

Customer: Landmark Michigan Building: Grosse Pointe Medical Office Building Address: 16815 E Jefferson Avenue, Detroit, MI 48230

CUSTOMER NAME: Landmark Michigan

BUILDING NAME: Grosse Pointe Medical Office Building

BUILDING ADDRESS: 16815 E Jefferson Avenue, Detroit, MI 48230

CONTACT NAME: JD Hounshell

CONTACT E-MAIL: jhounshell@continuumservices.com

CONTACT ROLE: Facilities Manager CONTACT PHONE: +1 248-752-1875 INSPECTION TYPE: Sprinkler FREQUENCY: Quarterly WORK ORDER: 53446426

INSPECTION START DATE: 01/10/2023 INSPECTION END DATE: 01/10/2023

INSPECTOR: Torie Liniarski INSPECTOR LICENSE: Fire - AS0147

ACCOUNT NAME: Johnson Controls North America **OFFICE ADDRESS:** 24755 Halsted Rd, Farmington

OFFICE PHONE: 248-427-5049 OFFICE LICENSE: Wet - L320376

TIMEZONE: EST

SPRINKLER INSPECTION REPORT

General Inspection Notes

1. 1/10/2023 Quarterly sprinkler inspection

DEVICE DEFICIENCIES

No device deficiencies in this inspection.

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General

| be | Answered with the Owner | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Have there been any changes in the occupancy classification, machinery or operations since the last inspection? | No |
| | Have there been any changes or repairs to the fire protection systems since the last inspection? | No |
| | If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced? | No |
| ١. | Have you had an internal pipe inspection performed in the last 5 years? | Yes |
| 5. | Date the internal pipe inspection was performed? | 08/09/2022 |
| 5. | Are Special Ladders or Lifts Required to perform the 5 Year Internal Pipe Inspection? If So, please list Size and Type. (12 Foot Stepladder, 20 Foot Scissor Lift Etc) 8' Ladder | No |
| o be | Answered by the Inspector | |
| | Have the sprinkler systems been extended to all areas of the building? | Yes |
| 2. | Are all exterior openings protected against the entrance of cold air? | Yes |
| 3. | Are the building areas protected by a wet system heated, including its blind attics and perimeter areas? | Yes |
| l. | Date Backflow Devices Were Tested | 08/22/2022 |
| 5. | Number Of Water Gauges | 6 |
| i. | Are all Tanks, Fire Pumps, and Fire Department Connections Inspected and Tested Per NFPA 25? | Yes |
| ' . | All Systems Restored To Normal | Yes |
| Nate | Supplies | |
| | Туре | Pressure Fire Pump and City |
| Contr | ol Valve Questions | |
| ١. | Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? | Yes |
| 2. | Are all control valves sealed, locked, or supervised, in the appropriate open or closed position? | Yes |
| Alarm | ıs | |
| ١. | Did the electric alarms operate during testing? | Yes |
| 2. | Did the supervisory alarms operate during testing? | Yes |
| Sprin | clers - Piping | |
| ١. | Were All Sprinklers Made After 1920 | Yes |
| 2. | Standard Response Sprinklers 50 Years Or Older | No |
| 3. | Quick Response Sprinklers 20 years or older? | No |
| ı. | Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions? | Yes |
| 5 . | Is the buildings sprinklers inventory list located within the sprinkler spare head cabinet? | Yes |
| 5. | Are appropriate number of extra sprinklers and sprinkler wrenches available on the premises? | Yes |
| 7. | Type of sprinkler heads | White Tyco Pendant QR 155 degrees 2015 Concealed Pendant 155 degrees 2015 Chrome Wall Mount 200 degrees 2015 White Wall Mount. 155 degrees 2015 Brass Upright QR 155 degrees 2016 Brass Pendant QR 155 degrees 2015 |
| 3. | Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? | Yes |
| 9. | Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory? | Yes |
| | | • |

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| | IN | SPECTION RESULTS SUMMA | ARY | |
|-------------------------------|-----------------|------------------------|--------|----------------|
| DEVICE TYPE | INVENTORY COUNT | PASSED | FAILED | CANNOT INSPECT |
| City Connection Control Valve | 2 | 2 | 0 | 0 |
| Control Valve | 2 | 2 | 0 | 0 |
| Fire Dept. Connection | 1 | 1 | 0 | 0 |
| Gauge | 5 | 5 | 0 | 0 |
| Inspectors Test Valve | 3 | 3 | 0 | 0 |
| Pump Control Valve | 6 | 6 | 0 | 0 |
| Sectional Control Valve | 5 | 5 | 0 | 0 |
| Supervisory Device | 1 | 1 | 0 | 0 |
| System Control Valve | 1 | 1 | 0 | 0 |
| Tamper Switch | 14 | 14 | 0 | 0 |
| Water Flow Switch | 4 | 4 | 0 | 0 |
| Main Drain Test | 4 | 4 | 0 | 0 |
| Wet System | 4 | 4 | 0 | 0 |

| | | | V | VET SYSTEMS | | | | |
|---------|-------------------------------------------------------------------------|-------------------------------|-------------------|-------------|-----------------|--------------|-------------|--|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | |
| 1 | Lower Level | Fire Pump Rm | Wet System | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Make 8 | & Model | | | | | | Grinnell | |
| What S | What Size is This Wet Pipe valve? | | | | | | | |
| Hydrau | ulic Name Plate Present | | | | | | Yes | |
| Record | l The Coverage Area Defin | ed On The Hydraulic Plate | | | | | Lower level | |
| Record | l The GPM On The Hydrau | lic Plate | | | | | 750 | |
| Inspec | t Alarm Valve For Exterior | Damage | | | | | Yes | |
| Drains | Leak Tight | | | | | | Yes | |
| Trim Pi | iping Leak Tight | | | | | | Yes | |
| Gauge | s Reading Normal PSI | | | | | | Yes | |
| Record | l The Pressure (PSI) Showr | n On The System Side Pres | sure Gauge. | | | | 145 | |
| Did ala | ırm valves, water flow alar | m devices, and retards tes | t satisfactorily? | | | | Yes | |
| Inspec | tor Test Opened & Free Of | f Obstruction / Discoloration | on | | | | Yes | |
| Date o | Date of Internal Inspection of Strainers, Filters, Restriction Orifices | | | | | | | |
| Date o | Date of Check Valves Internal Inspection | | | | | | | |
| Date th | Date the internal pipe inspection was performed? | | | | | | | |
| Date o | f Gauges Replacement | | | | | | 08/08/2022 | |

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| | | | \ | WET SYSTEMS | | | | | |
|---------------------------|-------------------------------------------------------------------------|-------------------------------|-------------|-------------|-----------------|--------------|------------|--|--|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | | |
| 2 | Lower Level | North Stair | Wet System | _ | Torie Liniarski | 01/10/2023 | Passed | | |
| Make 8 | & Model | | | | | | Grinnell | | |
| What S | size is This Wet Pipe valve? | 1 | | | | | 2" | | |
| Hydrau | ılic Name Plate Present | | | | | | No | | |
| Inspect | t Alarm Valve For Exterior | Damage | | | | | Yes | | |
| Drains | rains Leak Tight | | | | | | | | |
| Trim Pi | iping Leak Tight | | | | | | Yes | | |
| Gauge | s Reading Normal PSI | | | | | | Yes | | |
| Record | The Pressure (PSI) Shown | On The System Side Pres | sure Gauge. | | | | 150 | | |
| Date of | f Internal Inspection of St | rainers, Filters, Restriction | Orifices | | | | 08/09/2022 | | |
| Date of | f Check Valves Internal Ins | spection | | | | | 08/09/2022 | | |
| Date th | ne internal pipe inspection | ı was performed? | | | | | 08/09/2022 | | |
| Date of | f Gauges Replacement | | | | | | 08/09/2022 | | |
| 3 | Floor 1 | North Stair | Wet System | _ | Torie Liniarski | 01/10/2023 | Passed | | |
| Лake 8 | & Model | | | | | | Grinnell | | |
| Vhat S | ize is This Wet Pipe valve? | | | | | | 2" | | |
| Hydrau | ulic Name Plate Present | | | | | | No | | |
| nspect | t Alarm Valve For Exterior | Damage | | | | | Yes | | |
| Drains | Leak Tight | | | | | | Yes | | |
| Γrim Pi | iping Leak Tight | | | | | | Yes | | |
| Gauge: | s Reading Normal PSI | | | | | | Yes | | |
| Record | The Pressure (PSI) Shown | On The System Side Pres | sure Gauge. | | | | 140 | | |
| Date of | f Internal Inspection of Sti | rainers, Filters, Restriction | Orifices | | | | 08/09/2022 | | |
| Date of | f Check Valves Internal Ins | spection | | | | | 08/09/2022 | | |
| Date th | ne internal pipe inspection | ı was performed? | | | | | 08/09/2022 | | |
| Date of | f Gauges Replacement | | | | | | 08/09/2022 | | |
| 4 | Floor 2 | North Stair | Wet System | _ | Torie Liniarski | 01/10/2023 | Passed | | |
| Make 8 | & Model | | | | | | Grinnell | | |
| What S | size is This Wet Pipe valve? | 1 | | | | | 2" | | |
| Hydrau | ulic Name Plate Present | | | | | | No | | |
| nspect | t Alarm Valve For Exterior | Damage | | | | | Yes | | |
| Drains Leak Tight | | | | | | | Yes | | |
| Trim Piping Leak Tight | | | | | | | Yes | | |
| Gauges Reading Normal PSI | | | | | | | Yes | | |
| Record | ecord The Pressure (PSI) Shown On The System Side Pressure Gauge. | | | | | | | | |
| Date of | Date of Internal Inspection of Strainers, Filters, Restriction Orifices | | | | | | | | |
| Date of | f Check Valves Internal Ins | spection | | | | | 08/09/2022 | | |
| Date th | ne internal pipe inspection | was performed? | | | | | 08/09/2022 | | |
| Date of | f Gauges Replacement | | | | | | 08/09/2022 | | |

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| | | | MA | IN DRAIN TESTS | | | | |
|----------|------------------------------------------------|-------------------------|-----------------|----------------|-----------------|--------------|---------------|--|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | |
| 1 | Lower Level | North Stairwell | Main Drain Test | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Test pi | pe located | | , | | | | At Riser | |
| Size of | test pipe | | | | | | 2" | |
| Static s | tic supply pressure | | | | | | | |
| 2 | Floor 1 | North Stairwell | Main Drain Test | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Test pi | pipe located | | | | | | | |
| Size of | test pipe | | | | | | 2" | |
| Static s | supply pressure | | | | | | 135 | |
| 3 | Floor 2 | North Stairwell | Main Drain Test | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Test pi | pe located | | | | • | | At Riser | |
| Size of | test pipe | | | | | | 2" | |
| Main D | Prain PSI Comparable to p | revious? | | | | | Yes | |
| 4 | Lower Level | Pump Rm | Main Drain Test | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Test pi | pe located | | | | | | LL FI Pump Rm | |
| Size of | test pipe | | | | | | 2" | |
| Previou | us Main Drain Test Date | | | | | | 08/15/2022 | |
| Previou | us Main Drain Static Press | ure | | | | | 145 | |
| Previou | us Main Drain Residual Pro | essure | | | | | 50 | |
| Static s | supply pressure | | | | | | 145 | |
| Residu | al Pressure | | | | | | 45 | |
| Time to | me to return to normal system pressure | | | | | | | |
| Static s | tatic supply pressure after completion of test | | | | | | | |
| Main D | Orain PSI Comparable to p | revious? | | | | | Yes | |
| Main d | Irain opened & free of obs | truction discoloration? | | | | | Yes | |

| | | | FIRE DEPAR | TMENT CONNECT | IONS | | | |
|---------|------------------------------|----------------------------------|-----------------------------|--------------------------|-----------------|--------------|------------|--|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | |
| 1 | Floor 1 | North East Corner Of Building | Fire Dept. Connection | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Is FDC | Is FDC Visible / Accessible? | | | | | | | |
| Are Co | uplings / Swivels / Plugs / | Caps in place? | | | | | Yes | |
| Identif | ication Signs In Place | | | | | | Yes | |
| Check ' | Valve Not Leaking / Gaske | ts In Good Condition / Ba | l Drip and Clapper in Place | e and Operating Properly | | | Yes | |
| FDC Hy | FDC Hydrostatic Test Date | | | | | | | |
| FDC Ch | neck Valves Internal Inspe | ction Date | | | | | 07/28/2021 | |

| | | | | GAUGES | | | |
|--------|---------------|-------------------|-------------|---------|-----------------|--------------|------------|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT |
| 1 | Lower Level | In fire pump room | Gauge | _ | Torie Liniarski | 01/10/2023 | Passed |
| Туре о | Type of Gauge | | | | | | |
| Gauge | Date | | | | | | 08/09/2022 |

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| | GAUGES | | | | | | | | | |
|--------|---------------|--------------|-------------|---------|-----------------|--------------|------------|--|--|--|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | | | |
| 2 | Floor 1 | North stairs | Gauge | _ | Torie Liniarski | 01/10/2023 | Passed | | | |
| Type o | /pe of Gauge | | | | | | | | | |
| Gauge | Date | | | | | | 08/09/2022 | | | |
| 3 | Lower Level | North stairs | Gauge | _ | Torie Liniarski | 01/10/2023 | Passed | | | |
| Type o | f Gauge | | | | | | Water | | | |
| Gauge | Date | | | | | | 08/09/2022 | | | |
| 4 | Floor 2 | North Stairs | Gauge | _ | Torie Liniarski | 01/10/2023 | Passed | | | |
| Type o | f Gauge | | | | | | Water | | | |
| Gauge | Date | | | | | | 08/09/2022 | | | |
| 5 | Floor 2 | South stairs | Gauge | _ | Torie Liniarski | 01/10/2023 | Passed | | | |
| Type o | Type of Gauge | | | | | | | | | |
| Gauge | Date | | | | | | 08/09/2022 | | | |

| | | | CONT | ROL VALVES AGG | | | |
|-----------|--------------------------------------------------|-----------------------------------------|-------------------------|----------------|-----------------|--------------|---------------|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT |
| 1 | Floor 1 | 1st Fl North Stairwell | Sectional Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 2" Butterball |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervise | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 2 | Lower Level | By North Stair (For North Standpipe) | Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 6" Butterfly |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervise | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 3 | Lower Level | By North Stair (For South Standpipe) | Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 6" Butterfly |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | yns? | | | | | | |
| Valve in | live in the Appropriate Open or Closed Position? | | | | | | Yes |
| Sealed, L | ocked, and/or Supervise | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |

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| | | | CONTI | ROL VALVES AGG | | | |
|--------------------|---------------------------------------------------|--------------------------------------------|----------------------------------|----------------|-----------------|--------------|---------------|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT |
| 4 | Floor 2 | North Stairwell | Sectional Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | l Size | | | | | | 2" Butterball |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervised | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 5 | Lower Level | North Stairwell | Sectional Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | l Size | | | | | | 2" Butterball |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervised | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 6 | Lower Level | Pump Rm (System) | System Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | l Size | | | | | | 6" OSY |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervised | i | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 7 | Lower Level | Pump Rm (Test Header - Normally Closed) | Pump Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | l Size | | | | | | 6" Butterfly |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervised | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 8 | Lower Level | Pump Room (After Backflow) | City Connection Control Valve | - | Torie Liniarski | 01/10/2023 | Passed |
| Type and | Type and Size | | | | | | |
| Easily Accessible? | | | | | | | Yes |
| Signs? | • | | | | | | |
| Valve in | /alve in the Appropriate Open or Closed Position? | | | | | | |
| | Sealed, Locked, and/or Supervised | | | | | | |
| Free fror | n External Leaks? | | | | | | Yes |

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| | | | CONT | ROL VALVES AGG | | | |
|-----------|--------------------------------------------------|--------------------------------|----------------------------------|----------------|-----------------|--------------|----------------------------------|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT |
| 9 | Lower Level | Pump Room (Before Backflow) | City Connection Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 6" OSY |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, l | ocked, and/or Supervised | 1 | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 10 | Lower Level | Pump Room (Bypass) | Pump Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 6" Butterfly |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervised | d | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 11 | Lower Level | Pump Room (Bypass) | Pump Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 6" Butterfly |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, L | ocked, and/or Supervised | i | | | | | Supervised |
| Free fror | n External Leaks? | | | | | | Yes |
| 12 | Lower Level | Pump Room (Jockey) | Pump Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | d Size | | | | | | 1.25" OSY |
| Easily Ac | cessible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in | the Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, I | ocked, and/or Supervised | 1 | | | | | Secured in a Locked Enclosure |
| Free fror | n External Leaks? | | | | | | Yes |
| 13 | Lower Level | Pump Room (Jockey) | Pump Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | ype and Size | | | | | | |
| Easily Ac | asily Accessible? | | | | | | |
| Signs? | | | | | | | |
| Valve in | alve in the Appropriate Open or Closed Position? | | | | | | |
| Sealed, I | ocked, and/or Supervised | i | | | | | Secured in a Locked Enclosure |
| Free fror | n External Leaks? | | | | | | Yes |

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| | | | CONT | ROL VALVES AGG | | | |
|-------------|--------------------------|-------------------------------|-------------------------|----------------|-----------------|--------------|--------------|
| # | LOCATION | DESCRIPTION | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT |
| 14 | Lower Level | Pump Room (Pump Discharge) | Sectional Control Valve | - | Torie Liniarski | 01/10/2023 | Passed |
| Type and | Size | | | | | | 6" Butterfly |
| Easily Acc | essible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in th | he Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, Lo | ocked, and/or Supervised | d | | | | | Supervised |
| Free from | External Leaks? | | | | | | Yes |
| 15 | Lower Level | Pump Room (Riser) | Sectional Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | Size | | | | | | 6" Butterfly |
| Easily Acc | essible? | | | | | | Yes |
| Signs? | | | | | | | Yes |
| Valve in th | he Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, Lo | ocked, and/or Supervised | d | | | | | Supervised |
| Free from | External Leaks? | | | | | | Yes |
| 16 | Lower Level | Pump Room (Suction) | Pump Control Valve | _ | Torie Liniarski | 01/10/2023 | Passed |
| Type and | Size | | | | | | 6" OS&Y |
| Easily Acc | essible? | | | | | | Yes |
| Signs? | gns? | | | | | | |
| Valve in th | he Appropriate Open or | Closed Position? | | | | | Yes |
| Sealed, Lo | ocked, and/or Supervised | d | | | | | Supervised |
| Free from | External Leaks? | | | | | | Yes |

| | INSPECTOR'S TEST VALVE | | | | | | | | | |
|---|---------------------------------------------------------------------|-----------------|-----------------------|---|-----------------|------------|--------|--|--|--|
| # | # LOCATION DESCRIPTION DEVICE TYPE BARCODE INSPECTOR DATE OF TEST F | | | | | | | | | |
| 1 | Floor 1 | North Stairwell | Inspectors Test Valve | _ | Torie Liniarski | 01/10/2023 | Passed | | | |
| 2 | Lower Level | North Stairwell | Inspectors Test Valve | _ | Torie Liniarski | 01/10/2023 | Passed | | | |
| 3 | Floor 2 | North Staiwell | Inspectors Test Valve | _ | Torie Liniarski | 01/10/2023 | Passed | | | |

| | WATER FLOW SWITCHES | | | | | | | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------|------------|-------------------|---|-----------------|------------|--------|--|
| # | # LOCATION DESCRIPTION ADDRESS DEVICE TYPE BARCODE INSPECTOR DATE OF TEST | | | | | | | | |
| 1 | Lower Level | FIRE PUMP Room L014 | M1-17 | Water Flow Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quart | Quarterly Visual Inspection - Is flow switch free of damage with its electrical connections secure? | | | | | | | | |
| Time Delay (in seconds) | | | | | | | | 38 | |
| Open | test connection/bypass | . Did water flow activate | the alarm? | | | | | Yes | |
| 2 | Floor 1 | NORTH STAIR 112 | M1-84 | Water Flow Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarterly Visual Inspection - Is flow switch free of damage with its electrical connections secure? | | | | | | | | Yes | |
| 3 | Floor 2 | NORTH STAIR 212 | M1-166 | Water Flow Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quart | Quarterly Visual Inspection - Is flow switch free of damage with its electrical connections secure? | | | | | | | | |

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| | WATER FLOW SWITCHES | | | | | | | | | |
|-------|-----------------------------------------------------------------------------------------------------|------------------|-------|-------------------|---|-----------------|------------|--------|--|--|
| # | LOCATION DESCRIPTION ADDRESS DEVICE TYPE BARCODE INSPECTOR DATE OF TEST | | | | | | | RESULT | | |
| 4 | Lower Level | NORTH STAIR L012 | M1-19 | Water Flow Switch | _ | Torie Liniarski | 01/10/2023 | Passed | | |
| Quart | Quarterly Visual Inspection - Is flow switch free of damage with its electrical connections secure? | | | | | | | | | |

| | | | | TAMPER SWIT | CHES | | | | |
|-------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------|--------------------------|---------|-----------------|--------------|--------|--|
| # | LOCATION | DESCRIPTION | ADDRESS | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | |
| 1 | Lower Level | FIRE PUMP L014 - BYPASS | M1-10 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarterly Visual Inspection - Is tamper switch free of damage with its electrical connections secure? | | | | | | | | | |
| 2 | Lower Level | FIRE PUMP L014 - BYPASS | M1-14 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | rly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 3 | Lower Level | FIRE PUMP L014 - CITY | M1-8 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | ly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 4 | Lower Level | FIRE PUMP L014 - CITY | M1-12 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | ly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 5 | Lower Level | FIRE PUMP L014 - PUMP DISCHARGE | M1-11 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | ly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 6 | Lower Level | FIRE PUMP L014 - PUMP SUCTION | M1-13 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | ly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 7 | Lower Level | FIRE PUMP L014 - RISER | M1-15 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | rly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 8 | Lower Level | FIRE PUMP L014 - SYSTEM | M1-9 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | ly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 9 | Lower Level | FIRE PUMP L014 - TEST HEADER | M1-16 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | ly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 10 | Floor 1 | NORTH STAIR 112 | M1-83 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | rly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |
| 11 | Floor 2 | NORTH STAIR 212 | M1-165 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | rly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | • | | Yes | |
| 12 | Lower Level | NORTH STAIR L012 | M1-18 | Tamper Switch | - | Torie Liniarski | 01/10/2023 | Passed | |
| Quarterly Visual Inspection - Is tamper switch free of damage with its electrical connections secure? | | | | | | | | Yes | |
| 13 | Lower Level | NORTH STAIR STANDPIPE L012 (BY NORTH STAIRS) | M1-57 | Tamper Switch | _ | Torie Liniarski | 01/10/2023 | Passed | |
| 14 | Lower Level | SOUTH STAIR STANDPIPE L003 (BY NORTH STAIRS) | M1-56 | Tamper Switch | - | Torie Liniarski | 01/10/2023 | Passed | |
| Quarte | rly Visual Inspection - Is | tamper switch free of d | amage with its electi | rical connections secure | ? | | | Yes | |

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| | SUPERVISORY POINTS | | | | | | | | | |
|---|--------------------|------------------------------------|------------|--------------------|---------|-----------------|--------------|--------|--|--|
| # | LOCATION | DESCRIPTION | ADDRESS | DEVICE TYPE | BARCODE | INSPECTOR | DATE OF TEST | RESULT | | |
| 1 | Lower Level | LL FP L014 FIRE PUMP POWER LOSS | 2-6-0 M1-6 | Supervisory Device | _ | Torie Liniarski | 01/10/2023 | Passed | | |

Recommendations

| Inspector Signature | Thinaselli | Inspector Name | Torie Liniarski | Date | 01/10/2023 |
|--------------------------------------------|------------|--------------------------------------------------|-----------------|------|------------|
| Signature of the Building management | ng Ten | Printed name of the Building management | Jose Trejo | Date | 01/10/2023 |

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Terms And Conditions

- 1. Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.
It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING. ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.
- 2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.
- 3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.
- 4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:
 - a. "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of a risk of infectious disease
 - b. need for air monitoring, respiratory protection, or other medical risk
 - c. asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building
 - d. All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.
- 5. **Equipment Disconnections.** This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report
- 6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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DEVICE NOTE IMAGE APPENDICES

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