Fire Alarm System
Inspection and Testing Form

Information on this form covers the minimum requirements of NFPA 72

Date: **Wednesday, September 9, 2020**   Time: **10:00AM**

SERVICE ORGANIZATION

Name:	**Village Key And Alarm**
Address:	**441 State Road 16 St. Augustine, FL 32084**
License No.:	**EF0000621**
Telephone:	**(904) 794-0218**
Representative:	**Paul Gaumont**

PROPERTY NAME (USER)

Name:	**THE PRESERVE ON ANASTASIA ISLAND**
Address:	**1000 HARBOUR VISTA CIRCLE BLDG 27**
Telephone:	**(904) 471-5818 BLDG 27**
Owner Contact:	**GAIL GRISWOLD**
Email:	**REALTORGAIL@COMCAST.NET**

MONITORING ENTITY

Contact:	
Telephone:	**LOACL FIRE ALARM SYSTEM**
Monitoring Account Ref. No.:	

APPROVING AGENCY

Contact:	**ST. AUGUSTINE FIRE DEPARTMENT**
Telephone:	**(904) 825-1099**

TYPE TRANSMISSION

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

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (Specify)

Control Unit Manufacturer:	**SILENT KNIGHT**	Model No.: **SK-4**
Circuit Styles:	**B, Y**	
Number of Circuits:	**2 IDC & 2 NACS**	
Software Rev.:	**2.2**	
Last Date System Had Any Service Performed:	**August 11, 2020**	
Last Date that Any Software or Configuration Was Revised:	**August 12, 2015**	

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):   Qty: **3**   Style: **B**

MANUAL

Manual stations Qty: **3**   **X** : Noncoded   : Transmitters   : Coded   : Addressable

AUTOMATIC

Coverage: ☐ Complete   ☑ Selective   ☐ Partial   ☐ Nonrequired

Smoke detectors Qty: **1**   : Ion   **X** : Photo   : Addressable

Duct detectors Qty: : Ion   : Photo   : Addressable

Heat detectors Qty: : FT   : RR   : FT/RR   : RC   : Addressable

Sprinkler waterflow indicators Qty: : Noncoded   : Transmitters   : Coded   : Addressable

Alarm verification feature is disabled   ☑   enabled ☐   , changed from   sec. to   sec.

Other (list) Qty: :   :   :   :

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity Installed	Circuit Style	Quantity Tested			Visual	Functional
			Bells		☐	☐
32	**Y**	**32**	Horns	32	☑	☑
			Chimes		☐	☐
			Strobes		☐	☐
			Speakers		☐	☐
			Horn/Strobes		☐	☐
			Speaker/Strobes		☐	☐
			Other (Specify)		☐	☐

No. of alarm notification appliance circuits: **2**

Are circuits monitored for integrity?   ☑ Yes   ☐ No

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SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

SPRINKLER SYSTEM

Check if provided	Quantity	Ckt. Style
☐ Valve supervisory switches		
☐ Building temperature points		
☐ Site water temperature points		
☐ Site water supply level points		

ENGINE-DRIVEN GENERATOR	Quantity	Ckt. Style
☐ Selector in auto position		
☐ Control panel trouble		
☐ Transfer switches		
☐ Engine running		

ELECTRIC FIRE PUMP	Quantity	Ckt. Style
☐ Fire pump power		
☐ Fire pump running		
☐ Fire Pump Auto Position		
☐ Fire Pump or Controller Trouble		
☐ Phase reversal		
☐ Other (Specify)		

ENGINE-DRIVEN FIRE PUMP	Quantity	Ckt. Style
☐ Fire pump power		
☐ Fire pump running		
☐ Fire Pump Auto Position		
☐ Fire Pump or Controller Trouble		
☐ Phase reversal		
☐ Other (Specify)		

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity **N/A**   Style(s)

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage **120VAC**   Amps **20 AMPS**

   Overcurrent Protection: Type **SURGE**   Amps **20 AMPS**

   Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL**

   Disconnecting Means Location: **BREAKER # 6**

(b) Secondary (Standby):

   2/12VOLTS Storage Battery: Amp-Hr. Rating **7AH**

   Calculated capacity in   Amp-Hrs to operate system for **24** hours

   Engine-driven generator dedicated to fire alarm system:

   Location of fuel storage:

TYPE BATTERY

☐ Dry Cell	☐ Lead-Acid	
☐ Nickel-Cadmium	☐ Other (Specify):	
☑ Sealed Lead-Acid		

(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	☐	☑	LOCAL	9:00AM
Building Occupants	☑	☐	ALL	9:00AM
Building Management	☑	☐	GAIL GRISWOLD	9:00AM
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

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SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	✓	✓	
Interface Equipment	✓	✓	
Lamps/LEDS	✓	✓	
Fuses	☐	☐	
Primary Power Supply	✓	✓	
Trouble Signals	✓	✓	
Disconnect Switches	✓	✓	
Ground-Fault Monitoring	✓	✓	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	✓		
Load Voltage		✓	
Discharge Test		✓	
Charger Test		✓	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	✓	✓	
Visible	☐	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

* SEE ATTACHED DETAILED DEVICE TEST REPORT

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	☐	☐	N/A
Phone Jacks	☐	☐	N/A
Off-Hook Indicator	☐	☐	N/A
Amplifier(s)	☐	☐	N/A
Tone Generator(s)	☐	☐	N/A
Call-in Signal	☐	☐	N/A
System Performance	☐	☐	N/A

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

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INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS (continued)

SPECIAL HAZARD SYSTEMS

(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments:

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☐	☐		
Alarm Restoration	☐	☐		
Trouble Signal	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Comments
Building Management	☑	☐	10:30AM	
Monitoring Agency	☐	☑		
Building Occupants	☑	☐	10:30AM	
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation: Date: **September 9, 2020**   Time: **10:30AM**

SYSTEM WAS TAGGED: ☑ Functional   ☐ Non-Functional   ☐ Functional with Discrepancies

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: **Paul Gaumont**

Signature: _____   Date: **September 9 2020**   Time: **10:30AM**

Name of Owner or Representative: **GAIL GRISWOLD**

Signature: _____   Date: **September 9 2020**   Time: **10:30AM**

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DETAILED DEVICE TEST REPORT

LOCATION & SERIAL #	DEVICE TYPE	ZONE or ADDRESS	SYSTEM OPERATION CONFIRMED	SERVICE REQUIRED	Factory Setting (Smoke %/ft Obscuration)	Measured Setting (Smoke %/ft Obscuration)	REMARKS (PASS/FAIL)
FACP IN UNIT 209	SMOKE DETECTOR	2	☑	☐			PASS
PULLSTATION CENTER	PULLSTATION	2	☑	☐			PASS
PULLSTATION SOUTH	PULLSTATION	1	☑	☐			PASS
PULLSTATION NORTH	PULLSTATION	2	☑	☐			PASS
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