



114 N. York Street, Suite D  
Mechanicsburg, PA 17055

Phone # (717) 796-1000

Fax # (717) 796-1018

| Date      | Invoice # |
|-----------|-----------|
| 6/27/2023 | 22761     |

| Bill To   |
|---|
| Sherman Commerical Prop Mgmt<br>1210 E. Market Street<br>York, PA 17403 |

| Sold To                                 |
|---|
| 32 Northeast Drive<br>Hershey, PA 17033 |

| P.O. No. | Terms  | Due Date  | Contact Name | Service Agreement # | Project         |
|----------|--------|-----------|--------------|---------------------|-----------------|
|          | Net 30 | 7/27/2023 |              |                     | Insp/Fire Drill |

| Item       | Description   | Qty | Rate   | Amount |
|------------|---|-----|--------|--------|
| LABOR-TECH | Labor - Technician - Steve Marencic - Hourly Rate<br>06/23/2023<br>PERFORMED ANNUAL INSPECTION AND TESTING OF FIRE ALARM SYSTEM. ALL SYSTEMS ARE NORMAL.<br>PERFORMED FIRE DRILL FOR UPMC RESET PANEL. ALL SYSTEMS ARE NORMAL | 3   | 105.00 | 315.00 |

|   |                         |          |
|---|-------------------------|----------|
| Thank you for your business.<br><br>Pay online at<br><a href="http://www.lowvsystems.com">www.lowvsystems.com</a> | <b>Subtotal</b>         | \$315.00 |
|   | <b>Sales Tax (6.0%)</b> | \$0.00   |
|   | <b>Payments/Credits</b> | \$0.00   |
|   | <b>Balance Due</b>      | \$315.00 |

### INSPECTION AND TESTING FORM

**DATE:** 6/23/2023  
**TIME:** 9:30 am

**SERVICE ORGANIZATION**

Name: LOWV SYSTEMS INC  
 Address: 114 N. YORK ST. MECHANICSBURG PA 17011  
 Representative: STEPHEN MARENCIC  
 License No.: \_\_\_\_\_  
 Telephone: 717-796-1000

**PROPERTY NAME (USER)**

Name: Sherman Property Management Inc  
 Address: 32 Northeast Drive Hershey PA 17033  
 Owner Contact: \_\_\_\_\_  
 Telephone: (717) 699-2229

**MONITORING ENTITY**

Contact: DYNAMARK MONITORING CO  
 Telephone: 855-528-2032  
 Monitoring Account Ref. No.: 434-7250

**APPROVING AGENCY**

Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**TYPE TRANSMISSION**

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) \_\_\_\_\_

**SERVICE**

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: POTTER  
 Circuit Styles: 4  
 Number of Circuits: 8  
 Software Rev.: \_\_\_\_\_  
 Last Date System Had Any Service Performed: \_\_\_\_\_  
 Last Date that Any Software or Configuration Was Revised: \_\_\_\_\_

Model No.: PFC60

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

| Quantity | Circuit Style |
|----------|---------------|
| 11       | 4             |
| 7        | 4             |
| 2        | 4             |
| 3        | 4             |

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): \_\_\_\_\_

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

| Quantity | Circuit Style |                        |
|----------|---------------|------------------------|
| _____    | _____         | Bells                  |
| _____    | _____         | Horns                  |
| _____    | _____         | Chimes                 |
| _____    | _____         | Strobes                |
| _____    | _____         | Speakers               |
| _____    | _____         | Other (Specify): _____ |

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

| Quantity | Circuit Style |                                      |
|----------|---------------|--------------------------------------|
| _____    | _____         | Building Temp.                       |
| _____    | _____         | Site Water Temp.                     |
| _____    | _____         | Site Water Level                     |
| _____    | _____         | Fire Pump Power                      |
| _____    | _____         | Fire Pump Running                    |
| _____    | _____         | Fire Pump Auto Position              |
| _____    | _____         | Fire Pump or Pump Controller Trouble |
| _____    | _____         | Fire Pump Running                    |
| _____    | _____         | Generator In Auto Position           |
| _____    | _____         | Generator or Controller Trouble      |
| _____    | _____         | Switch Transfer                      |
| _____    | _____         | Generator Engine Running             |
| _____    | _____         | Other: _____                         |

**SIGNALING LINE CIRCUITS**

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

a. Primary (Main): Nominal Voltage 120VAC, Amps 20  
 Overcurrent Protection: Type CIRCUIT BREAKER, Amps 20  
 Location (of Primary Supply Panelboard): MAIN ELECTRIC ROOM  
 Disconnecting Means Location: MAIN ELECTRIC ROOM

b. Secondary (Standby):  
2 Storage Battery: Amp-Hr. Rating 7  
 Calculated capacity to operate system, in hours: X 24 60  
 \_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**TYPE BATTERY**

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): \_\_\_\_\_

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**

**NOTIFICATIONS ARE MADE**

|                                   | Yes                                 | No                       | Who   | Time   |
|-----------------------------------|-------------------------------------|--------------------------|-------|--------|
| Monitoring Entity                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ | 7:45Am |
| Building Occupants                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ | 7:45AM |
| Building Management               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ | 7:45AM |
| Other (Specify)                   | <input type="checkbox"/>            | <input type="checkbox"/> | _____ | _____  |
| AHJ (Notified) of Any Impairments | <input type="checkbox"/>            | <input type="checkbox"/> | _____ | _____  |

**SYSTEM TESTS AND INSPECTIONS**

| TYPE                    | Visible                             | Functional                          | Comments             |
|-------------------------|-------------------------------------|-------------------------------------|----------------------|
| Control Unit            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | [Empty Comments Box] |
| Interface Eq.           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Lamps/LEDS              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Fuses                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Primary Power Supply    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Trouble Signals         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Disconnect Switches     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Ground-Fault Monitoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |

**SECONDARY POWER**

| TYPE              | Visible                             | Functional                          | Comments             |
|-------------------|-------------------------------------|-------------------------------------|----------------------|
| Battery Condition | <input checked="" type="checkbox"/> |                                     | [Empty Comments Box] |
| Load Voltage      |                                     | <input checked="" type="checkbox"/> |                      |
| Discharge Test    |                                     | <input type="checkbox"/>            |                      |
| Charger Test      |                                     | <input checked="" type="checkbox"/> |                      |
| Specific Gravity  |                                     | <input type="checkbox"/>            |                      |

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

|               | Visible                             | Functional                          | Comments             |
|---------------|-------------------------------------|-------------------------------------|----------------------|
| Audible       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | [Empty Comments Box] |
| Visual        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Speakers      | <input type="checkbox"/>            | <input type="checkbox"/>            |                      |
| Voice Clarity | <input type="checkbox"/>            | <input type="checkbox"/>            |                      |

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

| Loc. & S/N | Device Type | Visual Check             | Functional Test          | Factory Setting | Meas. Setting | Pass                     | Fail                     |
|------------|-------------|--------------------------|--------------------------|-----------------|---------------|--------------------------|--------------------------|
| _____      | _____       | <input type="checkbox"/> | <input type="checkbox"/> | _____           | _____         | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | _____       | <input type="checkbox"/> | <input type="checkbox"/> | _____           | _____         | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | _____       | <input type="checkbox"/> | <input type="checkbox"/> | _____           | _____         | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | _____       | <input type="checkbox"/> | <input type="checkbox"/> | _____           | _____         | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | _____       | <input type="checkbox"/> | <input type="checkbox"/> | _____           | _____         | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | _____       | <input type="checkbox"/> | <input type="checkbox"/> | _____           | _____         | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

**EMERGENCY COMMUNICATIONS EQUIPMENT**

|                    | Visual                   | Functional               | Comments |
|--------------------|--------------------------|--------------------------|----------|
| Phone Set          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Phone Jacks        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Off-Hook Indicator | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Amplifier(s)       | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Tone Generator(s)  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Call-in Signal     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| System Performance | <input type="checkbox"/> | <input type="checkbox"/> |          |

**INTERFACE EQUIPMENT**

| (Specify) _____ | Visual                   | Device Operation         | Simulated Operation      |
|-----------------|--------------------------|--------------------------|--------------------------|
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SPECIAL HAZARD SYSTEMS**

| (Specify) _____ | Visual                   | Device Operation         | Simulated Operation      |
|-----------------|--------------------------|--------------------------|--------------------------|
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

**SUPERVISING STATION MONITORING**

|                         | Yes                                 | No                       | Time   | Comments |
|-------------------------|-------------------------------------|--------------------------|--------|----------|
| Alarm Signal            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9:30AM | _____    |
| Alarm Restoration       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9:30AM | _____    |
| Trouble Signal          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9:30AM | _____    |
| Supervisory Signal      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9:30AM | _____    |
| Supervisory Restoration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9:30AM | _____    |

**NOTIFICATIONS THAT TESTING IS COMPLETE**

|                     | Yes                                 | No                       | Who   | Time   |
|---------------------|-------------------------------------|--------------------------|-------|--------|
| Building Management | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ | 9:30AM |
| Monitoring Agency   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ | 9:30AM |
| Building Occupants  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ | 9:30AM |
| Other (Specify)     | <input type="checkbox"/>            | <input type="checkbox"/> | _____ | _____  |

The following did not operate correctly:

System restored to normal operation: Date: 6/23/23 Time: 9:30 am

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

Name of Inspector: Steve Marencic Date: 6/23/23 Time: 9:30 am

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_