

# JOB SUMMARY



**From** | **Summit Fire & Security - Foos Fire, Inc.**  
166 Bank Street  
Attleboro, MA 02703  
(617) 695-6951  
<http://www.summitfiresecurity.com>  
<http://www.foosfire.com/>

**Job No.** | 45872895  
**Date** | 2/12/2026  
**Type** | Preventative Maintenance  
**PO No.** |

**Job For** | **XROADS ADVISORS**  
Wayland Center Building #1C  
71-87 Andrews Avenue  
Wayland, MA 02893

## Services

🔥 **Location - Building**  
5-YEAR INTERNAL INSPECTION

## Files and Photos





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## Disclaimers and Warranties

## INSPECTION-QUOTES

Payment is due upon receipt of invoice for cycle billing. This estimate is only valid for 30 days. If this estimate is approved, please sign and fax it over to 631-689-6866 or email to [inspections@foosfire.com](mailto:inspections@foosfire.com) for Fire Sprinkler Services - [fa@foosfire.com](mailto:fa@foosfire.com) for Fire Alarm and Monitoring Services - [PFE@foosfire.com](mailto:PFE@foosfire.com) for Fire Extinguisher Services to commence inspections. For New England customers fax over approvals to 617-695-6952 or email to [ne@foosfire.com](mailto:ne@foosfire.com)

## SERVICE-QUOTES

Estimates are only valid for 30 days. If estimates are approved, please sign and fax it over to 631-689-6866 or email to [service@foosfire.com](mailto:service@foosfire.com) for Fire Sprinkler Services or to [fa@foosfire.com](mailto:fa@foosfire.com) for Fire Alarm and Monitoring Services - [PFE@foosfire.com](mailto:PFE@foosfire.com) for Fire Extinguisher Services to commence work. If you have any questions about this quote please email [estimating@foosfire.com](mailto:estimating@foosfire.com). For New England customers fax over approvals to 617-695-6952 or email to [ne@foosfire.com](mailto:ne@foosfire.com)

If your organization requires a Purchase Order for billing purposes, please include the P.O number with signature ( P.O# \_\_\_\_\_)

*The prevailing party in any action, dispute or proceeding relating to this Agreement shall be reimbursed by the other party for any reasonable legal fees, costs or expenses incurred in connection therewith, regardless of which party institutes the action or proceeding.*

\*Due to the advisory nature of the report, Foos Fire, Inc. accepts no liability resulting from any recommendation, or lack of recommendation. The responsibility for the condition and operation of the fire sprinkler system and the equipment lies solely with the Subscriber. Owner/Tenant is to arrange to maintain a minimum temperature of \*\*40°F in all areas of wet piping to protect the system from freezing. It is the owner/ tenant's responsibility to maintain adequate temperatures for proper operation of the fire sprinkler system.

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75 Arlington Street, Suite 500, Boston, MA  
02116, TEL 617-695-6951, FAX, 617-695-6952

Customer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Store#: \_\_\_\_\_  
Date: \_\_\_\_\_

### 5-YEAR SPRINKLER INSPECTION FORM

| CYCLE   | DESCRIPTION                                            | NFPA 25 Reference | Yes                      | No                       | N/A                      |
|---------|--------------------------------------------------------|-------------------|--------------------------|--------------------------|--------------------------|
| 5 Years | Hangers (Accessible Concealed Spaces)                  | 5.2.3.3           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Seismic Braces (Accessible Concealed Spaces)           | 5.2.3.3           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Pipes and Fittings (Condition)                         | 5.2.2.3           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Sprinklers (50 Year Check)                             | 5.2.1.1.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Alarm Valves – Interior Inspection                     | 12.4.1.2          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Alarm Valves – Strainers, filters, orifices            | 12.4.1.2          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Check Valves – Interior Inspection                     | 12.4.2.1          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Preaction/Deluge Valves – Interior Inspection          | 12.4.3.1.7        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Preaction/Deluge Valves – Strainers, filters, orifices | 12.4.3.1.8        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Dry Pipe Valves – Interior Inspection                  | 12.4.4.1.5        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Years | Dry Pipe Valves – Strainers, filters, orifices         | 12.4.4.1.6        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### NOTES/DEFICIENCIES:

Estimate Attached: ☐

#### SYSTEM RESTORE : OWNER / AUTHORIZED REPRESENTATIVE

1. Are all control valves in open position?
2. Are fire pumps and jockey pumps in service?
3. Are all air compressors in service?
4. Is the fire alarm panel reading normal?
5. Has the alarm monitoring company been notified?
6. Has the fire department been notified?
7. All systems restored to normal?

| Yes | No | N/A |
|-----|----|-----|
|     |    |     |
|     |    |     |
|     |    |     |
|     |    |     |
|     |    |     |
|     |    |     |

Owner/Authorized Rep Name: \_\_\_\_\_

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

Date:     /     /

I hereby acknowledge the satisfactory completion of the described service and I have confirmed and reviewed all items on this form. All deficiencies/immediate actions/and items in "System Restore" section have been explained to me and I have been informed of any necessary actions.