

**PERIODIC FIRE ALARM INSPECTION & TESTING REPORT** DATE OF INSPECTION 7-31-18

INSPECTOR: R Estep # 769  
**A & S Fire Protection Services**  
 213 Caroline Road, Wurtland, KY 41144  
 (606) 465-1135

NAME OF FACILITY: Sheldon Clark  
 ADDRESS: 5103 Middle School Dr  
 CITY: INEZ KY ZIP: 41224  
 OCCUPIED AS: Educa  
 SEND REPORT TO: \_\_\_\_\_

REASON FOR REPORT: ( ) INITIAL INSTALLATION; ( ) SEMIANNUAL INSP; (X) ANNUAL INSP; OTHER (specify): \_\_\_\_\_

CONTROL PANEL MANUFACTURER AND MODEL: Auto Call

1. TYPE(S) OF SYSTEM: ( ) LOCAL; ( ) AUXILIARY; ( ) REMOTE STATION; ( ) PROPRIETARY; ( ) EMERGENCY VOICE/ALARM

**2. INITIATING DEVICES:**

	NUMBER INSTALLED	NUMBER TESTED	CONDITION	
			SAT	UNSAT
<b>A. HEAT SENSING:</b>				
1. FIXED TEMPERATURE	/	/		
2. RATE COMPENSATION	/	/		
3. RATE-OF-RISE	/	/		
4. COMBINED FT/ROR	/	/		
5. OTHER (specify)				
<b>B. SMOKE SENSING:</b>				
1. IONIZATION	/	/		
2. PHOTOELECTRIC	/	/		
3. CLOUD CHAMBER	/	/		
4. DUAL ION/PHOTO	/	/		
5. HYAC	/	/		
6. COMBINED w/HEAT	/	/		
7. OTHER (specify)				
<b>C. FLAME SENSING:</b>				
1. FLAME	/	/		
2. FLAME FLICKER	/	/		
3. INFRARED	/	/		
4. PHOTOELECTRIC	/	/		
5. ULTRAVIOLET	/	/		
6. OTHER (specify)				
<b>D. GAS SENSING:</b>				
1. SEMICONDUCTOR	/	/		
2. CATALYTIC ELEMENT	/	/		
3. OTHER (specify)				
<b>E. MANUAL STATIONS</b>	19	19		
<b>F. WATER FLOW</b>	2	2		

**3. INDICATING DEVICES:**

	NUMBER INSTALLED	NUMBER TESTED	CONDITION	
			SAT	UNSAT
<b>A. BELLS</b>				
<b>B. HORNS</b>	12	12		
<b>C. CHIMES</b>				
<b>D. VISUAL</b>				
1. COMBINED	10	10		
2. SEPARATE				
E. OTHER (specify)				

**4. CONTROL FUNCTIONS:**

	NUMBER INSTALLED	NUMBER TESTED	CONDITION
<b>A. ELEVATOR RECALL</b>			2
<b>B. FAN SHUTDOWN</b>			1
<b>C. DOOR HOLDER</b>			
<b>D. SMOKE CONTROL SYSTEM</b>			
E. OTHER (specify)			

**5. TROUBLE DEVICES:**

	NUMBER INSTALLED	NUMBER TESTED	CONDITION
	3	3	1

**6. REMOTE ANNUNCIATORS:**

	NUMBER INSTALLED	NUMBER TESTED	CONDITION
	1	1	1

**7. SUPERVISORY SERVICE:**

	NUMBER INSTALLED	NUMBER TESTED	CONDITION
<b>A. CONTROL VALVES</b>			
1. SPRINKLER	3	3	1
2. STANDPIPE			
3. OTHER (specify)			
<b>B. AIR PRESSURE</b>			
1. HIGH			
2. LOW			
<b>C. FIRE PUMP</b>			
<b>D. GENERATOR</b>			
E. OTHER (specify)			

8. EMERGENCY VOICE/ALARM: \_\_\_\_\_ LOUSPEAKERS ARE INSTALLED AND WORK PROPERLY (YES; NO) \_\_\_\_\_ TELEPHONE JACKS ARE INSTALLED & WORK PROPERLY (YES; NO). AUTOMATIC OPERATION OF SYSTEM IS SATISFACTORY (YES; NO). MANUAL OPERATION OF SYSTEM IS SATISFACTORY (YES; NO). SYSTEM HAS ZONED EVACUATION FEATURE (YES; NO).

9. POWER SUPPLY: A. PRIMARY (MAIN) 110 VOLTS, 20 AMPS B. SECONDARY (STANDBY) ( ) STORAGE BATTERIES, 2 AMP-HR RATING 10 AH C. (NONE) D. OTHER (specify) \_\_\_\_\_

10. SIGNAL TRANSMISSION: ALARM IS TRANSMITTED OFF PREMIS (YES; NO). ALARM TRANSMITTED TO Emergency 24 AND RECEIVED BY (INDIVIDUAL) Open THEY WERE NOTIFIED BEFORE AND AFTER TEST (YES; NO).

11. SMOKE DETECTOR SENSITIVITY TEST: DATE OF (INITIAL) OR (LAST) SENSITIVITY TEST \_\_\_\_\_

12. REMARKS: EXPLAIN ANY "UNSAT", "NO" OR "OTHER (specify)" ANSWERS Checked 34 Fire EHS

CUSTOMER SIGNATURE [Signature]



REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM DATE OF INSPECTION 7-31-18

INSPECTOR: R Estep NO. Reo7C

NAME OF FACILITY: Shekhan Clark

**A & S Fire Protection Services**  
213 Caroline Road, Wurtland, KY 41144  
(606) 465 - 1135

ADDRESS: Middle School Dr.

CITY: Lea KY ZIP: 41224

OCCUPIED AS: Educ.

SEND REPORT TO: \_\_\_\_\_

REASON FOR REPORT: ( ) INITIAL INSTALLATION; ( ) SEMIANNUAL INSP; ( ) ANNUAL INSP; OTHER (specify): \_\_\_\_\_

SYSTEM MANUFACTURER AND MODEL: Ansu R102-Db1

1. TYPE OF SYSTEM: ( ) DRY-CHEMICAL; ( ) WET-CHEMICAL; ( ) HALON; ( ) CARBON DIOXIDE; OTHER (specify) \_\_\_\_\_

2. EXTINGUISHING AGENT: ( ) POTASSIUM BICARBONATE; ( ) MONAMMONIUM PHOSPHATE; ( ) SODIUM BICARBONATE;  
( ) POTASSIUM CHLORIDE; ( ) UREA POTASSIUM BICARBONATE; ( ) HALON  
( ) CARBON DIOXIDE; ( ) WATER AND POTASSIUM CARBONATE-BASED CHEMICAL; ( ) WATER AND POTASSIUM ACETATE-BASED CHEMICAL; OTHER (specify) \_\_\_\_\_

3. AMOUNT OF AGENT: 4.5 LBS./GAL.; NO. OF AGENT CONTAINERS 2; DATE AGENT CHANGED/CHARGED \_\_\_\_\_

4. NOZZLES: TOTAL NO. INSTALLED \_\_\_\_\_; FOR SURFACE \_\_\_\_\_ DUCT \_\_\_\_\_ PLENUM \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

5. PIPING: CORRECT SIZE (YES) (NO); PROPERLY INSTALLED (YES) (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (YES) (NO)

6. DETECTION DEVICES: ( ) FUSIBLE METAL ALLOY TYPE LINKS; ( ) BULB TYPE; ( ) HEAT DETECTORS; OTHER (specify) \_\_\_\_\_  
TEMPERATURE RATING 450°; MANUFACTURER AND MODEL Globe AL-3

7. EQUIPMENT PROTECTED: ( ) DEEP FRYERS, NO. \_\_\_\_\_; ( ) GRILLS, NO. \_\_\_\_\_; ( ) RANGE TOP, NO. OF BURNERS \_\_\_\_\_;  
( ) GRIDDLES, NO. \_\_\_\_\_; ( ) CHAR-BROILERS, NO. \_\_\_\_\_; ( ) UPRIGHT BROILERS, NO. \_\_\_\_\_; OTHER (specify) \_\_\_\_\_

8. EXPELLANT: ( ) CARBON DIOXIDE CARTRIDGE - 5902 WT.; ( ) NITROGEN CARTRIDGE - \_\_\_\_\_ PSI NORMAL PRESSURE;  
PRESSURIZED CYLINDER \_\_\_\_\_ PSI; ( ) COMPRESSED AIR, ( ) NITROGEN; OTHER (specify) \_\_\_\_\_

9. AUTOMATIC SHUTDOWN: ( ) YES ( ) NO; FOR ( ) ELECTRICITY ( ) FUEL; TYPE FUEL (specify) Nat Gas  
FUEL LINE SIZE \_\_\_\_\_; TYPE, MAKE, AND MODEL OF SHUTDOWN DEVICE: 50# Valve  
MANUAL RESET ONLY ON SHUTDOWN DEVICE ( ) YES ( ) NO; DEVICE OPERATES PROPERLY ( ) YES ( ) NO

10. MANUAL RELEASE: PROPER LOCATION ( ) YES ( ) NO; OPERATES PROPERLY ( ) YES ( ) NO

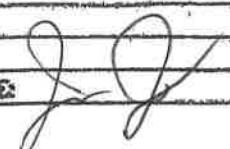
11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC TEST \_\_\_\_\_ THE FOLLOWING DEVICES WERE TESTED:  
( ) PRESSURE CYLINDER(S); ( ) AGENT CYLINDER(S); ( ) VALVE ASSEMBLIES; ( ) CHECK VALVES; ( ) HOSE AND FITTINGS;  
( ) MANIFOLDS; ( ) DIRECTIONAL VALVES; ( ) AUXILIARY PRESSURE CONTAINERS; OTHER (specify) \_\_\_\_\_

12. ALARM: THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE ALARM SYSTEM WHEN OPERATED? ( ) YES ( ) NO  
IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE THE SYSTEM WAS TESTED ( ) YES ( ) NO; NAME OF PERSON CONTACTED \_\_\_\_\_ AT \_\_\_\_\_  
ALARM OPERATION WAS SATISFACTORY ( ) YES ( ) NO

13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY INSTALLED ( ) YES ( ) NO; A FULL SYSTEM TEST WAS CONDUCTED? ( ) YES ( ) NO; OWNER HAS A COPY OF INSTALLATION/MAINTENANCE DOCUMENTS? ( ) YES ( ) NO; THE SYSTEM WAS LEFT IN SERVICE AND WAS FULLY OPERATIONAL? ( ) YES ( ) NO

14. REMARKS: EXPLAIN ANY "NO" ANSWERS \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_





4. TYPE SYSTEM (THIS REPORT COVERS ONLY ONE RISER) RISER IDENTIFICATION #1 #2

Sheldon Clark

- A. THE SYSTEM DESIGN IS (  ) PIPE SCHEDULE OR ( ) HYDRAULICALLY DESIGNED.
- B. THE SYSTEM IS ( ) WET-PIPE; ( ) DRY-PIPE; ( ) PREACTION; ( ) DELUGE;  
( ) COMBINED DRY-PIPE AND PREACTION; ( ) CIRCULATING CLOSED-LOOP; ( ) ANTIFREEZE

5. MISCELLANEOUS.

- A. DATE OF LAST INTERIOR INSPECTION OF PIPING \_\_\_\_\_
- B. DATE OF LAST DRY-PIPE TRIP TEST \_\_\_\_\_; WATER DISCHARGE IN \_\_\_\_\_ SECONDS.
- C. WATER DISCHARGED IN \_\_\_\_\_ SECONDS THIS TEST.
- D. SPRINKLER VALVE: SIZE 4"; MAKE Globe; MODEL H-3
- E. BACKFLOW/CROSS CONNECTION PREVENTION: TYPE VALVE(S) \_\_\_\_\_ NUMBER \_\_\_\_\_  
MAKE \_\_\_\_\_; MODEL \_\_\_\_\_; DATE OF LAST TEST \_\_\_\_\_  
TESTED BY (PRINT NAME) \_\_\_\_\_ CERTIFICATION NUMBER \_\_\_\_\_
- F. SPECIFIC GRAVITY OF ANTIFREEZE SOLUTION NTA; FREEZING POINT \_\_\_\_\_ °F.  
TYPE ANTIFREEZE USED \_\_\_\_\_; AMOUNT \_\_\_\_\_
- G. SIZE HOSE STATIONS \_\_\_\_\_; NUMBER OF HOSE STATIONS \_\_\_\_\_; TYPE HOSE \_\_\_\_\_  
DATE OF LAST HOSE TEST NTA; HOSE AND NOZZLE SATISFACTORY (YES) (NO)
- H. FIRE PUMP: MAKE NTA; MODEL \_\_\_\_\_  
RATED CAPACITY \_\_\_\_\_ GPM AT \_\_\_\_\_ PSI; TYPE DRIVER \_\_\_\_\_  
DATE OF LAST PUMP TEST \_\_\_\_\_; PUMP, DRIVER, & CONTROLLER SATISFACTORY (YES) (NO)

6. OTHER (SPECIFY ANY SPECIAL TEST CONDUCTED)

7. NOTIFICATION MADE.

- PERSON NOTIFIED AT POINT OF ALARM RECEIPT OPER; TIME \_\_\_\_\_
- ALARM RECEIVED AT Emerg 24
- PERSON NOTIFIED THAT TEST CONCLUDED OPER; TIME \_\_\_\_\_

8. REMARKS: (EXPLAIN ANY "NO" ANSWERS FROM PAGE 1 or SPECIAL COMMENTS)

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CUSTOMER NAME:

SIGNATURE:

*[Handwritten Signature]*

