

Information on this form covers the minimum requirements of NFPA 72 Time: 9:00AM Date: Tuesday, September 8, 2020 SERVICE ORGANIZATION PROPERTY NAME (USER) THE PRESERVE ON ANASTASIA ISLAND Name: Village Key And Alarm Name: Address: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 11 License No.: EF0000621 Telephone: (904) 471-5818 Telephone: (904) 794-0218 Owner Contact: **GAIL GRISWOLD** Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET MONITORING ENTITY **APPROVING AGENCY** Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: LOACL FIRE ALARM SYSTEM Telephone: (904) 825-1099 Monitoring Account Ref. No.: TYPE TRANSMISSION **SERVICE** McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: SILENT KNIGHT Model No.: SK-4 Circuit Styles: B, Y Number of Circuits: 3 IDC & 2 NACS Software Rev.: **SK 4** Last Date System Had Any Service Performed: August 10, 2019 Last Date that Any Software or Configuration Was Revised: August 1, 2010 ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: Style: B MANUAL Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Complete Coverage: ✓ Selective Partial Nonrequired Smoke detectors Qty: 1 : lon X: Photo : Addressable Duct detectors Qtv: : lon : 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 Y 32 32 32 Horns 1 7 Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2 Are circuits monitored for integrity? √ Yes No



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Check if provided Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 #2** (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 V LOCAL 9:00AM **Building Occupants √** ALL 9:00AM **V Building Management GAIL GRISWOLD** 9:00AM Other (Specify) AHJ Notified of Any Impairments

MJWFP Form - FAIT.8.09



		CVCTEM T	ECTO AND	INCRECTIO	NC .	
		2121EM 11	E919 ANL	INSPECTIO	INS	
TYPE	Visual	Functional			Comments	
Control Unit	\checkmark	V				
Interface Equipment	✓	V				
Lamps/LEDS	7	7				
Fuses						
Primary Power Supply	V	7				
Trouble Signals	<u> </u>	7				
Disconnect Switches	<u> </u>	7				
Ground-Fault Monitoring	$\overline{\Box}$	V				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	Visuai ✓	i dilodollal	INSTALLE	D 2017	Oominents	
Load Voltage		V	INSTALLE	5 2017		
Discharge Test						
Charger Test		7				
Specific Gravity		H				
TRANSIENT SUPPRESSORS		— Ш				
REMOTE ANNUNCIATORS						
NOTIFICATION APPLIANCES						
Audible	V	7				
Visible						
Speakers		H				
Voice Clarity						
voice clarity						
INITIA * SEE ATTACHED DETAILE				ICE TESTS	AND INSPECTIONS	
EMERGENCY COMMUNICA	ATIONS EC	QUIPMENT	\			
Dhone Cet	Visual	Functional	h1/A		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)			H		П	
(Specify)			H	H	П	
(-1)					L	
INTERFACE EQUIPMENT				_	_	
(Specify)						
(Specify)						
(Specify)						

MJWFP Form - FAIT.8.09



INITIATING AND SUPERVISORY	DEVICE TES	TS AND IN	SPECTIONS (co	ntinued)
SPECIAL HAZARD SYSTEMS				
(Specify)				
(Specify)				
(Specify)				
Special Procedures:				
Comments:				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal			IIIIIC	Comments
Alarm Restoration	H	H		
Trouble Signal	H	H		
Supervisory Signal				
Supervisory Restoration			5	
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	Ne	Time	Comments
Building Management	Tes ✓	No	9:30AM	Comments
Monitoring Agency		7	9.30AIVI	
Building Occupants		Ä	9:30AM	
Other (Specify)			9.30AW	
The following did not operate correctly: 1) REPLACED BAD PULLSTATION BY UNIT 11113.				
System restored to normal operation: Date: Septe	mber 8, 2020	Time:	9:30AM	
SYSTEM WAS TAGGED:	Non-Functional		Functional with Disc	crepancies
THIS TESTING WAS PERFORMED IN	ACCORDANCE	WITH APP	LICABLE NFPA S	TANDARDS
Name of Inspector: Paul Gaumont				
Signature:	Date	Septemb	er 8 2020 Tim	e: 9:30AM
Name of Owner or Representative: GAIL GRISWOL	D			
Signature:	Date:	Septemb	er 8 2020 Tim	e: 9:30AM

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DETAILED DEVICE TEST REPORT

LOCATION SOUND S				AILED D	LAICT	LOI KLI	OKI	
PACP IN UNIT 289			ZONE or ADDRESS	SYSTEM OPERATION CONFIRMED	SERVICE REQUIRED	Factory Setting (Smoke %/ft Obscuration)	Measured Setting (Smoke %/ft Obscuration)	
PULISTATION CENTER PULISTATION 2 III III IIII PASSIREPLACED PULISTATION NORTH PULISTATION 3 IIII IIII IIIII PASSIREPLACED PULISTATION NORTH PULISTATION 3 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	FACP IN UNIT 209	SMOKE DETECTOR		V				PASS
PULISTATION SOUTH PULISTATION 1 C C C PASSIREPLACED PULISTATION NORTH PULISTATION 3 C C C C PASS C <td< td=""><td></td><td></td><td></td><td>V</td><td></td><td></td><td></td><td></td></td<>				V				
PULISTATION NORTH PULISTATION 3 Z C C C PASS CI C <t< td=""><td></td><td></td><td></td><td>V</td><td></td><td></td><td></td><td></td></t<>				V				
				V				
	1 OLLO IATION HORTI	TOLESTATION	3					PASS
					rema			



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)
_							



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)
=							



					T		
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)

Are circuits monitored for integrity?

✓ Yes

☐ No



Information on this form covers the minimum requirements of NFPA 72 Time: 9:30AM Date: Tuesday, September 8, 2020 SERVICE ORGANIZATION PROPERTY NAME (USER) Name: Village Key And Alarm THE PRESERVE ON ANASTASIA ISLAND Name: Address: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 13 EF0000621 License No.: Telephone: (904) 471-5818 Telephone: (904) 794-0218 Owner Contact: **GAIL GRISWOLD** Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET **MONITORING ENTITY** APPROVING AGENCY Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT **LOACL FIRE ALARM SYSTEM** Telephone: Telephone: (904) 825-1099 Monitoring Account Ref. No.: **TYPE TRANSMISSION SERVICE** McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually \square RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: SILENT KNIGHT Model No.: SK-4 Circuit Styles: B, Y Number of Circuits: 3 IDC & 2 NACS Software Rev.: SK-4 Last Date System Had Any Service Performed: August 17, 2019 Last Date that Any Software or Configuration Was Revised: August 17, 2019 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: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete ✓ Selective Partial Nonrequired Smoke detectors Qty: 1 : lon X: Photo : Addressable Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qty: : 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 Υ 32 Horns 1 Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Check if provided Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Valve supervisory switches Selector in auto position Control panel trouble Building temperature points Transfer switches Site water temperature points Site water supply level points Engine running Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style **ELECTRIC FIRE PUMP** Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) Other (Specify) SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1): Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage 120VAC Amps 20 AMPS Type BREAKER Amps 20 AMPS Overcurrent Protection: **OUTSIDE HOUSE PANEL** Location (of Primary Supply Panelboard): **BREAKER #2** Disconnecting Means Location: (b) Secondary (Standby): 7AH **2/12VOLTS** Storage Battery: Amp-Hr. Rating Amp-Hrs to operate system for 24 hours Calculated capacity in 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** Who Time Yes No 9:00AM \square LOCAL Monitoring Entity **Building Occupants √** ALL 9:00AM 1 GAIL GRISWOLD **Building Management** 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM T	ESTS AND	INSPECTIO	NS	
TYPE	Visual	Functional			Comments	
Control Unit	V	7				
Interface Equipment	7	7				
Lamps/LEDS	7	7				
Fuses						
Primary Power Supply	7	7				
Trouble Signals	7	7				
Disconnect Switches	7	7				
Ground-Fault Monitoring	V	7				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	V		NEW 201	7		
Load Voltage	<u> </u>	V				
Discharge Test		7				_
Charger Test		7				
Specific Gravity		H				
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS	H					
NOTIFICATION APPLIANCES						
Audible	V	V				
Visible					_	
Speakers						
Voice Clarity						
Total Calling						
* SEE ATTACHED DETAILE EMERGENCY COMMUNICA	D DEVICE	TEST REPOI		/ICE TESTS /	AND INSPECTIONS	
Db 0-4	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						
(Specify)						
(Specify)						
(Specify)						



INITIATING AND SUPERVISORY	DEVICE TE	STS AND IN	ISPECTIONS (co	ntinued)
SPECIAL HAZARD SYSTEMS				
(Specify)				
(Specify)				
(Specify)				
Special Procedures:				
Comments:				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal		П		
Alarm Restoration	Ħ			
Trouble Signal	- Fi			
Supervisory Signal	Ħ			
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Comments
Building Management	$\overline{\checkmark}$		10:00AM	
Monitoring Agency		✓		
Building Occupants	V		10:00AM	
Other (Specify)				
The following did not operate correctly:				
System restored to normal operation: Date: Septen	mber 8, 2020) Time	: 10:00AM	
SYSTEM WAS TAGGED:	Non-Function	al [Functional with Dis	crepancies
THIS TESTING WAS PERFORMED IN	ACCORDAN	ICE WITH AP	PLICABLE NFPA S	TANDARDS
Name of Inspector: Paul Gaumont				
Signature:	D	ate: Septem	ber 8 2020 Tim	ne: 10:00AM
Name of Owner or Representative: GAIL GRISWOLI	D			
Signature:	D	ate: Septem	ber 8 2020 Tim	ne: 10:00AM



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	4				PASS
PULLSTATION CENTER	PULLSTATION	2	~				PASS
PULLSTATION SOUTH	PULLSTATION	1	V				PASS
PULLSTATION NORTH	PULLSTATION	3	V				PASS
,							



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)



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)



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)
			П				



Information on this form covers the minimum requirements of NFPA 72 Date: Friday, September 11, 2020 Time: 9:00AM SERVICE ORGANIZATION **PROPERTY NAME (USER)** Name: Village Key And Alarm Name: THE PRESERVE ON ANASTASIA ISLAND Address: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 14 License No.: EF0000621 Telephone: (904) 471-5818 (904) 794-0218 Telephone: Owner Contact: **GAIL GRISWOLD** Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET MONITORING ENTITY APPROVING AGENCY Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: LOACL FIRE ALARM SYSTEM Telephone: (904) 825-1099 Monitoring Account Ref. No.: **TYPE TRANSMISSION SERVICE** McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF ✓ Annually Other (Specify) Other (Specify) Control Unit Manufacturer: SILENT KNIGHT Model No.: SK-4 Circuit Styles: B, Y Number of Circuits: **3 IDC & 2 NACS** Software Rev.: **SK 4** Last Date System Had Any Service Performed: August 13, 2019 Last Date that Any Software or Configuration Was Revised: July 13, 2015 ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): 3 Style: B Qty: **MANUAL** Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete ✓ Selective Partial Nonrequired X: Photo Smoke detectors Qty: 1 : lon : Addressable Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qty: ·FT : RR : FT/RR : RC : Addressable Sprinkler waterflow indicators Qty: : Noncoded : Transmitters : Coded : Addressable enabled Alarm verification feature is disabled , changed from sec. to sec. Other (list) Qty: ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION **Quantity Installed Circuit Style Functional Quantity Tested** Visual Bells Υ 24 24 24 1 Horns Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2 Are circuits monitored for integrity? √ Yes No

AHJ Notified of Any Impairments



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Quantity Ckt. Style Check if provided Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 #2** (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** Who Time Yes No Monitoring Entity $\overline{}$ **LOCAL** 9:00AM **Building Occupants** 4 ALL 9:00AM **Building Management** v GAIL GRISWOLD 9:00AM Other (Specify)



		SVSTEM T	ESTS ANI	DINSPECTION	NS	
			LOIO ANI	J INSPECTIO		
TYPE	Visual	Functional			Comments	
Control Unit	✓	✓				
Interface Equipment	V	✓				
Lamps/LEDS	V	V				
Fuses						
Primary Power Supply	V	V				
Trouble Signals	7	V				
Disconnect Switches	7	7				
Ground-Fault Monitoring	V	7				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	7		NEW 7/15	5/17		
Load Voltage		V				
Discharge Test		V				
Charger Test		V				
Specific Gravity		H				
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS	H					
NOTIFICATION APPLIANCES						
Audible	7	V				
Visible						
Speakers	H					
Voice Clarity						
		l-mud				
INITIA * SEE ATTACHED DETAILE				VICE TESTS	AND INSPECTIONS	
EMERGENCY COMMUNICA						
51 0 1	Visual	Functional			Comments	
Phone Set			N/A			
Phone Jacks			N/A			
Off-Hook Indicator	Ц		N/A			
Amplifier(s)			N/A			
Tone Generator(s)			N/A			
Call-in Signal			N/A			
System Performance			N/A			
COMBINATION SYSTEMS (Specify)			Visual	Device Operation	Simulated Operation	
(Specify)						
(Specify)						
INTERFACE EQUIPMENT						
(Specify)						
(Specify)			П			
(Specify)					Ö	



INITIATING AND SUPERVISOR	Y DEVICE TEST	S AND INSPE	CTIONS (co	ontinued)
SPECIAL HAZARD SYSTEMS				
(Specify)				
(Specify)				
(Specify)	П			
(-		Calandar		
Special				
Procedures:				
Comments:				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal				
Alarm Restoration				
Trouble Signal				
Supervisory Signal				
Supervisory Restoration				
Capativisory (Cotoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Comments
Building Management	7		9:30AM	
Monitoring Agency		7		
Building Occupants	7	Ä	9:30AM	
Other (Specify)		H	0.00,	
Other (Specify)				
The following did not operate correctly:				
System restored to normal operation: Date: Sept	tember 11, 2020	Time: 9:3	BOAM	
SYSTEM WAS TAGGED:	Non-Functional	☐ Fu	nctional with Di	screpancies
	N ACCORDANCE	WITH ADDITION	ADI E NEDA (STANDADDS
THIS TESTING WAS PERFORMED I	N ACCORDANCE	WITH APPLIC	ADLE NFPA	STANDARDS
Name of Inspector: Paul Gaumont				
Signature:	Date:	September 1	1 2020 Ti	me: 9:30AM
Signature:	Date.	Joptollibol I	. 2020	
Name of Owner or Representative: GAIL GRISWO	N D			
Marie of Owner of Representative.				
Signature:	Date:	September 1	1 2020 Ti	me: 9:30AM
- 0		-		



DETAILED DEVICE TEST REPORT

			TILLU D		ESI KER	-	
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	<u> </u>				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	7				PASS
PULLSTATION NORTH	PULLSTATION	3	V				PASS



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)
					_		



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)



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)



Information on this form covers the minimum requirements of NFPA 72

Date: Tuesday, Se	eptember 8	3, 2020		Ti	Time: 10:00AM						
SERVICE ORGAN	NIZATION			PI	ROPERTY	NAME (USE	R)				
		And Alarm			ame:	•	-	ΟΝ ΔΝΑ	STASIA ISLAND		
			gustine, FL 32084		dress:				RCLE BLDG 15		
	EF0000621		agasano, i E ozoo+		elephone:	(904) 471			NOLE BLDO 10		
	(904) 794-0				wner Contac						
	Paul Gaum				nail:				AST NET		
MONITORING EN	ITITY					AGENCY	LIOTINE	FIDE DE	DARTHENIT		
Contact:		- AL ADM 01/	OTE14		Contact: ST. AUGUSTINE FIRE DEPARTMENT						
Telephone: Monitoring Account		RE ALARM SY	SIEM	16	Telephone: (904) 825-1099						
Worldoning Account	Kei. No.:										
TYPE TRANSMIS	SION			SI	ERVICE						
					Weekly						
Multiplex					Monthly						
☐ Digital					Quarterly						
Reverse Priority					Semiannu	allv					
RF				7		•					
Other (Specify)					Other (Spe	ecify)					
Control Unit Manufacturer: SILENT KNIGHT					odel No.:	SK-4					
Circuit Styles:		B, Y									
Number of Circuits:		2 IDC & 2 NA	CS								
Software Rev.:		SK-4									
Last Date System H				Augus	st 10, 2019						
Last Date that Any S	Software or	Configuration	Was Revised:	UNKC	WN						
Quantity and class of MANUAL Manual stations Qty	of initiating o					: Coded	Qty:	2 Addressat	Style: B		
AUTOMATIC		71 111010000	- Traine	J		. ocucu	.,	tudi 033ar	710		
Coverage:		Complete	✓ Selective	Pa	artial	Nonrequired					
Smoke detectors Qt	y: 1	: lon	X : Photo		: Addressa						
Duct detectors Qty:		: lon	: Photo		: Addressa	ble					
Heat detectors Qty:		: FT	: RR		: FT/RR	: RC		: Addres	ssable		
Sprinkler waterflow i	ndicators C	ty:	: Noncoded	: Т	ransmitters		Coded		: Addressable		
Alarm verification feat	ature is disa	abled 🗸	enabled, cl	hanged	from	sec. to		C.			
Other (list) Qty:	:		*		:		:				
-											
	ALAI	RM NOTIFIC	CATION APPLIA	NCES	AND CIR	CUIT INFO	RMATI	ON			
Quantity Install	ed (Circuit Style	Quantity Tes	ted				Visual	Functional		
					Bells						
32		Υ	32		Horns	32		7	V		
		T .	32		FIOTIS						
		T	32		Chimes						
			32								
			32		Chimes						
		Ť	32		Chimes Strobes	pes					
		T	32		Chimes Strobes Speakers Horn/Strob						
		T	32		Chimes Strobes Speakers Horn/Strob Speaker/S	trobes					
		T	32		Chimes Strobes Speakers Horn/Strob	trobes					
No. of alarm notifica Are circuits monitore		nce circuits:	2		Chimes Strobes Speakers Horn/Strob Speaker/S	trobes					



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION **SPRINKLER SYSTEM** Check if provided Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) Other (Specify) SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1): Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage 120VAC Amps 20 AMPS Overcurrent Protection: Type BREAKER Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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 ablaLOCAL 9:00AM **Building Occupants** ALL 9:00AM **Building Management** 1 GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM TE	ESTS AND	INSPECTIO	NS	
TYPE	Visual	Functional			Comments	
Control Unit	✓	V				
Interface Equipment	✓	V				
Lamps/LEDS	V	✓				
Fuses						
Primary Power Supply	\checkmark	✓				
Trouble Signals	<u> </u>	V				
Disconnect Switches	V	$\overline{\checkmark}$				
Ground-Fault Monitoring	V	V				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	\checkmark					
Load Voltage		V				
Discharge Test		7				
Charger Test		7				
Specific Gravity						
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS						
NOTIFICATION APPLIANCES						
Audible	✓	✓				
Visible	Ħ					
Speakers						
Voice Clarity	transition of the second					
* SEE ATTACHED DETAILE EMERGENCY COMMUNICA	D DEVICE	TEST REPO		/ICE TESTS /	AND INSPECTIONS Comments	
Phone Set			N/A			
Phone Jacks	П		N/A			
Off-Hook Indicator	Ti Ti		N/A			
Amplifier(s)	\Box		N/A			
Tone Generator(s)	$\overline{}$		N/A			
Call-in Signal			N/A			
System Performance			N/A			
COMBINATION SYSTEMS (Specify) (Specify) (Specify)			Visual	Device Operation	Simulated Operation	
INTERFACE EQUIPMENT						
(Specify)					П	
(Specify)						
(Specify)						
7 - E 1)						



INITIATING AND SUPERV	ISORY DEVICE T	ESTS AND I	NSPECTIONS ((continued)
SPECIAL HAZARD SYSTEMS				
(Specify)				
(Specify)			П	
(Specify)				
()				
Special Procedures:				
Comments:				
SUPERVISING STATION MONITORING	Vee	No	Time	Comments
	Yes	No	ime	Comments
Alarm Signal		Н		
Alarm Restoration				
Trouble Signal		Ц		
Supervisory Signal	Щ			
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMP	LETE Yes	No	Time	Comments
Building Management	7		10:30AM	
Monitoring Agency		\(\bar{1}\)		
Building Occupants	7		10:30AM	
Other (Specify)	Ä		10.0071111	
Other (Specify)	LI			
The following did not operate correctly:				
System restored to normal operation: Date:	September 8, 202	20 Time	e: 10:30AM	
SYSTEM WAS TAGGED:	☐ Non-Function	nal	☐ Functional with	Discrepancies
THIS TESTING WAS PERFORI	MED IN ACCORDA	NCE WITH AF	PPLICABLE NFP	A STANDARDS
				
Name of Inspector: Paul Gaumont				
Signature:		Date: Septen	nber 8 2020	Time: 10:30AM
	RISWOLD	-		
·				
Signature:		Date: Septen	nber 8 2020	Time: 10:30AM



DETAILED DEVICE TEST REPORT

LOCATION	DEVICE	ZONE or ADDRESS	SYSTEM OPERATION CONFIRMED	SERVICE REQUIRED	Factory Setting (Smoke %/ft Obscuration)	Measured Setting (Smoke %/ft Obscuration)	REMARKS
& SERIAL #	TYPE	ZO AD		S H	S G	S d d d	(PASS/FAIL)
FACP IN UNIT 209	SMOKE DETECTOR	2	✓				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	<u> </u>				PASS
PULLSTATION NORTH	PULLSTATION	2	✓				PASS
					140		



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)



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)



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)



Information on this form covers the minimum requirements of NFPA 72 Time: 9:30AM Date: Friday, September 11, 2020 SERVICE ORGANIZATION PROPERTY NAME (USER) Name: Village Key And Alarm THE PRESERVE ON ANASTASIA ISLAND Name: 441 State Road 16 St. Augustine, FL 32084 Address: Address: 1000 HARBOUR VISTA CIRCLE BLDG 16 Telephone: License No.: EF0000621 (904) 471-5818 BLDG 16 Telephone: (904) 794-0218 Owner Contact: **GAIL GRISWOLD** Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET **MONITORING ENTITY** APPROVING AGENCY Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: **LOACL FIRE ALARM SYSTEM** Telephone: (904) 825-1099 Monitoring Account Ref. No.: **TYPE TRANSMISSION** SERVICE McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) 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 13, 2019 Last Date that Any Software or Configuration Was Revised: July 25, 2013 ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: 2 Style: B MANUAL Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete ✓ Selective Partial Nonrequired Smoke detectors Qty: 1 : lon X: Photo : Addressable Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qty: : RR : FT/RR : RC : Addressable Sprinkler waterflow indicators Qtv: : 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 32 32 $\overline{\mathcal{A}}$ Horns **V** Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2 Are circuits monitored for integrity?

√ Yes



SUPERVISORY SIGN	AL-INITIATIN	IG DEVICES AND C	IRCUIT INFORM	ATION	
SPRINKLER SYSTEM					
	ty Ckt. Style	ENGINE-DRIVEN GE		uantity	Ckt. Style
Valve supervisory switches		Selector in auto p			
Building temperature points		Control panel trou			
Site water temperature points		Transfer switches			
Site water supply level points		Engine running			
ELECTRIC FIRE PUMP Quanti	ty Ckt. Style	ENGINE-DRIVEN FIR	E PUMP Qu	uantity	Ckt. Style
Fire pump power		Fire pump power			
Fire pump running		Fire pump running			
Fire Pump Auto Position		Fire Pump Auto P	osition		
Fire Pump or Controller Trouble		Fire Pump or Con	troller Trouble		
Phase reversal		Phase reversal			
Other (Specify)		Other (Specify)			
Quantity and style of signaling line circuits conn Quantity N/A	ected to system	(see NFPA 72, Table 6.6 Style(s)	5.1):		
SYSTEM POWER SUPPLIES					
(a) Primary (Main): Nominal Voltage 120\		Amps 20 AMPS			
Overcurrent Protection: Type BRE	AKER	Amps 20 AMPS			
Location (of Primary Supply Panelboard): OUTSID	E HOUSE PANEL			
Disconnecting Means Location:	BREAKE	ER # 2			
(b) Secondary (Standby):					
		Amp-Hr. Rating 7AH			
	Amp-Hrs to oper		urs		
Engine-driven generator dedicated to fire	e alarm system:				
Location of fuel storage:					
TYPE BATTERY Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead-Acid Other (S					
(c) Emergency or standby system used as a Emergency system desc	ribed in NFPA 7	0, Article 700	d of using a secondar	ry power	supply:
Legally required standby					
Optional standby system	described in Ni	FPA 70, Article 702, whic	h also meets the perf	ormance	
requirements of Article 7	00 or 701.				
	PRIOR T	O ANY TESTING			
NOTIFICATIONS ARE MADE	Y	es No	Who		Time
Monitoring Entity		LOCAL		9:00AM	
Building Occupants	Ī,	7 -	ALL		9:00AM
Building Management		7 7	GAIL GRISWOLD		9:00AM
Other (Specify)	Ī		2 0 0.10		0.007 1171
AHJ Notified of Any Impairments					

MJWFP Form - FAIT.8.09



		SYSTEM T	FSTS ANI	D INSPECTIO	NS	
TVDE			LOIO AII	D IIIOI LOTIO		
TYPE	Visual	Functional			Comments	
Control Unit		<u> </u>				
Interface Equipment	✓	✓				
Lamps/LEDS	$\overline{\checkmark}$	V				
Fuses						
Primary Power Supply	V	V				
Trouble Signals	V	V				
Disconnect Switches	V	<u> </u>				
Ground-Fault Monitoring	V	$\overline{\lor}$				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	7					
Load Voltage		✓				
Discharge Test		7				
Charger Test		7				
Specific Gravity						
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS	H					
NOTIFICATION APPLIANCES						
Audible		[77]				
Visible						
	$ \vdash$					
Speakers						
Voice Clarity						
INITIA	ATING AN	ID SUPERVIS	SORY DE	VICE TESTS	AND INSPECTIONS	
* SEE ATTACHED DETAILE	ED DEVICE	E TEST REPO	RT			
EMERGENCY COMMUNICA		•			_	
	Visual	Functional			Comments	
Phone Set			N/A			
Phone Jacks	Ш		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			
				Device	Simulated	
COMBINATION SYSTEMS			Visual	Operation	Operation	
(Specify)					· 🗇	
(Specify)			一一		i i	
(Specify)						
				-		
INTERFACE EQUIPMENT			 -			
(Specify)				<u> </u>		
(Specify)						
(Specify)						

MJWFP Form - FAIT.8.09 (p. 3 of 8)



(p. 4 of 8)

INITIATING AND SUPERVISORY	DEVICE TEST	S AND INS	PECTIONS	(continued)
SPECIAL HAZARD SYSTEMS				
(Specify)				
(Specify)		H		
(Specify)			H	
(Openly)				
Special				
Procedures:				
7 1000441001				
Comments:				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal			rille	Comments
Alarm Restoration		H -		
Trouble Signal				
Supervisory Signal				
Supervisory Restoration				
Supervisory restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Comments
Building Management		NO		Comments
Monitoring Agency			10:00AM	
Building Occupants		✓	40.00484	
Other (Specify)	<u> </u>	7 10:00AM		
Other (Specify)				
The following did not operate correctly:				
The following did not operate correctly.				
System restored to normal operation: Date: Septe	mber 11, 2020	Times	10.00 484	
System restored to normal operation. Date. Septe	111ber 11, 2020	Time:	10:00AM	
SYSTEM WAS TAGGED:	Non-Functional		Eupotional with	Discrepancies
OTOTEM WAO TACCED. Transitional	Non-i unctional		runctional with	Discrepancies
THIS TESTING WAS PERFORMED IN	ACCORDANCE	WITH APPL	ICABLE NFP	A STANDARDS
Name of Inspector: Paul Gaumont				
Signature	Deter	Cantanaha	- 44 0000	T' 40-00 ABA
Signature:	Date:	September	11 2020	Time: 10:00AM
Name of Owner or Representative: GAIL GRISWOL	n			
Name of Owner or Representative: GAIL GRISWOL	U			
Signature:	Date:	September	r 11 2020	Time: 10:00AM
9 9.	Date.	Joptombe		THIO. IVIVOAN



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	SMOKE DETECTOR	2	V				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	✓				PASS
PULLSTATION NORTH	PULLSTATION	2	V				PASS



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)



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)



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)



Information on this form covers the minimum requirements of NFPA 72

Date: Tuesday, Se	eptember	8, 2020		Time: 10:30AM							
SERVICE ORGAN	IZATION			PROPERTY NAME (USER)							
Name:	Village Ke	y And Alarm		Nar				ON ANA	STASIA IS	LAND	
		*	gustine, FL 32084	Add	ress:				RCLE BLD		
	EF000062		3		elephone: (904) 471-5818 BLDG 17						
	904) 794-				·	er Contact: GAIL GRISWOLD					
	Paul Gaun			Em					AST.NET		
MONITORING EN	TITY			APPROVING AGENCY							
Contact:	IIIIY				PROVING ntact:		HETIME	EIDE NEI	PARTMEN	т	
	OACL EII	RE ALARM SY	STEM					FIRE DE	PARTMEN	-	
Monitoring Account		RE ALAKIM 51	2 I EIVI	ren	Telephone: (904) 825-1099						
TYPE TRANSMIS McCulloh Multiplex Digital Reverse Priority RF Other (Specify) Control Unit Manufactircuit Styles: Number of Circuits: Software Rev.: Last Date System Hat Last Date that Any Styles	cturer: ad Any Se Software or	Configuration	cs d: Was Revised: TIATING DEVICE	August UNKOV		ecify)	ATION				
Quantity and class o	f initiating	device circuits	(see NFPA 72, Table	e 6.5):			Qty:	2	Style: B		
Manual stations Qty:	: 3	X : Noncode	d : Trans	smitters		: Coded	: A	ddressat	ole		
AUTOMATIC											
Coverage:		Complete	✓ Selective	Par	tial 🗍	Nonrequired					
Smoke detectors Qty	y: 1	: lon	X : Photo		: Addressa						
Duct detectors Qty:		: lon	: Photo		: Addressa						
Heat detectors Qty:		: FT	: RR		: FT/RR	: RC		: Addres	ssahle		
Sprinkler waterflow in	ndicators (: Noncoded		ansmitters		Coded		: Addressa	hlo	
Alarm verification fea				hanged f		sec. to	se		- Addicessa	DIE	
Other (list) Qty:	:		:	nangoun	:	366. 10	:	.			
	ALA	RM NOTIFIC	CATION APPLIA	NCES	AND CIR	CUIT INFO	RMATIC	ON			
Quantity Installe	ed	Circuit Style	Quantity Test	ted	Bells		1	Visual	Func	tional	
32		Υ	32		Horns	32		7			
		•	- J.		Chimes	ي ک					
					Strobes						
								H			
					Speakers				ᆜ		
					Horn/Strob						
					Speaker/St						
					Other (Spe	cify)					
Nia af ala. 1955	,										
No. of alarm notificat Are circuits monitore			2 es No								



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Check if provided Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) Other (Specify) SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1): Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage 120VAC Amps 20 AMPS Overcurrent Protection: Type BREAKER Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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 $\sqrt{}$ LOCAL 9:00AM **Building Occupants** 1 ALL 9:00AM **Building Management** 1 GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM T	ESTS ANI	DINSPECTIO	NS	
TYPE	Visual	Functional			Comments	
Control Unit	V	✓				
Interface Equipment	7	V				
Lamps/LEDS	7					
Fuses						
Primary Power Supply	V	V				
Trouble Signals	V	<u> </u>				
Disconnect Switches	<u></u>					
Ground-Fault Monitoring	V	<u> </u>				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	V					
Load Voltage	_	V				
Discharge Test		V				
Charger Test		V				
Specific Gravity						
TRANSIENT SUPPRESSORS			3			
REMOTE ANNUNCIATORS	H					
NOTIFICATION APPLIANCES						
Audible	✓	✓				
Visible	Ħ		-			
Speakers	Ħ					
Voice Clarity						
,						
* SEE ATTACHED DETAILE EMERGENCY COMMUNICA	D DEVICE	E TEST REPO		VICE TESTS	AND INSPECTIONS	
EMERGENOT GOMMONIO	Visual	Functional			Comments	
Phone Set	VISUAI		N/A		Comments	
Phone Jacks			N/A			
Off-Hook Indicator			N/A			
Amplifier(s)			N/A			
Tone Generator(s)	-		N/A			
Call-in Signal	H	H	N/A			
System Performance			N/A			
Cyclom r chomichico			IWA			
COMBINATION SYSTEMS			Visual	Device Operation	Simulated Operation	
(Specify)						
(Specify)			<u> </u>			
(Specify)						
INTERFACE EQUIPMENT						
(Specify)						
(Specify)						
(Specify)				— –		



INITIATING AND	SUPERVISORY	DEVICE TES	STS AND II	NSPECTION	S (cont	tinued)
SPECIAL HAZARD SYSTEMS						
(Specify)						
(Specify)						
(Specify)						
Special Procedures:						
Comments:						
SUPERVISING STATION MONIT	ORING	Yes	No	Time		Comments
Alarm Restoration						
Trouble Signal		- H				
Supervisory Signal				-		
Supervisory Restoration						
- Ip of the original of the or		<u></u>				
NOTIFICATIONS THAT TESTING	IS COMPLETE	Yes	No	Time		Comments
Building Management		V		11:00AM		
Monitoring Agency			\Box			
Building Occupants		~		11:00AM		
Other (Specify)						
The following did not operate corre	ctly:					
System restored to normal operation:	Date: Septem	nber 8, 2020	Time:	11:00AM		
SYSTEM WAS TAGGED:	nctional	Non-Functional		Functional wit	h Discre	pancies
THIS TESTING WAS	PERFORMED IN A	CCORDANCE	WITH APF	LICABLE NF	PA STA	NDARDS
Name of Inspector: Paul Gaumo						
Signature:		Date	: Septemb	er 8 2020	Time:	11:00AM
Name of Owner or Representative:	GAIL GRISWOLD					
Signature:		Date	Septemb	er 8 2020	Time:	11:00AM



DETAILED DEVICE TEST REPORT

				LVIOLI	EST KER	OIXI	
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	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	V				PASS
PULLSTATION NORTH	PULLSTATION	2	V				PASS
T SEED IX HOLVING KITH	TOLLOTATION	_					1700
				П			



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)



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)



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)
							e e
`							

Are circuits monitored for integrity?

√ Yes

☐ No



Information on this form covers the minimum requirements of NFPA 72 Time: 11:30AM Date: Tuesday, September 8, 2020 SERVICE ORGANIZATION **PROPERTY NAME (USER)** Village Key And Alarm THE PRESERVE ON ANASTASIA ISLAND Name: Name: 441 State Road 16 St. Augustine, FL 32084 Address: Address: 1000 HARBOUR VISTA CIRCLE BLDG 19 License No.: EF0000621 Telephone: (904) 471-5818 BLDG 19 Telephone: (904) 794-0218 Owner Contact: **GAIL GRISWOLD** REALTORGAIL@COMCAST.NET Representative: **Paul Gaumont** Email: **APPROVING AGENCY** MONITORING ENTITY Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: LOACL FIRE ALARM SYSTEM (904) 825-1099 Telephone: Monitoring Account Ref. No.: TYPE TRANSMISSION **SERVICE** ☐ McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: SILENT KNIGHT Model No.: SK-4 Circuit Styles: B, Y Number of Circuits: 2 IDC & 2 NACS Software Rev.: SK-4 Last Date System Had Any Service Performed: August 10, 2019 Last Date that Any Software or Configuration Was Revised: **UNKOWN** ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION 2 Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Style: B Qty: MANUAL X: Noncoded : Addressable Manual stations Qty: : Transmitters : Coded **AUTOMATIC** Complete ✓ Selective Partial Nonrequired Coverage: : lon X: Photo : Addressable Smoke detectors Qty: 1 Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qty: : 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 $\overline{\mathbf{A}}$ 24 24 24 **√** Horns Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM **ENGINE-DRIVEN GENERATOR** Check if provided Quantity Ckt. Style Quantity Ckt. Style Valve supervisory switches Selector in auto position **Building temperature points** Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 BREAKER Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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 V LOCAL 9:00AM **Building Occupants V** ALL 9:00AM **Building Management** 1 GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM T	ESTS AN	D INSPECTION	DNS	
TYPE	Visual	Functional			Comments	
Control Unit	V	7				
Interface Equipment	7	7				
Lamps/LEDS	7	7				
Fuses	$\overline{\Pi}$	Π				
Primary Power Supply		V				
Trouble Signals	V	V				
Disconnect Switches	V	<u> </u>				
Ground-Fault Monitoring	V	V				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	V					
Load Voltage		V				
Discharge Test		V				
Charger Test		7				
Specific Gravity						
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS	Ti Ti					
NOTIFICATION APPLIANCES						
Audible	✓	V				
Visible						
Speakers						
Voice Clarity		land and a second				
- · · · · · · · · · · · · · · · · · · ·						
				VICE TESTS	AND INSPECTIONS	
* SEE ATTACHED DETAILE			RT			
EMERGENCY COMMUNICA						
Dhara Oat	Visual	Functional			Comments	
Phone Set			N/A			
Phone Jacks			N/A			
Off-Hook Indicator			N/A			
Amplifier(s)			N/A			
Tone Generator(s)		Щ	N/A			
Call-in Signal			N/A			
System Performance			N/A		2	
				Device	Simulated	
COMBINATION SYSTEMS			Visual	Operation	Operation	
(Specify)			Visual	Operation		
(Specify)			H			
(Specify)			片			
(Ш		Language	
INTERFACE EQUIPMENT						
(Specify)						
(Specify)				-		
(Specify)						



INITIATING AND SUPERVIS	ORY DEVICE TES	TS AND I	NSPECTIONS	(cont	inued)
SPECIAL HAZARD SYSTEMS					
(Specify)			[]		
(Specify)	П				
(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 COMPLE	TE V.				
Building Management	TE Yes ✓	No	Time 11:00AM		Comments
Monitoring Agency			11:00AM		
Building Occupants	<u>.</u> ✓		11:00AM		
Other (Specify)		-	11.00AW		
The following did not operate correctly:					
System restored to normal operation: Date: S	eptember 8, 2020	Time	: 11:30AM		
SYSTEM WAS TAGGED:	☐ Non-Functional		Functional wit	h Discre	pancies
THIS TESTING WAS PERFORME	D IN ACCORDANCE	WITH AP	PLICABLE NFI	PA STA	NDARDS
Name of Inspector: Paul Gaumont					
Signature:	Date:	Septem	ber 8 2020	Time:	11:30 AM
Name of Owner or Representative: GAIL GRIS	WOLD				
Signature:	Date:	Septem	ber 8 2020	Time:	11:30AM



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	V				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	7				PASS
PULLSTATION NORTH	PULLSTATION	2	V				PASS



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)



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)



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)
						,	

Are circuits monitored for integrity?

√ Yes

☐ No



Information on this form covers the minimum requirements of NFPA 72 Date: Friday, September 11, 2020 Time: 10:00AM **SERVICE ORGANIZATION PROPERTY NAME (USER)** THE PRESERVE ON ANASTASIA ISLAND Name: Village Key And Alarm Name: Address: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 20 License No.: Telephone: EF0000621 (904) 471-5818 BLDG 20 Telephone: (904) 794-0218 **Owner Contact: GAIL GRISWOLD** Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET MONITORING ENTITY **APPROVING AGENCY** Contact: ST. AUGUSTINE FIRE DEPARTMENT Contact: Telephone: **LOACL FIRE ALARM SYSTEM** Telephone: (904) 825-1099 Monitoring Account Ref. No.: **TYPE TRANSMISSION SERVICE** McCulloh Weekly Multiplex Monthly Digital Quarterly Semiannually Reverse Priority Ì RF Annually Other (Specify) 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 13, 2019 Last Date that Any Software or Configuration Was Revised: August 13, 2019 ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: 2 Style: B **MANUAL** Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Complete Coverage: ✓ Selective Partial Nonrequired Smoke detectors Qty: 1 : lon X: Photo : Addressable Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qty: SET : RR : FT/RR : RC Addressable Sprinkler waterflow indicators Qty: : Noncoded : Transmitters : Coded : Addressable Alarm verification feature is disabled enabled M , changed from sec. to sec. Other (list) Qty: : ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION **Quantity Installed Circuit Style Quantity Tested** Visual **Functional** Bells 32 Υ 32 Horns 32 1 Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Check if provided Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 BREAKER Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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** Who Yes No Time Monitoring Entity V LOCAL 9:00AM **Building Occupants** $\sqrt{}$ ALL 9:00AM **Building Management** V GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM T	ESTS AN	D INSPECTIO	DNS	
TYPE	Visual	Functional			Comments	
Control Unit	✓	V				
Interface Equipment	V	V				
Lamps/LEDS	7	7				
Fuses						
Primary Power Supply	7	V				
Trouble Signals	V	7				
Disconnect Switches	<u></u>	7				
Ground-Fault Monitoring	V	V				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	V					
Load Voltage		7				
Discharge Test		7				
Charger Test		V				
Specific Gravity						
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS		П				
NOTIFICATION APPLIANCES		-				
Audible	V	✓				
Visible		П				
Speakers						
Voice Clarity						
* SEE ATTACHED DETAILE	D DEVICE	TEST REPO		VICE TESTS	AND INSPECTIONS	
EMERGENCY COMMUNICA	Visual	Functional			Comments	
Phone Set			N/A		Comments	
Phone Jacks	H		N/A			
Off-Hook Indicator			N/A			
Amplifier(s)			N/A			
Tone Generator(s)	H		N/A			
Call-in Signal			N/A			
System Performance			N/A			
,			10/7			
COMBINATION SYSTEMS			Viewel	Device	Simulated	
(Specify)			Visual	Operation	Operation	
(Specify)			\dashv			
(Specify)			\dashv			
INTERFACE EQUIPMENT						
(Specify)						
(Specify)						
(Specify)				<u> </u>		



INITIATING AND SUPERVISORY I	DEVICE TEST	S AND INSPE	CTIONS (cont	inued)
SPECIAL HAZARD SYSTEMS				
(Specify)			\neg	
(Specify)	H	Ti i		
(Specify)				
(Ореспу)				
Special				
Procedures:				
Procedures.				
On any order				
Comments:				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal		<u></u>		
Alarm Restoration				
Trouble Signal				
Supervisory Signal				
Supervisory Restoration				
•	_			
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Comments
Building Management	V		10:30AM	
Monitoring Agency	Ä	7	10.00/111	
Building Occupants			10:30AM	
Other (Specify)		H = =	10.30AW	
Other (Specify)				
The following did not operate correctly:				
The following did not operate correctly.				
System restored to normal operation: Date: Septem	ber 11, 2020	Time: 10:3	30AM	
SYSTEM WAS TAGGED:	Non-Functional	Fun	ctional with Discre	epancies
THIS TESTING WAS PERFORMED IN A	CCORDANCE	WITH APPLICA	RI E NEDA STA	MDARDS
THIS TESTING WAS I EN ONNIED IN A	COOKDANCE	WIIIIAIIEIOA	DEL MITAGIA	MDANDO
Name of Ingrestory Paul Courset				
Name of Inspector: Paul Gaumont				
Signature:	Data:	September 11	2020 Time:	10:30AM
Oignature.	Date:	ochreiinei II	2020 Time:	10.30/411
Name of Owner or Benrocentatives CAIL CRICKED D				
Name of Owner or Representative: GAIL GRISWOLD				
Signature:	Data	September 11	2020 Time:	10:30AM
Oignature.	Date:	Sehreilinei II	2020 Time:	IV.JUAIN



DETAILED DEVICE TEST REPORT

		DLI	AILLD D	EVICE I	ESI KER	OKI	
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	SMOKE DETECTOR	2	V				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	V				PASS
PULLSTATION NORTH	PULLSTATION	2	V				PASS
					I		
				4: 1			



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)



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)



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)

Are circuits monitored for integrity?

√ Yes

No



Information on this form covers the minimum requirements of NFPA 72 Time: 11:30AM Date: Tuesday, September 8, 2020 **SERVICE ORGANIZATION** PROPERTY NAME (USER) THE PRESERVE ON ANASTASIA ISLAND Name: Village Key And Alarm Name: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 21 Address: (904) 471-5818 BLDG 21 Telephone: License No.: EF0000621 Owner Contact: **GAIL GRISWOLD** Telephone: (904) 794-0218 REALTORGAIL@COMCAST.NET **Paul Gaumont** Email: Representative: MONITORING ENTITY APPROVING AGENCY ST. AUGUSTINE FIRE DEPARTMENT Contact: Contact: LOACL FIRE ALARM SYSTEM Telephone: (904) 825-1099 Telephone: Monitoring Account Ref. No.: TYPE TRANSMISSION **SERVICE** ☐ McCulloh Weekly Monthly Multiplex Quarterly Digital Semiannually Reverse Priority RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: SILENT KNIGHT Model No.: SK-4 Circuit Styles: B, Y Number of Circuits: 2 IDC & 2 NACS Software Rev.: SK-4 Last Date System Had Any Service Performed: September 17, 2019 Last Date that Any Software or Configuration Was Revised: September 17, 2019 ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION 2 Style: B Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: **MANUAL** : Coded : Addressable X: Noncoded : Transmitters Manual stations Qty: **AUTOMATIC** ✓ Selective Nonrequired Coverage: Complete Partial Smoke detectors Qty: 1 lon X: Photo : Addressable Duct detectors Qty: : lon : Photo : Addressable FT : RR : FT/RR : RC : Addressable Heat detectors Qty: : Transmitters : Coded : Addressable Sprinkler waterflow indicators Qty: : Noncoded enabled Alarm verification feature is disabled , changed from sec. to sec. Other (list) Qty: : **ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION Circuit Style** Visual **Functional Quantity Installed Quantity Tested** Bells Υ **√** 1 32 32 32 Horns Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) 2 No. of alarm notification appliance circuits:



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Check if provided Quantity Ckt. Style Valve supervisory switches Selector in auto position **Building temperature points** Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 Type BREAKER Overcurrent Protection: Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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 Who **Time** No Monitoring Entity V LOCAL 9:00AM **Building Occupants** \Box 9:00AM ALL **Building Management** $\overline{\mathbf{A}}$ GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM T	ESTS ANI	D INSPECTIO	INS	
TYPE	Visual	Functional			Comments	
Control Unit	$\overline{\ }$	~				
Interface Equipment	7	V	_			
Lamps/LEDS	7	V				
Fuses	H					
Primary Power Supply	7	7				
Trouble Signals	7	7				
Disconnect Switches	7	7				
Ground-Fault Monitoring	7					
Ground-Fadit Monitoring						
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	✓					
Load Voltage		V				
Discharge Test		V				
Charger Test		V				
Specific Gravity						
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS						
NOTIFICATION APPLIANCES						
Audible	✓	~				
Visible		6				
Speakers						
Voice Clarity						
INITIA * SEE ATTACHED DETAILE				VICE TESTS	AND INSPECTIONS	
EMERGENCY COMMUNICA			\ \			
	Visual	Functional			Comments	
Phone Set			N/A			
Phone Jacks	Ħ		N/A			
Off-Hook Indicator	Ħ		N/A			
Amplifier(s)	П		N/A			
Tone Generator(s)			N/A			
Call-in Signal			N/A			
System Performance			N/A			
	_	houseout				
COMBINATION SYSTEMS			Visual	Device Operation	Simulated Operation	
(Specify)						
(Specify)			H		П	
(Specify)				H		
. 1//			<u></u>			
INTERFACE EQUIPMENT			_	_		
(Specify)						
(Specify)						
(Specify)						



INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS (continued)								
SPECIAL HAZARD SYSTEMS								
(Specify)								
(Specify)	П		同					
(Specify)								
			January .					
Special Procedures:								
Comments:								
SUPERVISING STATION MONITORING	Yes	No	Time		Comments			
Alarm Signal			111110		Comments			
Alarm Restoration	H							
Trouble Signal	H							
Supervisory Signal	H	H						
Supervisory Restoration								
- Capacitación de la capacitació								
NOTIFICATIONS THAT TESTING IS COMPL	LETE Yes	No	Time		Comments			
Building Management	7		12:00PM					
Monitoring Agency		<u> </u>						
Building Occupants	$\overline{\checkmark}$		12:00PM					
Other (Specify)								
The following did not operate correctly:								
System restored to normal operation: Date:	September 8, 2020	Time:	12:00 PM					
SYSTEM WAS TAGGED:	☐ Non-Functional		Functional with	Discre	pancies			
THIS TESTING WAS PERFORM	MED IN ACCORDANCE	WITH APPL	ICABLE NFP	A STA	NDARDS			
Name of Inspector: Paul Gaumont								
Signature:	Date:	Septembe	r 8 2020	Time:	12:00PM			
Name of Owner or Representative: GAIL GRI	SWOLD							
Signature:	Date:	Septembe	r 8 2020	Time:	12:00PM			



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	V				PASS
PULLSTATION CENTER	PULLSTATION	2	7				PASS
PULLSTATION SOUTH	PULLSTATION	1	~				PASS
PULLSTATION NORTH	PULLSTATION	2	✓				PASS



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)
		14.4			200	200	(**************************************



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)
(4C							



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)

Are circuits monitored for integrity?

✓ Yes

☐ No



Information on this form covers the minimum requirements of NFPA 72 Date: Wednesday, September 9, 2020 Time: 9:00AM **SERVICE ORGANIZATION** PROPERTY NAME (USER) Village Key And Alarm THE PRESERVE ON ANASTASIA ISLAND Name: Name: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 23 Address: License No.: EF0000621 Telephone: (904) 471-5818 BLDG 23 Telephone: (904) 794-0218 Owner Contact: GAIL GRISWOLD Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET **MONITORING ENTITY** APPROVING AGENCY Contact: ST. AUGUSTINE FIRE DEPARTMENT Contact: Telephone: LOACL FIRE ALARM SYSTEM Telephone: (904) 825-1099 Monitoring Account Ref. No.: **TYPE TRANSMISSION SERVICE** ☐ McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) 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, 2019 Last Date that Any Software or Configuration Was Revised: **UNKOWN** ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: Style: B MANUAL Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete ✓ Selective Partial Nonrequired Smoke detectors Qty: 1 X: Photo : Ion : Addressable Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qty: : 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 Υ 32 Horns 32 **V ✓** Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Check if provided **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Quantity Ckt. Style ☐ Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP** Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 BREAKER 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 $\overline{}$ $\boxed{ \sqrt{ }$ LOCAL 9:00AM **Building Occupants** ALL 9:00AM **Building Management** V GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



		SYSTEM T	ESTS ANI	D INSPECTIO	NS	
TYPE	Visual	Functional			Comments	
Control Unit	V	✓				
Interface Equipment	$\overline{\vee}$	√				
Lamps/LEDS	7	7				
Fuses						
Primary Power Supply	7	7				
Trouble Signals	<u> </u>	7				
Disconnect Switches	<u> </u>	V			_	
Ground-Fault Monitoring	V	✓				
SECONDARY POWER						
TYPE	Visual	Functional			Comments	
Battery Condition	V					
Load Voltage		✓				
Discharge Test		V				
Charger Test		7				
Specific Gravity						
TRANSIENT SUPPRESSORS						
REMOTE ANNUNCIATORS						
NOTIFICATION APPLIANCES						
Audible	V	V				
Visible						
Speakers						
Voice Clarity						
INITIA	ATING AN	ID SUPERVIS	SORY DE	VICE TESTS	AND INSPECTIONS	
* SEE ATTACHED DETAILE			RT			
EMERGENCY COMMUNICA					_	
Discourage Control	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			
				Device	Simulated	
COMBINATION SYSTEMS			Visual	Operation	Operation	
(Specify)			Щ			
(Specify)			Щ			
(Specify)						
INTERFACE EQUIPMENT			_			
(Specify)						
(Specify)						
(Specify)						



INITIATING AND SUPERVIS	SORY DEVICE TES	TS AND I	NSPECTIONS (cor	ntinued)
SPECIAL HAZARD SYSTEMS				
(Specify)			П	
(Specify)		ī	П	
(Specify)			П	
	-			
Special Procedures:				
Comments:				
SUPERVISING STATION MONITORING Alarm Signal	Yes	No	Time	Comments
Alarm Restoration				
Trouble Signal				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLI	ETE Yes	No	Time	Comments
Building Management	V		9:30AM	
Monitoring Agency		✓		
Building Occupants	<u> </u>		9:30AM	
Other (Specify)				
The following did not operate correctly:				
System restored to normal operation: Date:	September 9, 2020	Time:	9:30AM	
SYSTEM WAS TAGGED:	☐ Non-Functional		Functional with Discre	epancies
THIS TESTING WAS PERFORME	ED IN ACCORDANCE	WITH APF	PLICABLE NFPA STA	ANDARDS
Name of Inspector: Paul Gaumont				
Signature:	Date:	Septemb	Der 9 2020 Time:	9:30AM
Name of Owner or Representative: GAIL GRIS	WOLD			
Signature:	Date:	Septemb	Der 9 2020 Time:	9:30AM



DETAILED DEVICE TEST REPORT

	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	V				PASS					
PULLSTATION CENTER	PULLSTATION	2	~				PASS					
PULLSTATION SOUTH	PULLSTATION	1	~				PASS					
PULLSTATION NORTH	PULLSTATION	2	V				PASS					
			ΕΛ Ι									



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)



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)
		1					



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)

No. of alarm notification appliance circuits:

Are circuits monitored for integrity?



Information on this form covers the minimum requirements of NFPA 72 Date: Friday, September 11, 2020 Time: 10:30AM **PROPERTY NAME (USER)** SERVICE ORGANIZATION Name: Village Key And Alarm Name: THE PRESERVE ON ANASTASIA ISLAND Address: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 24 License No.: EF000621 Telephone: (904) 471-5818 BLDG 24 Telephone: (904) 794-0218 Owner Contact: **GAIL GRISWOLD** Representative: **Paul Gaumont** Email: REALTORGAIL@COMCAST.NET MONITORING ENTITY **APPROVING AGENCY** Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: **LOACL FIRE ALARM SYSTEM** Telephone: (904) 825-1099 Monitoring Account Ref. No.: TYPE TRANSMISSION **SERVICE** McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: Silent Knight Model No.: SK-4 Circuit Styles: B.Y Number of Circuits: **2 IDC & 2 NACS** Software Rev.: 22 Last Date System Had Any Service Performed: August 13, 2019 Last Date that Any Software or Configuration Was Revised: September 12, 2018 ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: 2 Style: B MANUAL Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete ✓ Selective Partial Nonrequired Smoke detectors Qtv: 1 : lon X: Photo : Addressable Duct detectors Qty: : Ion : Photo : Addressable Heat detectors Qty: : RR : FT/RR : RC : Addressable Sprinkler waterflow indicators Qty: : Noncoded : Transmitters : Coded : Addressable enabled Alarm verification feature is disabled , changed from sec. to sec. Other (list) Qty: ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION **Quantity Installed Circuit Style Quantity Tested** Visual **Functional** Bells 32 32 Horns 32 1 Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify)

2

√ Yes



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Check if provided Valve supervisory switches Selector in auto position Control panel trouble Building temperature points Transfer switches Site water temperature points Site water supply level points Engine running **ENGINE-DRIVEN FIRE PUMP ELECTRIC FIRE PUMP** Quantity Ckt. Style Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) 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 BREAKER Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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** 1 ALL 9:00AM **Building Management** V GAIL GRISWOLD 9:00AM Other (Specify) AHJ Notified of Any Impairments



SYSTEM TESTS AND INSPECTIONS										
TYPE	Visual	Functional			Comments					
		_			Comments					
Control Unit	✓ ✓		-							
Interface Equipment										
Lamps/LEDS	V	<u> </u>	-							
Fuses	<u> </u>									
Primary Power Supply	7	✓								
Trouble Signals		V								
Disconnect Switches	✓ ✓ ✓	V								
Ground-Fault Monitoring	V	7								
SECONDARY POWER										
TYPE	Visual	Functional			Comments					
Battery Condition	V									
Load Voltage	_	~								
Discharge Test		7								
Charger Test		V								
Specific Gravity										
TRANSIENT SUPPRESSORS										
REMOTE ANNUNCIATORS										
NOTIFICATION APPLIANCES										
Audible	[7]	V								
Visible										
Speakers										
Voice Clarity										
INITIA	ATING AN	D SUPERVIS	SORY DE	VICE TESTS	AND INSPECTIONS					
* SEE ATTACHED DETAILE	D DEVICE	TEST REPO	RT							
EMERGENCY COMMUNICA										
	Visual	Functional			Comments					
Phone Set			N/A							
Phone Jacks	Щ		N/A							
Off-Hook Indicator			N/A							
Amplifier(s)		— Н	N/A							
Tone Generator(s)		Ц	N/A							
Call-in Signal	Щ		N/A							
System Performance			N/A							
				Device	Simulated					
COMBINATION SYSTEMS			Visual	Operation	Operation					
(Specify)				. 🗆	· 🗆					
(Specify)					i i					
(Specify)										
INTERFACE EQUIPMENT										
(Specify)										
(Specify)			H	H	—— 					
(Specify)				H						
3 * 4/					Ll					



INITIATING AND SUPERVISO	DV DEVICE TES	TS AND IA	SDECTIONS (ntinued)
	NI DEVICE 159	I O AND II	ASPECTIONS (CO	mmueu)
PECIAL HAZARD SYSTEMS				
Specify)	<u>_</u>		<u>U</u>	
Specify)				
Specify)				
pecial	_			
rocedures:				
omments:				
LIDEDVIOLING STATION MONITORING	.,			
UPERVISING STATION MONITORING	Yes	No	Time	Comments
larm Signal	<u> </u>			
larm Restoration	Щ			
rouble Signal				
upervisory Signal				
upervisory Restoration				
OTIFICATIONS THAT TESTING IS COMPLET	E Yes	No	Time	Comments
uilding Management	√		11:00AM	
onitoring Agency	H	N		
uilding Occupants	7	H	11:00AM	
ther (Specify)		H	11.00/401	
he following did not operate correctly:				
ystem restored to normal operation: Date: Se	eptember 11, 2020	Time:	11:00AM	
YSTEM WAS TAGGED:	Non-Functional		Functional with Disc	crepancies
THIS TESTING WAS PERFORMED	IN ACCORDANCE	WITH APP	PLICABLE NFPA S	TANDARDS
ame of Inspector: Paul Gaumont				
		_		
gnature:	Date	Septemb	Der 11 2020 Tim	e: 11:00AM
ame of Owner or Representative: GAIL GRISW	OLD			
gnature:	Date:	Sentemb	per 11 2020 Time	e: 11:00AM
<u> </u>	Date.	Coptonia	70. 112020 11111	O. 11.00/AIVI



DETAILED DEVICE TEST REPORT

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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	V				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	7				PASS
PULLSTATION NORTH	PULLSTATION	2	V				PASS
1 SEES MISH NORTH	T GEESTATION	_					17100
					2.		
		-					
							_
							_



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)



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)
					-		



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)



Information on this form covers the minimum requirements of NFPA 72 Date: Wednesday, September 9, 2020 Time: 9:30AM **SERVICE ORGANIZATION** PROPERTY NAME (USER) THE PRESERVE ON ANASTASIA ISLAND Name: Village Key And Alarm Name: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 25 Address: Telephone: License No.: (904) 471-5818 BLDG 25 EF0000621 (904) 794-0218 Owner Contact: GAIL GRISWOLD Telephone: REATORGAIL@COMCAST.NET Representative: **Paul Gaumont** Email: MONITORING ENTITY **APPROVING AGENCY** Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: LOACL FIRE ALARM SYSTEM Telephone: (904) 825-1099 Monitoring Account Ref. No.: **TYPE TRANSMISSION SERVICE** McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: **ESL** Model No.: 1500 Circuit Styles: B. Y Number of Circuits: **2 IDC & 2 NACS** Software Rev.: N/A Last Date System Had Any Service Performed: August 11, 2019 Last Date that Any Software or Configuration Was Revised: **UNKOWN** 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: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete √ Selective ☐ Partial Nonrequired : lon Smoke detectors Qty: 1 X: Photo : Addressable Duct detectors Qty: : lon : Photo : Addressable Heat detectors Qtv: : 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 Υ 32 Horns 32 1 **√** Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2 Are circuits monitored for integrity? √ Yes

☐ No

Building Management

AHJ Notified of Any Impairments

Other (Specify)



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION **SPRINKLER SYSTEM ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Check if provided Quantity Ckt. Style Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Site water temperature points Transfer switches Site water supply level points Engine running **ELECTRIC FIRE PUMP ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style Quantity Ckt. Style Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) Other (Specify) SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1): Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage 120VAC Amps 20 AMPS Overcurrent Protection: Type BREAKER 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** Who Time Yes No Monitoring Entity 1 9:00AM LOCAL **Building Occupants** 1 ALL 9:00AM

1

GAIL GRISWOLD

9:00AM



SYSTEM TESTS AND INSPECTIONS										
TYPE	Visual	Functional			Comments					
Control Unit	7	7			• • • • • • • • • • • • • • • • • • • •					
Interface Equipment	7									
Lamps/LEDS	7	7								
Fuses										
	V	<u> </u>								
Primary Power Supply	✓ ✓	✓ ✓								
Trouble Signals		✓ ✓								
Disconnect Switches	<u> </u>	✓ ✓								
Ground-Fault Monitoring	V	V								
SECONDARY POWER										
TYPE	Visual	Functional			Comments					
Battery Condition	✓									
Load Voltage		7								
Discharge Test		V								
Charger Test		V								
Specific Gravity		=								
TRANSIENT SUPPRESSORS										
REMOTE ANNUNCIATORS	V	V	OUTSIDE	UNIT 25209						
NOTIFICATION APPLIANCES										
Audible	V	~								
Visible		- H								
Speakers		H								
Voice Clarity										
				VICE TESTS A	AND INSPECTIONS					
* SEE ATTACHED DETAILE EMERGENCY COMMUNICATION OF THE PROPERTY			KI							
LIVILINGENCI COMMONICA					Comments					
Phone Set	Visual	Functional	NI/A		Comments					
Phone Jacks	_	<u> </u>	N/A							
Off-Hook Indicator			N/A							
			N/A							
Amplifier(s)		<u> </u>	N/A							
Tone Generator(s)			N/A							
Call-in Signal			N/A							
System Performance			N/A							
				Device	Simulated					
COMBINATION SYSTEMS			Visual	Operation	Operation					
(Specify)										
(Specify)										
(Specify)										
INTERFACE EQUIPMENT										
(Specify)										
(0 10)										
(Specify)										



INITIATING AND SUPERVISORY	DEVICE TEST	S AND INSPECTIO	NS (continued)
SPECIAL HAZARD SYSTEMS			
(Specify)			
(Specify)			
(Specify)			
Special Procedures:			
Comments:			
SUPERVISING STATION MONITORING	Yes	No Time	e Comments
Alarm Signal			Comments
Alarm Restoration			
Trouble Signal		H	
Supervisory Signal			
Supervisory Restoration			
·	Comment		
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No Time	e Comments
Building Management	✓	10:00	MA
Monitoring Agency		✓	
Building Occupants		10:00	AM
Other (Specify)			
The following did not operate correctly:			
System restored to normal operation: Date: Septer	nber 9, 2020	Time: 10:00AM	
SYSTEM WAS TAGGED:	Non-Functional	Functional	with Discrepancies
THIS TESTING WAS PERFORMED IN	ACCORDANCE	WITH APPLICABLE N	IFPA STANDARDS
Name of Inspector: Paul Gaumont			
Signature:	Date:	September 9 2020	Time: 10:00AM
Name of Owner or Representative: GAIL GRISWOLD)		
Signature:	Date:	September 9 2020	Time: 10:00AM



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	V				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	V				PASS
PULLSTATION NORTH	PULLSTATION	2	~				PASS



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)
,							



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)



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)
	_						
_							

Are circuits monitored for integrity?

√ Yes

☐ No



Information on this form covers the minimum requirements of NFPA 72 Date: Friday, September 11, 2020 Time: 11:00AM **SERVICE ORGANIZATION** PROPERTY NAME (USER) THE PRESERVE ON ANASTASIA ISLAND Village Key And Alarm Name: Name: Address: 441 State Road 16 St. Augustine, FL 32084 Address: 1000 HARBOUR VISTA CIRCLE BLDG 26 Telephone: License No.: EF000621 (904) 471-5818 BLDG 26 (904) 794-0218 Owner Contact: **GAIL GRISWOLD** Telephone: Email: REALTORGAIL@COMCAST.NET Representative: **Paul Gaumont MONITORING ENTITY** APPROVING AGENCY Contact: Contact: ST. AUGUSTINE FIRE DEPARTMENT Telephone: LOACL FIRE ALARM SYSTEM Telephone: (904) 825-1099 Monitoring Account Ref. No.: TYPE TRANSMISSION **SERVICE** ☐ McCulloh Weekly Multiplex Monthly Digital Quarterly Reverse Priority Semiannually RF Annually Other (Specify) Other (Specify) Control Unit Manufacturer: SILENT KNIGHT Model No.: SK-4 Circuit Styles: B, Y Number of Circuits: 2 IDC & 2 NACS Software Rev.: Last Date System Had Any Service Performed: August 13, 2019 Last Date that Any Software or Configuration Was Revised: August 17, 2016 **ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION** Quantity and class of initiating device circuits (see NFPA 72, Table 6.5): Qty: 2 Style: B **MANUAL** Manual stations Qty: X: Noncoded : Transmitters : Coded : Addressable **AUTOMATIC** Coverage: Complete ✓ Selective Partial Nonrequired Smoke detectors Qty: 1 : lon X: Photo : Addressable Duct detectors Qty: : lon : 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 Other (list) Qty: : ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION **Quantity Installed Circuit Style Quantity Tested** Visual **Functional** Bells 24 Y 24 Horns 24 1 **✓** Chimes Strobes Speakers Horn/Strobes Speaker/Strobes Other (Specify) No. of alarm notification appliance circuits: 2

AHJ Notified of Any Impairments



SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION SPRINKLER SYSTEM Check if provided Quantity Ckt. Style **ENGINE-DRIVEN GENERATOR** Quantity Ckt. Style Valve supervisory switches Selector in auto position Building temperature points Control panel trouble Transfer switches Site water temperature points Site water supply level points Engine running Quantity Ckt. Style **ENGINE-DRIVEN FIRE PUMP** Quantity Ckt. Style **ELECTRIC FIRE PUMP** Fire pump power Fire pump power Fire pump running Fire pump running Fire Pump Auto Position Fire Pump Auto Position Fire Pump or Controller Trouble Fire Pump or Controller Trouble Phase reversal Phase reversal Other (Specify) Other (Specify) SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1): Quantity Style(s) SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage 120VAC Amps 20 AMPS Overcurrent Protection: Type BREAKER Amps 20 AMPS Location (of Primary Supply Panelboard): **OUTSIDE HOUSE PANEL** Disconnecting Means Location: **BREAKER #2** (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 V LOCAL 9:00AM **Building Occupants V** 9:00AM ALL **Building Management GAIL GRISWOLD** 9:00AM Other (Specify)



SYSTEM TESTS AND INSPECTIONS										
TYPE	Visual	Functional			Comments					
Control Unit	V	V								
Interface Equipment	V	V								
Lamps/LEDS	V	V								
Fuses										
Primary Power Supply	7	V								
Trouble Signals	V	7								
Disconnect Switches	<u> </u>	V								
Ground-Fault Monitoring	7	7								
SECONDARY POWER										
TYPE	Visual	Functional			Comments					
Battery Condition	7									
Load Voltage	- Lumi	7								
Discharge Test		V								
Charger Test		V								
Specific Gravity		H								
TRANSIENT SUPPRESSORS										
REMOTE ANNUNCIATORS	H									
NOTIFICATION APPLIANCES										
Audible	V	V								
Visible										
Speakers										
Voice Clarity										
voice olarity										
* SEE ATTACHED DETAILE EMERGENCY COMMUNICA	DEVICE	TEST REPO		ICE TESTS A	AND INSPECTIONS 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 (Specify) (Specify)			Visual	Device Operation	Simulated Operation					
(Specify)			Ħ							
INTERFACE EQUIPMENT										
(Specify)										
(Specify)										
(Specify)										



INITIATING AND SUPERVISORY	DEVICE TE	STS AND II	NSPECTIONS	(continued)
SPECIAL HAZARD SYSTEMS				
(Specify)				
(Specify)				
(Specify)				
Special Procedures:				
Comments:				
SUPERVISING STATION MONITORING Alarm Signal	Yes	No	Time	Comments
Alarm Restoration	H			
Trouble Signal				
Supervisory Signal				
Supervisory Restoration				
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Comments
Building Management	<u> </u>		11:30AM	
Monitoring Agency			44.00414	
Building Occupants Other (Specify)			11:30AM	
Other (Specify)			-	
The following did not operate correctly:				
System restored to normal operation: Date: Septe SYSTEM WAS TAGGED:	ember 11, 202		_	n Discrepancies
THIS TESTING WAS PERFORMED IN	ACCORDAN	CE WITH AP	PLICABLE NFP	A STANDARDS
Name of Inspector: Paul Gaumont				
Signature:	Da	ate: Septem	ber 11 2020	Time: 11:30AM
Name of Owner or Representative: GAIL GRISWOL	.D			
Signature:	Da	ate: Septem	ber 11 2020	Time: 11:30AM



DETAILED DEVICE TEST REPORT

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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	V				PASS
PULLSTATION CENTER	PULLSTATION	2	V				PASS
PULLSTATION SOUTH	PULLSTATION	1	7				PASS
PULLSTATION NORTH	PULLSTATION	2	✓				PASS
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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)
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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)



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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)
1							