No	No	No
SWAG Resource Center 807 SW 64 th Terrace Gainesville FL	Yes	No	No	No	No
Public Defender Building 151 SW 2 nd Avenue Gainesville FL	Yes	No	No	Yes	No
Josiah T Walls Building 515 North Main Street Gainesville FL	Yes	No	Yes	Yes	No

13.0 **CONTRACTOR'S RESPONSIBILITIES**

13.1 **General Conditions**

13.1.1 Inspection/testing of all fire-sprinkler, fire pumps, fire risers, Halon, FM 200, and Ansul systems in County owned and/or leased buildings as per attached building list.

13.1.2 The contractor shall submit upon completion of each inspection/test a report consisting of: building tested, type of device being tested, number of devices being tested, condition of devices, remarks concerning status of devices, signature of licensed testing technician, the company's name and telephone number. Areas not covered or improperly covered by sprinkler systems shall be reported in writing to Facilities Management, or his designee, attention and addressed to:

Facilities Management Department
Facilities Manager
915 SE 5th Street
Gainesville FL 32601

13.1.3 All systems will be left in normal operating condition; this shall include resting. If for any reason this cannot be accomplished, the Facilities Management Division shall be notified before the inspector leaves the premises.

13.1.4 Fines associated with accidental activation of fire alarms while performing tests is the responsibility of the testing contractor.

13.1.5 The fire sprinkler contractor shall have a State Fire Marshall Contractor Type I or Type II license. *(Submit a copy of the license with bid response).*

13.1.6 The awarded vendor must produce and provide in a format approved by the County a Device and Services Report/Listing. This report will be maintained annually for all County's buildings.

13.2 **Dispatch of Work**

13.2.1 Inspections/Testing/Maintenance will be assigned by means of a yearly printed schedule set in a team effort between the contractor and the County and will be recorded by work order. A copy of the inspection/test and maintenance report will be placed in the building log book at the building being inspected and an additional copy will be sent to the Facilities Management Department office attached to the invoice.

13.2.2 A work order number will be issued by Facilities Management Department for work scheduled between the County and the contractor. The work order number and the purchase order number (for repairs) will be included on all invoices submitted for payment.

13.3 **Inspection, Test, and Maintenance Reports**

13.3.1 All quarterly, semiannual and annual reports shall be as per NFPA 25.

13.3.2 The following NFPA forms shall be used for quarterly, semiannual and annual fire systems inspections/testing.

- 13.3.2.1 Form 25-13 (Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems)
- 13.3.2.2 Form 25-14 (Form for Inspection, Testing and Maintenance of Standpipe and Hose Systems)
- 13.3.2.3 Form 25-20 (Form for Inspection, Testing and Maintenance of Fire Pumps)
- 13.3.2.4 Form 94-106A (Report of Inspection and Testing, of Water Based Fire Protection Systems Quarterly and Annual Items to be Reviewed)

13.4 **Payment**

- 13.4.1 Payment will be made only after services are rendered and properly itemized invoices have been received.
- 13.4.2 Payments for all itemized sums must be properly invoiced and shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes “Local Government Prompt Payment Act.”
- 13.4.3 All charges (trip charge, fuel charge, labor, etc.) must be included in bid pricing.

13.5 **Changes to Services**

- 13.5.1 County may add or delete Buildings covered under this bid.
- 13.5.2 In cases of deletions, County will issue notification to the contractor as to equipment that is no longer to be covered and effective date of same.
- 13.5.3 In cases of additions (either added as upgrades to existing facilities or in newly acquired County owned or leased facilities), services will be provided at a rate consistent with the bid prices contained herein. In those cases in where devices/systems not covered by this bid, County and vendor will negotiate a rate acceptable to the County. At County’s option such additional.

PART D – BIDDERS CHECK LIST

Bidders may use the boxes to the left to check off items when completed.

The checklist is intended as a reminder for certain important items and is not necessarily a complete list of what must be included in your BID submission.

- Bid Form (Remember to fill this form out completely) THIS FORM MUST BE SIGNED.
- Acknowledge all Addendum(s) issued with this solicitation. A place to check off acknowledgement is on the bid form.
- Fill out all of the exhibits as required, especially Exhibit D, Small Business Enterprise (SBE) Program Participation Form and Exhibit E Alachua County Government Minimum Wage (GMW) Form.
- Include any insurance requirements. (Attachment 2 of 2)
- Include any bonds that may be applicable. N/A
- Remember to post your Bid on DemandStar prior to the submittal deadline.

If you have questions concerning these items or other, sections of the bid solicitation please contact Procurement for clarification prior to submitting your bid.

EXHIBIT A

BID FORM

BID NUMBER: **21-215 R**

BID OPENING DATE: **2:00 pm, Wednesday, August 26, 2020**

★ Siemens has based costs on 350lb halon systems (referenced in the 2 included reports). Since not all reports were included and we did not have access to those sites, systems that go above, will be an additional fee.

TO: The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Annual Bid Prices for Fire Alarm, Wet and Dry Fire Sprinkler, Backflow Preventers and Halon/FM 200 Inspections								
Building Locations	\$ Annual Fire Alarm Inspection/ Maintenance	\$ Annual Fire Sprinkler Inspection/ Maintenance	\$ Additional Quarterly Sprinkler Inspections (3 Required)	\$ Annual Backflow Preventer & PIV Inspection/ Maintenance	\$ Halon/FM 200 Inspections (2 Required) See Note Above	\$ 3 Year Dry Sprinkler Inspection	\$ 5th Year Wet & Dry Sprinkler Inspection	\$ TOTAL (Extend ALL Cost Columns)
Alachua County Jail	\$5,000	\$3,309	\$2,182	\$136	\$2,636	\$0	\$6,364	\$19,627
Alachua County Sheriff's Department	\$1,000	\$727	\$1,091	\$136	\$2,636	\$545	\$1,236	\$7,371
Animal Services	\$1,000	\$364	\$545	\$73			\$545	\$2,527
Austin Carey Fire Tower	\$1,000							\$1,000
Civil Courthouse <i>(Must be Inspected on Weekends)</i>	\$3,500	\$955	\$1,091	\$136	\$2,636	\$727	\$1,636	\$10,681
Community Support Services/ Health Dept	\$1,000	\$545	\$727	\$136			\$1,091	\$3,499
Consolidated Communications Center (911)	\$1,000	\$545	\$836	\$136		\$545	\$1,091	\$4,153
County Administration Building	\$1,000			\$73				\$1,073
County Administrative Annex Building	\$1,000	\$364	\$518	\$73		\$0	\$1,091	\$3,046
Criminal Courthouse <i>(Must be Inspected on Weekends)</i>	\$3,347	\$2,182	\$1,091	\$136		\$0	\$2,364	\$9,120
Fairgrounds	\$1,000	\$364	\$409	\$73			\$545	\$2,391
Fire Station # 20	\$1,000	\$364	\$382	\$73			\$545	\$2,364
Fire Station #23	\$1,000	\$227	\$382	\$73			\$545	\$2,227
Fire Station #24	\$1,000	\$227	\$382	\$73			\$545	\$2,227
Fire Station #25	\$1,000	\$227	\$382	\$73			\$545	\$2,227
Fire Station #30	\$1,000	\$227	\$382	\$73			\$545	\$2,227
Fire Station #33	\$1,000	\$227	\$382	\$73			\$545	\$2,227

Fire Station #40	\$1,000	\$227	\$382	\$73		\$545	\$2,227
Fire Station #41	\$1,000	\$227	\$382	\$73		\$545	\$2,227
Fire Station #60	\$1,000	\$227	\$382	\$73		\$545	\$2,227
Fire Station #80	\$1,000	\$227	\$382	\$73		\$545	\$2,227
Fire Station #81	\$1,000	\$227	\$382	\$73		\$545	\$2,227
Fire Station #82	\$1,000	\$227	\$382	\$73		\$545	\$2,227
Household Hazard Waste Collection Center	\$1,000	\$364	\$382	\$73		\$773	\$2,592
Main Street Legal Building	\$1,000	\$364	\$382	\$73		\$545	\$2,364
Metamorphosis Building	\$1,000						\$1,000
Records Retention Building	\$1,000	\$545	\$518	\$136		\$545	\$2,744
Recovered Material Processing Building	\$1,000	\$500	\$409	\$73	\$727	\$636	\$3,345
State Attorney Building	\$1,000						\$1,000
Transfer Station Building/ Admin Office	\$1,000						\$1,000
Wilson Building	\$1,000	\$364	\$545	\$73	\$2,636	\$545	\$5,163
Work Release –Mod #1		\$182	\$382			\$409	\$973
Work Release –Mod #2		\$182	\$336			\$409	\$927
Work Release – POD 1 (Women’s)	\$1,000				\$2,636		\$3,636
Work Release – POD 2 (Men’s)	\$1,000						\$1,000
SWAG Resource Center	\$1,000				\$2,636	<-says "no" on p17	\$3,636
Public Defender Building	\$1,000	\$364	\$518	\$73		\$545	\$2,500
Josiah T Walls Building	\$1,000	\$909	\$691	\$73		\$1,091	\$3,764
Building Location <small>Included in columns to right</small>	\$ Annual Standpipe Inspection/ Maintenance	\$ 3 Year Standpipe Testing	\$ 5 Year Standpipe Testing				
Civil Courthouse <i>(Must be Inspected on Weekends)</i>	Included	\$455	\$727				\$1,182
County Administration Building	Included	\$455	\$545				\$1,000
Criminal Courthouse <i>(Must be Inspected on Weekends)</i>	Included	\$364	\$727				\$1,091
Fairgrounds	Included	\$91	\$309				\$400
TOTAL \$ AMOUNT (Bid Award will be based the on LUMP SUM TOTAL)				\$130,668 (Lump Sum Bid Award Base)			

Fire Alarm and Integrated Labor Rates For Repairs and NO Material Markup		
Item	\$ Standard Hours	\$ Overtime Hours
Labor Rate For Repairs, per Hour, 1 st Person	\$147 /hour	\$221 OT/\$294 Sun./Holiday /hour
Labor Rate For Repairs, per Hour, 2 st Person	\$147 /hour	\$221 OT/\$294 Sun./Holiday /hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Sprinkler Labor Rate For Repairs And NO Material Markup		
Item	\$ Standard Hours	\$ Overtime Hours
Labor Rate For Repairs, per Hour, 1 st Person	\$95 /hour	\$142.50 /hour
Labor Rate For Repairs, per Hour, 2 st Person	\$60 /hour	\$90 /hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Fire Alarm & Sprinkler Labor Rate For Repairs and NO Material Markup		
Item	\$ Standard Hours	
Labor Rate for Normal Hours Emergency Repairs, per Hour 1 st Person	Alarm-\$147 2hr min Sprinkler- \$142.50 3hr min	/hour
Labor Rate for Normal Hours Emergency Repairs, per Hour 2 nd Person	Alarm-\$147 2hr min Sprinkler- \$142.50 3hr min	/hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Acknowledge Receipt of Addendum(s) (if applicable circle):

#1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: Amanda Carrington Company: Siemens Industry, Inc.

Address: 4111 NW 6th St Gainesville, FL 32609

Authorized Signature: _____ Title: Branch Manager

Clearly Print Name: Josh Hudanish

Phone: 813-205-9483 Fax: 850-504-0343 Date: 8-24-20

Email Address: amanda.carrington@siemens.com

PLEASE SEE
SUBSEQUENT PAGES
FOR DOA AND
COMPLETED
VERSION OF
EXHIBIT B.

EXHIBIT B

(Insert Name of Corporation)

**CORPORATE RESOLUTION
GRANTING SIGNING AUTHORITY
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of _____, a

(insert name of company)

_____ corporation (the "Corporation"), at a duly and properly

(insert state of incorporation)

held meeting on the _____ day of _____, 20____, did hereby consent to, adopt,
ratify, confirm and approve the following recitals and resolutions:

WHEREAS, the Corporation is a duly formed, validly existing corporation in good standing under the laws of
the State of _____ and is authorized to do business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute and enter into contracts and
conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of the Corporation
listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts
and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to
the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications
for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related
to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision
of the State of Florida:

NAME

TITLE

**DELEGATION OF SIGNATURE AUTHORITY FORM
SIEMENS INDUSTRY, INC.
SMART INFRASTRUCTURE DIVISION**

We, the undersigned, Scott Brady, Southeast Zone Vice President, and Alcindor Shaw, Southeast Zone Finance and Business Administration on behalf of **Siemens Industry, Inc. (SII)**, for its **Smart Infrastructure Division**, by virtue of the authority vested in us to sign or countersign and otherwise execute in the name, or on behalf of the SII Smart Infrastructure, the documents listed below for and on behalf of the SII Smart Infrastructure Division, do hereby delegate to and acknowledge that the following person(s) may exercise such authority for and on our behalf.

Delegation 1 - Type of document:

Project Bids / Proposals:	X	
Customer Contracts / Agreements:	X	
Project Certificates / Affidavits:	X	
Releases and Waiver of Liens:	X – FBA Only	
Other:	Subcontract Agreements, Fleet Approvals	

Transactional Limit: \$2,000,000

Branch Manager	Branch FBA Manager	Operations
Jeffrey Goranson	Gil Rosado-Ortiz	Barry Hunt
Russell Reno	James Pipes	
Matt Bennett	Katy Nierman	
Travis Ezelle		
Alfredo Bisbal		
Matt Hashenberger		
Ivan Aron		
Jerry Brown		
Joshua Hudanish		
Dan Mathewson		

Transactional Limit: \$1,000,000

Ramon Alvarez, Operations Manager

Transactional Limit: \$75,000

Sheryl Johnson, Zone Controller (FBA)

Valid Until: Fixed Delegation

Delegation 2 - Type of document:

Project Bids / Proposals: _____

Customer Contracts / Agreements: _____

Project Certificates / Affidavits: _____

Releases and Waiver of Liens: _____

Other: **Administer & Sign Certified Payroll**

Transactional Limit: Unlimited

Pati Dieppa, Accountant

Valid Until: Fixed Delegation

Delegation 3 - Type of document:

Project Bids / Proposals: _____

Customer Contracts / Agreements: _____

Project Certificates / Affidavits: _____

Releases and Waiver of Liens: X

Other: **Approve & Sign Pay Applications**

Transactional Limit: \$150,000
Angela Liles, Field Accounting Supervisor

Transactional Limit: \$350,000
Sheryl Johnson, Zone Controller

Valid Until: Fixed Delegation

Delegation 4 - Type of document:

Project Bids / Proposals: _____

Customer Contracts / Agreements: _____

Project Certificates / Affidavits: _____

Releases and Waiver of Liens: _____

Other: **Subcontract Agreements**

Transactional Limit: \$1,000,000

Transactional Limit: \$500,000

Jack Wentz
Brian Brumage
Garland Necaize
John Lovelady
Randall Heaton
Pragash Sundaraja

Christopher Lock
Rob Yance
Brian Greene
Steve Saunders
Charles Roberts

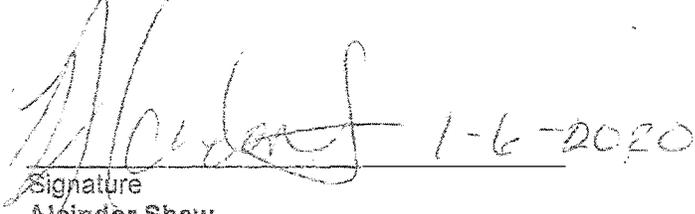
Valid Until: Fixed Delegation

We further designate and acknowledge that the signature(s) of the person(s) delegated above is (are) binding upon the SII Smart Infrastructure Division in the above identified circumstances and shall have the same force and effect as would our signatures. Electronic (use of PKI card only) or wet signatures or a combination of both of the contract agreements or documents are allowed. Documents that require signature shall require two (2) signatures of the Authorized Signatures, one from Business Operations and one from FBA.

Effective Date: January 6th, 2020

 1/10/2020

Signature
Scott Brady
Southeast Zone Vice President

 1-6-2020

Signature
Alcindor Shaw
Southeast Zone FBA

EXHIBIT B

EXHIBIT I

Siemens Industry, Inc.

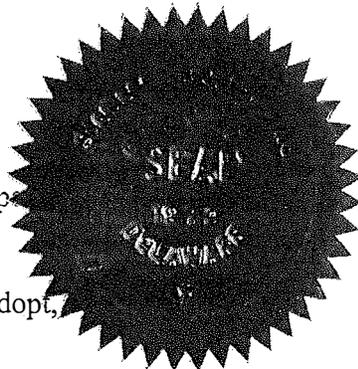
(Insert Name of Corporation)

**CORPORATE RESOLUTION GRANTING SIGNING AUTHORITY
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of Siemens Industry, Inc., a
(insert name of company)

Delaware corporation (the "Corporation"), at a duly and prop
(insert state of incorporation)

held meeting on the 7 day of July, 2020, did hereby consent to, adopt,
ratify, confirm and approve the following recitals and resolutions:



WHEREAS, the Corporation is a duly formed, validly existing corporation in good standing under the laws of the State of Delaware and is authorized to do business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute and enter into contracts and conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of the Corporation listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision of the State of Florida:

NAME

TITLE

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Procurement Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Procurement Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 7 day of July, 2010, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal) Secretary of the Corporation

By: _____

(Print Secretary's Name)



EXHIBIT D

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

OPTION 1

I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

Circle One:

Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to Option 2).

OPTION 2

I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.

Circle One:

Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to Option 3.)

EXHIBIT D

**BID NUMBER: «21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services
OPTION 3**

SBE Participation. I certify that our Company has contacted the Alachua County’s Certified SBEs listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, “a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind.”

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for the total dollar value and percentage of the bid set forth below.

If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to Option 4 and document your Good Faith Effort.

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

EXHIBIT D

**BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services
OPTION 4**

SBE Good Faith Effort. To be considered responsive all Vendors should have SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. If option 1, 2 or 3 was not chosen the Vendor should complete the section below substantiating compliance with good faith effort requirements.

In accordance with Section 22.11-207, of the Alachua County Procurement Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response should be recorded in the section below.)

Name of SBE Company: Alachua Fire Extinguisher

Date SBE Contacted: 4.25.20

SBE Contact Name and Phone #: 352-377-3473 Lora Ryan

Must be completed by. SBE Response when contacted: Declined due to scope of work

Name of SBE Company: Wiginton Fire Systems Gainesville

Date SBE Contacted: 3.30.20

SBE Contact Name and Phone #: Michael Ivey 352-264-0050

Must be completed by. SBE Response when contacted: Declined due to scope of work

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

EXHIBIT D

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

I as the undersigned Vendor certify that I have completed one of the option(s) below (Circle One):

OPTION 1 OPTION 2 OPTION 3 OPTION 4

If you are unable to certify that, you have completed to the best of your knowledge and belief OPTION 1, OPTION 2, OPTION 3 or OPTION 4, CALL (48 hours prior to bid opening) Procurement at 352.374.5202, for direction.

Vendor Name: **Siemens Industry, Inc.** Date: **8.24.20**

Signature:  Title: **Account Executive**

Printed Name: **Amanda Carrington**

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article 12 of the Alachua County Code.

Please mark the appropriate box below that applies to how you pay your employees:

- Employees involved with Alachua County projects are paid a minimum of \$14.50 hourly or the current prevailing wage and are provided health benefits?

- Employees involved with Alachua County projects are paid a minimum of \$16.50 hourly or the current prevailing wage but are not provided health benefits?

Bidder: **Amanda Carrington** Company: **Siemens Industry, Inc.**

Address: **4111 NW 6th St Gainesville, FL 32609**

Authorized Signature: _____ Title: **Branch Manager**

Clearly Print Name: **Josh Hudanish**

Phone: **813-205-9483** Fax: **850-504-0343** Date: **8.24.20**

Email Address: **amanda.carrington@siemens.com**

EXHIBIT F

DRUG FREE WORKPLACE

Florida Statute , Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process

The undersigned vendor in accordance with §287.087, Florida Statute hereby certifies that

Siemens Industry, Inc.

Name of Business

Does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Bidder's Signature

8.24.20

Date

EXHIBIT G

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit B.

Name of Contractor: Siemens Industry, Inc.

Address: 4111 NW 6th St Gainesville, FL 32609

Scope of Work to be Performed: Fire alarm inspections

Total \$ Value: \$ 44,847 % of Total BID/RFP: 30 %

Name of Contractor: Sprinklermatic

Address: 540 Owen St Jacksonville, FL 32254 Note: tech based in Keystone Heights

Scope of Work to be Performed: Fire sprinkler, backflow, 3 year, 5 year inspections

Total \$ Value: \$ 70,003 % of Total BID/RFP: 60 %

ctor: Orr Protection (Name of Contractor) _____

Address: 109 Carriage Hill Dr Casselberry, FL 32707 Note: offices in Orlando & Brandon, tech in Palatka

Scope of Work to be Performed: Halon inspections

Total \$ Value: \$ 15,818 % of Total BID/RFP: 10 %

Labor Rate - \$129 regular time, \$193.50 OT with 4hr min

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

If additional space is required for your subcontractor listing, make copies of this **Exhibit G** and submit with your bid package.

EXHIBIT H

BIDDER'S QUESTIONNAIRE

Bidder's Name: Amanda Carrington

Bidder's Address: 4111 NW 6th St Gainesville, FL 32609 Phone: 813-205-9483

Number of years in this type of service? 100 Number of years licensed in Alachua County: 20+

Number of employees "ON THE JOB" each week: 40 Number of employees "ON CALL" each week: 15

Will you subcontract any part of this work: Yes No

If so, give details:

Fire sprinkler to Sprinklermatic and halon to Orr

List all major equipment which will be available upon commencement of the agreement to perform the required service: canned smoke

Do you currently hold any municipality contracts: Yes No

If so, please indicate below:

City of Jacksonville Beach, City of Jacksonville, City of Gainesville, Lowndes County, Chatham County, City of Tallahassee, Baker County,

Holmes County, Leon County

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

1) Firm: Leon County School District Phone: 850-617-1768

Contact Person: Jim Sciara

2) Firm: Florida Department of Transportation Phone: 850-414-4031

Contact Person: Kristin Smith

3) Firm: Flagler County School District Phone: 386-233-0559

Contact Person: Billy Vick

Are your employees screened by: (indicate below)

1) Polygraph No

2) General Interview Yes

3) Background Investigation Yes

4) Police Record Check Yes

5) Additional Drug Screening

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes ___ No x. If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours: Monday-Friday 8am-5pm

Describe below, your firm's operational plan for providing the services under this agreement:

Create schedule, coordinate with subs, complete inspections, deliver reports, promptly resolve deficiencies, serve as trusted advisor throughout

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE: 8.24.20 AUTHORIZED SIGNATURE: 

EXHIBIT I

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between Alachua County and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: Amanda Carrington

ADDRESS: 4111 NW 6th St Gainesville, FL 32609

PHONE NO.: 813-205-9483

FAX NO.: 850- 504-0343

EMAIL ADDRESS: amanda.carrington@siemens.com

ALTERNATE RESPONSIBLE AGENT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL ADDRESS: _____

SIGNED:  DATE: 8.24.20

EXHIBIT J

TYPE "A" INSURANCE REQUIREMENTS "ARTISAN CONTRACTORS / SERVICE CONTACTS"

The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.

COMMERCIAL GENERAL LIABILITY

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

AUTOMOBILE LIABILITY

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

BUILDER'S RISK / INSTALLATION FLOATERS (when applicable)

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the National Flood Insurance Program.

EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)

Employee Dishonesty coverage must be afforded for not less than \$500,000 Blanket all employees ISO Form

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

I Commercial General Liability and Automobile Liability Coverages

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

II All Coverages

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.

SUBCONTRACTORS

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

CERTIFICATE HOLDER: Alachua County Board of County Commissioners

MAIL, EMAIL or FAX CERTIFICATES

The Certificate of Insurance must include the following:

Department Contact: Steven Wargo

Department: **Facilities Management**

Phone: **352.374.5229**

Email: **swargo@alachuacounty.us**

Bid: **21-215 Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services**

EMAILED COI TO STEVE (CC'D MARKISHA) AND ATTACHED TO BID

Gator Fire Equipment Company #JT 0815

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/28/2020 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Management Phone: _____

Owner's Address: 915 SE 5th St Gainesville FL 32605

Property Being Inspected: Alachua Administrative Annex Phone: _____

Property Address: 10 SW 2nd Avenue, Gainesville, Florida 32601

Monitoring Entity

Name: Crime Prevention
Telephone: (352) 376-1582
Account Ref. #: C02-01-9331

Approving Agency

Contact: Alachua County
Phone: 352-955-1818. (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Simplex
Model #: 4010

Last Date System Had Any Service Performed: 01/2020
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): _____ B
Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>7:30 am</u>
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	<u>Crime prevention</u>	<u>7:30 am</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>7:30 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 05/28/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 05/28/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/28/2020 Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity	
Manual Pull Stations	B	9	4	Other	_____
Ion Detectors	B	_____	4	Other	_____
Photo Detectors	B	9	4	Other	_____
Duct Detectors	B	8	4	Other	_____
Heat Detectors	B	10	4	Other	_____
Waterflow Switches	B	1	4	Other	_____
Supervisory Switches	B	1	4	Other	_____
Pressure Switches	B	_____	4	Other	_____
Low Air	B	_____	4	Other	_____
Other(Specify):	B	_____	4	Other	_____

Bells	Y	_____	Other	_____
Horns	Y	24	Other	_____
Speakers	Y	_____	Other	_____
Chimes	Y	_____	Other	_____
Strobes	Y	25	Other	_____
Horn/Strobes	Y	_____	Other	_____
Other(Specify):	Y	_____	Other	_____

No. of Notification Appliance Circuits: 6

Are Circuits Supervised? Yes No

Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: 1st Floor East

Circuit Information: Supervisory Signal - Initiating Devices

Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Lock Box	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 v Amps 20 A

Over Current Protection: Type: Breaker Amps 20 A

Location (of Primary Supply Panel Board): 1st floor restroom hall

Disconnecting Means Location: CKT# 13

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 26 AH

Calculated capacity to operate system, in hours: 24 or 60

Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Type	Visual	Functional	Comments
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		FACP-5/16. P/S-05/19
Nickel-Cadmium <input type="checkbox"/>	Load Voltage <u>1</u>	<input checked="" type="checkbox"/>	27.4 V. 27.4 V
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	5 - Minutes
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	25.4 V. 25.8 V
	Specific Gravity	<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors

Visual: Comments: _____

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st floor west stair	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator lobby	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor east stair	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor office center	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor lobby	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor west stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor east stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor west stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor east stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl elevator mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor open work area	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor south corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor north corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor open office area	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mechanical room sup.	FDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mechanical room ret.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor mechanical room sup.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor mechanical room ret.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor mechanical room sup.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor mechanical room ret.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor mechanical room sup.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor mechanical room ret.	PDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator mechanical room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor file room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor server room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor conference room west	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor conference room east	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor elevator shaft	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor conference room west	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor conference room east	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor conference room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Elevator pit	H/D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Interface Equipment

(Specify): Power supply (4009)
 (Specify): _____
 (Specify): _____
 (Specify): _____
 (Specify): _____
 (Specify): _____

Visual	Device Operation	Simulated Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Hazard Systems

(Specify): _____
 (Specify): _____
 (Specify): _____
 (Specify): _____

Visual	Device Operation	Simulated Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Notifications That Testing Is Complete

Building Management
 Monitoring Agency
 Building Occupants
 Other (Specify) _____

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who	Time
Management	10:00 am
Crime prevention	10:00 am
Employees	10:00 am

Comments:

Recommended replacement of system batteries. Out of date. (2) 12 v 26 ah batteries.

AHJ-Brian Greene

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/27/2020 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Facilities Phone: _____

Owner's Address 915 SE 5th St Gainesville FL 32605

Property Being Inspected: Alachua County Administration BLDG Phone: _____

Property Address: 12 SE 1st St Gainesville FL 32605

Monitoring Entity

Name: Universal Monitoring
Telephone: 352-331-9032
Account Ref. #: C02-01-4042

Approving Agency

Contact: City of Gainesville
Phone: 352-955-1818 (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Notifier
Model #: NFS-640

Last Date System Had Any Service Performed: 3/2020

Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): _____ B
Circuit Styles: _____ No. of Circuits: _____ 1

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management	7:30 am
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal	7:30 am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employees	7:30 am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 05/27/2020 Time: 2:00 pm

Name of Inspector: Neil Pollock Date: 05/27/2020 Time: 2:00 pm

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/27/2020 Time: 2:00 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity						
Manual Pull Stations	B	15	4	Other	_____	Bells	Y	_____	Other	_____
Ion Detectors	B	_____	4	Other	_____	Horns	Y	_____	Other	_____
Photo Detectors	B	15	4	Other	_____	Speakers	Y	_____	Other	_____
Duct Detectors	B	9	4	Other	_____	Chimes	Y	_____	Other	_____
Heat Detectors	B	14	4	Other	_____	Strobes	Y	_____	Other	_____
Waterflow Switches	B	1	4	Other	_____	Horn/Strobes	Y	101	Other	_____
Supervisory Switches	B	2	4	Other	_____	Other(Specify):	Y	_____	Other	_____
Pressure Switches	B	_____	4	Other	_____					
Low Air	B	_____	4	Other	_____	No. of Notification Appliance Circuits: 20				
Other(Specify):	B	_____	4	Other	_____	Are Circuits Supervised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
						Are Circuits Synchronized? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: East entrance & downstairs 911 center

Circuit Information: Supervisory Signal - Initiating Devices

	Circuit Style/Quantity		Circuit Style/Quantity		Circuit Style/Quantity		
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Lock Box	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	_____	4	Other	_____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20
 Over Current Protection: Type: Breaker Amps 20
 Location (of Primary Supply Panel Board): Basement Electric Rm
 Disconnecting Means Location: #13

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 18 ah
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Secondary Power

Comments

Type	Visual	Functional	
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		FACP-2/19 P/S #1-2/19 P/S #3-2/19
Nickel-Cadmium <input type="checkbox"/>	Load Voltage	<input checked="" type="checkbox"/>	27.2 . 27.2. 27.5. 27.3
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	15 - Minutes
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	25.4. 25.2. 25.5. 25.2
	Specific Gravity	<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which
 also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: Main FACP & Power Supplies

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
4th FI N Stairwell	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI S Stairwell	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI Elevator Lobby	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI Elevator Lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI Penthouse	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI Mech Closet	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI N AHU	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI N AHU	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th FI S AHU	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd FI Elevator Lobby	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd FI E Stairwell	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd FI Elevator Lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd FI Rm 10	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd S Mech Rm	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd Rm 20	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd E Mech Rm	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd FI S Mech Rm	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd FI E Mech Rm	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Auditorium	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI E Stairwell	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI N Stairwell	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI S Stairwell	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Auditorium	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Elevator Lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Rm 106	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Fiscal Closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Rm 222	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Rm 231	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Mech Rm 231	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd FI Mech Rm 231	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st FI E Exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st FI Civil Bureau	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st FI W Exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
W Outside Mech Rm	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st FI E Exit	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st FI Elevator Lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

GATOR FIRE EQUIPMENT COMPANY

1032 S. Main Street, Gainesville, FL 32608 352-373-1738

Report of Inspection & Testing Pre-Engineered Fire Suppression System Report

Name of property: Civil Courthouse Inspector: Donovan Campbell
Address: 201 E University Ave City: Gainesville State: FL Zip: _____
Phone: _____ Owner/Customer: _____

Inspection: Annual Semi-Annual Recharge Installation Renovation Other: _____
Type of System: Range Hood Paint Booth Fuel Island Clean Agent Agent: Wet Dry Clean Agent
Location of System in Facility: _____

Manufacturer: Pyrotechnics Model: _____ Serial #: AA10119
Cylinder Size(s): 1.) 324lbs 2.) _____ 3.) _____ 4.) _____
Serial Number(s) 1.) _____ 2.) _____ 3.) _____ 4.) _____
Last Hydro Date: 1.) _____ 2.) _____ 3.) _____ 4.) _____
Last Recharge Date: 1.) _____ 2.) _____ 3.) _____ 4.) _____
Activation Link Electric Style: _____ Links (#): 360 F - (____) 450 F - (____) 500 F - (____) Other (____) F - (____)
Fuel Shut-off Provided: Yes No Type: Electric Gas # of Micro-switches / Size of Gas Valve: _____ / _____
Manufacturer's Manual Information: (date/page/diagram) _____

Appliance Locations (left to right): Server Room

(All "NO" answers to be fully explained.)

1. Were the inspection and maintenance performed in accordance with the presently adopted editions of NFPA, including 17, 17A, 96, and 2001?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the system tagged in accordance with Rule 69A-21.303, F.A.C.?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the inspection and maintenance performed in accordance with the manufacturer's manual and the manufacturer's specifications?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DEFICIENCIES OR COMMENTS:

The Inspector/permittee certifies that the system was personally inspected and found the conditions to be as indicated on the report, as detailed above. The customer affirms the report was reviewed and was made aware of the condition of the system and any deficiencies that require attention.

Inspector's Signature: _____ Permit Number: FEP12000183 Page 1 of 1
Owner/Customer's Signature: _____ Date / Time of Inspection: 05/22/2020

Gator Fire Equipment Company

J69801

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/02/2020 Time: 10:00 am

Owner or Owner's Rep.: Alachua County Criminal Courthouse Phone: _____

Owner's Address: 220 South Main Street, Gainesville, Florida 32601

Property Being Inspected: Alachua County Criminal Courthouse Phone: _____

Property Address: 220 South Main Street, Gainesville, Florida 32601

Monitoring Entity

Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: C02-01-BE32

Approving Agency

Contact: City of Gainesville
Phone: (352) 955-1818

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Simplex
Model #: 4100

Last Date System Had Any Service Performed: 02/20
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 2 Style(s): _____
Circuit Styles: 4 No. of Circuits: _____

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>10:00 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal Monitoring</u>	<u>10:00 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>10:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 05/02/2020 Time: 4:30 pm

Name of Inspector: Neil Pollock Date: 05/02/2020 Time: 4:30 pm

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/02/2020 Time: 4:30 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

Circuit Style/Quantity			Circuit Style/Quantity			
Manual Pull Stations	B	4 26	Other	Bells	Y	Other
Ion Detectors	B	4	Other	Horns	Y	Other
Photo Detectors	B	4 109	Other	Speakers	Y 85	Other
Duct Detectors	B	4 28	Other	Chimes	Y	Other
Heat Detectors	B	4	Other	Strobes	Y 85	Other
Waterflow Switches	B	4 6	Other	Horn/Strobes	Y	Other
Supervisory Switches	B	4 15	Other	Other(Specify):	Y	Other
Pressure Switches	B	4 1	Other			
Low Air	B	4	Other			
Other(Specify):	B	4	Other			

No. of Notification Appliance Circuits: 52
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: Front lobby (Main entrance)

Circuit Information: Supervisory Signal - Initiating Devices

			Circuit Style/Quantity		
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	4	Other
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	4	Other
Fire Pump Power	N/A	<input type="checkbox"/>	B	1	Other
Fire Pump Running	N/A	<input type="checkbox"/>	B	1	Other
Fire Pump Auto Position	N/A	<input type="checkbox"/>	B	1	Other
Fire Pump or Pump Control Trouble	N/A	<input type="checkbox"/>	B	1	Other
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B	4	Other
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	4	Other
Lock Box	N/A	<input checked="" type="checkbox"/>	B	4	Other
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): Electrical room Panel# EL1-1
 Disconnecting Means Location: CKT# 23

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 33 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Secondary Power

Comments

Type	Visual	Functional	Comments
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		FACP-6/18
Nickel-Cadmium <input type="checkbox"/>	Load Voltage	<input checked="" type="checkbox"/>	27.3 V
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	15 - Minutes
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	25.2 V
	Specific Gravity	<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(3) FACP Interconnected.
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st fl Area# A126 corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# A102 Jury Assembly	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# A Lobby B133 West	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# A101 Stairs exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# A123 Stairs exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# A132 Vestibule exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B151 Boilers room	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B146 Chillers room	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B101 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B150 Electrical room	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B147 Fire pump room	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B133 Lobby east exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B143 Security exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B139 Stairs exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area# B148 Vehicle Sally	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area# A202 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area# A233 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area# A216 Public wait exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area# B128 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area# A302 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area# A340 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area# B307 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area# A360 Public Wait	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th fl Area# B429 Corridor exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th fl Area# A405 Stairs exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5th fl Area# B501 Elev mechanical	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A164 Above Main FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A127 A.B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A108 Communications	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A121 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A138 to A141 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A138 to A142 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A138 to A144 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A148 to A149 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A163 EQ Work room	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
1st fl Area A125 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
2nd fl Area A246 Inmate Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A Judge/Clerk Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A264 W mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A264 E mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A266 Staging STO	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A229 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A230 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A243 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B207 A.V Closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B203 Communications	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B205 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
2nd fl Area B206 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
2nd fl Area B Inmate Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B215 Janitor closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B216 Mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B226 Mechanical room W	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B226 Mechanical room E	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B Public Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area B228 Staging STO	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A354 A.V Closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A348 Electrical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A352 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
3rd fl Area A353 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
3rd fl Area A Inmate Elev Equipment room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A Inmate Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A Judge/Clerk Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A365 E Mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A365 W mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A367 Staging closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A329 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A330 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area A339 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area B303 Communications	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area B301 STO B323 corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area B Inmate Elev equipment room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl Area B Inmate Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st fl Area A139 Female Holding	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
1st fl Area A157 General storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A Inmate elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A140 Janitor closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A Judge/Clerk elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A107 Mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A136 East Mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A136 West Mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A133 Public Wait	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A146 Closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A103 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A129 Storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A123 North Vestibule	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area A123 South Vestibule	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B151 Boilers room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B146 Chillers room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B115 to B116 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B115 to B 118 Corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B104 Evidence room	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
1st fl Area B147 Fire Pump room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B Inmate elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B144 Janitor closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B103 Main Comm	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B109E Main Cust	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B109W Main Cust	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B150 E Electrical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B150 W Electrical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B125 Mechanical room E	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B125 Mechanical room W	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B Public Elev lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B108 STO E	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Area B108 STO W	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A247 A.V closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A241 Electrical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl Area A245 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	
2nd fl Area A246 Evidence storage	PSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No access	

GATOR FIRE EQUIPMENT COMPANY

Wet Sept

Report of Inspection & Testing Of Wet Pipe Fire Protection Systems Monthly and Quarterly Items to be Reviewed

Alachua Co. Fire Station 33

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED
(Weekly inspection tasks are included in this report.)

GREEN TAG

Name of property: Alachua Co. Fire Station 33 Inspector: J. Peppas Date: 2-18-20
Address: 5901 NW 34th Blvd Gainesville FL 32653

Inspection frequency: Monthly Quarterly Annual Other:

A-1.1	Sprinkler Supply Gauge				
A-1.2	Sprinkler System Gauge				
				<i>42</i>	psi
				<i>.53</i>	psi
		Y	N/A	N	
A-2.0	System in service on inspection:	<input checked="" type="checkbox"/>			
A-2.1	Sprk. Control Valve locked/tamper open:	<input checked="" type="checkbox"/>			
A-2.2	Standpipe Control Va. locked/tamper open:			<input checked="" type="checkbox"/>	
A-2.3	Backflow Valve locked/tamper open:	<input checked="" type="checkbox"/>			
A-2.4	Anti-freeze Sys. Va. locked/tamper open:			<input checked="" type="checkbox"/>	
A-2.8	Tamper switches appear operational:	<input checked="" type="checkbox"/>			
A-3.1	Valve area accessible:	<input checked="" type="checkbox"/>			
A-3.2	Control valves accessible:	<input checked="" type="checkbox"/>			
A-4.1	Pressure Regulating Valve is open:			<input checked="" type="checkbox"/>	
A-4.2	Pressure Regulating Valve in good condition:			<input checked="" type="checkbox"/>	
A-4.1	Pressure Regulating Valve leak tight:			<input checked="" type="checkbox"/>	
A-4.4	Pressure Regulating Valve maintaining downstream pressure per design criteria:			<input checked="" type="checkbox"/>	
A-5.1	Pressure Relief Valve in closed position except when operational:			<input checked="" type="checkbox"/>	
A-5.2	Pressure Relief Valve in good condition:			<input checked="" type="checkbox"/>	
A-5.3	Pressure Relief Valve leak tight:			<input checked="" type="checkbox"/>	
A-5.4	Pressure Relief Valve maintaining upstream pressure per design criteria:			<input checked="" type="checkbox"/>	
A-6.1	Main Check Valve holding pressure:	<input checked="" type="checkbox"/>			
A-6.2	Alarm Check Valve exterior free of damage:			<input checked="" type="checkbox"/>	
A-6.3	Water flow switch operational:	<input checked="" type="checkbox"/>			
A-7.1	Trim Piping leak tight:			<input checked="" type="checkbox"/>	
A-7.2	Retard Chamber drip tight:			<input checked="" type="checkbox"/>	
A-7.3	Alarm drain drip tight when not operational:			<input checked="" type="checkbox"/>	
A-8.1	Trim valves in appropriate position:			<input checked="" type="checkbox"/>	
A-8.2	Alarm Test line valve closed:			<input checked="" type="checkbox"/>	

		Y	N/A	N	
A-9.1	FDC plainly visible:	<input checked="" type="checkbox"/>			
A-9.2	FDC easily accessible:	<input checked="" type="checkbox"/>			
A-9.5	FDC Swivels non-binding rotation:	<input checked="" type="checkbox"/>			
A-9.6	FDC Caps/Plugs in place:	<input checked="" type="checkbox"/>			
A-9.7	FDC Gaskets & Signs in place:	<input checked="" type="checkbox"/>			
A-9.10	FDC Check Valve drip free:	<input checked="" type="checkbox"/>			
A-9.11	FDC Ball Drip Drain drip free:			<input checked="" type="checkbox"/>	
A-10.1	Exterior Alarms properly identified:			<input checked="" type="checkbox"/>	
A-10.2	Exterior Alarms appear operational:	<input checked="" type="checkbox"/>			
A-10.5	Interior Alarms appear operational:	<input checked="" type="checkbox"/>			
A-11.1	Extra heads in Spare head cabinet:	<input checked="" type="checkbox"/>			
A-11.2	Heads appear to be proper temperature:	<input checked="" type="checkbox"/>			
A-11.3	Head Wrench for each type of head:	<input checked="" type="checkbox"/>			
A-11.6	Head in Cooler appears free of ice, corrosion:			<input checked="" type="checkbox"/>	
A-11.7	Head appears free of leakage or damage:	<input checked="" type="checkbox"/>			
A-11.8	Head appears free of paint:	<input checked="" type="checkbox"/>			
A-11.9	Heads appear free of non-approved coverings:	<input checked="" type="checkbox"/>			
A-12.0	Standard Head less than 50 years:	<input checked="" type="checkbox"/>			
A-13.0	Residential Head less than 20 years:	<input checked="" type="checkbox"/>			
A-14.0	Wall Hydrant plainly visible:			<input checked="" type="checkbox"/>	
A-14.1	Wall Hydrant easily accessible:			<input checked="" type="checkbox"/>	
A-14.2	Wall Hydrant Identification Plate in place:			<input checked="" type="checkbox"/>	
A-15.1	Hose/Hydrant House free of damage:			<input checked="" type="checkbox"/>	
A-15.2	Hose/Hydrant House fully equipped:			<input checked="" type="checkbox"/>	
A-15.3	Hose/Hydrant House is accessible:			<input checked="" type="checkbox"/>	
A-16.1	Wet pipe areas appear properly heated:	<input checked="" type="checkbox"/>			
A-17.0	Alarm panel clear:	<input checked="" type="checkbox"/>			
A-18.0	System left in service:	<input checked="" type="checkbox"/>			
A-20.0	Comments:				

(All "NO" answers to be fully explained.)

Inspector's Initials: *J.P.* Owner/Designated Rep. Initials: *E.H.* Date: *2-18-20* Page 1 of 3

GATOR FIRE EQUIPMENT COMPANY

WET

Report of Inspection & Testing Of Wet Pipe Fire Protection Systems Quarterly and Annual Items to be Reviewed

*Alachua Co.
Fire Station*

33

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Name of property: *Alachua Co. Fire Station 33* Inspector: *J. Regan* Date: *2-18-20*
Address: *5901 NW. 34th Blvd Gainesville FL 32653*

Inspection frequency: Monthly Quarterly Annual Other:

Quarterly Report of Inspection for a Wet Pipe Sprinkler System

	Y	N/A	N
B-1.1 Hydraulic Nameplate/Schedule sign attached:	X		
B-1.2 Strainers and Filters cleaned:		X	
B-1.3 Exterior Alarms properly identified:	X		
B-2.0 Alarm panel clear:	X		
B-3.0 System left in service:	X		
B-20.0 Comments:			

Quarterly Testing Requirements for a Wet Pipe Sprinkler System

	Y	N/A	N
C-1.1 Main Drain flow test with valve full open: Size of Main Drain Valve: <i>2</i> inch	X		
C-2.1 Sprk. Supply gauge:		<i>42</i>	psi
C-2.2 Sprk. Supply gauge with main drain flow:		<i>33</i>	psi
C-3.1 Sprk. System gauge:		<i>53</i>	psi
C-3.2 Sprk. System gauge with main drain flow:		<i>33</i>	psi

	Y	N/A	N
C-4.1 Water flow alarm devices activated:	X		
C-4.2 Interior Building Alarms operating:	X		
C-4.3 Exterior Alarms operating:	X		
C-5.1 Inspector's Test flow:		<i>39</i>	psi
C-6.1 Time to ring Alarm from Alarm Check Valve:		<i>—</i>	m:s
C-7.1 Time to ring Alarm from Flow Switch:		<i>48</i>	m:s
C-8.1 Time to ring Alarm from Pressure Switch:		<i>—</i>	m:s

	Y	N/A	N
C-9.1 Gauges appear operating properly:	X		
C-10.1 Did alarm Supervisory Company receive signal properly?	X		
C-10.2 Did Alarm Panel reset properly?	X		
C-11.0 Alarm panel clear:	X		
C-12.0 System left in service:	X		
C-20.0 Comments:			

Inspector's Initials: *JR*

(All "NO" answers to be fully explained.)

Owner/Designated Rep. Initials: *E.H.*

Date: *2-18-20* Page 2 of 3

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

J# 66628

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/26/2020 Time: 8:00 am

Owner or Owner's Rep.: Alachua County Hazardous Waste-Bldg F Phone: _____

Owner's Address: 5125 NE 63rd Avenue, Gainesville, Florida 32609

Property Being Inspected: Alachua County Hazardous Waste-Bldg F Phone: _____

Property Address: 5125 NE 63rd Avenue, Gainesville, Florida 32609

Monitoring Entity

Name: Universal monitoring
Telephone: (352) 376-1499
Account Ref. #: C02-01-114F

Approving Agency

Contact: City of Gainesville
Phone: (352) 955-1818 (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: Fire lite MS-5012

Control Unit Manufacturer: Simplex
Model #: 4004

Last Date System Had Any Service Performed: 5/20
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 6

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>8:00 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal</u>	<u>8:00 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>8:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 05/26/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 05/26/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/26/2020 Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity	
Manual Pull Stations	B	2	4	Other	_____
Ion Detectors	B	_____	4	Other	_____
Photo Detectors	B	3	4	Other	_____
Duct Detectors	B	1	4	Other	_____
Heat Detectors	B	_____	4	Other	_____
Waterflow Switches	B	1	4	Other	_____
Supervisory Switches	B	2	4	Other	_____
Pressure Switches	B	_____	4	Other	_____
Low Air	B	_____	4	Other	_____
Other(Specify):	B	_____	4	Other	_____
				Bells	Y _____
				Horns	Y 2 _____
				Speakers	Y _____
				Chimes	Y _____
				Strobes	Y 3 _____
				Horn/Strobes	Y _____
				Other(Specify):	Y 1 _____
				Siren	_____

No. of Notification Appliance Circuits: 1 NAC
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity	
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Lock Box	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 v
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): Storage room/ mezzanine Amps 20 A
 Disconnecting Means Location: CKT# 11

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

		Secondary Power			Comments
Dry Cell	<input type="checkbox"/>	Type	Visual	Functional	
Nickel-Cadmium	<input type="checkbox"/>	Battery Condition	<input checked="" type="checkbox"/>		FACP-5/20. Dialer -5/20
Sealed Lead-Acid	<input checked="" type="checkbox"/>	Load Voltage		<input checked="" type="checkbox"/>	27.2 V. 13.5 V
Other(Specify):	<input type="checkbox"/>	Discharge Test		<input checked="" type="checkbox"/>	5 - Minutes
		Charger Test		<input checked="" type="checkbox"/>	25.8 V. 13.2 V
		Specific Gravity		<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A	
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments:				

Notification Appliances

Type	Visual	Functional	N/A	
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments:	Siren Warehouse			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Office area	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Conference room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Kitchen exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rear exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Office area	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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Interface Equipment

(Specify): Fire Lite Dialer (MS-5012)

 (Specify): _____
 (Specify): _____
 (Specify): _____
 (Specify): _____
 (Specify): _____

Visual	Device Operation	Simulated Operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Hazard Systems

(Specify): _____
 (Specify): _____
 (Specify): _____
 (Specify): _____

Visual	Device Operation	Simulated Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Notifications That Testing Is Complete

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management	10:00 am
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal	10:00 am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employees	10:00 am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

Comments:

Replaced out of c ate batteries with new. (3) 12 v 7.5 ah batteries

AHJ-Brian Greene

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/04/20 Time: 8:00 am

Owner or Owner's Rep.: Alachua County Facilities Management Phone: _____

Owner's Address: 915 SE 10th Avenue, Gainesville, Florida 32601

Property Being Inspected: Community Support Services / Health Phone: _____

Property Address: 218 SE 24th Street, Gainesville, Florida 32641

Monitoring Entity

Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: 02-01-B374

Approving Agency

Contact: City of Gainesville
Phone: (352) 955-1818

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Simplex
Model #: 4020

Last Date System Had Any Service Performed: 01/19
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 1 Style(s): _____
Circuit Styles: 4 No. of Circuits: _____

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management	8:00 am
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Monitoring	8:00 am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employees	8:00 am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 03/04/20 Time: 11:00 am

Name of Inspector: Caleb Prox Date: 03/04/20 Time: 11:00 am

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/22/20

Time: 1:00 pm

Owner or Owner's Rep.: Alachua County Management

Phone: _____

Owner's Address: 915 SE 10th Avenue, Gainesville, Florida 32601

Property Being Inspected: Main Street Legal Building

Phone: _____

Property Address: 33 North Main Street, Gainesville, Florida 32601

Monitoring Entity

Name: Universal Monitoring

Telephone: (352) 331-9032

Account Ref. #: 02-01-1094

Approving Agency

Contact: City of Gainesville

Phone: (352) 955-1818

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Simplex

Model #: 4010

Last Date System Had Any Service Performed: 05/19

Last Date Software or Configuration was Revised: _____

Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: 1

Style(s): _____

Circuit Styles: 4

No. of Circuits: _____

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>1:00 pm</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal Monitoring</u>	<u>1:00 pm</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>1:00 pm</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 05/22/20

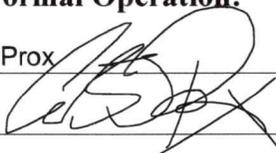
Time: 3:00 pm

Name of Inspector: Caleb Prox

Date: 05/22/20

Time: 3:00 pm

Signature: _____



Name of Owner or Representative: _____

Date: _____

Time: _____

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity		
Manual Pull Stations	B	4	15	Other	Y	Other
Ion Detectors	B	4		Other	Y	Other
Photo Detectors	B	4	19	Other	Y	Other
Duct Detectors	B	4	5	Other	Y	Other
Heat Detectors	B	4	11	Other	Y	4
Waterflow Switches	B	4		Other	Y	50
Supervisory Switches	B	4		Other	Y	Other
Pressure Switches	B	4		Other	Y	Other
Low Air	B	4		Other	Y	Other
Other(Specify):	B	4		Other	Y	Other

No. of Notification Appliance Circuits: 6
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: Main Lobby

Circuit Information: Supervisory Signal - Initiating Devices

	Circuit Style/Quantity		
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B
Site Water Level	N/A	<input checked="" type="checkbox"/>	B
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B
Lock Box	N/A	<input checked="" type="checkbox"/>	B
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): Mechanical room 1st floor
 Disconnecting Means Location: CKT# 16

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 26 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Secondary Power

Comments

Type	Visual	Functional	Comments
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		<u>FACP/02/19.</u>
Nickel-Cadmium <input type="checkbox"/>	Load Voltage <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>25.5 V.</u>
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5 - Minutes</u>
Other(Specify): <input type="checkbox"/>	Charger Test <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>28.2 V.</u>
	Specific Gravity <input type="checkbox"/>	<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which
 also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor south corridor West	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor center corridor West	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor North corridor West	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor Center corridor East	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor South corridor East	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor corridor closet	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor Phone room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor center stairwell	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor center corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor center stairwell	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor center corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor west corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor shredding room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor supply room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elec/mech room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elec/Mech room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor Phone room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor conference room E	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor conference room W	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor Phone closet	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor computer room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor elevator shaft	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mechanical room	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mech room# 1	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mech room# 1	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mech room# 1	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor mech room# 1	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor west corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/26/2020

Time: 10:00 am

Owner or Owner's Rep.: Alachua County Recycle Center-Bldg E

Phone: _____

Owner's Address: 5121 NE 63rd Ave, Gainesville, Florida 32609

Property Being Inspected: Recovered Material Processing-Bldg E

Phone: _____

Property Address: 5121 NE 63rd Ave, Gainesville, Florida 32609

Monitoring Entity

Name: Universal Monitoring

Telephone: (352) 376-1582

Account Ref. #: C02-02-1045

Approving Agency

Contact: City of Gainesville

Phone: (352) 955-1818 (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Silent Knight

Model #: SK-5208

Last Date System Had Any Service Performed: 03/2020

Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: _____ Style(s): _____ ^B

Circuit Styles: _____ No. of Circuits: 10

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>10:00 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal Monitoring</u>	<u>10:00 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>10:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 05/26/2020

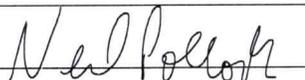
Time: 11:30 am

Name of Inspector: Neil Pollock

Date: 05/26/2020

Time: 11:30 am

Signature: _____



Name of Owner or Representative: _____

Date: 05/26/2020

Time: 11:30 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

Circuit Style/Quantity			Circuit Style/Quantity							
Manual Pull Stations	B	8	4	Other	_____	Bells	Y	_____	Other	_____
Ion Detectors	B	_____	4	Other	_____	Horns	Y	15	Other	_____
Photo Detectors	B	1	4	Other	_____	Speakers	Y	_____	Other	_____
Duct Detectors	B	2	4	Other	_____	Chimes	Y	_____	Other	_____
Heat Detectors	B	_____	4	Other	_____	Strobes	Y	20	Other	_____
Waterflow Switches	B	1	4	Other	_____	Horn/Strobes	Y	_____	Other	_____
Supervisory Switches	B	3	4	Other	_____	Other(Specify):	Y	_____	Other	_____
Pressure Switches	B	_____	4	Other	_____					
Low Air	B	_____	4	Other	_____					
Other(Specify):	B	_____	4	Other	_____					

No. of Notification Appliance Circuits: 6
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: Front lobby

Circuit Information: Supervisory Signal - Initiating Devices

			Circuit Style/Quantity			
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Lock Box	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20A
 Location (of Primary Supply Panel Board): Warehouse NW wall. PNL# LA
 Disconnecting Means Location: CKT# 6

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 12 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

	Secondary Power		Comments
	Type	Visual Functional	
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		FACP-3/19. P/S-3/2020
Nickel-Cadmium <input type="checkbox"/>	Load Voltage	<input checked="" type="checkbox"/>	27.1 V. 27.4 V
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	5 - Minutes
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	24.8 V. 25.8 V
	Specific Gravity	<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: Primary power

Additional Comments:

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Dry Pipe Fire Protection Systems

Monthly and/or Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(Weekly inspection tasks are included in this report.)

Name of property: Alachua Co. Sheriff Office

Inspector: Tom Whisenant

Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville Fl.

Inspection frequency: Monthly Quarterly Annual Other:

A-1.1	Air Pressure Gauge:	39	psi
A-1.2	Accelerate or Quick Opening Device Gauge:	NA	psi
A-1.3	Water Pressure Gauge:	72	psi
A-1.4	Water Supply Gauge:	67	psi
		<input type="checkbox"/> Y	<input type="checkbox"/> N/A <input type="checkbox"/> N
A-2.0	System in service on Inspection:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-2.1	Dry Pipe Valve appears free of damage:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-2.2	Trim valves in appropriate position:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-2.3	Alarm Test Valve closed:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-2.4	Intermediate chamber leak tight:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-3.1	Valve enclosure secured:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-3.2	Heater operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-3.3	Low Temperature Alarm operational:	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
A-4.1	Compressor operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-4.2	Oil level full:	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
A-4.3	High/low Pressure Switches operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-4.4	Auto. Air Maint. Devices operational:	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
A-5.1	Control Valve locked/tamper open:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-5.2	Backflow valve locked/tamper open:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-5.3	Tamper Switches appear operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-5.4	Valve area accessible:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-5.6	Control valves accessible:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-5.7	Main Check Valve holding pressure:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.1	FDC plainly visible:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.2	FDC easily accessible:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.3	FDC swivels non-binding rotation:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.4	FDC Caps/Plugs in place:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.5	FDC Gaskets/Signs in place:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.6	FDC Check Valve drip free:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-6.7	FDC Ball Drip Drain drip free:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
A-7.1	Exterior Alarms properly identified:	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
A-7.2	Exterior Alarms appear operational:	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
A-7.3	Interior Alarms appear operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

		Y	N/A	N
A-8.1	Extra heads in Spare head cabinet:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.2	Heads appear to be proper temperature:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.3	Head Wrench for each type of head:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.6	Heads appears free of ice, corrosion:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.7	Heads appear free of leakage or damage:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.8	Heads appears free of paint:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.9	Heads appear free of non-approved coverings:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.0	Standard head less than 50 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-10.0	Residential head less than 20 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-11.1	Hose/Hydrant House free of damage:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-11.2	Hose/Hydrant House fully equipped:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-11.3	Hose/Hydrant House is accessible:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-12.1	Wet pipe areas appear properly heated: (Wet SSP on dry system?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-13.1	Low point drum drips drained: (As frequently as needed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-13.2	All low points drained:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-14.1	All valves identified with signage:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-14.2	Hydraulic Nameplate/schedule sign attached:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-18.0	Alarm panel clear:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-19.0	System in service:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A-20.0 Comments:

5 year inspection red tagged

(All "NO" answers to be fully explained.)

Inspector's Initials: TW

Owner/Designated Rep. Initials: EH

Date: 2-28-2020

Page 1 of 3

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing Of Dry Pipe Fire Protection Systems Quarterly and Annual Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Name of property: Alachua Co. Sheriff Office Inspector: Tom Whisenant Date: 2-28-2020
Address: 2621 S.E. Hawthorne Rd. Gainesville Fl.

Inspection frequency: Monthly Quarterly Annual Other:

Quarterly Testing Requirements for a Dry Pipe Sprinkler System

	Y	N/A	N
C-1.1 Quick opening devices tested during semi-annual inspections:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C-1.2 Quick opening device test date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C-1.3 Priming water at proper level:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-2.1 Low air pressure alarm tested:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3.1 Main drain flow test conducted with valve full open: Size of main drain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3.2 Sprk. Supply gauge:	67 psi		
C-3.3 Sprk. Supply gauge with main drain flow:	45 psi		
	Y	N/A	N
C-3.4 Gauges operating:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.1 Water flow alarm devices activated:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.2 Interior bldg. alarms operate:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.3 Exterior alarms operate:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C-4.6 Did alarm supervisory company receive signal:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.7 Did alarm panel reset:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-18.0 Alarm panel clear:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19.0 System left in service:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-20.0 Comments:			

Annual Inspection of a Dry Pipe Sprinkler System

	Y	N/A	N
D-1.1 Interior of dry pipe valve in good condition:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-1.2 Interior of quick opening device in good condition:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-1.3 Inspect interior of strainers, filters, restricted orifices every 5th year. Date:	NA		
D-1.4 Inspect interior of main check valve every 5th year. Date:	NA		
D-2.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-3.1 Visual inspection: "exposed" piping appears in good condition:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-3.2 Piping appears free of mechanical damage:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-3.3 Piping appears free of leakage:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-3.4 Exterior of piping appears free of corrosion:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-3.6 Piping appears properly aligned:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-3.7 Piping appears free of external loads:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-4.1 Sprinklers appear free of corrosion:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-4.2 Sprinklers appear properly positioned:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-4.3 Sprinklers appear properly spaced:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-4.6 Sprinklers appear free of foreign material:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-4.7 Sprinkler spray patterns appear free of obstructions:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-18.0 Alarm panel clear:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-19.0 System left in service:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D-20.0 Comments:			

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Wet Pipe Fire Protection Systems

Monthly and Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED
(Weekly inspection tasks are included in this report.)

Name of property: Alachua Co. Sheriff Office

Inspector: Tom Whisenant

Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville fl.

Inspection frequency: Monthly Quarterly Annual Other:

A-1.1	Sprinkler Supply Gauge	67	psi	
A-1.2	Sprinkler System Gauge	72	psi	
		Y	N/A	N
A-2.0	System in service on Inspection:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.1	Sprk. Control Valve locked/tamper open:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.2	Standpipe Control Va. locked/tamper open:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-2.3	Backflow Valve locked/tamper open:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.4	Anti-freeze Sys. Va. locked/tamper open:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-2.8	Tamper switches appear operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.1	Valve area accessible:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.2	Control valves accessible:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.1	Pressure Regulating Valve is open:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-4.2	Pressure Regulating Valve in good condition:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-4.1	Pressure Regulating Valve leak tight:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-4.4	Pressure Regulating Valve maintaining downstream pressure per design criteria:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-5.1	Pressure Relief Valve in closed position except when operational:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-5.2	Pressure Relief Valve in good condition:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-5.3	Pressure Relief Valve leak tight:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-5.4	Pressure Relief Valve maintaining upstream pressure per design criteria:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-6.1	Main Check Valve holding pressure:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.2	Alarm Check Valve exterior free of damage:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-6.3	Water flow switch operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-7.1	Trim Piping leak tight:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-7.2	Retard Chamber drip tight:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-7.3	Alarm drain drip tight when not operational:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-8.1	Trim valves in appropriate position:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-8.2	Alarm Test line valve closed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		Y	N/A	N
A-9.1	FDC plainly visible:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.2	FDC easily accessible:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.5	FDC Swivels non-binding rotation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.6	FDC Caps/Plugs in place:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.7	FDC Gaskets & Signs in place:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.10	FDC Check Valve drip free:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.11	FDC Ball Drip Drain drip free:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-10.1	Exterior Alarms properly identified:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-10.2	Exterior Alarms appear operational:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-10.5	Interior Alarms appear operational:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.1	Extra heads in Spare head cabinet:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.2	Heads appear to be proper temperature:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.3	Head Wrench for each type of head:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.6	Head in Cooler appears free of ice, corrosion:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-11.7	Head appears free of leakage or damage:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.8	Head appears free of paint:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.9	Heads appear free of non-approved coverings:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-12.0	Standard Head less than 50 years:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-13.0	Residential Head less than 20 years:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-14.0	Wall Hydrant plainly visible:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-14.1	Wall Hydrant easily accessible:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-14.2	Wall Hydrant Identification Plate in place:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-15.1	Hose/Hydrant House free of damage:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-15.2	Hose/Hydrant House fully equipped:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-15.3	Hose/Hydrant House is accessible:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-16.1	Wet pipe areas appear properly heated:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-17.0	Alarm panel clear:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-18.0	System left in service:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-20.0	Comments:			

(All "NO" answers to be fully explained.)

Inspector's Initials: TW

Owner/Designated Rep. Initials: ETH

Date: 2-28-2020

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Wet Pipe Fire Protection Systems

Quarterly and Annual Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Name of property: Alachua Co. Sheriff Office

Inspector: Tom Whisenant

Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville fl.

Inspection frequency: Monthly Quarterly Annual Other:

Quarterly Report of Inspection for a Wet Pipe Sprinkler System

	Y	N/A	N
B-1.1 Hydraulic Nameplate/Schedule sign attached:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.2 Strainers and Filters cleaned:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B-1.3 Exterior Alarms properly identified:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B-2.0 Alarm panel clear:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.0 System left in service:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B-20.0 Comments:

Quarterly Testing Requirements for a Wet Pipe Sprinkler System

	Y	N/A	N
C-1.1 Main Drain flow test with valve full open: Size of Main Drain Valve: 2" _____ inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-2.1 Sprk. Supply gauge: _____ 67 _____ psi			
C-2.2 Sprk. Supply gauge with main drain flow: _____ 45 _____ psi			
C-3.1 Sprk. System gauge: _____ 72 _____ psi			
C-3.2 Sprk. System gauge with main drain flow: _____ 45 _____ psi			

	Y	N/A	N
C-4.1 Water flow alarm devices activated:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.2 Interior Building Alarms operating:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.3 Exterior Alarms operating:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C-5.1 Inspector's Test flow: _____ 65 _____ psi			
C-6.1 Time to ring Alarm from Alarm Check Valve: NA _____ m:s			
C-7.1 Time to ring Alarm from Flow Switch: 1-37/2-27 _____ m:s			
C-8.1 Time to ring Alarm from Pressure Switch: NA _____ m:s			

	Y	N/A	N
C-9.1 Gauges appear operating properly:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-10.1 Did alarm Supervisory Company receive signal properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-10.2 Did Alarm Panel reset properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-11.0 Alarm panel clear:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-12.0 System left in service:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-20.0 Comments:

(All "NO" answers to be fully explained.)

Inspector's Initials: TW

Owner/Designated Rep. Initials: EH

Date: 2-28-2020

Page 2 of 3

Repair/Renovation Work Form

Job Name: Alachua Co. Sheriff Office **Date:** 2-28-2020

Job Address: 2621 S.E. Hawthorne Rd.

Technician Name: T. Whisenant

Contact Information: _____

Type of Technician: Alarm Hood Sprinkler Backflow

How many Technicians: 1-Tech. Sprinkler

How many Hours Each Tech: _____

Materials Needed *(include part number(s) specific to the repair(s)):

Job Description (list each): _____

1 1/4" check valve on Dry system drain piping does not work properly In vertical
Position,need to re-work piping so check valve is in horizontal position
When doing a main drain flow test check valve does not
Work and water backs up and spills into room

Gator Fire Equipment Company

J# 66683

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/29/2020

Time: 10:30 am

Owner or Owner's Rep.: Alachua County Tax Collectors Office

Phone: _____

Owner's Address: 3837 SW Windmeadows Rd Gainesville Fl 32608

Property Being Inspected: Alachua County Tax Collectors Office

Phone: _____

Property Address: 3837 SW Windmeadows Rd Gainesville Fl 32608

Monitoring Entity

Name: Universal monitoring

Telephone: 352-331-9032

Account Ref. #: C02-02-1768

Approving Agency

Contact: Alachua County

Phone: 352-955-1818 (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: Simplex

Model #: 4010 ES

Last Date System Had Any Service Performed: 5/2020

Last Date Software or Configuration was Revised: _____

Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: _____

Style(s): _____

B

Circuit Styles: _____

No. of Circuits: _____

1

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>10:30 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal</u>	<u>10:30 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>10:30 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 05/29/2020

Time: 12:30 pm

Name of Inspector: Neil Pollock

Date: 05/29/2020

Time: 12:30 pm

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/29/2020

Time: 12:30 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

		Circuit Style/Quantity				Circuit Style/Quantity	
Manual Pull Stations	B	5	4	Other	_____	Bells	Y _____ Other _____
Ion Detectors	B	_____	4	Other	_____	Horns	Y _____ Other _____
Photo Detectors	B	2	4	Other	_____	Speakers	Y _____ Other _____
Duct Detectors	B	1	4	Other	_____	Chimes	Y _____ Other _____
Heat Detectors	B	_____	4	Other	_____	Strobes	Y 16 Other _____
Waterflow Switches	B	_____	4	Other	_____	Horn/Strobes	Y 12 Other _____
Supervisory Switches	B	_____	4	Other	_____	Other(Specify):	Y _____ Other _____
Pressure Switches	B	_____	4	Other	_____		
Low Air	B	_____	4	Other	_____		
Other(Specify):	B	_____	4	Other	_____		

No. of Notification Appliance Circuits: 1
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: Front lobby waiting room

Circuit Information: Supervisory Signal - Initiating Devices

						Circuit Style/Quantity	
Site Water Temp.	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Site Water Level	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Switch Transfer	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Lock Box	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____
Other (Specify):	N/A	<input checked="" type="checkbox"/>		B	_____	4	Other _____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
 Over Current Protection: Type: Breaker Amps 20
 Location (of Primary Supply Panel Board): House panel. RP4
 Disconnecting Means Location: CKT 38

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 12
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery	Secondary Power			Comments
	Type	Visual	Functional	
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>FACP-5/20</u>
Nickel-Cadmium <input type="checkbox"/>	Load Voltage		<input checked="" type="checkbox"/>	<u>27.5 V</u>
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test		<input checked="" type="checkbox"/>	<u>5 - Minutes</u>
Other(Specify): <input type="checkbox"/>	Charger Test		<input checked="" type="checkbox"/>	<u>25.6 V</u>
	Specific Gravity		<input type="checkbox"/>	_____

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: Primary power

Additional Comments:

GATOR FIRE EQUIPMENT COMPANY

1032 S. Main Street, Gainesville, FL 32608 352-373-1738

Report of Inspection & Testing

Pre-Engineered Fire Suppression System Report

Name of property: Wilson Building Inspector: Donovan Campbell
Address: 30 E University Ave City: Gainesville State: FL Zip: _____
Phone: _____ Owner/Customer: _____

Inspection: Annual Semi-Annual Recharge Installation Renovation Other: _____

Type of System: Range Hood Paint Booth Fuel Island Clean Agent Agent: Wet Dry Clean Agent

Location of System in Facility: _____

Manufacturer: Pyrotechnics Model: H350 Serial #: 084029

Cylinder Size(s): 1.) 350lbs 2.) _____ 3.) _____ 4.) _____

Serial Number(s) 1.) _____ 2.) _____ 3.) _____ 4.) _____

Last Hydro Date: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Last Recharge Date: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Activation Link Electric Style: _____ Links (#): 360 F - (____) 450 F - (____) 500 F - (____) Other (____) F - (____)

Fuel Shut-off Provided: Yes No Type: Electric Gas # of Micro-switches / Size of Gas Valve: _____ / _____

Manufacturer's Manual Information: (date/page/diagram) _____

Appliance Locations (left to right): Server Room

(All "NO" answers to be fully explained.)

1. Were the inspection and maintenance performed in accordance with the presently adopted editions of NFPA, including 17, 17A, 96, and 2001? Yes No
2. Was the system tagged in accordance with Rule 69A-21.303, F.A.C.? Yes No
3. Were the inspection and maintenance performed in accordance with the manufacturer's manual and the manufacturer's specifications? Yes No

DEFICIENCIES OR COMMENTS:

The Inspector/permittee certifies that the system was personally inspected and found the conditions to be as indicated on the report, as detailed above. The customer affirms the report was reviewed and was made aware of the condition of the system and any deficiencies that require attention.

Inspector's Signature: _____ Permit Number: FEP12000183 Page 1 of 1
Owner/Customer's Signature: _____ Date / Time of Inspection: 06/04/2020

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 06/04/2020

Time: 7:30 am

Owner or Owner's Rep.: Alachua County Information service

Phone: _____

Owner's Address: 26 NE 1st street, Gainesville, Florida 32601

Property Being Inspected: Wilson building

Phone: _____

Property Address: 26 NE 1st street, Gainesville, Florida 32601

Monitoring Entity

Name: Crime Prevention

Telephone: (352)376-1582

Account Ref. #: C02-01-1095

Approving Agency

Contact: City of Gainesville

Phone: (352) 955-1818 (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: Silent Knight 5104

Control Unit Manufacturer: Simplex

Model #: 4010

Last Date System Had Any Service Performed: 1/2020

Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: _____ Style(s): B

Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>7:30 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Crime prevention</u>	<u>7:30 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>7:30 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 06/04/2020

Time: 10:00 am

Name of Inspector: Neil Pollock

Date: 06/04/2020

Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 06/04/2020

Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

Manual Pull Stations	B	4	15	Other	_____	Bells	Y	1	Other	_____
Ion Detectors	B	4	_____	Other	_____	Horns	Y	58	Other	_____
Photo Detectors	B	4	26	Other	_____	Speakers	Y	_____	Other	_____
Duct Detectors	B	4	6	Other	_____	Chimes	Y	_____	Other	_____
Heat Detectors	B	4	13	Other	_____	Strobes	Y	64	Other	_____
Waterflow Switches	B	4	_____	Other	_____	Horn/Strobes	Y	_____	Other	_____
Supervisory Switches	B	4	_____	Other	_____	Other(Specify):	Y	_____	Other	_____
Pressure Switches	B	4	_____	Other	_____					
Low Air	B	4	_____	Other	_____					
Other(Specify):	B	4	1	Other	_____					
Ansul/Halon System	B	4	_____	Other	_____					

No. of Notification Appliance Circuits: 7

Are Circuits Supervised? Yes No

Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: East side exit.

Circuit Information: Supervisory Signal - Initiating Devices

Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Lock Box	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 v

Over Current Protection: Type: Breaker Amps 20 A

Location (of Primary Supply Panel Board): Mechanical room above generator. (Electrical room) Amps 20 A

Disconnecting Means Location: PNL# EL 1 CKT# 8

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 33

Calculated capacity to operate system, in hours: 24 or 60

Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Dry Cell

Nickel-Cadmium

Sealed Lead-Acid

Other(Specify):

Secondary Power

Type _____

Battery Condition

Load Voltage _____

Discharge Test

Charger Test

Specific Gravity

Comments

FACP-11/13.	P/S# 1-05/16	P/S#2-05/15
27.6 V.	27.7 V.	27.7 V
5 - Minutes		
25.5 V.	25.2 V.	25.1 V

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors

Visual: Comments: _____

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st floor lobby	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor south exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor east exit conf.room	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor west exit by elev.room	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor west exit by restroom	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor west exit by lab	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor east exit by ANN	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor east lobby	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor north storage	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor computer room	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor SE stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor east corridor	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor SW stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor east stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor NW stairs	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor office	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor south corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor east corridor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl elevator mechanical room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl Comp. room AC	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor Comp. room storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor storage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room ceiling#1	FSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room ceiling#2	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room ceiling#3	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room ceiling#4	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room ceiling#5	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room ceiling#6	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room subfloor#1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room subfloor#2	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room subfloor#3	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp room subfloor#4	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl comp. room subfloor#5	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/25/20 Time: 9:00 am

Owner or Owner's Rep.: Alachua County-Property Appraiser Phone: _____

Owner's Address: 515 North Main Street Gainesville FL 32601

Property Being Inspected: Alachua County-Property Appraiser Phone: _____

Property Address: 515 North Main Street Gainesville FL 32601

Monitoring Entity

Name: Universal monitoring
Telephone: 352-331-9032
Account Ref. #: 02-02-1678

Approving Agency

Contact: City of Gainesville
Phone: 352-955-1818

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: _____

Control Unit Manufacturer: EST
Model #: _____

Last Date System Had Any Service Performed: 1/19
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>9:00 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal</u>	<u>9:00 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>9:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 03/25/20 Time: 2:00 pm

Name of Inspector: Caleb Prox Date: 03/25/20 Time: 2:00 pm

Signature: _____

Name of Owner or Representative: _____

Date: 03/25/20

Time: 2:00 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B	8	4	Other	Y		Other
Ion Detectors	B		4	Other	Y		Other
Photo Detectors	B	5	4	Other	Y	10	Other
Duct Detectors	B	4	4	Other	Y		Other
Heat Detectors	B	2	4	Other	Y		Other
Waterflow Switches	B	5	4	Other	Y	74	Other
Supervisory Switches	B	11	4	Other	Y		Other
Pressure Switches	B		4	Other	Y		Other
Low Air	B		4	Other	Y		Other
Other(Specify):	B		4	Other	Y		Other

No. of Notification Appliance Circuits: 8
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: Front entrance

Circuit Information: Supervisory Signal - Initiating Devices

				Circuit Style/Quantity		
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B		4	Other
Site Water Level	N/A	<input checked="" type="checkbox"/>	B		4	Other
Fire Pump Power	N/A	<input type="checkbox"/>	B	1	4	Other
Fire Pump Running	N/A	<input type="checkbox"/>	B	1	4	Other
Fire Pump Auto Position	N/A	<input type="checkbox"/>	B	1	4	Other
Fire Pump or Pump Control Trouble	N/A	<input type="checkbox"/>	B	1	4	Other
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B		4	Other
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B		4	Other
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B		4	Other
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B		4	Other
Lock Box	N/A	<input checked="" type="checkbox"/>	B		4	Other
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B		4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
 Over Current Protection: Type: Breaker Amps 20
 Location (of Primary Supply Panel Board): 1st floor House Panel-ISL
 Disconnecting Means Location: GKT 14

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 18--7.5--7.5
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Dry Cell
 Nickel-Cadmium
 Sealed Lead-Acid
 Other(Specify):

Secondary Power

Type _____ Visual Functional
 Battery Condition
 Load Voltage
 Discharge Test
 Charger Test
 Specific Gravity

Comments

FACP-6/15.	P/S-1/15.	Evac-1/19
27.4.	27.3.	27.3
5 - Minutes		
25.1.	25.4.	25.1

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors

Visual: Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voice Clarity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Speaker/Strobes appear to only be on first floor.

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Elevator equipment room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Elevator equipment room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl equipment storage	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Front entrance east	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Front entrance west	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl east exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl SE exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl SW exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl NE exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl NW exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl west exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl west exit	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Basement AHU return	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Basement AHU supply	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl records room AHU supply	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl records room AHU return	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl east stairwell	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st fl east stairwell	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl east stairwell	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd fl east stairwell	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl east stairwell	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd fl east stairwell	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Backflow inlet	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Backflow outlet	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 10/21/2019 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Jail Phone: 352-491-4444

Owner's Address: 3333 NE 39th Ave Gainesville FL 32609

Property Being Inspected: Alachua County Jail Phone: 352-491-4444

Property Address: 3333 NE 39th Ave Gainesville FL 32609

Monitoring Entity

Name: LOCAL SYSTEM
Telephone: _____
Account Ref. #: _____

Approving Agency

Contact: City of Gainesville
Phone: 352-955-1818

Service

-Weekly
 -Monthly
 -Quarterly
 -Semi-Annually
 -Annually
 -Other Specify: _____

Type of Transmission

-Digital
 -R.F.
 -Multiplex
 -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: EST
Model #: EST-3

Last Date System Had Any Service Performed: 8/19
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 9 Style(s): _____
Circuit Styles: 4 No. of Circuits: _____

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>LOCAL SYSTEM</u>
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>4:30 pm</u>
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>LOCAL SYSTEM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>4:30 pm</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 10/21/2019 Time: 4:30 pm

Name of Inspector: Neil Pollock Date: 10/21/2019 Time: 4:30 pm

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 10/21/2019 Time: 4:30 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

		Circuit Style/Quantity				Circuit Style/Quantity	
Manual Pull Stations	B	88	4	Other	Y	2	Other
Ion Detectors	B		4	Other	Y		Other
Photo Detectors	B	591	4	Other	Y		Other
Duct Detectors	B	160	4	Other	Y		Other
Heat Detectors	B	6	4	Other	Y	16	Other
Waterflow Switches	B	12	4	Other	Y	192	Other
Supervisory Switches	B	12	4	Other	Y		Other
Pressure Switches	B	1	4	Other	Y		Other
Low Air	B		4	Other			
Other(Specify):	B	1	4	Other			
Kitchen ansul							

No. of Notification Appliance Circuits: 36
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: iPod and Maintenance shop

Circuit Information: Supervisory Signal - Initiating Devices

						Circuit Style/Quantity	
Site Water Temp.	N/A	<input checked="" type="checkbox"/>		B		4	Other
Site Water Level	N/A	<input checked="" type="checkbox"/>		B		4	Other
Fire Pump Power	N/A	<input checked="" type="checkbox"/>		B		4	Other
Fire Pump Running	N/A	<input checked="" type="checkbox"/>		B		4	Other
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>		B		4	Other
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>		B		4	Other
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>		B		4	Other
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>		B		4	Other
Generator Engine Running	N/A	<input checked="" type="checkbox"/>		B		4	Other
Switch Transfer	N/A	<input checked="" type="checkbox"/>		B		4	Other
Lock Box	N/A	<input checked="" type="checkbox"/>		B		4	Other
Other (Specify):	N/A	<input checked="" type="checkbox"/>		B		4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
 Over Current Protection: Type: Breaker Amps 20
 Location (of Primary Supply Panel Board): Outside mech room lpod. Panel 9
 Disconnecting Means Location: House panel

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 55
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

Secondary Power

Comments

Dry Cell	<input type="checkbox"/>	Type	Visual	Functional	
Nickel-Cadmium	<input type="checkbox"/>	Battery Condition	<input checked="" type="checkbox"/>		FACP-10/17.
Sealed Lead-Acid	<input checked="" type="checkbox"/>	Load Voltage		<input checked="" type="checkbox"/>	27.6 V
Other(Specify):	<input type="checkbox"/>	Discharge Test		<input checked="" type="checkbox"/>	5 - Minutes
		Charger Test		<input checked="" type="checkbox"/>	25.4 V
		Specific Gravity		<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Voice Evac Capability.
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 2B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 2B/3B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 3B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 4B	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 1C	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 4B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 2C	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 3C	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 3C	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by MultiPurpose	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Triage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Commis	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Commis	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C by Triage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C by Triage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C by Attorney Visitation	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by Corridor 1D North	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by 1D	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by 1D North	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by 2D	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by Vending	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by Suicide	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Sallyport Entry	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by South Entry	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E NW Corridor 1k08z1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E NW Corridor 1k08z1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E Corridor by Pod 5E	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E Corridor by Pod 4E	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E by Pod 4E	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by Counselor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by South Entry	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/17/2020

Time: 09:00 am

Owner or Owner's Rep.: Alachua County Work Release POD# 2

Phone: _____

Owner's Address: 3375 NE 39th Avenue, Gainesville, Florida 32609

Property Being Inspected: Alachua County Work Release POD# 2

Phone: _____

Property Address: 3375 NE 39th Avenue, Gainesville, Florida 32609

Monitoring Entity

Name: LOCAL SYSTEM

Telephone: _____

Account Ref. #: _____

Approving Agency

Contact: City of Gainesville

Phone: (352) 955-1818

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: Simplex

Model #: 4006

Last Date System Had Any Service Performed: 03/19

Last Date Software or Configuration was Revised: _____

Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: _____

Style(s): _____

B

Circuit Styles: _____

No. of Circuits: _____

4

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<u>LOCAL SYSTEM</u>
Alarm Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>09:00 am</u>
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Residents</u>	<u>09:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 03/17/2020

Time: 10:00 am

Name of Inspector: Caleb Prox

Date: 03/17/2020

Time: 10:00 am

Signature: _____



Name of Owner or Representative: _____

Date: 03/17/2020

Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B	<u>3</u>	4 _____	Other _____	Bells	Y	Other _____
Ion Detectors	B	_____	4 _____	Other _____	Horns	Y <u>6</u>	Other _____
Photo Detectors	B	<u>8</u>	4 _____	Other _____	Speakers	Y _____	Other _____
Duct Detectors	B	_____	4 _____	Other _____	Chimes	Y _____	Other _____
Heat Detectors	B	<u>1</u>	4 _____	Other _____	Strobes	Y <u>7</u>	Other _____
Waterflow Switches	B	_____	4 _____	Other _____	Horn/Strobes	Y _____	Other _____
Supervisory Switches	B	_____	4 _____	Other _____	Other(Specify):	Y _____	Other _____
Pressure Switches	B	_____	4 _____	Other _____			
Low Air	B	_____	4 _____	Other _____			
Other(Specify):	B	_____	4 _____	Other _____			

No. of Notification Appliance Circuits: 1
 Are Circuits Supervised? Yes _____ No
 Are Circuits Synchronized? Yes _____ No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Lock Box	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B _____	4 _____	Other _____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): Laundry Panel# DP
 Disconnecting Means Location: CKT# 28

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Secondary Power

Comments

Dry Cell	<input type="checkbox"/>	Type	Visual	Functional	
Nickel-Cadmium	<input type="checkbox"/>	Battery Condition	<input checked="" type="checkbox"/>		FACP-10/17.
Sealed Lead-Acid	<input checked="" type="checkbox"/>	Load Voltage		<input checked="" type="checkbox"/>	27.4 V
Other(Specify):	<input type="checkbox"/>	Discharge Test		<input checked="" type="checkbox"/>	5 - Minutes <input checked="" type="checkbox"/>
		Charger Test		<input checked="" type="checkbox"/>	25.4 V
		Specific Gravity		<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors

Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Reception area	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
North center door	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
West TV room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
East TV room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
East dorm# 1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
East dorm# 2	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
West dorm# 1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
West dorm# 2	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
North center exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
East dorm exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
West dorm exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Laundry room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 06/21/2019

Time: 9:00 am

Owner or Owner's Rep.: Alachua County Management

Phone: _____

Owner's Address: 915 SE 10th Avenue, Gainesville, Florida 32601

Property Being Inspected: Consolidated Communication Center (CCC)

Phone: _____

Property Address: 1100 SE 27th street, Gainesville, Florida 32641

Monitoring Entity

Name: Universal Monitoring

Telephone: (352) 331-9032

Account Ref. #: C02-02-1503

Approving Agency

Contact: Alachua County

Phone: 352-955-1818

Service

- Weekly
 -Monthly
 -Quarterly
 -Semi-Annually
 -Annually
 -Other Specify: _____

Type of Transmission

- Digital
 -R.F.
 -Multiplex
 -Other Specify: Dialer (5104)

Control Unit Manufacturer: Notifier

Model #: 320

Last Date System Had Any Service Performed: 12/18

Last Date Software or Configuration was Revised: _____

Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: 1

Style(s): _____

Circuit Styles: 4

No. of Circuits: _____

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>7:30 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Universal Monitoring</u>	<u>7:30 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>7:30 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 06/21/2019

Time: 11:00 am

Name of Inspector: Neil Pollock

Date: 06/21/2019

Time: 11:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 06/21/2019

Time: 11:00 am

Signature: _____

(NFPA 72 Inspection and Testing 1 of 4)

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity	
Manual Pull Stations	B	4 5	Other	Bells	Y
Ion Detectors	B	4	Other	Horns	Y
Photo Detectors	B	4 2	Other	Speakers	Y
Duct Detectors	B	4 6	Other	Chimes	Y
Heat Detectors	B	4	Other	Strobes	Y 21
Waterflow Switches	B	4 2	Other	Horn/Strobes	Y 27
Supervisory Switches	B	4 4	Other	Other(Specify):	Y
Pressure Switches	B	4	Other		
Low Air	B	4	Other		
Other(Specify):	B	4	Other		

No. of Notification Appliance Circuits: 6
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: In call center

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity
Site Water Temp.	N/A <input checked="" type="checkbox"/>	B 4 Other
Site Water Level	N/A <input checked="" type="checkbox"/>	B 4 Other
Fire Pump Power	N/A <input checked="" type="checkbox"/>	B 4 Other
Fire Pump Running	N/A <input checked="" type="checkbox"/>	B 4 Other
Fire Pump Auto Position	N/A <input checked="" type="checkbox"/>	B 4 Other
Fire Pump or Pump Control Trouble	N/A <input checked="" type="checkbox"/>	B 4 Other
Generator in Auto Position	N/A <input checked="" type="checkbox"/>	B 4 Other
Generator or Controller Trouble	N/A <input checked="" type="checkbox"/>	B 4 Other
Generator Engine Running	N/A <input checked="" type="checkbox"/>	B 4 Other
Switch Transfer	N/A <input checked="" type="checkbox"/>	B 4 Other
Lock Box	N/A <input checked="" type="checkbox"/>	B 4 Other
Other (Specify):	N/A <input checked="" type="checkbox"/>	B 4 Other

System Power Supplies

- A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): Electrical room Panel# L-3
 Disconnecting Means Location: CKT# 12
- B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 17 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____
- C. Location of Fuel Storage: _____

Type of Battery

Secondary Power

Comments

Type	Visual	Functional	
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		FACP/07/17. Power supply-12/14
Nickel-Cadmium <input type="checkbox"/>	Load Voltage	<input checked="" type="checkbox"/>	27.6 V. 27.3 V
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	5 - Minutes
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	25.5 V. 25.4 V
	Specific Gravity	<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which
 also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: Main power.

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Front foyer	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
M10 Corridor# 4 F exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
M11 Corridor# 4 D exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
M12 Corridor# 4 C exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
M13 Corridor# 4 B exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
M14 Front foyer exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical rm AHU# 1 S	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical rm AHU# 1 R	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical rm AHU# 2 S	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical rm AHU# 2 R	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical rm AHU# 3 S	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mechanical rm AHU# 3 R	D/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	W/F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Riser room	T/S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 10/21/2019 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Jail Phone: 352-491-4444

Owner's Address: 3333 NE 39th Ave Gainesville FL 32609

Property Being Inspected: Alachua County Jail Phone: 352-491-4444

Property Address: 3333 NE 39th Ave Gainesville FL 32609

Monitoring Entity

Name: LOCAL SYSTEM
Telephone: _____
Account Ref. #: _____

Approving Agency

Contact: City of Gainesville
Phone: 352-955-1818

Service

-Weekly
 -Monthly
 -Quarterly
 -Semi-Annually
 -Annually
 -Other Specify: _____

Type of Transmission

-Digital
 -R.F.
 -Multiplex
 -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: EST
Model #: EST-3

Last Date System Had Any Service Performed: 8/19
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 9 Style(s): _____
Circuit Styles: 4 No. of Circuits: _____

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>LOCAL SYSTEM</u>
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>4:30 pm</u>
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>LOCAL SYSTEM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>4:30 pm</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 10/21/2019 Time: 4:30 pm

Name of Inspector: Neil Pollock Date: 10/21/2019 Time: 4:30 pm

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 10/21/2019 Time: 4:30 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity			
Manual Pull Stations	B	88	4	Other	Y	2	Other
Ion Detectors	B		4	Other	Y		Other
Photo Detectors	B	591	4	Other	Y		Other
Duct Detectors	B	160	4	Other	Y		Other
Heat Detectors	B	6	4	Other	Y	16	Other
Waterflow Switches	B	12	4	Other	Y	192	Other
Supervisory Switches	B	12	4	Other	Y		Other
Pressure Switches	B	1	4	Other	Y		Other
Low Air	B		4	Other			
Other(Specify):	B	1	4	Other			
Kitchen ansul							

No. of Notification Appliance Circuits: 36
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: iPod and Maintenance shop

Circuit Information: Supervisory Signal - Initiating Devices

				Circuit Style/Quantity		
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Lock Box	N/A	<input checked="" type="checkbox"/>	B	4	Other	
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	4	Other	

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
 Over Current Protection: Type: Breaker Amps 20
 Location (of Primary Supply Panel Board): Outside mech room lpod. Panel 9
 Disconnecting Means Location: House panel

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 55
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

Secondary Power

Comments

Dry Cell	<input type="checkbox"/>	Type	Visual	Functional	
Nickel-Cadmium	<input type="checkbox"/>	Battery Condition	<input checked="" type="checkbox"/>		FACP-10/17.
Sealed Lead-Acid	<input checked="" type="checkbox"/>	Load Voltage		<input checked="" type="checkbox"/>	27.6 V
Other(Specify):	<input type="checkbox"/>	Discharge Test		<input checked="" type="checkbox"/>	5 - Minutes
		Charger Test		<input checked="" type="checkbox"/>	25.4 V
		Specific Gravity		<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Voice Evac Capability.
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D 3D Plumbing Chase	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 2B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 2B/3B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 3B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 4B	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 1C	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by Pod 4B	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 2C	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 3C	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Pod 3C	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by MultiPurpose	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Triage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Commis	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C Corridor by Commis	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C by Triage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C by Triage	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit C by Attorney Visitation	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit B Corridor by stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by Corridor 1D North	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by 1D	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by 1D North	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by 2D	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by Vending	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Corridor by Suicide	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D Sallyport Entry	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by South Entry	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E NW Corridor 1k08z1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E NW Corridor 1k08z1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E Corridor by Pod 5E	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E Corridor by Pod 4E	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit E by Pod 4E	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by Counselor	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Unit D by South Entry	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Gator Fire Equipment Company

#J 66682

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/29/2020

Time: 7:30 am

Owner or Owner's Rep.: States Attorney Office

Phone: _____

Owner's Address: 120 West University Avenue, Gainesville, Florida 32601

Property Being Inspected: States Attorney Office

Phone: _____

Property Address: 120 West University Avenue, Gainesville, Florida 32601

Monitoring Entity

Name: Universal Monitoring

Telephone: (352) 331-9032

Account Ref. #: C02-01-1100

Approving Agency

Contact: City of Gainesville

Phone: (352) 955-1818 (Dispatch)

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: Dialer (411 UDAC)

Control Unit Manufacturer: Siemens

Model #: Fire Finder XLS

Last Date System Had Any Service Performed: 6/19

Last Date Software or Configuration was Revised: _____

Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: _____

Style(s): _____ **B**

Circuit Styles: _____

No. of Circuits: _____ **1**

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management	7:30 am
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Monitoring	7:30 am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employees	7:30 am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 05/29/2020

Time: 10:00 am

Name of Inspector: Neil Pollock

Date: 05/29/2020

Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/29/2020

Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity						
Manual Pull Stations	B	10	4	Other	_____	Bells	Y	_____	Other	_____
Ion Detectors	B	_____	4	Other	_____	Horns	Y	_____	Other	_____
Photo Detectors	B	30	4	Other	_____	Speakers	Y	_____	Other	_____
Duct Detectors	B	1	4	Other	_____	Chimes	Y	_____	Other	_____
Heat Detectors	B	10	4	Other	_____	Strobes	Y	1	Other	_____
Waterflow Switches	B	_____	4	Other	_____	Horn/Strobes	Y	35	Other	_____
Supervisory Switches	B	_____	4	Other	_____	Other(Specify):	Y	_____	Other	_____
Pressure Switches	B	_____	4	Other	_____	No. of Notification Appliance Circuits: 6				
Low Air	B	_____	4	Other	_____	Are Circuits Supervised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Other(Specify):	B	_____	4	Other	_____	Are Circuits Synchronized? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: Front reception.

Circuit Information: Supervisory Signal - Initiating Devices

	Circuit Style/Quantity					
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Generator Engine Funning	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Lock Box	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B	4	Other	_____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): PNL# E-M
 Disconnecting Means Location: CKT# 10

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 34 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery

Secondary Power

Comments

Type	Visual	Functional		
Dry Cell <input type="checkbox"/>	Battery Condition <input checked="" type="checkbox"/>		FACP-11/15.	Dialer 6/16
Nickel-Cadmium <input type="checkbox"/>	Load Voltage	<input checked="" type="checkbox"/>	25.3 V.	13.4 V
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	5 - Minutes	
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	23.6 V.	13.1 V
	Specific Gravity	<input type="checkbox"/>		

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor storage rm 143	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor men's bathroom	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor women's bathroom	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor custodial closet 140	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor storage rm 136	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator mech room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor women's bath 135	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor men's bath 134	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor elevator lobby	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor south stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor armory room 201	FSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor comm room 250	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor women's locker room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor women's bathroom	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor east stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor men's bathroom 221	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor room# 232 by door	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor room# 232 back of rm	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor vestibule by 232	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2nd floor center stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor elevator landing	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor south stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor comm room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor east stairs	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor women's locker room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor women's bathroom	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor men's bathroom	FSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3rd floor conference room	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor closet in FACP rm	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor room 131	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor electrical room 137	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor elevator mech room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor storage 129	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1st floor storage 139	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179

License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 02/06/2020

Time: 9:00 am

Owner or Owner's Rep.: Alachua County Facilities Management

Phone: _____

Owner's Address: _____

Property Being Inspected: S.W.A.G. Family Resource Center

Phone: _____

Property Address: 807 SW 64th Terrace, Gainesville FL 32607

Monitoring Entity

Name: LOCAL SYSTEM

Telephone: _____

Account Ref. #: _____

Approving Agency

Contact: Alachua County

Phone: 352-955-1818

Service

- Weekly
 -Monthly
 -Quarterly
 -Semi-Annually
 -Annually
 -Other Specify: _____

Type of Transmission

- Digital
 -R.F.
 -Multiplex
 -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: Siemens

Model #: FS-250

Last Date System Had Any Service Performed: 11/19

Last Date Software or Configuration was Revised: _____

Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):

Quantity: _____

Style(s): _____

B

Circuit Styles: _____

No. of Circuits: _____

1

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u>LOCAL SYSTEM</u>
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>9:00 am</u>
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Dispatch</u>	<u>9:00 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>9:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation:

Date: 02/06/2020

Time: 10:00 am

Name of Inspector: Neil Pollock

Date: 02/06/2020

Time: 10:00 am

Signature: _____



Name of Owner or Representative: _____

Date: 02/06/2020

Time: 10:00 am

Signature: _____

(NFPA 72 Inspection and Testing 1 of 4)

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity		
Manual Pull Stations	B	5	4	Other	Y	Other
Ion Detectors	B		4	Other	Y	Other
Photo Detectors	B		4	Other	Y	Other
Duct Detectors	B		4	Other	Y	Other
Heat Detectors	B	3	4	Other	Y	2
Waterflow Switches	B		4	Other	Y	6
Supervisory Switches	B		4	Other	Y	
Pressure Switches	B		4	Other	Y	
Low Air	B		4	Other	Y	
Other(Specify):	B	1	4	Other	Y	
Hood system						

No. of Notification Appliance Circuits: 2
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity
Site Water Temp.	N/A	<input checked="" type="checkbox"/> B 4 Other
Site Water Level	N/A	<input checked="" type="checkbox"/> B 4 Other
Fire Pump Power	N/A	<input checked="" type="checkbox"/> B 4 Other
Fire Pump Running	N/A	<input checked="" type="checkbox"/> B 4 Other
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/> B 4 Other
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/> B 4 Other
Generator in Auto Position	N/A	<input checked="" type="checkbox"/> B 4 Other
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/> B 4 Other
Generator Engine Running	N/A	<input checked="" type="checkbox"/> B 4 Other
Switch Transfer	N/A	<input checked="" type="checkbox"/> B 4 Other
Lock Box	N/A	<input checked="" type="checkbox"/> B 4 Other
Other (Specify):	N/A	<input checked="" type="checkbox"/> B 4 Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
 Over Current Protection: Type: Breaker Amps 20
 Location (of Primary Supply Panel Board): House panel- kitchen
 Disconnecting Means Location: CKT 16

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7.5
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

Secondary Power

Comments

Dry Cell	<input type="checkbox"/>	Type	Visual	Functional	
Nickel-Cadmium	<input type="checkbox"/>	Battery Condition	<input checked="" type="checkbox"/>		FACP-10/17
Sealed Lead-Acid	<input checked="" type="checkbox"/>	Load Voltage		<input checked="" type="checkbox"/>	27.6 V
Other(Specify):	<input type="checkbox"/>	Discharge Test		<input checked="" type="checkbox"/>	
		Charger Test		<input checked="" type="checkbox"/>	25.3 V
		Specific Gravity		<input type="checkbox"/>	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Freezer room	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Kitchen	H/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Meeting room front	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Meeting room back	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Front entrance	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Children's room front	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Children's room back	Pull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Kitchen hood	Relay	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/17/2020 Time: 10:00 am

Owner or Owner's Rep.: Alachua County Work Release POD# 1 Phone: _____

Owner's Address: 3375 NE 39th Ave, Gainesville, Florida 32609

Property Being Inspected: Alachua County Work Release POD# 1 Phone: _____

Property Address: 3375 NE 39th Ave, Gainesville, Florida 32609

Monitoring Entity

Name: LOCAL
Telephone: _____
Account Ref. #: _____

Approving Agency

Contact: City of Gainesville
Phone: (352) 955-1818

Service

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other Specify: _____

Type of Transmission

- Digital
- R.F.
- Multiplex
- Other Specify: LOCAL

Control Unit Manufacturer: Fire Lite
Model #: MS-5UD

Last Date System Had Any Service Performed: 01/18
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits

Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 4

Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

Notifications are Made

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Management</u>	<u>10:00 am</u>
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Employees</u>	<u>10:00 am</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Restored to Normal Operation: Date: 03/17/2020 Time: 11:00 am

Name of Inspector: Caleb Prox Date: 03/17/2020 Time: 11:00 am

Signature: _____

Name of Owner or Representative: _____

Date: 03/17/2020 Signature: Soe Rojas Time: 11:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity			Circuit Style/Quantity	
Manual Pull Stations	B	6	4	Other	_____
Ion Detectors	B	_____	4	Other	_____
Photo Detectors	B	9	4	Other	_____
Duct Detectors	B	_____	4	Other	_____
Heat Detectors	B	1	4	Other	_____
Waterflow Switches	B	_____	4	Other	_____
Supervisory Switches	B	_____	4	Other	_____
Pressure Switches	B	_____	4	Other	_____
Low Air	B	_____	4	Other	_____
Other(Specify):	B	1	4	Other	_____
Hood relay				Other	_____
				Bells	Y _____
				Horns	Y 6 _____
				Speakers	Y _____
				Chimes	Y _____
				Strobes	Y 10 _____
				Horn/Strobes	Y _____
				Other(Specify):	Y _____
					Other _____

No. of Notification Appliance Circuits: 1
 Are Circuits Supervised? Yes No
 Are Circuits Synchronized? Yes No

Alarm Verification Feature is Disabled Enabled

Remote Annunciators: Visual: Functional: Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity	
Site Water Temp.	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Site Water Level	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump Power	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump Running	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump Auto Position	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Fire Pump or Pump Control Trouble	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Generator in Auto Position	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Generator or Controller Trouble	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Generator Engine Running	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Switch Transfer	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Lock Box	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____
Other (Specify):	N/A	<input checked="" type="checkbox"/>	B _____ 4 _____ Other _____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
 Over Current Protection: Type: Breaker Amps 20 A
 Location (of Primary Supply Panel Board): Front office
 Disconnecting Means Location: CKT# 16

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7 AH
 Calculated capacity to operate system, in hours: 24 or 60
 Engine-Driven Generator dedicated to Fire Alarm System: _____

C. Location of Fuel Storage: _____

Type of Battery	Secondary Power		Comments
	Type	Visual	
Dry Cell <input type="checkbox"/>	Battery Condition	<input checked="" type="checkbox"/>	<u>09/16</u>
Nickel-Cadmium <input type="checkbox"/>	Load Voltage	<input checked="" type="checkbox"/>	<u>25.2 V</u>
Sealed Lead-Acid <input checked="" type="checkbox"/>	Discharge Test	<input checked="" type="checkbox"/>	<u>5 - Minutes</u>
Other(Specify): <input type="checkbox"/>	Charger Test	<input checked="" type="checkbox"/>	<u>27.4 V</u>
	Specific Gravity	<input type="checkbox"/>	_____

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702, which
 also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
L.E.D.'s/Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses/Microbreakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Notification Appliances

Type	Visual	Functional	N/A
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
South hallway	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Conference room North	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Conference room South	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Dinning hallway	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Center hallway	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Dinning 1	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Dinning 2	PSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Reception area	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SE door exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
North Center exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
South door exit	PULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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