ALLIED FIRE & SAFETY
517 GREEN GROVE ROAD
PO BOX 607
NEPTUNE, NEW JERSEY 07754
P: 732.922.3399 | F: 732.918.8668
ALLIEDFIRESAFETY.COM

EXCELLENCE IN FIRE PROTECTION -SINCE- 1970

Work Order
#165576

Service Location		AR Customer	
Service Location:	Forsgate MOB, LLC	**Customer:**	-
Address:	9 Centre Drive Complex	**Address**	,
City, State, Zip:	Monroe NJ 08831	**City, State, Zip**	
Contact:	Jason Brenner	**Main Phone:**	
Contact Phone:	(732)416-6643	**Payment Terms:**	Terms

Work Order Details

Call Type:	PM's	**WO # / FCO #:**	165576
Problem Type:	S-Inspection Needed	**Alt WO#:**	
Job Status:	Completed	**Customer PO #:**	
Date Scheduled:	4/18/2023	**Technician:**	Reifer;Ralph

Description of Service

Annual Sprinkler Insp *** 4/18 ***

Work Order Comments

Date: 4/18/2023, Entered By: Reifer;Ralph, Subject: Sprinkler Inspection
Sprinkler System Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code.

Date: 4/18/2023, Entered By: Reifer;Ralph, Subject:
No one on sight to sign work order.

Date: 4/18/2023, Entered By: Reifer;Ralph, Subject: Form Attachment

Work Order Items

Date	Description	Qty
4/18/2023	S - Wet Sprinkler Annual Insp (4 - 6")	1.00

Parts Items

Date	Description	Qty

By signing I agree to the information and description of services as explained above as well as the General Terms and Conditions that are available on our website at https://www.alliedfiresafety.com/Site/ServiceTerms. A hard copy will be furnished upon request.

Customer Signature

Signature		Signed By	nts	Date	4/18/2023

NJ FIRE PERMIT # P00166 - DOT REGISTRATION # A010 - NJ ELECTRICAL LICENSE # 11327 - NJ CERTIFIED SBE

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Wet-Pipe Sprinkler Inspection

Date: 4/18/2023 **Tech:** Reifer;Ralph **Work Order:** 165576

Customer Id: FORMOB **Site:** Forsgate MOB, LLC

Address: 9 Centre Drive Complex Monroe, NJ 08831

Manufacturer: Viking **Model:** 4"- E1 WET

Equip Type: Sprinkler **Serial #:**

Equip Loc: Mech. Room **Equip Id:** 93268

This form covers the minimum requirements of NFPA 25-2014 for wet-pipe fire sprinkler systems connected to water supplies without tanks or fire pumps. Separate forms are available for fire pumps, tanks, hose connections and other fire protection systems. More frequent inspection, testing and maintenance may be necessary depending on the condition of the occupancy and the water supply. The work covered in this form is:

○ **Quarterly** ○ **Semi Annual** ◉ **Annual** ○ **Third Year** ○ **Fifth Year**

Date of Work: 04/18/2023 All responses refer to the current work (inspection, testing and maintenance) performed on this date.

Notes:
1) All questions are to be answered Yes, No, or Not Applicable. All "No" answers are to be explained in Comments Section of this form.
2) Inspection, Testing and Maintenance are to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 15 of NFPA 25 are followed.

INSPECTOR'S SECTION	
A. INSPECTIONS	
1. QUARTERLY INSPECTION ITEMS	
a. Control valves and valves on backflow preventers with locks or electrical supervision:	
1. In correct (open or closed) position?	◉ Yes ○ No ○ N/A
2. Lock or supervision in place?	◉ Yes ○ No ○ N/A
3. Accessible and free from external leaks?	◉ Yes ○ No ○ N/A
4. Provided with appropriate identification?	◉ Yes ○ No ○ N/A
b. Gauges on systems with low pressure alarms in good condition and showing normal water pressure?	○ Yes ○ No ◉ N/A
c. Alarm valve free from physical damage, trim in correct (open or closed) position and no leakage from retarding chamber or drains?	○ Yes ○ No ◉ N/A
d. Fire department connections visible, accessible, couplings and swivels not damaged, gaskets in place and in good condition, plugs and caps are okay, identification sign(s) in place, check valve is not leaking, clapper and automatic drain valve in place and operating properly?	◉ Yes ○ No ○ N/A
(If plugs or caps are not in place, inspect interior for obstructions)	
e. Hydraulic nameplate (calculated systems) securely attached to riser and legible?	◉ Yes ○ No ○ N/A
f. Alarm and supervisory devices not damaged?	◉ Yes ○ No ○ N/A
g. Pressure reducing valves in open position, not leaking, with downstream pressure per design criteria, and in good condition with handwheels not broken?	○ Yes ○ No ◉ N/A
h. Relief port on RPZ not discharging?	◉ Yes ○ No ○ N/A
2. ANNUAL INSPECTION ITEMS (IN ADDITION TO ABOVE ITEMS)	
a. Proper number and type of spare sprinklers?	◉ Yes ○ No ○ N/A
b. Visible sprinklers:	
1. Proper position: upright, pendent, sidewall?	◉ Yes ○ No ○ N/A
2. Free of leaks, corrosion and damage?	◉ Yes ○ No ○ N/A
3. Proper clearance below sprinklers?	◉ Yes ○ No ○ N/A
4. Free of foreign materials including paint?	◉ Yes ○ No ○ N/A
5. Liquid in all glass bulb sprinklers?	◉ Yes ○ No ○ N/A
c. Visible pipe:	

1. In good condition/no external corrosion?	◉ Yes ○ No ○ N/A
2. No mechanical damage or leaks?	◉ Yes ○ No ○ N/A
3. No external loads?	◉ Yes ○ No ○ N/A
d. Visible pipe hangers and seismic braces not damaged or loose?	◉ Yes ○ No ○ N/A
e. Sprinkler wrench with spare sprinklers?	◉ Yes ○ No ○ N/A
f. Information sign is attached and legible?	○ Yes ○ No ◉ N/A
g. Internal inspection of the pipe performed in the last 5 years (remove a flushing connection and one sprinkler near the end of a branch line)?	○ Yes ◉ No ○ N/A
3. FIFTH YEAR INSPECTION ITEMS (IN ADDITION TO ABOVE ITEMS)	
a. Alarm valves and associated strainers, filters and restricted orifices passed internal inspection?	○ Yes ○ No ◉ N/A
b. Check valves internally inspected, all parts operate properly and are in good condition?	○ Yes ○ No ◉ N/A
c. Internal pipe inspection performed per 2.g.?	○ Yes ○ No ◉ N/A
B. TESTING - *Report any failures in Comments Section of this form.*	
1. QUARTERLY TESTS	
a. Mechanical waterflow alarm devices passed tests (alarms actuated and flow observed)?	○ Yes ○ No ◉ N/A
b. Main drain test for system downstream of backflow device or pressure reducing valve:	
1. Record static pressure 65 psi, residual pressure 40 psi	
2. Was flow observed?	◉ Yes ○ No ○ N/A
3. Are results comparable to previous tests?	◉ Yes ○ No ○ N/A
2. SEMI ANNUAL TESTS (IN ADDITION TO PREVIOUS ITEMS)	
a. Valve supervisory switches indicate movement?	○ Yes ○ No ◉ N/A
b. Electrical waterflow alarm devices passed tests (alarms actuated and flow observed)?	◉ Yes ○ No ○ N/A
3. ANNUAL TESTS (IN ADDITION TO PREVIOUS ITEMS)	
a. Post indicating valves opened until spring or torsion felt in the rod then closed back 1/4 turn?	○ Yes ○ No ◉ N/A
b. Are all sprinklers dated 1920 or later?	◉ Yes ○ No ○ N/A
c. Sprinklers with fast response elements 20 years old or more replaced or successfully sample tested in the last 10 years?	○ Yes ○ No ◉ N/A
d. Standard response sprinklers 50 years old or more replaced or successfully sample tested in last 10 years?	○ Yes ○ No ◉ N/A
e. Standard response sprinklers 75 years old or more replaced or sucessfully sample tested in the last 5 years?	○ Yes ○ No ◉ N/A
f. Dry-type sprinklers replaced or successfully sample tested in the last 10 years?	○ Yes ○ No ◉ N/A
g. Sprinklers subject to harsh environments replaced or successfully sample tested in the last 5 years?	○ Yes ○ No ◉ N/A
h. Antifreeze solution specific gravity: N/A % - Temperature: N/A °(F)	
1. Correct at most remote point?	○ Yes ○ No ◉ N/A
2. Correct at interface with wet system?	○ Yes ○ No ◉ N/A
3. Correct at other test points (over 150 gal)?	○ Yes ○ No ◉ N/A
4. Correct type of antifreeze? Type: N/A	○ Yes ○ No ◉ N/A
i. All control valves operated through full range and returned to normal position?	◉ Yes ○ No ○ N/A
j. Backflow devices passed forward flow test?	◉ Yes ○ No ○ N/A
k. Pressure reducing valves passed partial flow?	○ Yes ○ No ◉ N/A
4. TESTS FOR EVERY FIFTH YEAR (IN ADDITION TO PREVIOUS ITEMS)	
a. Gauges checked by calibrated gauge or replaced?	○ Yes ○ No ◉ N/A
b. Pressure reducing valves passed full flow test?	○ Yes ○ No ◉ N/A
C. MAINTENANCE	
1. REGULAR MAINTENANCE ITEMS	
a. If any sprinkler failed the sample testing of Parts II.B.3.d, e, f, g or h of this form, were all sprinklers represented by that sample replaced?	○ Yes ○ No ◉ N/A
b. If sprinklers have been replaced, were they proper replacements?	○ Yes ○ No ◉ N/A
c. Marine systems normally having fresh water were drained and refilled twice if raw water got into the system?	○ Yes ○ No ◉ N/A
d. If any of the following were discovered, was an obstruction investigation conducted?	○ Yes ○ No ◉ N/A
Explain reason(s) and obstruction investigation findings in Comments	
1. Defective intake screen on pump supplied from open sources	
2. Obstructive material discharged during flow tests	
3. Foreign material in dry-pipe valves, check valves or pumps	
4. Foreign material in water during drain test or plugging of inspector's test connections	

5. Plugging of pipe or sprinklers found during activation or work
6. Failure to flush yard piping or surrounding mains following new installation or repairs
7. Record of broken mains in the vicinity
8. Abnormally frequent false tripping of dry-pipe valves
9. System is returned to service after an extended period of time out of service (more than one year)
10. There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe
11. Raw water was pumped into the fire department connection
12. Pinhole leaks

e. If conditions were found that required flushing, was flushing of system conducted?	○ Yes ○ No ◉ N/A
f. Was a drain test conducted after opening any closed valves?	◉ Yes ○ No ○ N/A
g. Adjusted, repaired, reconditioned or replaced components had the associated tests and/or inspections performed?	○ Yes ○ No ◉ N/A
h. Operating stem of all OS&Y valves lubricated, completely closed, and reopened?	◉ Yes ○ No ○ N/A

COMMENTS

(Any "No" answers, test failures or other problems found with the sprinkler system must be explained here.)

[As a courtesy, note on a separate form any concerns about anything that you saw while performing your work that is not a part of the NFPA 25 requirements including any recalled products that you happened to notice.]

5- year Internal pipe inspection is due.

INSPECTOR'S INFORMATION

Company: **Allied Fire & Safety Equipment Co., Inc.**

Company Address: **517 Green Grove Road, Neptune, NJ 07753**

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in Comments.

Inspector: Ralph Reifer

Signature of Inspector:

Date: 04/18/2023

A COPY WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL)

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Acknowledgement

Tech: Reifer;Ralph **Customer Id:** FORMOB

Service Site: Forsgate MOB, LLC

Address: 9 Centre Drive Complex Monroe, NJ 08831

Date: 4/18/2023 **Work Order:** 165576

SPRINKLER SYSTEMS

Size	Manufacturer	Model	Type	Equipment ID
				Number of Systems >> 1
4"	VIKING	E1	Wet	93268

OWNER/REPRESENTATIVE SECTION

A. Is the building occupied?	(•) Yes ( ) No
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	(•) Yes ( ) No
C. Are all fire protection systems in service?	(•) Yes ( ) No
D. Has the system remained in service without modification since the last inspection?	(•) Yes ( ) No
E. Was the system free of actuation of devices or alarms since last inspection?	(•) Yes ( ) No

COMMENTS

(Any "No" answers, test failures or other problems found with the sprinkler system must be explained here.)

5- year Internal pipe inspection is due.

ACKNOWLEDGEMENT

On this date, the above systems were tested and inspected in accordance with procedures of the most recent adopted editions of NFPA25 and the State of New Jersey Uniform Fire Code and was operated according to these procedures with the results indicated above. Any comments or unsatisfactory marks have been explained to the customer/customers agent below. AS PER LAW A COPY OF THIS REPORT WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL).

( ) I ACKNOWLEDGE (•) AUTHORIZED PERSONNEL NOT PRESENT

Customer Name: NTS **Inspector Name:** Ralph Reifer

Inspector Signature:

Customer Signature: