

LIBERTY FIRE PROTECTION, INC.
 PO BOX 42239
 NORTH CHARLESTON, SC 29423-2239
 (843) 552-1301

Report Number
5377873

Occupancy Information

Name: MEDICAL OFFICE BLDG 1625 HOSPITAL DR MT PLEASANT, SC 29464-3698	Contact: Responsible Person KATHRYN COOPER SOUTHEASTERN SPINE INSTITUTE L 900 WANDO PARK BLVD MOUNT PLEASANT, SC 29464 Phone: (843) 552-1301
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Base Alarm Inventory Inventory

FACP Make: NOTIFIER	FACP Model: NFE 320
FACP Location:	Transmitter Type:
Monitoring Company:	Monitoring 24-Hour Phone #:
Monitoring Company Email:	

Fire Alarm

Service Date February 1, 2024 AHJ: MOUNT PLEASANT FIRE DEPARTMENT 100 ANN EDWARDS LN MOUNT PLEASANT, SC 29464-5614 Phone: (843) 884-0623 x322 Reviewed by AHJ: No	Report Number: 5377873 Status: Compliant Report Type: S - (Annual) Fire Alarm Code Reference: NFPA 72
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Inspection & Testing Agency Information

Name: LIBERTY FIRE PROTECTION, INC. PO BOX 42239 NORTH CHARLESTON, SC 29423-2239	Phone: (843) 552-1301 Emergency Phone: Email: reports@libertyfireprotectioninc.com
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Licenses:	License Type	License Number	Expiration
	NICET III	151262	10/01/2025
	South Carolina - Sprinkler License	FSC.1501	07/31/2024
	South Carolina - Extinguishing License	FEC.1014	04/30/2024
	South Carolina - Charleston Business License	FSC.1501	07/31/2024
	South Carolina - Charleston County Business License	LIC048096	04/30/2024

Inspector/Tester Information

Name: CLAYTON MOORE	Phone: (843) 552-1301
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Contact Information

Problems Found

Question #	Code Ref(s)	Question	Answer	Impairment	Corrected
No problems found.					
		Are there any deficiencies or issues listed in your FIRE ALARM report?	No		

Attach original copy of your inspection, testing and maintenance FIRE ALARM report (one system per report).

NOTE: Files up to 50MB may be attached. A file has not been attached until the "cancel" button is cleared and the file is clickable in the report. Larger files will take longer to upload. Recommended scanner settings: 100 dpi / gray scale for improved user experience.

Enter One Comment Per Row:

Comments:

1.

Liberty Fire Protection, Inc.

7214 Peppermill Parkway, North Charleston, SC 29418
(843) 552-1301 Info@LibertyFireProtectionInc.com
www.LibertyFireProtectionIncGov.com

ALARM INSPECTION AND TESTING REPORT

Date: _____ Time: _____ POC: _____

Service Organization

Name: Liberty Fire Protection, Inc.

Address: 7214 Peppermill Parkway
North Charleston, SC 29418

Representative: _____

License No: FAC. 13661

Telephone: (843) 552-1301

Monitoring Entity

Contact: _____

Telephone: _____

Monitoring account Ref. No.: _____

Type Transmission

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

Control Unit Manufacturer: _____

Circuit Styles: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Property Name (User)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

Email: _____

Approving Agency

Contact: _____

Telephone: _____

Service

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Model No.: _____

Number of Circuits: _____

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Alarm-Initiating Devices and Circuit Information

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

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 _____, Amps _____
Overcurrent Protection: Type _____, Amps _____
Location (of Primary Supply Panelboard): _____
Disconnecting Means Location: _____

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b. Secondary (Standby):

_____ Storage Battery: Amp-Hr. Rating _____
 Calculated capacity to operate system, in hours: _____ 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

Notification are Made	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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 type="checkbox"/>	<input type="checkbox"/>	_____
Interface Eq.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Secondary Power

Type	Visible	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____
Transient Suppressors	<input type="checkbox"/>		_____
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	_____
Notification Appliances			
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity		<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"/>	_____

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Interface Equipment	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"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Hazard Systems			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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 type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notification That Testing is Complete	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal Operation: **Date:** _____ **Time:** _____

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Additional Comments and/or Recommendations: _____

This Testing was Performed in Accordance with Applicable NFPA Standards.

Name of Inspector: _____ Date: _____ Time: _____

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Liberty Fire Protection Inc. does not assume the responsibility for the condition, serviceability, or functioning of equipment following the date of inspection, but certifies only to the condition of equipment at date of inspection.

Thank you for allowing Liberty Fire Protection, Inc. the opportunity to serve you. Please don't hesitate to contact us with any questions or concerns. Should deficiencies be noted on this inspection and testing report a corrective action and or a service repair quote will be sent in a timely manner to the Point of Contact(s).