



# S.A. Comunale

An EMCOR Company

## INSPECTION WORK TICKET

Ticket # 22094

Customer # 113204

Customer PO #

Scheduled Date 05/25/2021

Completed Date 05/28/2021

Inspected By Chandler

### Columbus

FIRE EXTINGUISHER INSPECTION

<b>JOB SITE</b>	<b>CARDINAL WESTERVILLE II, LLC</b>
	560 N. CLEVELAND AVE. WESTERVILLE, OH 43082
<b>CONTACT</b>	AIME WASHBURN
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	(614)601-8860 Lloyd

<b>BILL TO</b>	<b>PHYSICIANS REALTY TRUST</b>
	309 N. WATER STREET, SUITE 500 MILWAUKEE, WI 53202
<b>CONTACT</b>	A/P
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	

**Site Notes:**

2BF 8FE 1AD

**Comments / Corrections:**

Additional Inspector or Fitter:  Yes  No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
13	ANNUAL FIRE EXTINGUISHER INSP	5.00	65.00
DELAWARE CO TAX 7.5%			

INSPECTION TOTAL			
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
2	10LB ABC HYDRO SWAP-OUT FE'S	48.00	96.00
1	2.5 GALLON WATER MIST HYDRO FE		65.00
INSPECTION MATERIALS TOTAL			

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION  YES  NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		

OTHER TOTAL			
	Thank You - Invoice to Follow	Inspection Total	65.00
I confirm that the above work has been satisfactorily completed.		Material Total	161.00
SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS			
		Tax	16.95
		<b>Total Cost</b>	<b>242.95</b>

**ADDITIONAL INSPECTOR OR FITTER**  
1. NA 2. NA

Technician Name	<b>Shad Chandler</b>	Count	<b>1.5</b>
Customer Name	<b>MATT</b>	Customer Signature	



# S.A. Comunale

An EMCOR Company

## FIRE EXTINGUISHER INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/28/2021  
SITE CARDINAL WESTERVILLE II, LLC  
ADDRESS 560 N. CLEVELAND AVE.  
CITY WESTERVILLE

CONTACT AIME WASHBURN  
PHONE (414) 367-5540  
STATE OH ZIP 43082

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly

YES N/A NO

A. Are all extinguishers free from obstruction to access or visibility?	<input checked="" type="checkbox"/>		
B. Are the operating instructions on nameplates legible and facing outward?	<input checked="" type="checkbox"/>		
C. Are all safety seals and tamper indicators in place and free from physical damage?	<input checked="" type="checkbox"/>		
D. Do all extinguishers seem to be full by weighing or hefting?	<input checked="" type="checkbox"/>		
E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles?	<input checked="" type="checkbox"/>		
F. Are all pressure gauges are in the operable range or position?	<input checked="" type="checkbox"/>		
G. Are all HMIS (Hazardous Materials Information System) labels in place?	<input checked="" type="checkbox"/>		
H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor.		<input checked="" type="checkbox"/>	

LOCATION OF EXTINGUISHER	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AARF / FFPF	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTIONS PERFORMED (X)										
					INSPECTION	SERVICE NEEDED	6YR - 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE	
elev equip	10	ABC	2019	AMEREX	<input checked="" type="checkbox"/>		2025	2031	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
by elev	5	ABC	2019	KIDDE	<input checked="" type="checkbox"/>		2025	2031	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
by it room	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
therapy	5	ABC	2010	KIDDE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
therapy	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2nd fl	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
by cast rm	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2nd fl elev lobby	5	ABC	2011	KIDDE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THERAPY	10	ABC	2015	BUCKEYE	<input checked="" type="checkbox"/>		2027	2033	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THERAPY	10	ABC	2015	BUCKEYE	<input checked="" type="checkbox"/>		2027	2033	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IT ROOM FIRST FLOOR	10	CLEAN GUARD	2017	PYRO-CHEM	<input checked="" type="checkbox"/>		2023	2029	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MECH ROOM 2ND FLOOR	10	CLEAN GUARD	2017	PYRO-CHEM	<input checked="" type="checkbox"/>		2023	2029	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MRI CONTROL ROOM	2.5	WATER	2015	AMEREX	<input checked="" type="checkbox"/>			2026	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Are services required on the Fire Extinguishers:  YES  NO How many units this page require Service: 0

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.

Name of Inspector Shad Chandler Signature [Signature] Certification # 54-25-4581

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 MATT Signature [Signature]



# S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET	
Ticket #	996131
Customer #	113204
Customer PO #	
Scheduled Date	04/30/2021
Completed Date	05/11/2021
Inspected By	Jones

<b>Columbus</b>
ANN ALARM SENS BKFL INSPECTION

<b>JOB SITE</b>	CARDINAL WESTERVILLE II, LLC
	560 N. CLEVELAND AVE.
	WESTERVILLE, OH 43082
<b>CONTACT</b>	AIME WASHBURN
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	(614)601-8860 Lloyd

<b>BILL TO</b>	PHYSICIANS REALTY TRUST
	309 N. WATER STREET, SUITE 500
	MILWAUKEE, WI 53202
<b>CONTACT</b>	A/P
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	

Additional Inspector or Fitter:  Yes  No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
1	ANNUAL ALARM INSPECTION		
2	ANNUAL DOMESTIC BACKFLOW TEST		
<b>INSPECTION TOTAL</b>			545
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
1	10LB FIRE EXTINGUISHER	48.00	48.00
<b>INSPECTION MATERIALS TOTAL</b>			593

**Site Notes:**

2BF 8FE 1AD

**Comments / Corrections:**

REPLACED (1) 10LB ABC EXTINGUISHER LOCATED IN THE ELEVATOR MACHINE ROOM

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES  NO  N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES  NO SFU NUMBER: \_\_\_\_\_

ADDITIONAL INSPECTOR OR FITTER

1. LANE EDDIE                                  2. NA

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE  
 GENERATE SFU FROM INSPECTION  YES  NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		

**OTHER TOTAL**

Technician Name	<b>Scott Jones</b>	Count	<b>4</b>	Thank You - Invoice to Follow	Inspection Total	593
I confirm that the above work has been satisfactorily completed.					Material Total	
<b>SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS</b>					Other Total	
Customer Name	<b>Aime Washburn</b>	Customer Signature	<i>VEREAL APPROVAL</i>		Tax	
					<b>Total Cost</b>	593



# S.A. Comunale

An EMCOR Company

# FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/11/2021 ADDITIONAL BUILDING DATA

SITE CARDINAL WESTERVILLE II, LLC CONTACT AIME WASHBURN

ADDRESS 560 N. CLEVELAND AVE. PHONE (414) 367-5540

CITY WESTERVILLE STATE OH ZIP 43082

MONITORING ENTITY alarm co PHONE 614-236-5900

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

Type Transmission  Digital  Multiplex  McCulloh  Reverse Polarity  RF  Other

Panel Manufacturer Silent Knight Model Number 5700 Type  Addressable  Hard Wired

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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
15	CLASS B	Photo Detectors	0	NA	Supervisory Switches
10	CLASS B	Duct Detectors			

### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	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			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	1	Style(s)	Y
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### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage 120 AMPS 15

Over Current Protection: Type  Fuse  Circuit Breaker AMPS 20

Location (Primary Supply Panelboard) hpa Disconnecting Means Location (Fuse or Breaker #) 37

B. Secondary (Standby):  Storage Battery  Other: AMP HR Rating 6 12VOLT 7 AH

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

Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: n/a

### TYPE BATTERY

Dry Cell  Nickel Cadmium  Sealed Lead-Acid  Lead-Acid  Other:

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

NA Emergency system described in NFPA 70, Article 700

NA Legally required standby described in NFPA 70, Article 701

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

**PRIOR TO ANY TESTING**

Notifications Are Made	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			Matt	6:00am
Monitoring Entity		<input checked="" type="checkbox"/>			
Other:					

**SECONDARY POWER**

Type	Visual	Functional	NA	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		OK
Load Voltage		<input checked="" type="checkbox"/>		OK
Discharge Test		<input checked="" type="checkbox"/>		OK
Amp Hour Reading		<input checked="" type="checkbox"/>		OK
Specific Gravity		<input checked="" type="checkbox"/>		OK
Batteries Meet NFPA 72 Test Requirements:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS**  
 (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel		<input checked="" type="checkbox"/>		OK	Transient Suppressors		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment		<input checked="" type="checkbox"/>		OK	Remote Annunciators		<input checked="" type="checkbox"/>		OK
Lamps/LEDS		<input checked="" type="checkbox"/>		OK	Audible		<input checked="" type="checkbox"/>		OK
Fuses		<input checked="" type="checkbox"/>		OK	Visual		<input checked="" type="checkbox"/>		OK
Primary Power Supply		<input checked="" type="checkbox"/>		OK	Speakers			<input checked="" type="checkbox"/>	
Trouble Signals		<input checked="" type="checkbox"/>		OK	Voice Clarity			<input checked="" type="checkbox"/>	
Disconnect Switches		<input checked="" type="checkbox"/>		OK	Door Holders		<input checked="" type="checkbox"/>		OK
Ground Fault Monitor			<input checked="" type="checkbox"/>		Door Unlock			<input checked="" type="checkbox"/>	

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set			<input checked="" type="checkbox"/>		Elevator Recall		<input checked="" type="checkbox"/>		OK
Phone Jack			<input checked="" type="checkbox"/>		HVAC Shut Down		<input checked="" type="checkbox"/>		OK
Off-Hook Indicator			<input checked="" type="checkbox"/>		Specify:				
Amplifier(s)			<input checked="" type="checkbox"/>		<b>Special Hazards</b>	<b>Visual</b>	<b>Functional</b>	<b>NA</b>	<b>Comments</b>
Tone Generators			<input checked="" type="checkbox"/>		Specify:				
Call in Signal Silence			<input checked="" type="checkbox"/>		Specify:				
System Performance			<input checked="" type="checkbox"/>		Specify:				

SUPERVISING STATION MONITORING				Yes	NA	No	Time	Comments
Alarm Signal				<input checked="" type="checkbox"/>				
Alarm Restoral				<input checked="" type="checkbox"/>				
Trouble Signal				<input checked="" type="checkbox"/>				
Trouble Restoral				<input checked="" type="checkbox"/>				
Supervisory Signal				<input checked="" type="checkbox"/>				
Supervisory Restoral				<input checked="" type="checkbox"/>				

NOTIFIED TESTING COMPLETE				Yes	NA	No	Who	Time
Building Management				<input checked="" type="checkbox"/>			Matt	9:00am
Monitoring Entity					<input checked="" type="checkbox"/>			
Other:								

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES  NO  NA

Year Sensitivity Testing Completed: **2021** Year Sensitivity Testing Due: **2023** How Was Sensitivity Tested: **PANEL**

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES  NO  NA

- Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW 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 applicable NFPA 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.

Name of Inspector Scott Jones Signature *Scott Jones* Certification # 54-25-3647

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 Aime Washburn Signature *VERBAL APPROVAL*





# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division  
 Via email as an attachment to [backflow@westerville.org](mailto:backflow@westerville.org) 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 Address Information

Name **CARDINAL WESTERVILLE II, LLC** Phone **(414) 367-5540**  
 Address **560 N. CLEVELAND AVE.** Email \_\_\_\_\_

FORM MUST BE COMPLETED IN FULL TO BE ACCEPTED

NEW INSTALLATION  EXISTING  REPLACEMENT  REMOVED

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP  RPDA  DC  DCDA  PVB  OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY: **WATTS** MODEL: **909** SIZE: **2"** SERIAL NO. **428837**

What HAZARD is being contained or isolated? (i.e. boiler, irrigation, sprinkler, complete building): **DOMESTIC**

Describe location of assembly: **MECH ROOM**

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	<b>8.6</b> psid	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	<b>2.2</b> psid	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	<b>7.6</b> psid	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>			
				Outlet Valve	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

PASSED (  ) FAILED (  )

COMMENTS: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS COMPLETE, TRUE, AND ACCURATE.  
 (All Fields Required)

Tester's Name: **JONES SCOTT** Ohio Cert. #: **5929**

Tester's Email: **scott.jones@comunale.com**

Tester's Phone Number: **614-291-7001** Company: **S. A. COMUNALE COMPANY**

Tester's Signature: *Scott Jones* Date: **05/11/2021**



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division  
 Via email as an attachment to [backflow@westerville.org](mailto:backflow@westerville.org) 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 Address Information

Name CARDINAL WESTERVILLE II, LLC Phone (414) 367-5540

Address 560 N. CLEVELAND AVE. Email \_\_\_\_\_

FORM MUST BE COMPLETED IN FULL TO BE ACCEPTED

NEW INSTALLATION  EXISTING  REPLACEMENT  REMOVED

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP  RPDA  DC  DCDA  PVB  OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY: WATTS MODEL: 909M1QT SIZE: 1-1/2" SERIAL NO. 434392

What HAZARD is being contained or isolated? (i.e. boiler, irrigation, sprinkler, complete building): DOMESTIC

Describe location of assembly: MECH ROOM

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	<u>9.0</u> psid	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	<u>8.2</u> psid	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	<u>2.6</u> psid	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>			
				Outlet Valve	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

PASSED (  ) FAILED (  )

COMMENTS: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS COMPLETE, TRUE, AND ACCURATE.  
 (All Fields Required)

Tester's Name: JONES SCOTT Ohio Cert. #: 5929

Tester's Email: scott.jones@comunale.com

Tester's Phone Number: 614-291-7001 Company: S. A. COMUNALE COMPANY

Tester's Signature: Scott Jones Date: 05/11/2021





# S.A. Comunale

An EMCOR Company

# ADDITIONAL BATTERY INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001  
SITE CARDINAL WESTERVILLE II, LLC

NATIONAL ACCOUNT NUMBER: 1-800-776-7181  
DATE 05/11/2021

### ADDITIONAL BUILDING DATA

Panel Number	Location	Battery #1		Battery #2		Battery #3		Battery #4		Battery Size (12V-7Ah)	Battery Date (10/2005)	Status	
		Volts	Amps	Volts	Amps	Volts	Amps	Volts	Amps			Pass	Fail
1	Main Panel 1st Fl. Utility Room	12.7	7.6	12.7	7.6					12V-7AH		X	
2	Booster 1st Fl. Utility Room	12.6	7.6	12.6	7.8					12V-7AH		X	
3	Booster 2nd Fl. Utility Room	12.6	7.4	12.6	7.8					12V-7AH		X	

Comments Non-SFU  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW 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 applicable NFPA 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.

Name of Inspector Scott Jones Signature Scott Jones Certification # 54-25-3647

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 Aime Washburn Signature VERBAL APPROVAL



# S.A. Comunale

An EMCOR Company

## Columbus

SEMI ANNUAL ALARM AND DETECTION INSPECTION

### JOB SITE

**CARDINAL WESTERVILLE II, LLC**  
560 N. CLEVELAND AVE.  
WESTERVILLE, OH 43082

CONTACT

AIME WASHBURN

PHONE

(414) 367-5540

FAX

(614)601-8860 Lloyd

### BILL TO

**PHYSICIANS REALTY TRUST**  
309 N. WATER STREET, SUITE 500  
MILWAUKEE, WI 53202

CONTACT

A/P

PHONE

(414) 367-5540

FAX

#### Site Notes:

2BF 8FE 1AD

#### Comments / Corrections:

ALL CONTROL VALVES LEFT IN OPEN POSITION

YES  NO  N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES  NO SFU NUMBER: \_\_\_\_\_

#### ADDITIONAL INSPECTOR OR FITTER

1. NA

2. NA

Technician Name	<b>Ricky M. Lortz</b>	Count	<b>2</b>
I confirm that the above work has been satisfactorily completed.			
SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS			
Customer Name	<b>MATT</b>	Customer Signature	

## INSPECTION WORK TICKET

Ticket #	949697
Customer #	113204
Customer PO #	
Scheduled Date	10/31/2020
Completed Date	11/17/2020
Inspected By	Lortz

Additional Inspector or Fitter:  Yes  No

QTY	INSPECTION ITEMS	PRICE	AMOUNT
1	SEMI-ANNUAL ALARM INSPECTION		
<b>INSPECTION TOTAL</b>			95
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
<b>INSPECTION MATERIALS TOTAL</b>			

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION  YES  NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		
<b>OTHER TOTAL</b>			

Thank You - Invoice to Follow	Inspection Total	95
Material Total		
Other Total		
Tax		
Total Cost		



# S.A. Comunale

An EMCOR Company

# FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 11/17/2020 ADDITIONAL BUILDING DATA \_\_\_\_\_

SITE CARDINAL WESTERVILLE II, LLC CONTACT AIME WASHBURN

ADDRESS 560 N. CLEVELAND AVE. PHONE (414) 367-5540

CITY WESTERVILLE STATE OH ZIP 43082

MONITORING ENTITY alarm co PHONE 614-236-5900

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other \_\_\_\_\_

Type Transmission  Digital  Multiplex  McCulloh  Reverse Polarity  RF  Other

Panel Manufacturer silent knight Model Number 5700 Type  Addressable  Hard Wired

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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 NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	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			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	1	Style(s)	Y
---	-----	---	----------	---

### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage 120 AMPS 15

Over Current Protection: Type  Fuse  Circuit Breaker AMPS 20

Location (Primary Supply Panelboard) hpa Disconnecting Means Location (Fuse or Breaker #) 37

B. Secondary (Standby):  Storage Battery  Other: AMP HR Rating 6 12VOLT 7 AH

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

Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: n/a

### TYPE BATTERY

Dry Cell  Nickel Cadmium  Sealed Lead-Acid  Lead-Acid  Other:

C. 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

**PRIOR TO ANY TESTING**

**SECONDARY POWER**

Notifications Are Made	Yes	NA	No	Who	Time	Type	Visual	Functional	NA	Comments
Building Management	<input checked="" type="checkbox"/>			MAINT.	800	Battery Condition	<input checked="" type="checkbox"/>			PASS
Monitoring Entity	<input checked="" type="checkbox"/>			CONTACTED BY MAINT	800	Load Voltage		<input checked="" type="checkbox"/>		PASS
Other:						Discharge Test		<input checked="" type="checkbox"/>		PASS
						Amp Hour Reading		<input checked="" type="checkbox"/>		PASS
						Specific Gravity			<input checked="" type="checkbox"/>	
Batteries Meet NFPA 72 Test Requirements:										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS**  
 (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel	<input checked="" type="checkbox"/>			PASS	Transient Suppressors			<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>			PASS	Remote Annunciators	<input checked="" type="checkbox"/>			PASS
Lamps/LEDS	<input checked="" type="checkbox"/>			PASS	Audible	<input checked="" type="checkbox"/>			PASS
Fuses	<input checked="" type="checkbox"/>			PASS	Visual	<input checked="" type="checkbox"/>			PASS
Primary Power Supply	<input checked="" type="checkbox"/>			PASS	Speakers			<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>			PASS	Voice Clarity			<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>			PASS	Door Holders	<input checked="" type="checkbox"/>			PASS
Ground Fault Monitor			<input checked="" type="checkbox"/>		Door Unlock			<input checked="" type="checkbox"/>	

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set			<input checked="" type="checkbox"/>		Elevator Recall			<input checked="" type="checkbox"/>	
Phone Jack			<input checked="" type="checkbox"/>		HVAC Shut Down			<input checked="" type="checkbox"/>	
Off-Hook Indicator			<input checked="" type="checkbox"/>		Specify:				
Amplifier(s)			<input checked="" type="checkbox"/>		Special Hazards	Visual	Functional	NA	Comments
Tone Generators			<input checked="" type="checkbox"/>		Specify:				
Call in Signal Silence			<input checked="" type="checkbox"/>		Specify:				
System Performance			<input checked="" type="checkbox"/>		Specify:				

SUPERVISING STATION MONITORING	Yes	NA	No	Time	Comments
Alarm Signal		<input checked="" type="checkbox"/>			
Alarm Restoral		<input checked="" type="checkbox"/>			
Trouble Signal		<input checked="" type="checkbox"/>			
Trouble Restoral		<input checked="" type="checkbox"/>			
Supervisory Signal		<input checked="" type="checkbox"/>			
Supervisory Restoral		<input checked="" type="checkbox"/>			

NOTIFIED TESTING COMPLETE	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			MAINT	1000
Monitoring Entity	<input checked="" type="checkbox"/>			CONTACTED BY MAINT	1000
Other:					

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES  NO  NA

Year Sensitivity Testing Completed: 2019 Year Sensitivity Testing Due: 2021 How Was Sensitivity Tested: OTHER

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES  NO  NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW 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 applicable NFPA 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.

Name of Inspector Ricky M. Lortz Signature [Signature] Certification # 54-25-4557

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 MATT Signature [Signature]





# S.A. Comunale

An EMCOR Company

### INSPECTION WORK TICKET

Ticket # 897327  
 Customer # 113204  
 Customer PO #  
 Scheduled Date 04/30/2020  
 Completed Date 05/08/2020  
 Inspected By Lortz

## Columbus

ANN ALARM SENS BKFL AND FIRE EXT INSPECTION

Additional Inspector or Fitter:  Yes  No

<b>JOB SITE</b>	CARDINAL WESTERVILLE II, LLC
	560 CLEVELAND AVE.
	WESTERVILLE, OH 43082
<b>CONTACT</b>	AIME WASHBURN
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	

QTY	INSPECTION ITEMS	PRICE	AMOUNT
1	ANNUAL ALARM INSPECTION		
2	ANNUAL DOMESTIC BACKFLOW TEST		
1	ANNUAL FIRE EXTINGUISHER INSP		

<b>BILL TO</b>	PHYSICIANS REALTY TRUST
	309 N. WATER STREET, SUITE 500
	MILWAUKEE, WI 53202
<b>CONTACT</b>	A/P
<b>PHONE</b>	(414) 367-5540
<b>FAX</b>	

INSPECTION TOTAL			545
QTY	INSPECTION MATERIALS	PRICE	AMOUNT
1	10LB ABC FIRE EXTINGUISHER	80	80
<b>INSPECTION MATERIALS TOTAL</b>			<b>80</b>

**Site Notes:**

2BF 8FE 1AD

**Comments / Corrections:**

REPLACED (1) 10LB ABC EXTINGUISHER LOCATED IN THE ELEVATOR MACHINE ROOM

YES  NO  NA CITY CHARGES BACKFLOW INSPECTION FEE  
 GENERATE SFU FROM INSPECTION  YES  NA

(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  N/A

SERVICE FOLLOW UP REPORT ATTACHED

YES  NO SFU NUMBER: \_\_\_\_\_

ADDITIONAL INSPECTOR OR FITTER

1. NA 2. NA

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	CITY BACKFLOW INSPECTION FEE		
	STATE OF DELAWARE FEE		

**OTHER TOTAL**

Technician Name	Ricky M. Lortz	Count	4	Thank You - Invoice to Follow	Inspection Total	545
I confirm that the above work has been satisfactorily completed.					Material Total	80
SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS					Other Total	
					Tax	
Customer Name	RWORK FINISHED OF	Customer Signature	NA		Total Cost	625



# S.A. Comunale

An EMCOR Company

# FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/08/2020 ADDITIONAL BUILDING DATA \_\_\_\_\_  
 SITE CARDINAL WESTERVILLE II, LLC CONTACT AIME WASHBURN  
 ADDRESS 560 CLEVELAND AVE. PHONE (414) 367-5540  
 CITY WESTERVILLE STATE OH ZIP 43082  
 MONITORING ENTITY alarm co PHONE 614-236-5900

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other \_\_\_\_\_

Type Transmission	<input checked="" type="checkbox"/> Digital	<input type="checkbox"/> Multiplex	<input type="checkbox"/> McCulloh	<input type="checkbox"/> Reverse Polarity	<input type="checkbox"/> RF	<input type="checkbox"/> Other
Panel Manufacturer	silent knight	Model Number	5700	Type	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Hard Wired

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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 NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	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			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	1	Style(s)	Y
---	-----	---	----------	---

### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	120	AMPS	15
Over Current Protection: Type	<input type="checkbox"/> Fuse <input checked="" type="checkbox"/> Circuit Breaker	AMPS	20
Location (Primary Supply Panelboard)	hpa	Disconnecting Means Location (Fuse or Breaker #)	37
B. Secondary (Standby): <input checked="" type="checkbox"/> Storage Battery <input type="checkbox"/> Other:	AMP HR Rating	6 12VOLT 7 AH	
Calculated capacity to operate system, in hours	<input checked="" type="checkbox"/> 24 <input type="checkbox"/> 60 <input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> NA	Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: n/a		

### TYPE BATTERY

<input type="checkbox"/> Dry Cell <input type="checkbox"/> Nickel Cadmium <input checked="" type="checkbox"/> Sealed Lead-Acid <input type="checkbox"/> Lead-Acid <input type="checkbox"/> Other:
C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply.
<input checked="" type="checkbox"/> NA Emergency system described in NFPA 70, Article 700
<input checked="" type="checkbox"/> NA Legally required standby described in NFPA 70, Article 701
<input checked="" type="checkbox"/> NA Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

**PRIOR TO ANY TESTING**

**SECONDARY POWER**

Notifications Are Made	Yes	NA	No	Who	Time	Type	Visual	Functional	NA	Comments
Building Management	<input checked="" type="checkbox"/>			LLOYD	6:30	Battery Condition	<input checked="" type="checkbox"/>			PASS
Monitoring Entity	<input checked="" type="checkbox"/>			WESTERVILLE FIRE	7:00	Load Voltage		<input checked="" type="checkbox"/>		PASS
Other:		<input checked="" type="checkbox"/>				Discharge Test		<input checked="" type="checkbox"/>		PASS
						Amp Hour Reading		<input checked="" type="checkbox"/>		PASS
						Specific Gravity			<input checked="" type="checkbox"/>	
Batteries Meet NFPA 72 Test Requirements:										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1**

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel		<input checked="" type="checkbox"/>		PASS	Transient Suppressors			<input checked="" type="checkbox"/>	
Interface Equipment		<input checked="" type="checkbox"/>		PASS	Remote Annunciators		<input checked="" type="checkbox"/>		PASS
Lamps/LEDS		<input checked="" type="checkbox"/>		PASS	Audible		<input checked="" type="checkbox"/>		PASS
Fuses		<input checked="" type="checkbox"/>		PASS	Visual		<input checked="" type="checkbox"/>		PASS
Primary Power Supply		<input checked="" type="checkbox"/>		PASS	Speakers			<input checked="" type="checkbox"/>	
Trouble Signals		<input checked="" type="checkbox"/>		PASS	Voice Clarity			<input checked="" type="checkbox"/>	
Disconnect Switches		<input checked="" type="checkbox"/>		PASS	Door Holders		<input checked="" type="checkbox"/>		PASS
Ground Fault Monitor			<input checked="" type="checkbox"/>		Door Unlock			<input checked="" type="checkbox"/>	

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set			<input checked="" type="checkbox"/>		Elevator Recall			<input checked="" type="checkbox"/>	
Phone Jack			<input checked="" type="checkbox"/>		HVAC Shut Down			<input checked="" type="checkbox"/>	
Off-Hook Indicator			<input checked="" type="checkbox"/>		Specify:				
Amplifier(s)			<input checked="" type="checkbox"/>		Special Hazards	Visual	Functional	NA	Comments
Tone Generators			<input checked="" type="checkbox"/>		Specify:				
Call in Signal Silence			<input checked="" type="checkbox"/>		Specify:				
System Performance			<input checked="" type="checkbox"/>		Specify:				

SUPERVISING STATION MONITORING	Yes	NA	No	Time	Comments
Alarm Signal		<input checked="" type="checkbox"/>			
Alarm Restoral		<input checked="" type="checkbox"/>			
Trouble Signal		<input checked="" type="checkbox"/>			
Trouble Restoral		<input checked="" type="checkbox"/>			
Supervisory Signal		<input checked="" type="checkbox"/>			
Supervisory Restoral		<input checked="" type="checkbox"/>			

NOTIFIED TESTING COMPLETE	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			LLOYD	10:00
Monitoring Entity	<input checked="" type="checkbox"/>			WESTERVILLE FIRE	10:00
Other:		<input checked="" type="checkbox"/>			

**HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES:** YES  NO  NA

Year Sensitivity Testing Completed: **2019** Year Sensitivity Testing Due: **2021** How Was Sensitivity Tested: **OTHER**

**WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED:** YES  NO  NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW 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 applicable NFPA 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.

Name of Inspector **Ricky M. Lortz** Signature  Certification # **54-25-4557**

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 







# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division  
 Via email as an attachment to [backflow@westerville.org](mailto:backflow@westerville.org) 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 Address Information

Name CARDINAL WESTERVILLE II, LLC Phone (414) 367-5540

Address 560 CLEVELAND AVE. Email \_\_\_\_\_

FORM MUST BE COMPLETED IN FULL TO BE ACCEPTED

NEW INSTALLATION  EXSTING  REPLACEMENT  REMOVED

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP  RPDA  DC  DCDA  PVB  OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY: WATTS MODEL: 909M1QT SIZE: 1-1/2" SERIAL NO. 434392

What HAZARD is being contained or isolated? (i.e. boiler, irrigation, sprinkler, complete building): DOMESTIC

Describe location of assembly: MECH ROOM

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	<u>9.0</u> psid	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	<u>2.6</u> psid	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	<u>8.2</u> psid	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>			
				Outlet Valve	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

PASSED(  ) FAILED(  )

COMMENTS: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS COMPLETE, TRUE, AND ACCURATE.  
 (All Fields Required)

Tester's Name: LORTZ RICKY Ohio Cert. #: 11805

Tester's Email: RICKY.LORTZ@COMUNALE.COM

Tester's Phone Number: 614-291-7001 Company: S. A. COMUNALE COMPANY

Tester's Signature: \_\_\_\_\_ Date: 05/08/2020



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return to: City of Westerville, Water Division  
 Via email as an attachment to [backflow@westerville.org](mailto:backflow@westerville.org) 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 Address Information

Name **CARDINAL WESTERVILLE II, LLC** Phone **(414) 367-5540**  
 Address **560 CLEVELAND AVE.** Email \_\_\_\_\_

FORM MUST BE COMPLETED IN FULL TO BE ACCEPTED

NEW INSTALLATION  EXSTING  REPLACEMENT  REMOVED

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP  RPDA  DC  DCDA  PVB  OTHER (SPECIFY) \_\_\_\_\_

MAKE OF ASSEMBLY: **WATTS** MODEL: **909** SIZE: **2"** SERIAL NO. **428837**

What HAZARD is being contained or isolated? (i.e. boiler, irrigation, sprinkler, complete building): **DOMESTIC**

Describe location of assembly: **MECH ROOM**

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	<b>9.8</b> psid	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	<b>2.0</b> psid	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	<b>8.6</b> psid	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1 <sup>st</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2 <sup>nd</sup> Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	<b>AIR GAP INSPECTION:</b> Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

PASSED(  ) FAILED(  )

COMMENTS: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS COMPLETE, TRUE, AND ACCURATE.  
 (All Fields Required)

Tester's Name: **LORTZ RICKY** Ohio Cert. #: **11805**

Tester's Email: **RICKY.LORTZ@COMUNALE.COM**

Tester's Phone Number: **614-291-7001** Company: **S. A. COMUNALE COMPANY**

Tester's Signature: \_\_\_\_\_ Date: **05/08/2020**



# S.A. Comunale

An EMCOR Company

## FIRE EXTINGUISHER INSPECTION REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 05/08/2020  
SITE CARDINAL WESTERVILLE II, LLC  
ADDRESS 560 CLEVELAND AVE.  
CITY WESTERVILLE

CONTACT AIME WASHBURN  
PHONE (414) 367-5540  
STATE OH ZIP 43082

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly

YES N/A NO

A. Are all extinguishers free from obstruction to access or visibility?	<input checked="" type="checkbox"/>		
B. Are the operating instructions on nameplates legible and facing outward?	<input checked="" type="checkbox"/>		
C. Are all safety seals and tamper indicators in place and free from physical damage?	<input checked="" type="checkbox"/>		
D. Do all extinguishers seem to be full by weighing or hefting?	<input checked="" type="checkbox"/>		
E. Are all extinguishers free from physical damage, leaks, corrosion, and clogged nozzles?	<input checked="" type="checkbox"/>		
F. Are all pressure gauges in the operable range or position?	<input checked="" type="checkbox"/>		
G. Are all HMIS (Hazardous Materials Information System) labels in place?	<input checked="" type="checkbox"/>		
H. Are fire extinguishers being inspected at a minimum of 30-day intervals by occupant or contractor.	<input checked="" type="checkbox"/>		

LOCATION OF EXTINGUISHER	SIZE	AGENT TYPE ABC / BC CO2 PURPLE K HALOTRON WET CHEMICAL HALON 1211 AAAAF / FFPF	MANUFACTURE DATE	MANUFACTURE OF FIRE EXTINGUISHER	INSPECTIONS PERFORMED (X)										
					INSPECTION	SERVICE NEEDED	6YR - 12 YR DUE DATE	HYDRO DUE DATE	BRACKET	COLLAR	GAUGE	PULL PIN	PULL PIN SEAL	SIGNAGE	
elev equip	10	ABC	2019	AMEREX	<input checked="" type="checkbox"/>		2025		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
by elev	5	ABC	2019	KIDDE	<input checked="" type="checkbox"/>		2025		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
by it room	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
therapy	5	ABC	2010	KIDDE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
therapy	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2nd fl	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
by cast rm	5	ABC	2011	BUCKEYE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2nd fl elev lobby	5	ABC	2011	KIDDE	<input checked="" type="checkbox"/>		2029	2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Are services required on the Fire Extinguishers:  YES  NO How many units this page require Service: 0

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.

Name of Inspector Ricky M. Lortz Signature [Signature] Certification # 54-25-4557

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 [Signature]





# S.A. Comunale

An EMCOR Company

# FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: 614-291-7001

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 12/03/2019 ADDITIONAL BUILDING DATA

SITE CARDINAL WESTERVILLE II, LLC CONTACT AIME WASHBURN

ADDRESS 560 CLEVELAND AVE. PHONE (414) 367-5540

CITY WESTERVILLE STATE OH ZIP 43082

MONITORING ENTITY alarm co PHONE 614-236-5900

This inspection is:  Annual  Semi-Annual  Quarterly  Monthly  Weekly  Other

Type Transmission  Digital  Multiplex  McCulloh  Reverse Polarity  RF  Other

Panel Manufacturer silent knight Model Number 5700 Type  Addressable  Hard Wired

### ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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 NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	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			

### SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	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			

### SIGNALING LINE CIRCUITS

Qty and Style (see NFPA 72, Table 6-6.1) of Signaling line circuits connected to system	Qty	1	Style(s)	Y
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### SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage **120** AMPS **15**

Over Current Protection: Type  Fuse  Circuit Breaker AMPS **20**

Location (Primary Supply Panelboard) **hpa** Disconnecting Means Location (Fuse or Breaker #) **37**

B. Secondary (Standby):  Storage Battery  Other: AMP HR Rating **6 12VOLT 7 AH**

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

**NA** Engine-Driven generator dedicated to fire alarm system. Location of fuel storage: **n/a**

### TYPE BATTERY

Dry Cell  Nickel Cadmium  Sealed Lead-Acid  Lead-Acid  Other:

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

**NA** Emergency system described in NFPA 70, Article 700

**NA** Legally required standby described in NFPA 70, Article 701

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

**PRIOR TO ANY TESTING**

**SECONDARY POWER**

Notifications Are Made	Yes	NA	No	Who	Time	Type	Visual	Functional	NA	Comments
Building Management	<input checked="" type="checkbox"/>			JOHN	9:00	Battery Condition	<input checked="" type="checkbox"/>			NA
Monitoring Entity		<input checked="" type="checkbox"/>		NA		Load Voltage			<input checked="" type="checkbox"/>	NA
Other:						Discharge Test			<input checked="" type="checkbox"/>	NA
						Amp Hour Reading			<input checked="" type="checkbox"/>	NA
						Specific Gravity			<input checked="" type="checkbox"/>	NA
Batteries Meet NFPA 72 Test Requirements:										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS**  
 (ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT 1

**SYSTEM TESTS & INSPECTIONS**

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel	<input checked="" type="checkbox"/>			NA	Transient Suppressors			<input checked="" type="checkbox"/>	NA
Interface Equipment	<input checked="" type="checkbox"/>			NA	Remote Annunciators	<input checked="" type="checkbox"/>			NA
Lamps/LEDS	<input checked="" type="checkbox"/>			NA	Audible	<input checked="" type="checkbox"/>			NA
Fuses	<input checked="" type="checkbox"/>			NA	Visual	<input checked="" type="checkbox"/>			NA
Primary Power Supply	<input checked="" type="checkbox"/>			NA	Speakers			<input checked="" type="checkbox"/>	NA
Trouble Signals	<input checked="" type="checkbox"/>			NA	Voice Clarity			<input checked="" type="checkbox"/>	NA
Disconnect Switches	<input checked="" type="checkbox"/>			NA	Door Holders	<input checked="" type="checkbox"/>			NA
Ground Fault Monitor			<input checked="" type="checkbox"/>	NA	Door Unlock			<input checked="" type="checkbox"/>	NA

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set			<input checked="" type="checkbox"/>	NA	Elevator Recall			<input checked="" type="checkbox"/>	NA
Phone Jack			<input checked="" type="checkbox"/>	NA	HVAC Shut Down			<input checked="" type="checkbox"/>	NA
Off-Hook Indicator			<input checked="" type="checkbox"/>	NA	Specify:				
Amplifier(s)			<input checked="" type="checkbox"/>	NA	Special Hazards	Visual	Functional	NA	Comments
Tone Generators			<input checked="" type="checkbox"/>	NA	Specify:				
Call in Signal Silence			<input checked="" type="checkbox"/>	NA	Specify:				
System Performance			<input checked="" type="checkbox"/>	NA	Specify:				

SUPERVISING STATION MONITORING	Yes	NA	No	Time	Comments
Alarm Signal		<input checked="" type="checkbox"/>		NA	NA
Alarm Restoral		<input checked="" type="checkbox"/>		NA	NA
Trouble Signal		<input checked="" type="checkbox"/>		NA	NA
Trouble Restoral		<input checked="" type="checkbox"/>		NA	NA
Supervisory Signal		<input checked="" type="checkbox"/>		NA	NA
Supervisory Restoral		<input checked="" type="checkbox"/>		NA	NA

NOTIFIED TESTING COMPLETE	Yes	NA	No	Who	Time
Building Management	<input checked="" type="checkbox"/>			JOHN	9:00
Monitoring Entity		<input checked="" type="checkbox"/>		NA	NA
Other:					

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES  NO  NA

Year Sensitivity Testing Completed: 2019 Year Sensitivity Testing Due: 2021 How Was Sensitivity Tested: OTHER

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES  NO  NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW 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 applicable NFPA 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.

Name of Inspector Nick Haring Signature [Signature] Certification # 54-25-4951

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 John Provenzale Signature [Signature]

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
1st elev lobby	PSD	004	VISUAL			PASS
2nd elev lobby	PSD	005	VISUAL			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			PASS
rtu7	PDD	030	VISUAL			PASS
rtu9	PDD	031	VISUAL			PASS
rtu8	PDD	032	VISUAL			PASS
rtu6	PDD	038	VISUAL			PASS

Are services required on Fire Alarm Components:  YES  NO How many devices this page require Service: 0

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