

Customer # 113204 Customer PO # Columbus Scheduled Date 05/25/2021 Completed Date 05/28/2021 FIRE EXTINGUISHER INSPECTION Inspected By Chandler (No Additional Inspector or Fitter: Yes CARDINAL WESTERVILLE II, JOB **AMOUNT** PRICE INSPECTION ITEMS QTY LLC ANNUAL FIRE EXTINGUISHER INSP 5.00 65.00 SITE 13 560 N. CLEVELAND AVE. WESTERVILLE, OH 43082 AIME WASHBURN CONTACT (414) 367-5540 PHONE (614)601-8860 Lloyd FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO **MILWAUKEE, WI 53202** A/P CONTACT PHONE (414) 367-5540 **DELAWARE CO TAX 7.5%** FAX Site Notes: INSPECTION TOTAL 2BF 8FE 1AD **AMOUNT** PRICE INSPECTION MATERIALS QTY Comments / Corrections: 48.00 96.00 10LB ABC HYDRO SWAP-OUT FE'S 65.00 2.5 GALLON WATER MIST HYDRO FE 1 **INSPECTION MATERIALS TOTAL** NO NA CITY CHARGES BACKFLOW INSPECTION FEE YES X NA GENERATE SFU FROM INSPECTION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) ALL CONTROL VALVES LEFT IN OPEN POSITION YES NO X N/A MISCELLANEOUS CHARGES **AMOUNT** PRICE QTY SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES (NO SFU NUMBER: STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER OTHER TOTAL 1. NA 2. NA Inspection **Technician** 65.00 Thank You - Invoice to Follow Count 1.5 Shad Chandler **Total** Name **Material Total** 161.00 I confirm that the above work has been satisfactorily completed. SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Other Total Tax 16.95 Customer Customer MATT Signature **Total Cost** 242.95 Name

INSPECTION WORK TICKET

Ticket # 22094



FIRE EXTINGUISHER **INSPECTION REPORT**

			AN ENGUR	compa	пу										
● BRA	NCH PHONE	NUME	BER: 614-291-7001		(IONAL	ACCOU	NT NUME	BER:	1-80	0-77	6-71	81	
DATE	05/28/2021														
SITE	CARDINAL	WEST	ERVILLE II, LLC			CONT	ACT	AIME W	ASHBUR	RN					
ADDRESS	560 N. CLE\	/ELAN	ID AVE.	**************************************		PHON	ΙE	(414) 36	7-5540						
CITY	WESTERVIL					STAT	E	ОН			ZIP	43	082		150
	ion is: An		Semi-Annual	Quar	terly Monthly		Weekl	y			•	YES	N/A	4 A	10
A. Are all ex	inguishers fre	e from	obstruction to acces	s or visit	oility?							X			
			on nameplates legible									X			
C. Are all sa	fety seals and	tampe	er indicators in place	and free	from physical dam	age?				(100A1000)		X			
D. Do all ext	inguishers see	em to b	e full by weighing or	hefting?								X			
E. Are all ex	tinguishers fre	e from	physical damage, le	aks, con	rosion, and clogged	nozzle	s?		A PARTICULAR SPECIAL S			X			
		-	the operable range									X			
			erials Information Sy									X			
H. Are fire e	xtinguishers b	eing in	spected at a minimu	m of 30-	day intervals by occ	cupant o	or conti	actor.	- March III and Co				>		
			–			T			TIONS P	ERF	ORM	ED (X)		
			AGENT TYPE ABC / BC CO2 PURPLE K IALOTRON WE' CHEMICAL HALON 1211 AAAF / FFFP	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	Z		œω	3	-		POT 1517	7	7	ш
A STATE OF THE PARTY OF THE PAR	TION OF	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WI CHEMICAL HALON 1211	UFACT DATE	ACTU FIRE SUISH	INSPECTION	SERVICE NEEDED	YR – 12 YR DUE DATE	DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PIN	SIGNAGE
EXTING	UISHER	S	AAF	20	A P	l ñ	S E	1	HYDRO	SAC	0 	N.	크	PULL PI SEAL	GN
			A HALA	A	EX MA	NS I	SE	6YR DUE	≥ _	BR	Ö	9	집	4	S
olov oguin		10	ABC	2019	AMEREX	\ \ \\\\\\\\		2025	2031	X	X	X	X	X	X
elev equip by elev		5	ABC	2019	KIDDE	10		2025	2031	X	X	X	X	X	X
by it room		5	ABC	2011	BUCKEYE	1X		2029	2023	X	X	X	X	X	X
therapy		5	ABC	2010	KIDDE	TX		2029	2023	X	X	X	X	X	X
therapy		5	ABC	2011	BUCKEYE	X		2029	2023	X	X	X	X	X	X
2nd fl		5	ABC	2011	BUCKEYE	X		2029	2023	X	X	X	X	X	X
by cast rm		5	ABC	2011	BUCKEYE	X		2029	2023	X	X	X	X	X	X
2nd fl elev	lobby	5	ABC	2011	KIDDE	X		2029	2023	X	X	X	X	X	X
THERAPY		10	ABC	2015	BUCKEYE	X		2027	2033	X	X	X	X	X	X
THERAPY		10	ABC	2015	BUCKEYE	X		2027	2033	X	X	X	X	X	X
IT ROOM F	IRST FLOOR	10	CLEAN GUARD	2017	PYRO-CHEM	X		2023	2029	X	X	X	X	X	X
MECH ROO	OM 2ND FLO	10	CLEAN GUARD	2017	PYRO-CHEM	X		2023	2029	X	X	X	X	X	X
MRI CONT	ROL ROOM	2.5	WATER	2015	AMEREX	X			2026	X	X	X	X	X	X
		- Commence of the Commence of	The state of the s												il - m-
Are service	es required o	n the l	Fire Extinguishers:	OY	ES NO H	ow ma	ny unit	s this pa	ge requir	e Sei	vice	:		0	•
	tion of "NO" a		, system deficiencies, n.	and/or i	nspector recommen	dations	are list	ed on SER	VICE FOL	LOW	UP#				
No SER	VICE FOLLOW	UP RE	PORT was required du	ring this i	nspection.										
with applic	able NFPA 10 t	test and	is form is correct at the dinspection sections. ny SERVICE FOLLOW	All equi	pment tested at this	time wa	All test as left in	and inspo n operatio	ections we nal condit	ere pe ion u	rform oon c	ned ir comp	n acc letior	ordand of thi	e s
Name of I	nspector S	Shad (Chandler	5	Signature	0//(76	for	Certi	ficati	on #	5	4-25	-4581	
understood	that all inforn	nation	on, deficiencies, and s contained herein is pr the authority having ju	ovided to	the best of the kno	e discus wledge	ssed wi	th me upo erson pro	n complet viding the	ion of infor	the matic	inspe	ection d the	ı. It is ıt, if	
Name of 0 or Repres	N.	/IATT				Signatı	ıre		æ		2_				



the same of the sa	An	EMO	OR C	omp	any		tomer#		04
		***************************************					er PO#		
	Columbus					Schedu	led Date	04/30	/2021
AN	N ALARM SENS BKFL INSPECTI	ON				Complet	ted Date	05/11	/2021
						Inspe	cted By	Jone	S
	CARRINAL WESTER	/II I E		Addi	tional Inspect	or or Fitter:	Yes	ON	0
JOB	CARDINAL WESTER	VILLE	11,	QTY	INSPE	CTION ITEMS		PRICE	AMOUNT
SITE	560 N. CLEVELAND AVE.			1	ANNUAL AL	ARM INSPECTION	ı		
	WESTERVILLE, OH 43082			2	ANNUAL DO	MESTIC BACKFL	OW TEST		
CONTAC	T AIME WASHBURN								
PHONE	(414) 367-5540							-	
FAX	(614)601-8860 Lloyd								
DILI	PHYSICIANS REALTY	TRUST	•			CORDER TO SOME MARKET OF THE SOME OF THE S			·
BILL	309 N. WATER STREET, SU	ITE 500							
TO	MILWAUKEE, WI 53202								
CONTAC	CT A/P	***************************************							
PHONE	(414) 367-5540								
FAX									
Site Not	es:	***************************************							
2BF 8FE 1AI	D					INSPE	CTION T	OTAL	545
				QTY	INSPE	CTION MATER	IALS	PRICE	AMOUNT
Comme	nts / Corrections:			1	10LB FIRE E	XTINGUISHER		48.00	48.00
	(1) 10LB ABC EXTINGUISHER LOC	CATED I	N						
THE ELEVA	TOR MACHINE ROOM								
					INICOE	CTION MAT	EDIALS T	OTAL	593
				GEN	ERATE SFU FR	OM INSPECTION	YES	X NA	
ALL CON	ITROL VALVES LEFT IN OPEN		ION	The second second		ECTION DOES NOT GENE J IS NOT REQUIRED)			
	YES NO NA			QTY		LANEOUS CHA	40110	PRICE	AMOUNT
A T. (200 March 1)	ICE FOLLOW UP REPORT AT	IACHE	D			LOW INSPECTION	N FEE		
\bigcirc	YES • NO SFU NUMBER:		7		STATE OF D	ELAWARE FEE			
AD	DITIONAL INSPECTOR OR FI	TTER					OTUED T	OTAL	
1. LANE ED	DDIE 2. NA			896 400			OTHER T		
Technician Name	Scott Jones	Count	4	Tha	nk You - Invoi	ce to Follow	IIISP	ection Total	593
	I confirm that the above w	ork has	been sat	isfacto	orily completed		Materia	I Total	
	SEE REVERSE SIDE FOR A	DDITIO	NAL TEI	RMS A	ND CONDITION	ONS	Othe	r Total	
Custom	er		Custon	ner	VERBAL APR	RUAL		Tax	
Name	A : \A/ - - - - - - - - - - - -	rn	Signati	0.000			Tot	al Cost	593

INSPECTION WORK TICKET

Ticket # 996131



FIRE ALARM INSPECTION & TEST REPORT

			All Lincon company	O NATION	AL ACCOUNT N	IUMBER: 1-800-776-7181
● BRA	ANCH PH	ONE NUMBER	: 614-291-7001	\sim	AL ACCOUNT N	10WBER. 1-800-770-7101
DATE		1/2021	ADDITIONAL BUILDING			CURURN
SITE	CAF	RDINAL WESTE	RVILLE II, LLC	CONTAC		SHBURN
ADDRES	SS 560	N. CLEVELAN	D AVE.	PHONE	(414) 367	
CITY	WES	STERVILLE		STATE	ОН	ZIP 43082
MONITO	RING EN	ITITY alarm c	0	PHONE	614-236-5	5900
This insp	ection is:	Annual	Semi-Annual Quarterly	Monthly V	Veekly Othe	er
# 42584.000es			Multiplex McCullo	h Povers	e Polarity	RF Other
	ansmissi			700		Addressable Hard Wired
THE RESIDENCE AND THE RESIDENCE	anufactu			700	Type /	/ radiocodic
ALARM	INITIATII		ND CIRCUIT INFORMATION		- · · · · · · · · · · · · · · · · · · ·	Town of device
Qty of d	evices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device Heat Detectors
7		CLASS B	Manual Stations	0	NA	Waterflow Switches
0		NA	ION Detectors	0	NA NA	Supervisory Switches
15		CLASS B	Photo Detectors	0	NA	Supervisory Switches
10	0	CLASS B	Duct Detectors			
ALARM	NOTIFIC	ATION APPLIA	NCES AND CIRCUIT INFORMATION	V		
Qty of d	levices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
0		NA	Bells	4	CLASS B	Strobes
0		NA	Horns	28	NA	Horn/Strobes
0		NA	Speakers			
0		NA	Chimes			
SUPER	VISORY	SIGNAL-INITIA	TING DEVICES AND CIRCUIT INFO	RMATION		
Qty of c		Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
C)	NA	Building Temp	0	NA	Generator or Controller Trouble
C)	NA	Site Water Temp	0	NA	Generator Engine Running
()	NA	Site Water Level	0	NA	Generator in Auto Position
()	NA	Fire Pump Running	0	NA	Switch Transfer
()	NA	Fire Pump or Pump Controller Trouble			
()	NA	Fire Pump Power			
()	NA	Fire Pump Auto Position			
		E CIRCUITS				10110114
Qty and	Style (see	NFPA 72, Table 6	6-6.1) of Signaling line circuits connected to	system Qt	/ 1	Style(s) Y
SYSTE	M POWE	R SUPPLIES				
): Nominal Voltage	120			AMPS 15
Ove	r Current F	rotection: Type	Fuse	Circuit Brea		AMPS 20
Loca	ation (Prima	ary Supply Panell	poard) hpa	Disconnecting Me	ans Location (Fuse	
B. Sec	ondary (Sta	andby): X Stora	age Battery Other:	AMP HR Rating	6 12VOL	T 7 AH
Calc		acity to operate s				
NA	Engine-[Oriven generator o	dedicated to fire alarm system. Location of	fuel storage: n/a		
TVDE	BATTERY	,				
	y Cell	Nickel Cad	mium Sealed Lead-Acid	Lead-Acid Oth	er:	
			sed as a backup to primary power supply, i	nstead of using a seco	ondary power suppl	y.
NA	W-7/4		ed in NFPA 70, Article 700		7/0	
NA			scribed in NFPA 70, Article 701			
NA			scribed in NFPA 70, Article 702, which also	o meets the performar	ce requirements of	Article 700 or 701
10.000	New York Transport State (Street Street		No.			Test and Inspection Page 1 of 3

72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above. Certification # 54-25-3647 Scatt Drus Signature Name of Inspector Scott Jones I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction. VERBAL HPPROVAL. Name of Owner Signature

Fire Alarm Test and Inspection Page 2 of 3

or Representative

Aime Washburn

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
y panel	MPS	01	FUNCTIONAL			PASS
by panel	PSD	02	SENSITIVITY	.88-3.75	3.5	PASS
nain entry	MPS	014	FUNCTIONAL			PASS
st fl west	MPS	036	FUNCTIONAL		- 1974 1971	PASS
	MPS	037	FUNCTIONAL			PASS
st fl west	MPS	035	FUNCTIONAL			PASS
st fl east	MPS	033	FUNCTIONAL			PASS
middle stair	PSD	012	SENSITIVITY	.88-3.75	3.5	PASS
2nd wcorr	PSD	013	SENSITIVITY	.88-3.75	3.5	PASS
2nd w corr	MPS	034	FUNCTIONAL	100 011 0		PASS
2nd w stair		008	SENSITIVITY	.88-3.75	3.5	PASS
2nd middle corr	PSD		SENSITIVITY	.88-3.75	3.5	PASS
2nd middle corr	PSD	009			3.5	PASS
2nd east corr	PSD	007	SENSITIVITY	.88-3.75		PASS
2nd east corr	PSD	006	SENSITIVITY	.88-3.75	3.5	PASS
elev room	PSD	003	SENSITIVITY	.88-3.75	3.5	The state of the s
1st elev lobby	PSD	004	SENSITIVITY	.88-3.75	3.5	PASS
2nd elev lobby	PSD	005	SENSITIVITY	.88-3.75	3.5	PASS
mri control	PSD	015	SENSITIVITY	.88-3.75	3.5	PASS
mri equip	PSD	016	SENSITIVITY	.88-3.75	3.5	PASS
120-9	PSD	013	SENSITIVITY	.88-3.75	3.5	PASS
mech room	PSD	018	SENSITIVITY	.88-3.75	3.5	PASS
leibert	PDD	019	FUNCTIONAL			PASS
	PDD	025	FUNCTIONAL			PASS
rtu5	PDD	026	FUNCTIONAL			PASS
rtu3	PDD	027	FUNCTIONAL			PASS
rtu4	PDD	028	FUNCTIONAL			PASS
rtu1	PDD	029	FUNCTIONAL			PASS
rtu2			FUNCTIONAL			PASS
rtu7	PDD	030	FUNCTIONAL			PASS
rtu9	PDD	031				PASS
rtu8	PDD	032	FUNCTIONAL			PASS
rtu6	PSD	038	FUNCTIONAL			PASS
Therpy	PSD	049	SENSITIVITY			FASS
						-
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and the same of th						
100000000000000000000000000000000000000						
				MINISTER STATE OF THE STATE OF		
1-811-		+				
				_		
					-	
Description of the control of the co					-	

Are services required on Fire Alarm Components: (

YES (●)NO How many devices this page require Service:_

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL

WESTERVILLE It's Just Right

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division
Via email as an attachment to <u>backflow@westerville.org</u> or by US Mail or Fax to
City of Westerville Water Division

Backflow Compliance

21 S. State St. Westerville, Ohio 43081-2121 (FAX): 614.901.6773
If this is a New Installation; Also Fax Completed Form to Building Dept at 614.901.6666

Service Addı	ess Inforn	nation									
Name CARI	DINAL W	ESTERVIL	LE II, LLC		Phone	(4	14) 367-	5540			_
Address 560	N. CLE	VELAND A	VE.		Email			-			
		- nworm	FORM MUS	T BE COMPLETED	IN FULL TO E		PTED				
NEW INSTA		EXSTI	AUTO- 1-1-1			DCDA	PVB	ОТНЕ	R (SPECIFY)_		
				MODEL: 909							
				boiler, irrigation,	sprinkler, com	piete bui	ומוng): <u>ט</u>	OIVIEST		- IIIA ERI	
Describe loca		mbly: MECH							*7	D	
	Do	uble Check A	Assembly	Reduce	d Pressure Ass	Pass			sure Vacuum	Pass	er
	Outlet Valve	Pass	Fail	1st Check Valve	8.6 psid	Fail		Air Inlet Valve	psig	Fail	
Initial	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	2.2 psid	Pass Fail		Check Valve	psig	Pass Fail	Н
Test	2 nd Check Valve	psid	Pass Fail	2 nd Check Valve	7.6 psid	Pass Fail					
				Outlet Valve	Pass	Fail					
Repairs & Materials Used											
	Outlet Valve	psid	Pass Fail	1 st Check Valve	psid	Pass Fail		Air Inlet Valve	psig	Pass Fail	Н
Re-Test After	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass Fail		Check Valve	psig	Pass Fail	
Repairs	2 nd	.,	Pass Fail	2 nd Check Valve	psid	Pass Fail			AP INSPECTION d Air Gap Se		1
	Check Valve	psid		Outlet Valve	Pass	Fail			? Yes No		
PASSED) FAILED									
COMMENT	'S:			A A A A A A A A A A A A A A A A A A A							
	I CER	TIFY THAT	ALL INFOR	RMATION ON TH	IIS REPORT I	S COMI	PLETE, T	RUE, A	ND ACCURA	TE.	
Tester's Nar		S SCOTT		(All F	ields Required)	hio Cert.				
Tester's Em	ail: <u>scott.j</u>	ones@com	unale.com								
Tester's Pho	one Number	r:	614-291-	7001		Company	: S. A. C	OMUNA	ALE COMPA	NY	
Tester's Sig	nature:	200	ex C)-rec_		I	Date:	05/11/2	2021		



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division
Via email as an attachment to <u>backflow@westerville.org</u> or by US Mail or Fax to
City of Westerville Water Division

Backflow Compliance 21 S. State St. Westerville, Ohio 43081-2121 (FAX): 614.901.6773

If this is a New Installation; Also Fax Completed Form to Building Dept at 614.901.6666

Service Addr	ess Inform	nation								
Name CARE	INAL W	ESTERVILI	E II, LLC		Phone	(41	4) 367-5540			es:
Address 560	N. CLE	/ELAND A	VE.)	Email					=0
				T BE COMPLETED PLACEMENT	IN FULL TO E	E ACCEP	ΓED			
NEW INSTAI						DCDA	PVB OTHE	R (SPECIFY)_		
TYPE OF ASS										
				MODEL: 909M						
				boiler, irrigation,	sprinkler, com	plete build	ling): DOMEST	IC		
Describe locat	tion of asser	mbly: MECH	ROOM					VII. 1810 - 1810 - 1810		
	Do	uble Check A	ssembly	Reduce	d Pressure Ass	Pass	Pres	sure Vacuum	Breaker Pass	<u> </u>
	Outlet Valve	Pass	Fail	1st Check Valve	9.0 psid	Fail	Air Inlet Valve	psig	Fail	
Initial	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	8.2 psid	Pass Fail	Check Valve	psig	Pass Fail	
Test	2 nd Check Valve	psid	Pass Fail	2 nd Check Valve	2.6 psid	Pass Fail				
				Outlet Valve	Pass	Fail				
Repairs & Materials Used										
	Outlet Valve	psid	Pass Fail	1 st Check Valve	psid	Pass Fail	Air Inlet Valve	psig	Pass Fail	
Re-Test After	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass Fail	Check Valve	psig	Pass Fail	
Repairs	2 nd		Pass Fail	2 nd Check Valve	psid	Pass Fail	1 11	AP INSPECTION		
	Check Valve	psid		Outlet Valve	Pass	Fail		1? Yes No		
PASSED) FAILED								
COMMENT										
56		TIEV THAT	ALL INFOR	RMATION ON TH	HIS REPORT	IS COMP	LETE, TRUE, A	ND ACCURA	TE.	
Tester's Nan				(All F	ields Required)	nio Cert. #: <u>5929</u>			
		ones@com	unale.com							
		r:		7001		Company:	S. A. COMUN	ALE COMPA	NY	
Tester's Sign)-12.0		D	ate: 05/11/	2021		



ADDITIONAL BATTERY INSPECTION REPORT

			mpar	ıy		\sim							
		1			_	() N	ATION.	AL AC				6-7181	
## BRANCH PHONE NUMBER: 614-291-7001													
ADDITION	AL BUILDING DATA			D-41		D-44-	#2	Potte	ru #4	Pattony	Rattery	Staf	us
	Location	A STATE OF THE PARTY OF THE PAR								Size	Date		
Wice .	Main Panel 1st Fl. Utility Room			-		TORS	runpe	70.00			(10/2000)		
			ACRES CO.	***************************************						12V-7AH		X	
		-	_	12.6	7.8					12V-7AH		X	
	Booster 2nd in Camp its came				100								
->->													
										18			
Cammon	to Non SEII												
Commen	is Non-Sro								-				
				-									

Explana	ation of "NO" answers, system deficiencients	es, and/	or insp	ector re	comme	ndatio	ns are li	isted o	n SERVI	CE FOLLOW	UP#		,
No SER	RVICE FOLLOW UP REPORT was required	during th	nis inspe	ection.									
72 test and in	ne information on this form is correct at the tim nspection sections. All equipment tested at the REPORT as stated above.	e and pla is time w	ace of th as left in	is inspe operati	ction. A onal con	I test ar dition u	nd inspec pon com	ctions w	ere perfo of this in	rmed in accor spection exce	dance with pt as noted	applicabl on any S	e NFPA ERVICE
Name of I	nspector Scott Jones		Sig	nature	9 9	coll-	901	eO.		Certifica	tion# 54	-25-36	47
I acknowledg information of having jurisd	ge that the inspection, deficiencies, and sugges contained herein is provided to the best of the liction.	sted impr	ovemen	ts were o	discusse providin	d with n	ne upon formatio	complet n and th	ion of the	e inspection. uested, will be	t is underst	ood that to the au	all thority
Name of 0	Aima Machhurn					Sign	ature	VET	3E(-)_	CAPP	MAC		



Customer # 113204 Customer PO# Columbus Scheduled Date 10/31/2020 Completed Date 11/17/2020 SEMI ANNUAL ALARM AND DETECTION INSPECTION Inspected By Lortz Yes (No Additional Inspector or Fitter: CARDINAL WESTERVILLE II, JOB **AMOUNT** PRICE QTY INSPECTION ITEMS LLC SITE SEMI-ANNUAL ALARM INSPECTION 560 N. CLEVELAND AVE. WESTERVILLE, OH 43082 AIME WASHBURN CONTACT PHONE (414) 367-5540 FAX (614)601-8860 Lloyd PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO **MILWAUKEE, WI 53202** CONTACT A/P PHONE (414) 367-5540 FAX **Site Notes:** INSPECTION TOTAL 95 2BF 8FE 1AD INSPECTION MATERIALS PRICE **AMOUNT** QTY **Comments / Corrections:** INSPECTION MATERIALS TOTAL YES NO NA CITY CHARGES BACKFLOW INSPECTION FEE GENERATE SFU FROM INSPECTION YES (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) ALL CONTROL VALVES LEFT IN OPEN POSITION YES NO XNA PRICE **AMOUNT MISCELLANEOUS CHARGES** QTY SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES () NO SFU NUMBER: STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER OTHER TOTAL 2. NA 1. NA Inspection **Technician** 95 Count Thank You - Invoice to Follow Ricky M. Lortz 2 Total Name **Material Total** I confirm that the above work has been satisfactorily completed. Other Total SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Tax Customer Customer MATT Signature **Total Cost** Name

INSPECTION WORK TICKET

Ticket # 949697



FIRE ALARM INSPECTION & TEST REPORT

<u> </u>		All Lilloon company			
BRANC	H PHONE NUMBER	: 614-291-7001	O NATION	AL ACCOUNT N	IUMBER: 1-800-776-7181
DATE	11/17/2020	ADDITIONAL BUILDING	DATA		
SITE	CARDINAL WESTE	RVILLE II, LLC	CONTAC	T AIME WA	SHBURN
ADDRESS	560 N. CLEVELAN	D AVE.	PHONE	(414) 367	
CITY	WESTERVILLE		STATE	ОН	ZIP 43082
MONITORIN	IG ENTITY alarm of	0	PHONE	614-236-5	5900
This inspecti	on is: X Annual	Semi-Annual Quarterly		Veekly Othe	
Type Trans	mission X Digital			e Polarity	RF Other
Panel Manu	facturer silent kr	night Model Number 5	700	Type X	Addressable Hard Wired
ALARM INI	TIATING DEVICES A	ND CIRCUIT INFORMATION			
Qty of device	270000 00 00 00000 00000	Type of device	Qty of devices	Circuit Class	Type of device
7	CLASS B	Manual Stations	0	NA	Heat Detectors
0	NA	ION Detectors	0	NA	Waterflow Switches
11	CLASS B	Photo Detectors	0	NA	Supervisory Switches
10	CLASS B	Duct Detectors			
ALARM NO	TIFICATION APPLIA	ANCES AND CIRCUIT INFORMATION	N		
Qty of device	Negotia (months)	Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Bells	4	CLASS B	Strobes
0	NA	Horns	28	NA	Horn/Strobes
0	NA	Speakers			
0	NA	Chimes			
CUDEDVIC	ORY SIGNAL INITIA	TING DEVICES AND CIRCUIT INFO	RMATION		
Qty of devi		Type of device	Qty of devices	Circuit Class	Type of device
0	NA	Building Temp	0	NA	Generator or Controller Trouble
0	NA	Site Water Temp	0	NA	Generator Engine Running
0	NA	Site Water Level	0	NA	Generator in Auto Position
0	NA	Fire Pump Running	0	NA	Switch Transfer
0	NA	Fire Pump or Pump Controller Trouble			
0	NA	Fire Pump Power			
0	NA	Fire Pump Auto Position			
SIGNALIN	G LINE CIRCUITS				
		6-6.1) of Signaling line circuits connected to	o system Qt	y 1	Style(s) Y
SYSTEM D	OWER SUPPLIES				
	(Main): Nominal Voltag	e 120			AMPS 15
The state of the s	rrent Protection: Type	Fuse	Circuit Brea	iker	AMPS 20
	(Primary Supply Panell	poard) hpa	Disconnecting Me	ans Location (Fuse	e or Breaker #) 37
	ary (Standby): X Stor		AMP HR Rating	6 12VOL	Т 7 АН
10.01	ed capacity to operate s		Other:		
		dedicated to fire alarm system. Location of	fuel storage: n/a		
TYPE BAT	The state of the s	mium Sealed Lead-Acid	Lead-Acid Oth	ner:	
Dry Ce		sed as a backup to primary power supply,	I		ly.
		ed in NFPA 70, Article 700	9		
		escribed in NFPA 70, Article 701			
		escribed in NFPA 70, Article 702, which als	o meets the performan	nce requirements of	f Article 700 or 701
NA Opt	ional standby system de	Solibed III NI FA FO, Altide FOZ, Willell dis	o mode the performan	El- Al-	Test and Inspection Page 1 of 3

Fire Alarm Test and Inspection Page 2 of 3

or Representative

MATT

LOCATION	DEVICE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
	MPS	01	VISUAL			PASS
y panel	PSD	02	VISUAL			PASS
by panel	MPS	014	VISUAL			PASS
nain entry	MPS	036	VISUAL			PASS
st fl west	MPS	037	VISUAL			PASS
st fl west	MPS	035	VISUAL			PASS
st fl east	MPS	033	VISUAL	1		PASS
niddle stair	PSD	012	VISUAL			PASS
2nd wcorr	PSD	013	VISUAL			PASS
2nd w corr	MPS	034	VISUAL			PASS
2nd w stair	PSD	008	VISUAL			PASS
2nd middle corr		009	VISUAL			PASS
2nd middle corr	PSD		VISUAL	_		PASS
2nd east corr	PSD	007	VISUAL			PASS
2nd east corr	PSD		VISUAL			PASS
elev room	PSD	003	VISUAL			PASS
1st elev lobby	PSD	004	VISUAL			PASS
2nd elev lobby	PSD	005				PASS
mri control	PSD	015	VISUAL			PASS
mri equip	PSD	016	VISUAL			PASS
120-9	PSD	013	VISUAL		-	PASS
mech room	PSD	018	VISUAL			PASS
leibert	PDD	019	VISUAL			PASS
rtu5	PDD	025	VISUAL	_		PASS
rtu3	PDD	026	VISUAL			PASS
rtu4	PDD	027	VISUAL			PASS
rtu1	PDD	028	VISUAL			PASS
rtu2	PDD	029	VISUAL			
rtu7	PDD	030	VISUAL			PASS
rtu9	PDD	031	VISUAL			
rtu8	PDD	032	VISUAL			PASS
rtu6	PDD	038	VISUAL			PASS
		- 4				
			ALL PROPERTY AND ADDRESS OF THE PARTY AND ADDR			
					AND DESCRIPTION AND DESCRIPTIO	

YES (●)NO How many devices this page require Service: Are services required on Fire Alarm Components: (BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL



Customer # 113204 An EMCOR Company Customer PO # Columbus Scheduled Date 04/30/2020 Completed Date 05/08/2020 ANN ALARM SENS BKFL AND FIRE EXT INSPECTION Inspected By Lortz Yes (•)No Additional Inspector or Fitter: CARDINAL WESTERVILLE II. JOB **AMOUNT** PRICE INSPECTION ITEMS QTY LLC ANNUAL ALARM INSPECTION SITE 1 560 CLEVELAND AVE. ANNUAL DOMESTIC BACKFLOW TEST 2 **WESTERVILLE, OH 43082** ANNUAL FIRE EXTINGUISHER INSP 1 AIME WASHBURN CONTACT (414) 367-5540 PHONE FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO **MILWAUKEE, WI 53202** CONTACT A/P (414) 367-5540 PHONE FAX Site Notes: 545 INSPECTION TOTAL 2BF 8FE 1AD **AMOUNT** PRICE INSPECTION MATERIALS QTY 80 80 **Comments / Corrections: 10LB ABC FIRE EXTINGUISHER** 1 REPLACED (1) 10LB ABC EXTINGUISHER LOCATED IN THE ELEVATOR MACHINE ROOM INSPECTION MATERIALS TOTAL 80 NO NA CITY CHARGES BACKFLOW INSPECTION FEE YES X NA GENERATE SFU FROM INSPECTION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) ALL CONTROL VALVES LEFT IN OPEN POSITION MISCELLANEOUS CHARGES **AMOUNT** X YES PRICE NO N/A QTY SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES NO SFU NUMBER: _ STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER OTHER TOTAL 2. NA 1. NA Inspection 545 Technician Thank You - Invoice to Follow Count 4 Ricky M. Lortz Total Name **Material Total** 20 I confirm that the above work has been satisfactorily completed. Other Total SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Tax Customer Customer RWORK FINISHED OF **Total Cost** 625 Signature Name

INSPECTION WORK TICKET

Ticket # 897327



FIRE ALARM INSPECTION & TEST REPORT

		All LIVIU	our company					
BRANG	CH PHONE NUMBER	: 614-29	1-7001	() NATION	IAL ACCOUNT I	NUMBER: 1-8	00-776-7	181
DATE	05/08/2020		ADDITIONAL BUILDING	DATA				
SITE	CARDINAL WEST	ERVILLE I	I, LLC	CONTAC	T AIME WA	SHBURN		
ADDRESS	560 CLEVELAND			PHONE	(414) 367	'-5540		
CITY	WESTERVILLE		711777	STATE	ОН	ZIP	43082	
MONITORIN		0		PHONE	614-236-	5900	(-	
MONITORII	NG ENTITY alarmi	.0						-
This inspect	tion is: X Annual	Semi	-Annual Quarterly		Veekly Oth			
Type Trans	mission X Digital		Multiplex McCullol	h Revers	e Polarity	RF	Othe	
Panel Manu	ufacturer silent kı	night	Model Number 5	700	Type	Addressable	Har	rd Wired
AL ADM INI	TIATING DEVICES A	ND CIRCI	UIT INFORMATION					
Qty of device		Type of d		Qty of devices	Circuit Class	Type of dev	ice	
7	CLASS B	Manual St		0	NA	Heat Detecto	ors	
0	NA	ION Detec	ctors	0	NA	Waterflow S	witches	
11	CLASS B	Photo Det	tectors	0	NA	Supervisory	Switches	
10	CLASS B	Duct Dete	ectors					
AL ADM NO	TIFICATION APPLIA	NCES AN	UD CIDCUIT INFORMATION	I				
Qty of devi		Type of d	ND CIRCUIT INFORMATION	Qty of devices	Circuit Class	Type of devi	ce	
0	NA NA	Bells	CVICC	4	CLASS B	Strobes		
0	NA NA	Horns		28	NA	Horn/Strobe	s	
0	NA NA	Speakers						
0	NA NA	Chimes						
						and the same of th		
		200	/ICES AND CIRCUIT INFOR		Circuit Class	Type of dayi		
Qty of devi		Type of c		Qty of devices	Circuit Class	Generator or		Trouble
0	NA	Building 1		0	NA			
0	NA	Site Wate		0	NA	Generator En		
0	NA	Site Wate		0	NA	Switch Trans		On
0	NA	SECURIOR STREET	p Running	0	NA	SWILCH TIANS	ei	
0	NA		p or Pump Controller Trouble				-	
0	NA	Fire Pum	The second secon					
0	NA	Fire Pum	p Auto Position					
	G LINE CIRCUITS					0.1.(.)	120	
Qty and Styl	e (see NFPA 72, Table of	6-6.1) of Sig	gnaling line circuits connected to	system Qt	y 1	Style(s)	Υ	
SYSTEM F	OWER SUPPLIES			and the second s				
	(Main): Nominal Voltag	е	120			А	MPS	15
Over Cu	rrent Protection: Type		Fuse	Circuit Brea	ker	Α	MPS	20
Location	(Primary Supply Panell	ooard)	hpa	Disconnecting Me	ans Location (Fuse	e or Breaker #)	37	
		age Battery	Other:	AMP HR Rating	6 12VOL	T 7 AH	- Comment	
Calculat	ed capacity to operate s	ystem, in ho	ours X 24 60	Other:				
The second secon			fire alarm system. Location of f	uel storage: n/a				Section 1
TYPE BAT		mium T	V Spaled Load-Acid	Lead-Acid Oth	ner:			300
Dry Ce			Sealed Lead-Acid			lv.		
				isteau of using a sect	oridary power supp			
	ergency system describe ally required standby de							
			NFPA 70, Article 701, which also	magte the performer	nce requirements o	f Article 700 or	701	
NA Opt	ionai standby system de	scribed in N	NEFA 10, Article 102, Which also	meers me hemoniga	ioo requirementa 0		AND DESCRIPTION OF THE PARTY OF	

Fire Alarm Test and Inspection Page 1 of 3

7:00

INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT ___1__

Monitoring Entity

Other:

WESTERVILLE FIRE

Load Voltage	3 4 S 1 S					
Discharge Test		X		PASS		
Amp Hour Reading		X		PASS		
Specific Gravity			X			,
Batteries Meet NFP	A 72 Tes	st Require	ments:	● Yes	No	NA

SYSTEM TESTS & I			NA		Comme	nts	Туре	Visual	Functional	NA	Comments
Control Panel		X		PASS			Transient Suppressors	3		X	
Interface Equipment		X		PASS			Remote Annunciators		X		PASS
Lamps/LEDS		X		PASS			Audible		X		PASS
Fuses		X		PASS			Visual		X		PASS
Primary Power Supply		X		PASS			Speakers			X	
Trouble Signals		X		PASS			Voice Clarity			X	
Disconnect Switches		X	Dah -	PASS	- Constant		Door Holders		X		PASS
Ground Fault Monitor			X				Door Unlock			X	
Туре	Visual	Functional	NA		Commer	its	Interface Equipment	Visual	Functional	NA	Comments
Phone Set	Fieda		X				Elevator Recall			X	
Phone Jack			X				HVAC Shut Down			X	
Off-Hook Indicator			X				Specify:				
Amplifier(s)			X				Special Hazards	Visual	Functional	NA	Comments
Tone Generators			X				Specify:				
Call in Signal Silence			X				Specify:				
System Performance			X				Specify:		28 iii		
SUPERVISING STATI	ON MO	NITORING	1/ \	Yes	NA	No	Time			C	omments
Alarm Signal					X						
Alarm Restoral					X					u W	
Trouble Signal					X						
Trouble Restoral				- 100	X						
Supervisory Signal					X				****		
Supervisory Restoral	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X						
NOTIFIED TESTING	COMPLI	ETE		Yes	NA	No	Who				Time
Building Management	2			X			LLOYD		10:00		
Monitoring Entity				X			WESTERVILLE FIRE		10:00		
Other:					X						

Monitoring Entity	X		WESTERVILLE FIRE	10:00
Other:		X		
HAS SENSITIVITY BEEN COMPLETED A	S PER	NFPA 72 O	R LOCAL STATE CODES: YES	NO NA O
Year Sensitivity Testing Completed: 2019	Y	ear Sensitive	vity Testing Due: 2021	How Was Sensitivity Tested: OTHER
MALLIL E DEDECORMING THE INSPECTION	ADDITI	ONAL ITEM	MS WERE NOTED THAT NEED	CORRECTED: YES NO NA

WHILE PERFORMING THE INSPECTION ADDITIONAL TELESCOPE WERE NOTED THAT WELL IN THE INSPECTION ADDITIONAL TELESCOPE WERE NOTED THAT WE INSPECTION ADDITIONAL TELESCOPE WE INSPECTION		
Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FO	OLLOW UP#	

attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with approximation
72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERV
72 test and inspection sections. All equipment tested at this time was left in operational condition apon compositions.
FOLLOW UP REPORT as stated above.

Signature

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner	
or Representative	

PAPERWORK FINISHED OFFSITE

Signature

Certification # 54-25-4557

Name of Inspector Ricky M. Lortz

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
	MPS	01	FUNCTIONAL			PASS
y panel	PSD	02	FUNCTIONAL			PASS
by panel	MPS	014	FUNCTIONAL			PASS
nain entry	MPS	036	FUNCTIONAL		- North and the second second	PASS
st fl west	MPS	037	FUNCTIONAL			PASS
st fl west	MPS	035	FUNCTIONAL			PASS
st fl east	MPS	033	FUNCTIONAL			PASS
middle stair		012	FUNCTIONAL			PASS
2nd wcorr	PSD PSD	013	FUNCTIONAL			PASS
2nd w corr		034	FUNCTIONAL			PASS
2nd w stair	MPS	008	FUNCTIONAL			PASS
2nd middle corr	PSD	009	FUNCTIONAL			PASS
2nd middle corr	PSD		FUNCTIONAL			PASS
2nd east corr	PSD	007	FUNCTIONAL			PASS
2nd east corr	PSD	006	FUNCTIONAL			PASS
elev room	PSD	003	FUNCTIONAL			PASS
1st elev lobby	PSD	004				PASS
2nd elev lobby	PSD	005	FUNCTIONAL		-	PASS
mri control	PSD	015	FUNCTIONAL	-	-	PASS
mri equip	PSD	016	FUNCTIONAL		-	PASS
120-9	PSD	013	FUNCTIONAL	_		PASS
mech room	PSD	018	FUNCTIONAL	<u> </u>	-	PASS
leibert	PDD	019	FUNCTIONAL			PASS
rtu5	PDD	025	FUNCTIONAL			PASS
rtu3	PDD	026	FUNCTIONAL			PASS
rtu4	PDD	027	FUNCTIONAL			PASS
rtu1	PDD	028	FUNCTIONAL			PASS
rtu2	PDD	029	FUNCTIONAL			PASS
rtu7	PDD	030	FUNCTIONAL			PASS
rtu9	PDD	031	FUNCTIONAL			
rtu8	PDD	032	FUNCTIONAL			PASS
rtu6	PDD	038	FUNCTIONAL			PASS
					-	
	The state of the s					

YES (●)NO How many devices this page require Service:_ Are services required on Fire Alarm Components: (BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL

WESTERVILLE It's Just Right

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division Via email as an attachment to <u>backflow@westerville.org</u> or by US Mail or Fax to City of Westerville Water Division

Backflow Compliance

21 S. State St. Westerville, Ohio 43081-2121 (FAX): 614.901.6773

If this is a New Installation; Also Fax Completed Form to Building Dept at 614.901.6666

						-	***		
ervice Addre						1010.0			
ame_CARD	INAL WI	ESTERVILL	E II, LLC		Phone	(414	4) 367-5540		
.ddress_ <u>560</u>	CLEVEL	AND AVE.		I	Email				
YPE OF ASS IAKE OF AS Vhat HAZAF	SEMBLY (SSEMBLY: RD is being	EXSTINATION EXECUTED IN EXECUT	RED	PLACEMENT L P ÞÆ RPDA MODEL: <u>909M1</u>	REMOVED A DC QT SIZE:	□ DCDA 1-1/2"	PVB OTHE	4392	
escribe locat	tion of asser	mbly: MECH	ROOM						
	Do	ible Check A	ssembly	Reduced	Pressure Ass	and the last and t	Pres	sure Vacuum	
	Outlet Valve	Pass	Fail	1st Check Valve	9.0 psid	Pass Fail	Air Inlet Valve	psig	Pass Fail
Initial	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	2.6 psid	Pass Fail	Check Valve	psig	Pass Fail
Test	2 nd Check Valve	psid	Pass Fail	2 nd Check Valve	8.2 psid	Pass Fail			
				Outlet Valve	Pass	Fail			
Repairs & Materials Used								_	
	Outlet Valve	psid	Pass Fail	1st Check Valve	psid	Pass Fail	Air Inlet Valve	psig	Pass Fail
Re-Test After	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass Fail	Check Valve	psig	Pass Fail
AKE OF ASSEMBLY: WATTS MODEL: 909M1QT SIZE: 1-1/2" SERIAL NO.434392 That HAZARD is being contained or isolated? (i.e. boiler, irrigation, sprinkler, complete building): DOMESTIC escribe location of assembly: MECH ROOM Double Check Assembly Reduced Pressure Assembly Pressure Vacuum Brown Pass Pass									
		psid		Outlet Valve	Pass	Fail			
) FAILED							
Tester's Nai			ALL INFOR	RMATION ON TH (All F	IIS REPORT I ields Required)			<i>TE</i> .
Tester's Em	ail: RICKY	/.LORTZ@C	OMUNALE.	СОМ					
Tester's Pho	one Numbe	r:	614-291-	7001		Company	S. A. COMUN	ALE COMPA	ANY
Tester's Sig	nature:	-				D	eate: 05/08/	2020	

WESTERVILLE It's Just Right

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division Via email as an attachment to <u>backflow@westerville.org</u> or by US Mail or Fax to City of Westerville Water Division

Backflow Compliance

21 S. State St. Westerville, Ohio 43081-2121 (FAX): 614.901.6773

If this is a New Installation; Also Fax Completed Form to Building Dept at 614.901.6666

			-								
ervice Addre	ess Inform	ation									
lame CARD	INAL WE	ESTERVILL	E II, LLC		Phone	(41	4) 367-	5540	-		-
ddress 560	CLEVEL	AND AVE.		I	Email				, , , , , , , , , , , , , , , , , , ,		-
NEW INSTAL	LATION		FORM MUS	T BE COMPLETED EPLACEMENT	IN FULL TO B	E ACCEP	PTED				
		CIRCLE ONE	E) AIR GA	P PA RPD.	A DC	DCDA	PVB	OTHE	R (SPECIFY)_		
TAKE OF AC	CEMBI V	WATTS		_ MODEL: 909	SIZE:	2"	SERIA	L NO.428	3837		
				boiler, irrigation,							
				, boner, irrigation,	sprimmer, com		<i>a,</i>				
Describe locat		mbly: MECH					-	Droce	ure Vacuum	Breake	er
	Dot	ible Check A	ssembly	Reduced	l Pressure Ass	Pass			ure vacuum	Pass	
	Outlet Valve	Pass	Fail	1 st Check Valve	9.8 psid	Fail		Valve	psig	Fail Pass	
Initial	1 st Check Valve	psid	Pass Fail	Relief Valve Opening Point	2.0 psid	Pass Fail		Check Valve	psig	Fail	
Test	2 nd Check Valve	psid	Pass Fail	2 nd Check Valve	8.6 psid	Pass Fail					
				Outlet Valve	Pass	Fail					
Repairs & Materials Used											
	Outlet Valve	psid	Pass Fail	1st Check Valve	psid	Pass Fail		Air Inlet Valve	psig	Pass Fail	Н
Re-Test After	l st Check Valve	psid	Pass Fail	Relief Valve Opening Point	psid	Pass Fail		Check Valve	psig	Pass Fail	
Repairs	2 nd		Pass Fail	2 nd Check Valve	psid	Pass Fail			AP INSPECTION d Air Gap Se		1
	Check Valve	psid		Outlet Valve	Pass	Fail		Provided			
PASSED) FAILED									
COMMENT											
55		TIEV TILAT	ALL INFO	RMATION ON TH	HIS REPORT	IS COM	PLETE.	TRUE, A	ND ACCURA	TE.	
Tester's Nai			ALL INFO	(All F	ields Required	()		#: <u>11805</u>			
		.LORTZ@C	OMUNALE	COM.					Marine Marine San Commence		
Tester's Pho						Company	y: S. A. (COMUN	ALE COMP	ANY	
Tester's Sig		gard.	614-291				Date:	05/08/	2020		
A COLL O DIE											



or Representative

An EMCOR Company

FIRE EXTINGUISHER INSPECTION REPORT

Fire Extinguisher Page 1 of 1

NATIONAL ACCOUNT NUMBER: 1-800-776-7181 (BRANCH PHONE NUMBER: 614-291-7001 05/08/2020 DATE AIME WASHBURN CONTACT CARDINAL WESTERVILLE II, LLC SITE (414) 367-5540 PHONE ADDRESS 560 CLEVELAND AVE. ZIP 43082 STATE OH WESTERVILLE CITY Weekly Monthly N/A NO Quarterly YES This inspection is: Annual Semi-Annual A. Are all extinguishers free from obstruction to access or visibility? B. Are the operating instructions on nameplates legible and facing outward? C. Are all safety seals and tamper indicators in place and free from physical damage? D. Do all extinguishers seem to be full by weighing or hefting? E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles? F. Are all pressure gauges are in the operable range or position? G. Are all HMIS (Hazardous Materials Information System) labels in place? H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor. INSPECTIONS PERFORMED (X) MANUFACTURE EXTINGUISHER MANUFACTURE PURPLE K
HALOTRON WE DUE AGENT TYPE ABC / BC HALON 1211 AAAF / FFFP OF FIRE CHEMICAL INSPECTION - 12 YR SIGNAGE DATE PULL PIN SERVICE NEEDED PULL PIN BRACKET DATE COLLAR GAUGE SIZE SEAL **LOCATION OF** DAT HYDRO **EXTINGUISHER** DUE 6YR 2025 2019 **AMEREX** ABC elev equip 10 2025 KIDDE 5 ABC 2019 by elev 2023 2029 BUCKEYE 2011 5 ABC by it room 2023 2029 2010 KIDDE 5 ABC therapy 2029 2023 BUCKEYE 2011 5 ABC therapy 2023 2029 BUCKEYE 2011 5 ABC 2nd fl 2023 2029 2011 BUCKEYE 5 ABC by cast rm 2029 2023 2011 KIDDE ABC 2nd fl elev lobby How many units this page require Service: YES ()NO Are services required on the Fire Extinguishers: Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # which is attached to this form. No SERVICE FOLLOW UP REPORT was required during this inspection. I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 10 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above. Certification # 54-25-4557 Signature Name of Inspector Ricky M. Lortz I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction. Name of Owner Signature PAPERWORK FINISHED OFFSITE



INSPECTION WORK TICKET

Ticket # 852908

Customer # 113204 **Customer PO#** Columbus Scheduled Date 10/31/2019 Completed Date 12/03/2019 SEMI ANNUAL ALARM AND DETECTION INSPECTION Inspected By Haring (No Yes Additional Inspector or Fitter: CARDINAL WESTERVILLE II. **AMOUNT** JOB PRICE **INSPECTION ITEMS** QTY LLC SEMI-ANNUAL ALARM INSPECTION SITE 560 CLEVELAND AVE. WESTERVILLE, OH 43082 AIME WASHBURN CONTACT (414) 367-5540 PHONE FAX PHYSICIANS REALTY TRUST BILL 309 N. WATER STREET, SUITE 500 TO **MILWAUKEE, WI 53202** A/P CONTACT PHONE (414) 367-5540 FAX Site Notes: **INSPECTION TOTAL** 95 2BF 8FE 1AD **AMOUNT INSPECTION MATERIALS** PRICE QTY **Comments / Corrections:** John:614-601-8984 **INSPECTION MATERIALS TOTAL** NO NA CITY CHARGES BACKFLOW INSPECTION FEE YES X NA GENERATE SFU FROM INSPECTION (SELECT YES WHEN AN INSPECTION **DOES NOT** GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED) ALL CONTROL VALVES LEFT IN OPEN POSITION NO X N/A **AMOUNT** PRICE YES MISCELLANEOUS CHARGES QTY SERVICE FOLLOW UP REPORT ATTACHED CITY BACKFLOW INSPECTION FEE YES NO SFU NUMBER: _ STATE OF DELAWARE FEE ADDITIONAL INSPECTOR OR FITTER OTHER TOTAL 1. NA 2. NA Inspection Thank You - Invoice to Follow 95 Technician Count 2 **Nick Haring Total** Name **Material Total** I confirm that the above work has been satisfactorily completed. Other Total SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS Tax Customer Customer John Provenzale **Total Cost** Signature Name



FIRE ALARM INSPECTION & TEST REPORT

		AN ENG	OK Company									7404
BRANC	H PHONE NUMBER	614-29	1-7001		NATIONA	AL AC	COUN	IT NU	JMBER	: 1-80	U-//6	-/181
DATE	12/03/2019	general to	ADDITIONAL BUILDING		01210	•	AIRE	10/05	прив	N		
SITE	CARDINAL WESTE	RVILLE	I, LLC		CONTACT		AIME WASHBURN (414) 367-5540					
ADDRESS	560 CLEVELAND A	VE.			HONE	8		367-	0040	ZID	12002	i
CITY	WESTERVILLE			S	TATE		ОН			ZIP	43002	
MONITORIN		0		F	HONE		614-2	36-59	900			
			-Annual Quarterly	Monthly	, \square_{W}	/eekly	П	Other				
This inspecti	on is: Annual	Semi							RF	T	Tot	her
Type Transı	mission X Digital		Multiplex McCullo		Reverse			V	Address	sable		lard Wired
Panel Manu	facturer silent kr	ight	Model Number 5	700		Тур	je		- dui es	Jabio	<u> </u>	
ALARM INIT	TIATING DEVICES A	ND CIRC	UIT INFORMATION						T	f davis		
Qty of devic		Type of c	levice	Qty of de	evices		uit Clas	ss		etector		
7	CLASS B	Manual S	tations	0		NA		- 02-1141	100000000000000000000000000000000000000	low Sw		
0	NA	ION Dete	ctors	0		NA				isory S		c
11	CLASS B	Photo De	tectors	0		NA			Superv	risory S	WILCITE	3
10	CLASS B	Duct Dete	ectors									
ALARM NO	TIFICATION APPLIA	ANCES A	ND CIRCUIT INFORMATION	1								
Qty of device		Type of o	levice	Qty of d	evices		uit Cla		-	f devic	е	
0	NA	Bells		4			ASS B		Strobe	100		
0	NA	Horns		28	3	NA	11		Horn/s	Strobes		
0	NA	Speakers	3									
0	NA	Chimes										
SIIDEDVIS	ORY SIGNAL INITIA	TING DE	VICES AND CIRCUIT INFO	RMATION					_			
Qty of device		Type of		Qty of c	levices	Circ	uit Cla	ss	Type o			
0	NA	Building	Temp	(NA			11/1			er Trouble
0	NA	Site Wat	er Temp	(NA			Genera			
0	NA	Site Wat	er Level	()	NA			Genera			sition
0	NA	No. of the last of	np Running	()	NA	-		Switch	Transfe	er	
0	NA	Fire Pun	np or Pump Controller Trouble									
0	NA		np Power							Maria Cara Paris		
0	NA	Fire Pun	np Auto Position								-	
SIGNALIN	G LINE CIRCUITS					240	Γ.		T 04-	1-/->	V	
Qty and Styl	e (see NFPA 72, Table	6-6.1) of Si	gnaling line circuits connected to	system	Qty	у	1	100	Sty	le(s)	Υ	
SYSTEM P	OWER SUPPLIES											
	(Main): Nominal Voltage	е	120				772				MPS	15
	rrent Protection: Type		Fuse		Circuit Brea						MPS	20
Location	(Primary Supply Panel	board)	hpa		necting Me	ans Lo				ker#)	37	
B. Seconda	ary (Standby): X Stor	age Batter	Other:		R Rating		6 12	VOLT	7 AH			
Calculat	ed capacity to operate	system, in h	nours X 24 60									
NA E	ngine-Driven generator	dedicated t	o fire alarm system. Location of	fuel storage	: n/a			W. Freedom				
TYPE BAT	TEDV											
Dry Co		dmium	X Sealed Lead-Acid	Lead-Acid	Oth	ner:					-	
C. Emerger	ncy or standby system u	ised as a b	ackup to primary power supply,	instead of u	sing a seco	ondary	power	suppl	y			
	ergency system describ											
NA Lec	ally required standby d	escribed in	NFPA 70, Article 701									
NA Op	tional standby system d	escribed in	NFPA 70, Article 702, which als	o meets the	performar	nce req	Juireme	nts of	Article 7	700 or 7	701	
ПА							Fire A	Alarm	Test and	Inspe	ction P	age 1 of 3

Fire Alarm Test and Inspection Page 2 of 3

Signature

or Representative

John Provenzale

LOCATION	DEVICE TYPE	ZONE / ADDRESS	TYPE OF INSPECTION	FACTORY SETTING	MEASURED SETTING	STATUS
by panel	MPS	01	VISUAL			PASS
by panel	PSD	02	VISUAL			PASS
main entry	MPS	014	VISUAL			PASS
1st fl west	MPS	036	VISUAL			PASS
1st fl west	MPS	037	VISUAL			PASS
1st fl east	MPS	035	VISUAL			PASS
middle stair	MPS	033	VISUAL			PASS
2nd wcorr	PSD	012	VISUAL			PASS
2nd w corr	PSD	013	VISUAL			PASS
2nd w stair	MPS	034	VISUAL			PASS
2nd middle corr	PSD	008	VISUAL			PASS
2nd middle corr	PSD	009	VISUAL			PASS
2nd east corr	PSD	007	VISUAL	+		PASS
2nd east corr	PSD	006	VISUAL			PASS
elev room	PSD	003	VISUAL			PASS
	PSD	003	VISUAL			PASS
1st elev lobby		004	VISUAL			PASS
2nd elev lobby	PSD		VISUAL	-		PASS
mri control	PSD	015				
mri equip	PSD	016	VISUAL			PASS
120-9	PSD	013	VISUAL			PASS
mech room	PSD	018	VISUAL			PASS
leibert	PDD	019	VISUAL			PASS
rtu5	PDD	025	VISUAL			PASS
rtu3	PDD	026	VISUAL			PASS
rtu4	PDD	027	VISUAL			PASS
rtu1	PDD	028	VISUAL			PASS
rtu2	PDD	029	VISUAL			PASS
rtu7	PDD	030	VISUAL			PASS
rtu9	PDD	031	VISUAL			PASS
rtu8	PDD	032	VISUAL			PASS
rtu6	PDD	038	VISUAL			PASS
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Are services required on Fire Alarm Components: YES NO How many devices this page require Service:

BD=BEAM DETECTOR, DH=DOOR HOLDER, FD=FLAME DETECTOR, FHD=FIXED TEMP HEAT DETECTOR, RRD=RATE OF RISE HEAT DETECTOR, C=CHIME FSS=FIRE SUPPRESSION SYSTEM, IDD=ION DUCT DETECTOR, ISD=ION SMOKE DETECTOR, PDD=PHOTO DUCT DETECTOR, PSD=PHOTO SMOKE DETECTOR, MPS=MANUAL PULL STATION, SSD=SINGLE STATION DETECTOR, ST=STROBE, B=BELL, H=HORN, HS=HORN/STROBE, S=SPEAKER, FPR=FIRE PUMP RUN, TS=TAMPER SWITCH, WPS=WATER PRESSURE SWITCH, LAS=LOW AIR SUPERVISORY SWITCH, WFS=WATER FLOW SWITCH, LSD=LASER SMOKE DETECTOR, ACD=ACCUMULATION SMOKE DETECTOR, IRD=INFRARED SMOKE DETECTOR, CDD=CARBON MONOXIDE DETECTOR, FPP=FIRE PUMP POWER, O=OTHER, AS=ABORT SWITCH, SS=SPEAKER/STROBE, KH=KITCHEN HOOD, EML=ELECTROMAGNETIC LOCK, NC=NURSE CALL