

151 Garrison Oak Dr. Dover, DE 19901 (302) 674-8405

	Protected Property	
Name: 1	Eden Hill Medical Center	
Address	s: 200 Banning Street	
	Dover DE 19904	Name and Address of the Address of t
Contact	: Randy Hagen	
Phone	302-538-0230	100-00-00
Email:	Rhagen@edenhillmc.com	

FIRE ALARM SIGNALING SYSTEM ANNUAL CERTIFICATION OF INSPECTION

Email: Rhagen@edenhilln	nc.com			
- ATTA	NETTOTI		Company's Certifica	License #: FAL 0123
The fire alarm signaling stested, inspected, and/or i	watam aamnan	y certifies that th ccordance with the	he Delaware State Fire	m, as indicated herein, were e Prevention Regulations
Print Name : Savage/Ehart Signature :				Title: INSPECTOR Date: 07/15/2022
		Гуре of Alarm S	ignaling System	
System ID #: 895-0237 Clocal Emergence			Remote Station Central Station	OProprietary OHousehold
Secondary: Battery A	mp Hour Ratin	No* N/A* See Below	Tested OK?	Yes No*
	NY CC	Contro	ol Unit #: NFS-300	Communicator
System #1 Manufacturer: Notifier Modern Modern Multiplex: Addressable: Device/Equipment System Total Number Test			Other(Specify):	Type: Remarks
Lamps & LEDs	12	12	0	
Fuses				
Trouble Signals	1	1	0	
Zone Disable		=		
Supervisory Signals	1	1	0	
Ground Fault				
Transmission Off Premises	2	2	0	
Communication Path 1				
Communication Path 2				

Device/Equipment	System Total	Alarm Initiating Number Tested	g Devices Deficiencies*	Remarks
Manual Pull Stations	13	13	0	
Heat Detectors	7	7	0	
Smoke Detectors	37	37	0	
Duct Detectors	8	8	0	
Water Flow Devices				
Tamper Switches				
Other (Specify):				
Other (Specify):			Western and Transport and Transport	

Device/Equipment	System Total	Alarm Indication Number Tested	ng Devices Deficiencies*	Remarks
Bells	1	1	0	
Horn/Strobes	105	105	0	R
Speaker/Strobes				
Mini-Horns/Horns				
Strobes	25	25	0	
Speakers				
Remote Microphone Ann			W	
Remote Annunicator	2	2	0	
Other (Specify):				

Comments/Deficiencies

FACP	2X18A. 100/100	NAC. 2X7A. 100/100. 3rd Floor Rm 330
	2X7A. 100/100	NAC. 2X7A. 100/100. 3rd Floor
	2X7A. 100/100.	NAC. 2X7A. 100/100 Surgical IT Room
D. I	1377 4 100	

Dialer. 1X7A. 100

NAC. 2X7A. 100/100. 2nd floor NAC. 2X7A. 100/100. 2nd floor

NAC in Room 330 & 2005 Suite 380 Bathroom no Strobe

Hall By room 310 not flashing

Smoke Dectectors in the Endo room, Anesthesiology room, and the supply closet are too close to the defuser Sterile Supplies room X 2 S/D, Anesthesia work room X 1,

Dectectors in the Endo room, Anesthesiology room, and the supply closet are too close to the defuser Back half of suite 310 and 320 and hallway of 260 H/S not going off. Possible NAC issue.









Office of the State Fire Marshal Fire Protection System(s) **Annual Certificate of Inspection**



Name: Eden Hill Medical Center Owner's Address: 200 Banning St Dover DE 19904 BUILDING/FACILITY Name: Eden Hill Medical Center Address of the Building: 200 Banning St Dover DE 19904 TENANT / OCCUPANT	
BUILDING/FACILITY Name: Eden Hill Medical Center Address of the Building: 200 Banning St Dover DE 19904	
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Name: Eden Hill Medical Center Address of the Building: 200 Banning St Dover DE 19904	
Dover DE 19904	
TENANT / OCCUPANT	
Name: Eden Hill Medical Center Address: 200 Banning St Phone: Randy Hagon	
Dover DE 19904 Contact: 302-538-0230	
Dover	
Annual Certificate of Inspection Report of a MAJOR deficiency (other than Annual Inspection	on)
DATE OF INSPECTION 7-15-22	
FIRE PROTECTION SYSTEM INFORMATION	
ensed Company Name: Advantech License #: 0123	
Water- Based systems) Inspector's Name: Certificate #: WBC STEM TYPE: Fire Alarm	
Automatic Sprinkler: Wet Sprinkler Dry Sprinkler Pre-Action Deluge Water Spray Other	
Commercial Cooking	
Special Hazard: [HALON, Clean Agent, INERGEN, FM-200	
Standpipe: Wet Standpipe Dry Standpipe Other	
STEM ID: 895-0237 SYSTEM LOCATION: Main Electrical Room	
AJOR DEFICIENCIES IDENTIFIED DURING INSPECTION? YES (if so, describe below)	
COMMENTS/DEFICIENCY DESCRIPTION	
ectectors in the Endo room, Anesthesiology room, and the supply closet are too close to the defuser	

The State Fire Prevention Regulation 703, Chapter 1, §4.1.5 mandates that Annual Certificates of Inspection be submitted to the Office of the State Fire Marshal by the licensed company within thirty (30) days of the completion of the required annual inspection.

DOC #75-01-19-10-02