



Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
Wasilla, AK 99654  
(907)373-1760  
www.taylorfire.com

No.: 00882

## Fire Alarm Inspection Report

Date: 03/11/2014

### STATUS

Status 3

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/10/2014  
Time 19:37  
Name CITY OF KENAI  
Address 210 FIDALGO  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYED  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name KENAI VISITOR CENTER  
Address 11471 KENAI SPUR HIGHWAY  
City KENAI  
State AK  
Zip 99611  
Contact LARRY FLOYED  
Telephone 907-398-1404  
Location of Site

### MONITORING ENTITY

Contact / Agency E-24  
Telephone 1-800-877-3624  
Monitoring Account Ref. No. 985-013

### APPROVING AGENCY

Contact LARRY FLOYED  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:40

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:40

### TYPE TRANSMISSION



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## Fire Alarm Inspection Report

Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	EDWARDS
Control Panel Model	ESL 1500
Control Panel Location	ENTRY
Is Panel in "normal" conditions upon arrival?	NO - ZONE 2 TROUBLE
Circuit Styles	IDC B
Number of Circuits	5
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	6
Quantity of Devices Tested	6
Quantity of Devices Passed	6
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	26
Quantity of Devices Tested	26
Quantity of Devices Passed	21
Quantity of Devices Failed	5
Circuit Style	B

Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	1
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	8
Quantity of Devices Tested	5
Quantity of Devices Passed	4
Quantity of Devices Failed	1
Circuit Style	B

### ALARM VERIFICATION



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## Fire Alarm Inspection Report

Alarm Verification feature is	Disabled
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### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horn/Strobes
-------------	--------------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	8
Quantity of Appliances Tested	8
Quantity of Devices Passed	8
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description	ALL AREAS
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#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	92db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	1
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	2
Style(s)	IDC B STYLE A

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	
Style(s)	

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	ELECTRICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP 120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
SECONDARY (STANDBY) POWER SUPPLY (DETAIL)	
Location	FACP
Battery Dated:	1-2014
Storage Battery: Amp Hour Rating	12V 12AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM



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Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	NO
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	<input type="checkbox"/>

### SYSTEM TESTS AND INSPECTIONS

Type	Control Unit
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Interface Equipment
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Lamps/LEDS
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Fuses
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Primary Power Supply
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Trouble Signals
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Disconnect Switches
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Ground-Fault Monitoring
SYSTEM TESTS AND INSPECTIONS (DETAIL)	





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Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

### SECONDARY POWER

Type	Battery Condition
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#### SECONDARY POWER (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

NEW 2014

### TRANSIENT SUPPRESSORS

Transient Suppressors	
Visual	<input type="checkbox"/>
Comments	

### REMOTE ANNUNCIATORS

Remote Annunciators	Remote Annunciator #1
Location	
Visual	<input type="checkbox"/>
Functional	<input type="checkbox"/>
Comments	

### NOTIFICATION APPLIANCES

Notification Appliances	Audible/Visual Combination
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#### NOTIFICATION APPLIANCES (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type	PULL STATIONS
-------------	---------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type	SMOKE DETECTORS
-------------	-----------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type	HEAT DETECTORS
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#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)



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## Fire Alarm Inspection Report

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

### CENTRAL STATION MONITORING

Type of Signal	Alarm Signal
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#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	19:48
Comments	

Type of Signal	Alarm Restoration
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#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	19:48
Comments	

Type of Signal	Trouble Signal
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#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	19:48
Comments	

Type of Signal	Trouble Signal Restoration
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#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	19:48
Comments	

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To	Monitoring Agency
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#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	19:48

Notification Given To	Fire Department
-----------------------	-----------------

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	19:48

### DEFICIENCIES AND ISSUES



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The following did not operate correctly

- ZONE 2 (SMOKE DETECTORS) IN TROUBLE. TROUBLE CONDITION HAS BEEN GOING IN AND OUT FOR AWHILE. APPEARS TO BE WIRING.

- NO OTHER FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date

03/10/2014

Time

19:48

### PICTURES

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description



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## Fire Alarm Inspection Report

Photo 13  
Photo 13 Description  
Photo 14  
Photo 14 Description  
Photo 15  
Photo 15 Description  
Photo 16  
Photo 16 Description  
Photo 17  
Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations

CONTACT CITY OF KENAI OR TAYLOR FIRE FOR FURTHER CORRECTIVE ACTIONS.

Plan of Corrective Action:

TO BE DETERMINED.

Corrective Action and Date Taken:

TO BE DETERMINED.

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/10/2014
Time	19:52

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/10/2014
Time	19:54

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



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### STATUS

Status 3

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/10/2014  
Time 19:58  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name VINTAGE POINT  
Address 381 SENOIR COURT  
City KENAI  
State AK  
Zip 99611  
Contact LARRY FLOYD  
Telephone 907-398-1404  
Location of Site

### MONITORING ENTITY

Contact / Agency E-24  
Telephone 1-800-877-3624  
Monitoring Account Ref. No. M81587

### APPROVING AGENCY

Contact LARRY FLOYD  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 20:02

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 20:02

### TYPE TRANSMISSION



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Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	FIRELITE
Control Panel Model	SENSISCAN 2000
Control Panel Location	FRONT OFFICE
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	IDC B
Number of Circuits	
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	10
Quantity of Devices Tested	10
Quantity of Devices Passed	10
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	HEAT / SMOKE COMBO
Quantity of Devices Installed	48
Quantity of Devices Tested	48
Quantity of Devices Passed	48
Quantity of Devices Failed	0
Circuit Style	B

Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	15
Quantity of Devices Tested	10
Quantity of Devices Passed	10
Quantity of Devices Failed	0
Circuit Style	B



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## Fire Alarm Inspection Report

Description Waterflow Switches

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed 2

Quantity of Devices Tested 2

Quantity of Devices Passed 2

Quantity of Devices Failed 0

Circuit Style B

Description Supervisory Switches

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed 4

Quantity of Devices Tested 4

Quantity of Devices Passed 4

Quantity of Devices Failed 0

Circuit Style B

### ALARM VERIFICATION

Alarm Verification feature is Disabled

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description Bells

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed 1

Quantity of Appliances Tested 1

Quantity of Devices Passed 1

Quantity of Devices Failed 0

Circuit Style B

Description Horn/Strobes

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed 60

Quantity of Appliances Tested 60

Quantity of Devices Passed 59

Quantity of Devices Failed 1

Circuit Style B

Description Strobes

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed 35

Quantity of Appliances Tested 35

Quantity of Devices Passed 31

Quantity of Devices Failed 4

Circuit Style B

### DECIBEL LEVELS

Location Description ALL AREAS - HALLS, LIVING UNITS, BED ROOMS

#### DECIBEL LEVELS (DETAIL)

Ambient Level 40db

Alarm Level 92db



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## Fire Alarm Inspection Report

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	12
Are circuits monitored for integrity?	Yes

### CONTROL EQUIPMENT

Description of Equipment	Elevator Recall
--------------------------	-----------------

#### CONTROL EQUIPMENT (DETAIL)

If Other (Specify)	
Quantity Installed	1
Quantity Tested	1
Quantity Passed	1
Quantity Failed	0

Description of Equipment	Door Holders
--------------------------	--------------

#### CONTROL EQUIPMENT (DETAIL)

If Other (Specify)	
Quantity Installed	20
Quantity Tested	20
Quantity Passed	20
Quantity Failed	0

### INITIATING DEVICE CIRCUIT

Quantity	15
Style(s)	IDC B

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)

Quantity	
Style(s)	

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	MECHANICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	PANEL HPM BREAKER 1

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
------	---------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	FACP
Battery Dated:	2011
Storage Battery: Amp Hour Rating	12V12AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP





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## Fire Alarm Inspection Report

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply: NO  
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 ☐

### SYSTEM TESTS AND INSPECTIONS

Type Control Unit

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Interface Equipment

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Lamps/LEDS

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Fuses

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Ground-Fault Monitoring

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments



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## Fire Alarm Inspection Report

### SECONDARY POWER

Type \_\_\_\_\_ Battery Condition \_\_\_\_\_

#### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_  
NEW 2011

### TRANSIENT SUPPRESSORS

Transient Suppressors \_\_\_\_\_

Visual ☐  
Comments \_\_\_\_\_

### REMOTE ANNUNCIATORS

Remote Annunciators \_\_\_\_\_ Remote Annunciator #1 \_\_\_\_\_

Location \_\_\_\_\_ ENTRY  
Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

### NOTIFICATION APPLIANCES

Notification Appliances \_\_\_\_\_ Audible

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

Notification Appliances \_\_\_\_\_ Visible

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

Notification Appliances \_\_\_\_\_ Audible/Visual Combination

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type \_\_\_\_\_ PULL STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check ☒  
Functional Test ☒  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ SMOKE DETECTORS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_



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Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type HEAT DETECTORS

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type DUCT DETECTORS

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type SPRINKLER FLOWS AND TAMPERS

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

## CENTRAL STATION MONITORING

Type of Signal Alarm Signal

### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:14
Comments	

Type of Signal Alarm Restoration

### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:14
Comments	

Type of Signal Trouble Signal

### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:14
Comments	



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Date: 03/11/2014

Type of Signal	Trouble Signal Restoration
CENTRAL STATION MONITORING (DETAIL)	
Yes/No	Yes
Time	20:14
Comments	

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To	Monitoring Agency
NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)	
Other (Specify)	
Yes/No	Yes
Who	
Time	20:14

Notification Given To	Fire Department
NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)	
Other (Specify)	
Yes/No	Yes
Who	
Time	20:15

### DEFICIENCIES AND ISSUES

The following did not operate correctly

- STROBES FAIL IN ROOM: 201, 203, 204, 305.
- HORN STROBE FAIL AT END OF 3RD FLOOR N.W. HALLWAY.
- NO OTHER FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date	03/10/2014
Time	20:15

### PICTURES

## Fire Alarm Inspection Report

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description



Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
Wasilla, AK 99654  
(907)373-1760  
www.taylorfire.com

No.: 00883

Date: 03/11/2014

## Fire Alarm Inspection Report

Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations

CONTACT CITY OF KENAI OR TAYLOR FIRE FOR FURTHER PLAN OF ACTION.

Plan of Corrective Action:

TO BE DETERMINED.

Corrective Action and Date Taken:

TO BE DETERMINED.

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/10/2014
Time	20:18

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/10/2014
Time	20:18

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



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No.: 00884

Date: 03/11/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/10/2014  
Time 20:23  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name SENIOR CENTER  
Address 361 SENIOR CENTER  
City KENAI  
State AK  
Zip 99611  
Contact LARRY FLOYD  
Telephone 907-398-1404  
Location of Site

### MONITORING ENTITY

Contact / Agency E-24  
Telephone 1-800-877-3624  
Monitoring Account Ref. No. 985-012

### APPROVING AGENCY

Contact LARRY FLOYD  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 20:26

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 20:26

### TYPE TRANSMISSION



Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
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No.: 00884

Date: 03/11/2014

## Fire Alarm Inspection Report

Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	PYROTRONICS
Control Panel Model	SYSTEM 3
Control Panel Location	BOILER ROOM
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	IDC B
Number of Circuits	6
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	6
Quantity of Devices Tested	6
Quantity of Devices Passed	6
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	3
Quantity of Devices Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	4
Quantity of Devices Tested	4
Quantity of Devices Passed	4
Quantity of Devices Failed	0
Circuit Style	B

Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	1
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION





Taylor Fire Protection Services LLC  
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No.: 00884

Date: 03/11/2014

## Fire Alarm Inspection Report

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horn/Strobes
-------------	--------------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	6
Quantity of Appliances Tested	6
Quantity of Devices Passed	6
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description	ALL AREAS
----------------------	-----------

#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	92db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	1
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	1
Style(s)	IDC B STYLE A

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	
Style(s)	

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	BOILER ROOM, LEFT OF FACP
Nominal Voltage	120V
Amps	
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	PANEL E BREAKER 3

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
------	---------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	FACP
Battery Dated:	2011
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM



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No.: 00884

Date: 03/11/2014

## Fire Alarm Inspection Report

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	NO
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	<input type="checkbox"/>

### SYSTEM TESTS AND INSPECTIONS

Type	Control Unit
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Interface Equipment
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Lamps/LEDS
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Fuses
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Primary Power Supply
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Trouble Signals
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Disconnect Switches
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Ground-Fault Monitoring
SYSTEM TESTS AND INSPECTIONS (DETAIL)	



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Date: 03/11/2014

## Fire Alarm Inspection Report

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

### SECONDARY POWER

Type	Battery Condition
------	-------------------

#### SECONDARY POWER (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

NEW 2011

### TRANSIENT SUPPRESSORS

Transient Suppressors	
Visual	<input type="checkbox"/>
Comments	

### REMOTE ANNUNCIATORS

Remote Annunciators	Remote Annunciator #1
Location	
Visual	<input type="checkbox"/>
Functional	<input type="checkbox"/>
Comments	

### NOTIFICATION APPLIANCES

Notification Appliances	Audible/Visual Combination
-------------------------	----------------------------

#### NOTIFICATION APPLIANCES (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type	PULL STATIONS
-------------	---------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type	SMOKE DETECTORS
-------------	-----------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type	HEAT DETECTORS
-------------	----------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)



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Date: 03/11/2014

## Fire Alarm Inspection Report

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type DUCT DETECTOR

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

### SPECIAL HAZARD SYSTEMS

(Specify) KITCHEN HOOD SYSTEM

#### SPECIAL HAZARD SYSTEMS (DETAIL)

Visual	<input checked="" type="checkbox"/>
Device Operation	<input checked="" type="checkbox"/>
Simulated Operation	<input checked="" type="checkbox"/>
Special Procedures:	
Comments:	
SEE ANNUAL 2014 KITCHEN HOOD REPORT.	

### CENTRAL STATION MONITORING

Type of Signal Alarm Signal

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:33
Comments	

Type of Signal Alarm Restoration

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:33
Comments	

Type of Signal Trouble Signal

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:33
Comments	

Type of Signal Trouble Signal Restoration

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No	Yes
Time	20:33
Comments	

### NOTIFICATIONS THAT TESTING IS COMPLETE



Taylor Fire Protection Services LLC  
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No.: 00884  
Date: 03/11/2014

## Fire Alarm Inspection Report

Notification Given To \_\_\_\_\_ Fire Department

NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_

Yes/No \_\_\_\_\_ Yes

Who \_\_\_\_\_

Time \_\_\_\_\_ 20:33

Notification Given To \_\_\_\_\_

Monitoring Agency

NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_

Yes/No \_\_\_\_\_ Yes

Who \_\_\_\_\_

Time \_\_\_\_\_ 20:33

## DEFICIENCIES AND ISSUES

The following did not operate correctly

NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date \_\_\_\_\_ 03/10/2014

Time \_\_\_\_\_ 20:33

## PICTURES

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11



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No.: 00884

Date: 03/11/2014

## Fire Alarm Inspection Report

Photo 11 Description  
Photo 12  
Photo 12 Description  
Photo 13  
Photo 13 Description  
Photo 14  
Photo 14 Description  
Photo 15  
Photo 15 Description  
Photo 16  
Photo 16 Description  
Photo 17  
Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/10/2014
Time	20:34

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/10/2014
Time	20:35

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
Wasilla, AK 99654  
(907)373-1760  
www.taylorfire.com

No.: 00885

Date: 03/11/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/11/2014  
Time 13:40  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name AIRPORT FLIGHT SERVICES  
Address 470 N. WILLOW ST.  
City KENAI  
State AK  
Zip 99611  
Contact CHARLES VERSAW  
Telephone 907-398-3606  
Location of Site

### MONITORING ENTITY

Contact / Agency NONE  
Telephone  
Monitoring Account Ref. No.

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 13:43

Notifications Are Made To Building Occupants

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 13:44

### TYPE TRANSMISSION



Taylor Fire Protection Services LLC  
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No.: 00885

Date: 03/11/2014

## Fire Alarm Inspection Report

Type Transmission	Other
Other (Specify)	NONE

### CONTROL PANEL

Control Panel Manufacturer	SIMPLEX
Control Panel Model	4100
Control Panel Location	ENTRY
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	SLC B
Number of Circuits	
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2012
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	6
Quantity of Devices Tested	6
Quantity of Devices Passed	6
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	46
Quantity of Devices Tested	46
Quantity of Devices Passed	46
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	7
Quantity of Devices Tested	7
Quantity of Devices Passed	7
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horn/Strobes
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)	
If Other (Specify)	





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No.: 00885

Date: 03/11/2014

## Fire Alarm Inspection Report

Quantity of Appliances Installed	21
Quantity of Appliances Tested	21
Quantity of Devices Passed	21
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description	ALL AREAS
DECIBEL LEVELS (DETAIL)	
Ambient Level	50db
Alarm Level	94db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	4
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	
Style(s)	

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	GENERATOR ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP 120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
SECONDARY (STANDBY) POWER SUPPLY (DETAIL)	
Location	FACP
Battery Dated:	2012
Storage Battery: Amp Hour Rating	12V 18AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	N/A
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>



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No.: 00885

Date: 03/11/2014

## Fire Alarm Inspection Report

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

### SYSTEM TESTS AND INSPECTIONS

Type Control Unit

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Interface Equipment

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Lamps/LEDs

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Fuses

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

### SECONDARY POWER

Type Battery Condition

#### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
NEW 2012



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No.: 00885

Date: 03/11/2014

## Fire Alarm Inspection Report

### TRANSIENT SUPPRESSORS

Transient Suppressors

Visual

☐

Comments

### REMOTE ANNUNCIATORS

Remote Annunciators

Remote Annunciator #1

Location

Visual

☐

Functional

☐

Comments

### NOTIFICATION APPLIANCES

Notification Appliances

Audible/Visual Combination

#### NOTIFICATION APPLIANCES (DETAIL)

Visual

☒

Functional

☒

Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type

PULL STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check

☒

Functional Test

☒

Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

SMOKE DETECTORS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check

☒

Functional Test

☒

Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

HEAT DETECTORS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check

☒

Functional Test

☒

Factory Setting

Measured Setting

Pass/Fail

Comments

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To

Building Occupants

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)



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No.: 00885

Date: 03/11/2014

## Fire Alarm Inspection Report

Yes/No	Yes
Who	
Time	13:56

Notification Given To	Fire Department
-----------------------	-----------------

NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	13:56

### DEFICIENCIES AND ISSUES

The following did not operate correctly  
NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date	03/11/2014
Time	13:56

### PICTURES

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6



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No.: 00885  
Date: 03/11/2014

## Fire Alarm Inspection Report

Photo 6 Description  
Photo 7  
Photo 7 Description  
Photo 8  
Photo 8 Description  
Photo 9  
Photo 9 Description  
Photo 10  
Photo 10 Description  
Photo 11  
Photo 11 Description  
Photo 12  
Photo 12 Description  
Photo 13  
Photo 13 Description  
Photo 14  
Photo 14 Description  
Photo 15  
Photo 15 Description  
Photo 16  
Photo 16 Description  
Photo 17  
Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6898
License Number	05-043
Date	03/11/2014
Time	13:57

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/11/2014



Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
Wasilla, AK 99654  
(907)373-1760  
www.taylorfire.com

## Fire Alarm Inspection Report

No.: 00885  
Date: 03/11/2014

---

Time

13:58

---

OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

---



Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
Wasilla, AK 99654  
(907)373-1760  
www.taylorfire.com

No.: 00886

Date: 03/12/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/11/2014  
Time 17:43  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name AIRPORT TERMINAL  
Address 305 N. WILLOW ST.  
City KENAI  
State AK  
Zip 99611  
Contact ERICA SHIN  
Telephone 907-283-7951  
Location of Site

### MONITORING ENTITY

Contact / Agency E-24  
Telephone 1-800-877-3624  
Monitoring Account Ref. No. M81590

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-389-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 17:53

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 17:53

### TYPE TRANSMISSION



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No.: 00886

Date: 03/12/2014

## Fire Alarm Inspection Report

Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	NOTIFIER
Control Panel Model	AFP-100
Control Panel Location	BOILER ROOM
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	SLC
Number of Circuits	8
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2012
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	9
Quantity of Devices Tested	9
Quantity of Devices Passed	9
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	15
Quantity of Devices Tested	15
Quantity of Devices Passed	15
Quantity of Devices Failed	0
Circuit Style	B

Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	1
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	3
Quantity of Devices Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B





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## Fire Alarm Inspection Report

Description Waterflow Switches

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed 1

Quantity of Devices Tested 1

Quantity of Devices Passed 1

Quantity of Devices Failed 0

Circuit Style B

Description Supervisory Switches

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed 1

Quantity of Devices Tested 1

Quantity of Devices Passed 1

Quantity of Devices Failed 0

Circuit Style B

### ALARM VERIFICATION

Alarm Verification feature is Disabled

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description Bells

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed 1

Quantity of Appliances Tested 1

Quantity of Devices Passed 1

Quantity of Devices Failed 0

Circuit Style B

Description Horn/Strobes

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed 15

Quantity of Appliances Tested 15

Quantity of Devices Passed 15

Quantity of Devices Failed 0

Circuit Style B

Description Strobes

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed 4

Quantity of Appliances Tested 4

Quantity of Devices Passed 4

Quantity of Devices Failed 0

Circuit Style B

### DECIBEL LEVELS

Location Description ALL AREAS

#### DECIBEL LEVELS (DETAIL)

Ambient Level 55db

Alarm Level 94db



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## Fire Alarm Inspection Report

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	2
Are circuits monitored for integrity?	Yes

### CONTROL EQUIPMENT

Description of Equipment	Elevator Recall
--------------------------	-----------------

#### CONTROL EQUIPMENT (DETAIL)

If Other (Specify)	
Quantity Installed	1
Quantity Tested	1
Quantity Passed	1
Quantity Failed	0

### INITIATING DEVICE CIRCUIT

Quantity	
Style(s)	

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	BOILER ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP 120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
SECONDARY (STANDBY) POWER SUPPLY (DETAIL)	
Location	FACP
Battery Dated:	2012
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	NO
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	<input type="checkbox"/>

### SYSTEM TESTS AND INSPECTIONS



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## Fire Alarm Inspection Report

Type Control Unit

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Interface Equipment

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Lamps/LEDS

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Fuses

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Ground-Fault Monitoring

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

## SECONDARY POWER

Type Battery Condition

### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
NEW 2012



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## Fire Alarm Inspection Report

Type	Load Voltage
SECONDARY POWER (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
24VDC	
TRANSIENT SUPPRESSORS	
Transient Suppressors	
Visual	<input type="checkbox"/>
Comments	
REMOTE ANNUNCIATORS	
Remote Annunciators	Remote Annunciator #1
Location	ENTRY
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
NOTIFICATION APPLIANCES	
Notification Appliances	Audible
NOTIFICATION APPLIANCES (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
Notification Appliances	Audible/Visual Combination
NOTIFICATION APPLIANCES (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
Notification Appliances	Visible
NOTIFICATION APPLIANCES (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION	
Device Type	PULL STATIONS
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)	
Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	
Device Type	SMOKE DETECTORS
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)	
Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>



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Date: 03/12/2014

## Fire Alarm Inspection Report

Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ HEAT DETECTORS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check \_\_\_\_\_ ✓  
Functional Test \_\_\_\_\_ ✓  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ DUCT DETECTOR  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check \_\_\_\_\_ ✓  
Functional Test \_\_\_\_\_ ✓  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ SPRINKLER FLOW AND TAMPERS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check \_\_\_\_\_ ✓  
Functional Test \_\_\_\_\_ ✓  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

### CENTRAL STATION MONITORING

Type of Signal \_\_\_\_\_ Alarm Signal  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 18:06  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Alarm Restoration  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 18:06  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Trouble Signal  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 18:06  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Trouble Signal Restoration  
CENTRAL STATION MONITORING (DETAIL)



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Date: 03/12/2014

## Fire Alarm Inspection Report

Yes/No	Yes
Time	18:06
Comments	

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To Fire Department

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	18:07

Notification Given To Monitoring Agency

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	18:07

### DEFICIENCIES AND ISSUES

The following did not operate correctly  
NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.  
System restored to normal operation

Date	03/11/2014
Time	18:07

### PICTURES

Photo 1





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## Fire Alarm Inspection Report

Photo 1 Description  
Photo 2  
Photo 2 Description  
Photo 3  
Photo 3 Description  
Photo 4  
Photo 4 Description  
Photo 5  
Photo 5 Description  
Photo 6  
Photo 6 Description  
Photo 7  
Photo 7 Description  
Photo 8  
Photo 8 Description  
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Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/11/2014
Time	18:08

### INSPECTOR SIGNATURE



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No.: 00886

## Fire Alarm Inspection Report

Date: 03/12/2014

Inspector Signature

A handwritten signature in black ink, appearing to be 'LARRY FLOYD', written over a horizontal line.

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/11/2014
Time	18:09

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature





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No.: 00887

Date: 03/12/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/11/2014  
Time 19:08  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name AIRPORT OPERATIONS  
Address 515 N. WILLOW ST.  
City KENAI  
State AK  
Zip 99611  
Contact EARL HICKS  
Telephone 907-283-5265  
Location of Site

### MONITORING ENTITY

Contact / Agency E-24  
Telephone 1-800-877-3624  
Monitoring Account Ref. No. OB2417

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:21

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:21

### TYPE TRANSMISSION



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Date: 03/12/2014

## Fire Alarm Inspection Report

Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	PYROTRONICS / SIEMENS
Control Panel Model	SXL-EX
Control Panel Location	MECHANICAL ROOM
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	IDC B
Number of Circuits	6
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

Description	Waterflow Switches
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

Description	Supervisory Switches
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Bells
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)	
If Other (Specify)	



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No.: 00887

Date: 03/12/2014

## Fire Alarm Inspection Report

Quantity of Appliances Installed	2
Quantity of Appliances Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

Description Horn/Strobes

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	23
Quantity of Appliances Tested	23
Quantity of Devices Passed	23
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description ALL AREAS

#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	94db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	2
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	5
Style(s)	IDC B STYLE A

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)

Quantity  
Style(s)

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)

Location (of Primary Supply Panelboard)	MECHANICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP 120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type Control Panel

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	FACP
Battery Dated:	2012
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A



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No.: 00887

Date: 03/12/2014

## Fire Alarm Inspection Report

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system. NO  
Location of fuel storage: N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply: N/A  
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 ☐

### SYSTEM TESTS AND INSPECTIONS

Type Control Unit

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Interface Equipment

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Lamps/LEDs

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Fuses

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments



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Date: 03/12/2014

## Fire Alarm Inspection Report

Type Ground-Fault Monitoring

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

### SECONDARY POWER

Type Battery Condition

#### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
NEW 2012

Type Load Voltage

#### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
24VDC

### TRANSIENT SUPPRESSORS

Transient Suppressors

Visual ☐  
Comments

### REMOTE ANNUNCIATORS

Remote Annunciators Remote Annunciator #1

Location  
Visual ☐  
Functional ☐  
Comments

### NOTIFICATION APPLIANCES

Notification Appliances Audible

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments

Notification Appliances Audible/Visual Combination

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type DUCT DETECTOR

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N  
Visual Check ☒  
Functional Test ☒



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## Fire Alarm Inspection Report

Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ SPRINKLER WATER FLOWS AND TAMPERS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check \_\_\_\_\_ ✓  
Functional Test \_\_\_\_\_ ✓  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

### CENTRAL STATION MONITORING

Type of Signal \_\_\_\_\_ Alarm Signal  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:29  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Alarm Restoration  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:29  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Trouble Signal  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:29  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Trouble Signal Restoration  
CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:29  
Comments \_\_\_\_\_

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To \_\_\_\_\_ Fire Department  
NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes  
Who \_\_\_\_\_  
Time \_\_\_\_\_ 19:29

Notification Given To \_\_\_\_\_ Monitoring Agency  
NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes  
Who \_\_\_\_\_  
Time \_\_\_\_\_ 19:29



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No.: 00887  
Date: 03/12/2014

## Fire Alarm Inspection Report

### DEFICIENCIES AND ISSUES

The following did not operate correctly  
NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date 03/11/2014  
Time 19:29

### PICTURES

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description



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## Fire Alarm Inspection Report

Photo 13  
Photo 13 Description  
Photo 14  
Photo 14 Description  
Photo 15  
Photo 15 Description  
Photo 16  
Photo 16 Description  
Photo 17  
Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/11/2014
Time	19:30

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/11/2014
Time	19:30

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature





Taylor Fire Protection Services LLC  
725 W. Wasair Dr. Suite 1A  
Wasilla, AK 99654  
(907)373-1760  
www.taylorfire.com

No.: 00888

Date: 03/12/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/11/2014  
Time 19:34  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name BEACON FIRE TRAINING  
Address 450 MARATHON RD.  
City KENAI  
State AK  
Zip 99611  
Contact KELLY GIFFORD  
Telephone 907-383-3054  
Location of Site

### MONITORING ENTITY

Contact / Agency E-24  
Telephone 1-800-877-3624  
Monitoring Account Ref. No. 985-014

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:39

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:39

### TYPE TRANSMISSION



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## Fire Alarm Inspection Report

Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	EST
Control Panel Model	EST 2
Control Panel Location	ENTRY
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	SLC B
Number of Circuits	10
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	9
Quantity of Devices Tested	9
Quantity of Devices Passed	9
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	57
Quantity of Devices Tested	54
Quantity of Devices Passed	54
Quantity of Devices Failed	0
Circuit Style	B

Description	Duct Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	20
Quantity of Devices Tested	10
Quantity of Devices Passed	10
Quantity of Devices Failed	0
Circuit Style	B



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## Fire Alarm Inspection Report

Description	Waterflow Switches
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	1
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

---

Description	Supervisory Switches
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

---

ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

---

ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horns
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)	
If Other (Specify)	
Quantity of Appliances Installed	1
Quantity of Appliances Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

---

Description	Horn/Strobes
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)	
If Other (Specify)	
Quantity of Appliances Installed	44
Quantity of Appliances Tested	44
Quantity of Devices Passed	44
Quantity of Devices Failed	0
Circuit Style	B

---

DECIBEL LEVELS

Location Description	ALL AREAS
DECIBEL LEVELS (DETAIL)	
Ambient Level	40db
Alarm Level	94db

---

ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	6
Are circuits monitored for integrity?	Yes

---

CONTROL EQUIPMENT

Description of Equipment	Elevator Recall
CONTROL EQUIPMENT (DETAIL)	



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## Fire Alarm Inspection Report

If Other (Specify)	
Quantity Installed	1
Quantity Tested	
Quantity Passed	
Quantity Failed	

### INITIATING DEVICE CIRCUIT

Quantity	
Style(s)	

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	ELECTRICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP 120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
------	---------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	FACP
Battery Dated:	2012
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

Type	Booster Panel 1
------	-----------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	ABOVE FACP
Battery Dated:	2012
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	N/A
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>



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Date: 03/12/2014

## Fire Alarm Inspection Report

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701 ☐

### SYSTEM TESTS AND INSPECTIONS

Type Control Unit

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Interface Equipment

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Lamps/LEDs

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Fuses

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Ground-Fault Monitoring

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

### SECONDARY POWER

Type Battery Condition

#### SECONDARY POWER (DETAIL)



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Date: 03/12/2014

## Fire Alarm Inspection Report

Visual ☒  
Functional ☒  
Comments  
NEW 2012

Type Load Voltage  
SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
24VDC

### TRANSIENT SUPPRESSORS

Transient Suppressors  
Visual ☐  
Comments

### REMOTE ANNUNCIATORS

Remote Annunciators Remote Annunciator #1  
Location  
Visual ☐  
Functional ☐  
Comments

### NOTIFICATION APPLIANCES

Notification Appliances Audible  
NOTIFICATION APPLIANCES (DETAIL)  
Visual ☒  
Functional ☒  
Comments

Notification Appliances Audible/Visual Combination  
NOTIFICATION APPLIANCES (DETAIL)  
Visual ☒  
Functional ☒  
Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type PULL STATIONS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N  
Visual Check ☒  
Functional Test ☒  
Factory Setting  
Measured Setting  
Pass/Fail  
Comments

Device Type SMOKE DETECTORS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N  
Visual Check ☒  
Functional Test ☒  
Factory Setting



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Date: 03/12/2014

## Fire Alarm Inspection Report

Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ HEAT DETECTORS

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check ☒  
Functional Test ☒  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ DUCT DETECTORS

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check ☒  
Functional Test ☒  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

## CENTRAL STATION MONITORING

Type of Signal \_\_\_\_\_ Alarm Signal

### CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:48  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Alarm Restoration

### CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:48  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Trouble Signal

### CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:48  
Comments \_\_\_\_\_

Type of Signal \_\_\_\_\_ Trouble Signal Restoration

### CENTRAL STATION MONITORING (DETAIL)

Yes/No \_\_\_\_\_ Yes  
Time \_\_\_\_\_ 19:48  
Comments \_\_\_\_\_

## NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To \_\_\_\_\_ Monitoring Agency

### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes



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Date: 03/12/2014

## Fire Alarm Inspection Report

Who \_\_\_\_\_  
Time \_\_\_\_\_ 19:48

Notification Given To \_\_\_\_\_ Fire Department

NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes  
Who \_\_\_\_\_  
Time \_\_\_\_\_ 19:49

### DEFICIENCIES AND ISSUES

The following did not operate correctly  
NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date \_\_\_\_\_ 03/11/2014  
Time \_\_\_\_\_ 19:49

### PICTURES

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7





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Date: 03/12/2014

## Fire Alarm Inspection Report

Photo 7 Description  
Photo 8  
Photo 8 Description  
Photo 9  
Photo 9 Description  
Photo 10  
Photo 10 Description  
Photo 11  
Photo 11 Description  
Photo 12  
Photo 12 Description  
Photo 13  
Photo 13 Description  
Photo 14  
Photo 14 Description  
Photo 15  
Photo 15 Description  
Photo 16  
Photo 16 Description  
Photo 17  
Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/11/2014
Time	19:49

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/11/2014



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## Fire Alarm Inspection Report

Date: 03/12/2014

---

Time

19:50

---

OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

---



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## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/12/2014  
Time 09:04  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name CITY OF KENAI LIBRARY  
Address 163 MAIN ST. LOOP  
City KENAI  
State AK  
Zip 99611  
Contact MARY WHITE  
Telephone 907-283-4378  
Location of Site

### MONITORING ENTITY

Contact / Agency GUARDIAN  
Telephone 1-800-478-1898  
Monitoring Account Ref. No. 750-911

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Monitoring Entity

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 09:08

Notifications Are Made To Building Occupants

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 09:08

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)



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## Fire Alarm Inspection Report

Other (Specify)	
Yes/No	Yes
Who	
Time	09:08

### TYPE TRANSMISSION

Type Transmission	Digital
Other (Specify)	

### CONTROL PANEL

Control Panel Manufacturer	EST
Control Panel Model	EST 3
Control Panel Location	MECHANICAL ROOM
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	SLC B STYLE Ya
Number of Circuits	9
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
-------------	-------------------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	B
Quantity of Devices Installed	9
Quantity of Devices Tested	9
Quantity of Devices Passed	9
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
-------------	-----------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	1
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

Description	Waterflow Switches
-------------	--------------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	1
Quantity of Devices Tested	1
Quantity of Devices Passed	1
Quantity of Devices Failed	0
Circuit Style	B

Description	Supervisory Switches
-------------	----------------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)



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## Fire Alarm Inspection Report

If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horn/Strobes
-------------	--------------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	26
Quantity of Appliances Tested	26
Quantity of Devices Passed	26
Quantity of Devices Failed	0
Circuit Style	B

Description	Strobes
-------------	---------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	17
Quantity of Appliances Tested	17
Quantity of Devices Passed	17
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description	ALL AREAS
----------------------	-----------

#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	94db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	2
Are circuits monitored for integrity?	Yes

### CONTROL EQUIPMENT

Description of Equipment	Other
--------------------------	-------

#### CONTROL EQUIPMENT (DETAIL)

If Other (Specify)	VENTILATION SHUTDOWN
Quantity Installed	1
Quantity Tested	1
Quantity Passed	1
Quantity Failed	

### INITIATING DEVICE CIRCUIT

Quantity	
Style(s)	

### SIGNALING LINE CIRCUITS



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## Fire Alarm Inspection Report

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)

Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)

Location (of Primary Supply Panelboard)	MECHANICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
------	---------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	BY FACP
Battery Dated:	2011
Storage Battery: Amp Hour Rating	12V 18AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

Type	Booster Panel 1
------	-----------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	BY FACP
Battery Dated:	2011
Storage Battery: Amp Hour Rating	12V 7AH X W
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	NO
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	<input type="checkbox"/>

### SYSTEM TESTS AND INSPECTIONS

Type	Control Unit
------	--------------

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Interface Equipment
------	---------------------

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)



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Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Lamps/LEDs
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Fuses
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Trouble Signals
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Primary Power Supply
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Disconnect Switches
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Ground-Fault Monitoring
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

### SECONDARY POWER

Type	Battery Condition
SECONDARY POWER (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
NEW 2011	

Type	Load Voltage
SECONDARY POWER (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
24VDC	



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## Fire Alarm Inspection Report

### TRANSIENT SUPPRESSORS

Transient Suppressors

Visual

☐

Comments

### REMOTE ANNUNCIATORS

Remote Annunciators

Remote Annunciator #1

Location

ENTRY

Visual

☒

Functional

☒

Comments

### NOTIFICATION APPLIANCES

Notification Appliances

Audible/Visual Combination

#### NOTIFICATION APPLIANCES (DETAIL)

Visual

☒

Functional

☒

Comments

Notification Appliances

Visible

#### NOTIFICATION APPLIANCES (DETAIL)

Visual

☒

Functional

☒

Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type

PULL STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check

☒

Functional Test

☒

Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

SMOKE DETECTOR

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check

☒

Functional Test

☒

Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

SPRINKLER FLOW AND TAMPERS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check

☒

Functional Test

☒

Factory Setting

Measured Setting

Pass/Fail

Comments





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## Fire Alarm Inspection Report

### CENTRAL STATION MONITORING

Type of Signal Alarm Signal

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No Yes  
Time 09:16  
Comments

Type of Signal Alarm Restoration

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No Yes  
Time 09:16  
Comments

Type of Signal Trouble Signal

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No Yes  
Time 09:16  
Comments

Type of Signal Trouble Signal Restoration

#### CENTRAL STATION MONITORING (DETAIL)

Yes/No Yes  
Time 09:16  
Comments

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To Monitoring Agency

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 09:16

Notification Given To Building Occupants

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 09:16

Notification Given To Fire Department

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 09:16

### DEFICIENCIES AND ISSUES

The following did not operate correctly

NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date 03/12/2014  
Time 09:17



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## Fire Alarm Inspection Report

No.: 00889  
Date: 03/12/2014

### PICTURES

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17



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No.: 00889

Date: 03/12/2014

## Fire Alarm Inspection Report

Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/12/2014
Time	09:17

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/12/2014
Time	09:17

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



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No.: 00890

## Fire Alarm Inspection Report

Date: 03/12/2014

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/12/2014  
Time 09:37  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name CITY HALL  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Contact LARRY FLOYD  
Telephone 907-398-1404  
Location of Site

### MONITORING ENTITY

Contact / Agency NONE  
Telephone  
Monitoring Account Ref. No.

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Building Occupants  
PRIOR TO ANY TESTING (DETAIL)  
Other (Specify)  
Yes/No Yes  
Who  
Time 09:39

### TYPE TRANSMISSION

Type Transmission Other  
Other (Specify) NONE

### CONTROL PANEL

Control Panel Manufacturer HONEYWELL  
Control Panel Model ADEMCO VISTA 32FB  
Control Panel Location MECHANICAL ROOM



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No.: 00890

Date: 03/12/2014

## Fire Alarm Inspection Report

Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	IDC B
Number of Circuits	7
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Smoke Detectors
-------------	-----------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	3
Quantity of Devices Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	
Are circuits monitored for integrity?	

### CONTROL EQUIPMENT

Description of Equipment	Elevator Recall
--------------------------	-----------------

#### CONTROL EQUIPMENT (DETAIL)

If Other (Specify)	ELEVATOR RECALL SYSTEM ONLY
Quantity Installed	1
Quantity Tested	1
Quantity Passed	1
Quantity Failed	0

### INITIATING DEVICE CIRCUIT

Quantity	3
Style(s)	IDC B STYLE A

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
---	--

Quantity	
Style(s)	

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	FACP MECHANICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A



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## Fire Alarm Inspection Report

Date: 03/12/2014

Overcurrent Protection Amps	N/A
Disconnecting Means Location	PANEL LEFT OF FACP BREAKER 28

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
SECONDARY (STANDBY) POWER SUPPLY (DETAIL)	
Location	FACP
Battery Dated:	2010
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	NO
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	<input type="checkbox"/>

### SYSTEM TESTS AND INSPECTIONS

Type	Control Unit
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Interface Equipment
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Lamps/LEDS
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Fuses
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Primary Power Supply
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>



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## Fire Alarm Inspection Report

Functional ☒  
Comments

Type Trouble Signals  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Ground-Fault Monitoring  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

### SECONDARY POWER

Type Battery Condition  
SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
NEW 2010

### TRANSIENT SUPPRESSORS

Transient Suppressors  
Visual ☐  
Comments

### REMOTE ANNUNCIATORS

Remote Annunciators Remote Annunciator #1  
Location  
Visual ☐  
Functional ☐  
Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type ELEVATOR RECALL SMOKE DETECTORS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N  
Visual Check ☒  
Functional Test ☒  
Factory Setting  
Measured Setting  
Pass/Fail  
Comments

### NOTIFICATIONS THAT TESTING IS COMPLETE



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Date: 03/12/2014

## Fire Alarm Inspection Report

Notification Given To \_\_\_\_\_ Building Occupants

NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_

Yes/No \_\_\_\_\_

Yes

Who \_\_\_\_\_

Time \_\_\_\_\_

10:21

### DEFICIENCIES AND ISSUES

The following did not operate correctly \_\_\_\_\_

NO FIRE ALARM SYSTEM MALFUNCTION NOTED.

System restored to normal operation

Date \_\_\_\_\_

03/12/2014

Time \_\_\_\_\_

10:21

### PICTURES

Photo 1



Photo 1 Description \_\_\_\_\_

Photo 2 \_\_\_\_\_

Photo 2 Description \_\_\_\_\_

Photo 3 \_\_\_\_\_

Photo 3 Description \_\_\_\_\_

Photo 4 \_\_\_\_\_

Photo 4 Description \_\_\_\_\_

Photo 5 \_\_\_\_\_

Photo 5 Description \_\_\_\_\_

Photo 6 \_\_\_\_\_

Photo 6 Description \_\_\_\_\_

Photo 7 \_\_\_\_\_

Photo 7 Description \_\_\_\_\_

Photo 8 \_\_\_\_\_

Photo 8 Description \_\_\_\_\_





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No.: 00890

Date: 03/12/2014

## Fire Alarm Inspection Report

Photo 9  
Photo 9 Description  
Photo 10  
Photo 10 Description  
Photo 11  
Photo 11 Description  
Photo 12  
Photo 12 Description  
Photo 13  
Photo 13 Description  
Photo 14  
Photo 14 Description  
Photo 15  
Photo 15 Description  
Photo 16  
Photo 16 Description  
Photo 17  
Photo 17 Description  
Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/12/2014
Time	10:23

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/12/2014



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## Fire Alarm Inspection Report

No.: 00890  
Date: 03/12/2014

---

Time

10:23

---

OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

---



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No.: 00892

## Fire Alarm Inspection Report

Date: 03/13/2014

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/12/2014  
Time 18:09  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name KENAI TEEN AND REC CENTER  
Address 227 CAVIAR ST.  
City KENAI  
State AK  
Zip 99611  
Contact CHRIS KONIG  
Telephone 907-283-3692  
Location of Site

### MONITORING ENTITY

Contact / Agency NONE  
Telephone  
Monitoring Account Ref. No.

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Building Occupants

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 18:14

Notifications Are Made To Fire Department

#### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 18:14

### TYPE TRANSMISSION



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Date: 03/13/2014

## Fire Alarm Inspection Report

Type Transmission	Other
Other (Specify)	NONE

### CONTROL PANEL

Control Panel Manufacturer	SIMPLEX
Control Panel Model	4010
Control Panel Location	FRONT ENTRY CLOSET
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	SLC B STYLE Ya
Number of Circuits	7
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	7
Quantity of Devices Tested	7
Quantity of Devices Passed	7
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	49
Quantity of Devices Tested	49
Quantity of Devices Passed	49
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)	
If Other (Specify)	
Quantity of Devices Installed	6
Quantity of Devices Tested	6
Quantity of Devices Passed	6
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
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### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horns
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)	
If Other (Specify)	



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Date: 03/13/2014

## Fire Alarm Inspection Report

Quantity of Appliances Installed	2
Quantity of Appliances Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

Description Horn/Strobes

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	14
Quantity of Appliances Tested	14
Quantity of Devices Passed	14
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description ALL AREAS

#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	91db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	4
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	
Style(s)	

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)

Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)

Location (of Primary Supply Panelboard)	JANITORS CLOSET
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN 120V FACP BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type Control Panel

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	FACP
Battery Dated:	2013
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A



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No.: 00892

Date: 03/13/2014

## Fire Alarm Inspection Report

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system. NO  
Location of fuel storage: N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply: NO  
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 ☐

### SYSTEM TESTS AND INSPECTIONS

Type Control Unit

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Interface Equipment

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Lamps/LEDs

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Fuses

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments



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Date: 03/13/2014

## Fire Alarm Inspection Report

Type Ground-Fault Monitoring

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

### SECONDARY POWER

Type Battery Condition

#### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Load Voltage

#### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
24VDC

### TRANSIENT SUPPRESSORS

Transient Suppressors

Visual ☐  
Comments

### REMOTE ANNUNCIATORS

Remote Annunciators Remote Annunciator #1

Location  
Visual ☐  
Functional ☐  
Comments

### NOTIFICATION APPLIANCES

Notification Appliances Audible

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments

Notification Appliances Audible/Visual Combination

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type PULL STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N  
Visual Check ☒  
Functional Test ☒  
Factory Setting



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Date: 03/13/2014

## Fire Alarm Inspection Report

Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ SMOKE DETECTORS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check \_\_\_\_\_ ☒  
Functional Test \_\_\_\_\_ ☒  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

Device Type \_\_\_\_\_ HEAT DETECTORS  
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check \_\_\_\_\_ ☒  
Functional Test \_\_\_\_\_ ☒  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To \_\_\_\_\_ Building Occupants

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes  
Who \_\_\_\_\_  
Time \_\_\_\_\_ 18:23

Notification Given To \_\_\_\_\_ Fire Department

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes  
Who \_\_\_\_\_  
Time \_\_\_\_\_ 18:23

### DEFICIENCIES AND ISSUES

The following did not operate correctly \_\_\_\_\_  
NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.  
System restored to normal operation  
Date \_\_\_\_\_ 03/12/2014  
Time \_\_\_\_\_ 18:23

### PICTURES





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## Fire Alarm Inspection Report

No.: 00892  
Date: 03/13/2014

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description



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No.: 00892

Date: 03/13/2014

## Fire Alarm Inspection Report

Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/12/2014
Time	18:24

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/12/2014
Time	18:24

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



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No.: 00893

Date: 03/13/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/12/2014  
Time 18:32  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name MULTI PURPOSE FACILITY  
Address 9775 KENAI SPUR ROAD  
City KENAI  
State AK  
Zip 99611  
Contact CHRIS KONIG  
Telephone 907-283-3692  
Location of Site

### MONITORING ENTITY

Contact / Agency NONE  
Telephone  
Monitoring Account Ref. No.

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Fire Department  
PRIOR TO ANY TESTING (DETAIL)  
Other (Specify)  
Yes/No Yes  
Who  
Time 18:35

### TYPE TRANSMISSION

Type Transmission Other  
Other (Specify) NONE

### CONTROL PANEL

Control Panel Manufacturer FCI  
Control Panel Model FC-6324  
Control Panel Location BEHIND LOCKED GATE IN ELECTRICAL AREA



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No.: 00893

Date: 03/13/2014

## Fire Alarm Inspection Report

Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	IDC B STYLE A
Number of Circuits	6
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
-------------	-------------------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed	6
Quantity of Devices Tested	6
Quantity of Devices Passed	6
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horn/Strobes
-------------	--------------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed	12
Quantity of Appliances Tested	12
Quantity of Devices Passed	12
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description	ALL AREAS
----------------------	-----------

#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	89db

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	3
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	6
Style(s)	IDC B STYLE A

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)



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No.: 00893

Date: 03/13/2014

## Fire Alarm Inspection Report

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

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)  
Location (of Primary Supply Panelboard) LEFT OF FACP  
Nominal Voltage 120V  
Amps N/A  
Overcurrent Protection Type N/A  
Overcurrent Protection Amps N/A  
Disconnecting Means Location MAIN 120V FACP BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type Control Panel  
SECONDARY (STANDBY) POWER SUPPLY (DETAIL)  
Location FACP  
Battery Dated: 2013  
Storage Battery: Amp Hour Rating 12V 7AH X 2  
Battery Type Sealed Lead-Acid  
Other Battery Type NO  
Calculated capacity in Amp-Hours to operate system for 24 hours. N/A  
Calculated capacity in Amp-Hours to operate system for 60 hours. N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system. NO  
Location of fuel storage: N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply: NO  
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 ☐

### SYSTEM TESTS AND INSPECTIONS

Type Control Unit  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

Type Interface Equipment  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

Type Lamps/LEDs  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_



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## Fire Alarm Inspection Report

Type Fuses

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Ground-Fault Monitoring

### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

## SECONDARY POWER

Type Battery Condition

### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
NEW 2013

Type Load Voltage

### SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
24VDC

## TRANSIENT SUPPRESSORS

Transient Suppressors

Visual ☐  
Comments

## REMOTE ANNUNCIATORS

Remote Annunciators

Location Remote Annunciator #1



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## Fire Alarm Inspection Report

Visual ☐  
Functional ☐  
Comments \_\_\_\_\_

### NOTIFICATION APPLIANCES

Notification Appliances Audible/Visual Combination

#### NOTIFICATION APPLIANCES (DETAIL)

Visual ☒  
Functional ☒  
Comments \_\_\_\_\_

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type PULL STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N \_\_\_\_\_  
Visual Check ☒  
Functional Test ☒  
Factory Setting \_\_\_\_\_  
Measured Setting \_\_\_\_\_  
Pass/Fail \_\_\_\_\_  
Comments \_\_\_\_\_

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To Fire Department

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No Yes  
Who \_\_\_\_\_  
Time 18:48

### DEFICIENCIES AND ISSUES

The following did not operate correctly

NO FIRE ALARM SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation

Date 03/12/2014  
Time 18:48

### PICTURES

Fire Alarm Inspection Report

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description





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No.: 00893

Date: 03/13/2014

## Fire Alarm Inspection Report

Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/12/2014
Time	18:48

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/12/2014
Time	18:49

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



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No.: 00894

Date: 03/13/2014

## Fire Alarm Inspection Report

### STATUS

Status 4

### OWNER /CLIENT / CONTRACTING AGENCY

Date 03/12/2014  
Time 18:53  
Name CITY OF KENAI  
Address 210 FIDALGO AVE  
City KENAI  
State AK  
Zip 99611  
Representative LARRY FLOYD  
Telephone 907-398-1404  
Fax N/A  
Email N/A

### PROPERTY NAME (USER)

Name WATER TREATMENT FACILITY  
Address 420 SHOTGUN RD.  
City KENAI  
State AK  
Zip 99611  
Contact BILL LESLIE  
Telephone 907-283-8251  
Location of Site

### MONITORING ENTITY

Contact / Agency KENAI FIRE DISPATCH  
Telephone 907-283-7879  
Monitoring Account Ref. No. NONE

### APPROVING AGENCY

Contact CITY OF KENAI  
Telephone 907-398-1404

### SERVICE

Service Annually  
Other (Specify)

### PRIOR TO ANY TESTING

Notifications Are Made To Fire Department

### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)  
Yes/No Yes  
Who  
Time 19:00

### TYPE TRANSMISSION

Type Transmission Digital  
Other (Specify)

### CONTROL PANEL

Control Panel Manufacturer SIMPLEX  
Control Panel Model 4008



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## Fire Alarm Inspection Report

Control Panel Location	ENTRY
Is Panel in "normal" conditions upon arrival?	YES
Circuit Styles	SLC B
Number of Circuits	5
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2013
Last Date that Any Software or Configuration Was Revised	N/A

### PRINTER

Printer Model	NONE
Location	
Did Printer Function Properly	
Is Printer Supervised?	

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
-------------	-------------------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
-------------	-----------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)

Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
-------------------------------	----------

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Horn/Strobes
-------------	--------------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)

Quantity of Appliances Installed	5
Quantity of Appliances Tested	5
Quantity of Devices Passed	5
Quantity of Devices Failed	0
Circuit Style	B

### DECIBEL LEVELS

Location Description	ALL AREAS
----------------------	-----------

#### DECIBEL LEVELS (DETAIL)

Ambient Level	40db
Alarm Level	92db

### ALARM NOTIFICATION CIRCUITS



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No.: 00894

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## Fire Alarm Inspection Report

No. of alarm notification appliance circuits	1
Are circuits monitored for integrity?	Yes

### INITIATING DEVICE CIRCUIT

Quantity	
Style(s)	

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	ELECTRICAL ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN 120V FACP BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
------	---------------

#### SECONDARY (STANDBY) POWER SUPPLY (DETAIL)

Location	FACP
Battery Dated:	2012
Storage Battery: Amp Hour Rating	12V 12AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### GENERATOR SYSTEM

Engine-driven generator dedicated to fire alarm system.	NO
Location of fuel storage:	N/A

### OTHER BACKUP

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:	NO
Emergency system described in NFPA 70, Article 700	<input type="checkbox"/>
Legally required standby described in NFPA 70, Article 701	<input type="checkbox"/>
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	<input type="checkbox"/>

### SYSTEM TESTS AND INSPECTIONS

Type	Control Unit
------	--------------

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Lamps/LEDS
------	------------

#### SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual	<input checked="" type="checkbox"/>
--------	-------------------------------------



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## Fire Alarm Inspection Report

Functional ☒  
Comments

Type Fuses  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Primary Power Supply  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Trouble Signals  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Disconnect Switches  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

Type Ground-Fault Monitoring  
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual ☒  
Functional ☒  
Comments

### SECONDARY POWER

Type Battery Condition  
SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
NEW 2012

Type Load Voltage  
SECONDARY POWER (DETAIL)

Visual ☒  
Functional ☒  
Comments  
24VDC

### TRANSIENT SUPPRESSORS

Transient Suppressors  
Visual ☐  
Comments

### REMOTE ANNUNCIATORS



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No.: 00894

Date: 03/13/2014

## Fire Alarm Inspection Report

Remote Annunciators	Remote Annunciator #1
Location	
Visual	<input type="checkbox"/>
Functional	<input type="checkbox"/>
Comments	

### NOTIFICATION APPLIANCES

Notification Appliances	Audible/Visual Combination
-------------------------	----------------------------

#### NOTIFICATION APPLIANCES (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type	PULL STATIONS
-------------	---------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

Device Type	SMOKE DETECTORS
-------------	-----------------

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	
Comments	

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To	Fire Department
-----------------------	-----------------

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	19:07

### DEFICIENCIES AND ISSUES

The following did not operate correctly	
NO FIRE ALARM SYSTEM MALFUNCTION NOTED.	
System restored to normal operation	
Date	03/12/2014
Time	19:07

### PICTURES

## Fire Alarm Inspection Report

No.: 00894  
Date: 03/13/2014

Photo 1



Photo 1 Description

Photo 2

Photo 2 Description

Photo 3

Photo 3 Description

Photo 4

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description



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No.: 00894

Date: 03/13/2014

## Fire Alarm Inspection Report

Photo 18  
Photo 18 Description  
Photo 19  
Photo 19 Description  
Photo 20  
Photo 20 Description

### NOTES AND RECOMMENDATIONS

Notes and Recommendations  
Plan of Corrective Action:  
Corrective Action and Date Taken:

### INSPECTOR INFORMATION

This testing was performed in accordance with (Standard/Edition)	NFPA 72 2010
Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/12/2014
Time	19:08

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/12/2014
Time	19:08

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature



CUSTOMER: City of Kenai



1 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Beacon Fire Training</b>								
Front Desk	Badger	10	1998	PK 159652		2010	2014	
Break Area	Badger	10	1998	PK 159653		2010	2014	
Elevator Room	Amerex	10	2009	J 281123			2014	
OS 2nd Floor Elevator	Badger	10	1998	PK 164806		2010	2014	
os Room 220	Badger	10	1998	PK 155189		2010	2014	
OS Room 126	Badger	10	1998	PK 159689		2010	2014	
OS Room 134	Badger	10	1998	PK 159707		2010	2014	
Mezzanine Apparatus Box		20	1997	PD 974951		2010	2014	
<b>Library</b>								
Front Door	Amerex	10	2010	AE 659568			2014	
OS Sprinkler Riser Room	Amerex	10	2010	AB 11046			2014	
Back Door	Amerex	10	2010	AE 655410			2014	
Outside Mechanical Room	Amerex				Needs Replaced			
Computers	Amerex	10	2012				2014	

CUSTOMER: City of Kenai



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DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>City Hall</b>								
Upstairs	Ansul	1010	2011	AC 506149			2014	
Upstairs	Ansul	10	2011	AC 506162			2014	
Downstairs	Ansul	10	2011	AC 506140			2014	
Downstairs	Amerex	10	2008	ZV 180693	2014			
Elevator Room	Amerex	10	2009	J 279933			2013	
Dungeon	Amerex	10	2011	AV 523358			2013	
<b>Fire Department</b>								
Engine 1	Ansul	20	1971	AG 329811		2004	2014	
Engine 1	Ansul	20	1971	AG 329812		2004	2014	
Engine 1	Amerex	Water 2.5 Gal	1988	Y 230420		2012	2014	
Engine 2	Amerex	20	1993	LV 512693	2011	2005	2014	
Engine 2	3M	AFFF 2.5 Gal	1977	V 183472		Due 2014	2013	
Engine 2		5	2011				2014	

CUSTOMER: City of Kenai

## Fire Extinguisher Report

3 of 14

DATE: 3/12/2014


**TAYLOR**  
 Fire Protection Services, LLC.

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
Fire Dept Cont. Tower 1	General	CO2 20	1988	I 002980		2010	2014	
Tower 1		AFFF	1977		Replace			
Engine 3	Amerex	Water 2.5 Gal	1983	V 831947		2012	2013	
Engine 3		20 PK	1989	HY 242194			2014	
Engine 3		20 PK	1989	HY 242185			2014	
Squad 1	Kidde	5	1998	PV 977508		2010	2014	
Truck Bay	Ansul	10 PK		KE 031951		2004	2014	
Unit 9	Amerex	5	2011	AP 184213			2014	
Unit 11	Amerex	5	2011	WN 594720			2014	
	General	20 PK	1989	HY 242181			2014	
	General	20PK	1989	HY 242183			2014	
Shop	Kidde	5	2011	AE 184102			2014	

CUSTOMER: City of Kenai



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DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Vehicle Maintenance</b>								
Wall	Amerex	10	2009	E 587029			2014	
Wall	Kidde	10		DL 456729	2010	2004	2014	
Wall	General	CO2 20	1981	R 197241		2009	2014	
Parts Room	Amerex	10	2009	E 575620			2014	
Wall	Kidde	10		DL 45673	Replace			
Pile	Kidde	2.5	2004	WX 439203			2014	
Pile	Kidde	2.5	2004	WX 439213			2014	
<b>Building Maintenance - Pulled Pile</b>								
	Amerex	5	2008	ZV 039189	2014			
	Amerex	5		G 983089			2013	
"Dock"	Kidde	10	2008	ZY 126088	2014			
"Dock"	Amerex	20		HE 039215			2013	
"Dock"	Kidde	10		AK 629061			2013	

CUSTOMER: City of Kenai



# Fire Extinguisher Report

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DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
Building Maintenance - Pulled Pile - Cont.	Amerex	5		FV 243666			2013	
	Kidde	5	2011	AF 707400			2013	
	Kidde	5		AV 839799			2014	
"Well 3"	Kidde	5		AF 707406			2014	
	Kidde	5	2011	AF 707403			2014	
"Well 1"	Kidde	10	2010	AF 096109			2014	
	Kidde	10	2010	AF 096123			2014	
	Amerex	5	1992	KM 060426	2010		2014	
	Kidde	5	2012	AX 599385			2014	
"Well 3"	Kidde	5	2011	AF 707405			2014	
	Kidde	5	2007	ZA 297638			2014	

CUSTOMER: City of Kenai



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DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Street Maintenance</b>								
	Kidde	10	2011	AK 629062			2014	
	Amerex	10	2008	ZV 180407			2014	
	Amerex	10	2008	ZV 179533	2014			
	Amerex	5	2008	ZV 039230	2014			
	Amerex	10	2008	ZV 180692	2014			
	Amerex	5	2009	G 983086			2014	
	Amerex	5	1992	KN 048622	2010	2004	2014	
	First Alert	2.5	2012	BC 863594			2014	
	Kidde	10	2010	AF 096122			2014	
	Kidde	2.5	2012	BL 987649			2014	
	Kidde	10	2012	BF 900817			2014	
	Kidde	10	2012	BF 900842			2014	

CUSTOMER: City of Kenai



# Fire Extinguisher Report

7 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Airport Operations</b>								
Front Door	Amerex	5		KN 633			2014	
Hallway	Ansul	5	2002	SV 353002	2008	2014		
ARF 6	Ansul	20 D	2010	LV 753213			2014	
ARF 5	Ansul	20 D	1992	KH 288110		2011	2014	
ARF 5	Amerex	CO2 20	1991	V 677312		2011	2014	
ARF 5	Kidde	CO2 20	1992	V 806528		2011	2014	
ARF 5	Ansul	20 D	1991	KD 39166		2011	2014	
Spare	Ansul	20 D	1982	EN 842173		2001	2014	
Spare	Amerex	10	2008	A 263659	2011		2014	
Spare	Amerex	10	2008	ZL 573172	2014			
Spare	Amerex	10	2008	S 473579	2014			
Spare	Amerex	D 20	2008	EJ 480268		2010	2014	

CUSTOMER: City of Kenai



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DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Airport Ops Cont. F150 Truck</b>					Replace			
Truck Bay	Ansul	5	2002	SV 353017	2008	2014		
Truck Bay	Ansul	5	2002	SV 353020	2008	2014		
Snow Removal Bay	Ansul	10	2011	AC 506165			2014	
Snow Removal Bay	Ansul	10	2002	SZ 473555	2008	2014		
Snow Removal Bay	Ansul	10	2002	DSZ 473563	2008	2014		
OS Fitness Room	Ansul	5	2002	SV 353053	2008	2014		
<b>Sewer</b>								
Front Desk	Amerex	5	1992	KN 048683	2010	2004	2014	
Front Office	Buckeye	10	1998	PN 965119		2010	2014	
Front Office	Ansul	10	2011	AC 506159			2014	
Sprinkler Riser	Amerex	5	1992	KN 048684	2010	2004	2014	
Office Outside Riser	Amerex	10	1991	KG 055993	2010	2003	2014	
Garage	Amerex	10	1991	KG 055997	2010	2003	2014	



CUSTOMER: City of Kenai



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DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
Sewer Cont. Pump House	Ansul	10	2011	AC 506156			2014	
Dump Truck	Amerex	2.5	2008	ZN 573617	2011		2014	
By Dump Truck	Amerex	5	1991	KN 048682	2010	2004	2014	
By Dump Truck	Amerex	10	2009	J 319698			2014	
Gen Room	Amerex	10	2009	J 322877			2014	
Bobcat Garage	Amerex	10	2006	YD 332708	2012		2014	
<b>Police Department</b>								
Ops Room	Badger	5	1985	C 808813		2010	2014	
Break Room	Amerex	5	2009	G 983812			2014	
Evidence Processing	Amerex	10	2011	AV 529621			2013	
	Amerex	5	1985	FR 166260		2008	2013	
Hallway	Amerex	10	2006	YD 334232			2014	
Break Room	Amerex	10	2011	AV 529614			2013	
Hallway	Amerex	10	2011	AV 529621			2014	

CUSTOMER: City of Kenai



Fire Extinguisher Report

10 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Airport Flight Service Station</b>								
Ops Room	Amerex	5	1986	HA 661024	2014	2008		
Ops Room	Buckeye	10	1998	PN 957250		2010	2014	
Server Room	Buckeye	10	1990	PN 957245		2010	Employee denied access 2014	
Hallway	Amerex	5	1986	HA 661021	2014	2008		
Kitchen	Amerex	5	2009	G 983811		Employee denied access 2014		
Hallway	Amerex	5	1986	HA 661022	2014	2008		
Gen Room	Buckeye	10	1998	PN 956951		2010	2014	
Mech Room	Amerex	5	1986	HA 15418	2014	2008		
Warehouse	Buckeye	10	1997	PE 150260		2009	2014	

CUSTOMER: City of Kenai



11 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Vintage Pointe (Congregate Housing)</b>								
Elevator Room	Amerex	10	2008	ZV 347718	2014			
Mech Room	Badger	10 BC	1982	DJ 553452	Replace			
os 210	Amerex	10	1992	KL 679491	2010	2004	2014	
os 215	Amerex	10	1992	KL 679510	2010	2004	2014	
os 207	Amerex	10	1992	KL 679942	2010	2004	2014	
os 204	Amerex	10	1992	KL 679940	2010	2004	2014	
os 301	Amerex	10	1992	KL 679503	2010	2004	2014	
os 305	Amerex	10	1992	KL 679510	2010	2004	2014	
os 308	Amerex	10	1992	KL 679502	2010	2004	2014	
os 312	Amerex	10	1992	KL 679500	2010	2004	2014	
os 115	Amerex	10	1992	KL 679493	2010	2004	2014	
os 108	Amerex	10	1992	KL 679478	2010	2004	2014	

CUSTOMER: City of Kenai



12 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
Vintage Point Cont. os 106	Amerex	10	1992	KL 679517	2010	2004	2014	
os 103	Amerex	10	1992	KL 679509	2010	2004	2014	
Senior Center								
Computer Lab	Amerex	5	2006	YJ 233486	2012		2014	
Cafeteria	Badger	10	1981	DE 548807	Replace			
Cafeteria	Badger	10	1981	DE 546733	Replace			
Kitchen	Amerex	K	2004	AA 187966		Due 2014	2013	
Animal Shelter								
Front Door	Amerex	10	1988	PG 018678		2010	2014	
Side Door	Amerex	10	1988	PG 014196		2010	2014	
Garage	Amerex	10	1988	PG 016438		2010	2014	

CUSTOMER: City of Kenai



13 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Visitor Center</b>								
Front Door	Amerex	10	1992	KG 154358	2010	2004	2014	
Rehab Room	Amerex	10	1992	KG 154333	2010	2004	2014	
OS Rehab Room	Amerex	10	1992	KG 154357	2010	2004	2014	
Break Room	Amerex	10	1991	KC 200477	2010	2004	2014	
Conference Room	Amerex	10	1992	KG 154322	2010	2004	2014	
<b>Recreation Center</b>								
Upstairs	Amerex	5	1992	KN 048687	2010	2004	2014	
Upstairs	Amerex	5	2011	AB 510502			2014	
Upstairs	Amerex	10	2009	J 319369			2014	
Front Door					Replace			
Gym	Amerex	10	2008	ZY 128670	2014			
Gym	Amerex	10	2009	E 576093			2014	

CUSTOMER: City of Kenai



14 of 14  
DATE: 3/12/2014

LOCATION	MANUFACTURER	SIZE	YEAR	SERIAL NUMBER	6 YEAR	HYDRO	ANNUAL	NEW
<b>Airport Terminal</b>								
Side Exit	Amerex	5	2013	BP 917894			2014	
Fire Alarm Panel Room	General	Halon 1211 5	1983	A 883420		2010	2014	
Sprinkler Riser Room	General	Halon 5	1984	B 627625		2010	2014	
Back Storage	Kidde	5	2008	D 340260	2014			
Baggage Claim	Amerex	10	2008	ZV 180411	2014			
Elevator Room	Amerex	5	1983			2010	2014	
Maintenance Entrance	Amerex	5	2003	VN 544150			2014	
Grant Load Door	Amerex	5	1989	JC 464602	2007	2013	2014	
By Entrance to Departures				EL 451517	Replace			
By Entrance to Departures			1982	EL 451516	Replace			
Gen Room	General	Halon 5			Due for Hydro			
Restaurant	Amerex	K	2005	AA 915868		2012	2014	
Restaurant	Amerex	5	1989	JC 468117		2012	2014	
Upper Deck	Kidde	5	2010	AC 041322			2014	



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

## Hood and Pre-Engineered Systems Report

No.: 00416  
Date: 03/14/2014

### STATUS

Status	4
--------	---

### OCCUPIED AS

Date	03/10/2014
Name	Senior center
Address	361 senior ct
City	Kenai
State	AK
Zip	
Representative	
Telephone	
Fax	
Email	

### OWNER

Owner Name	City of kenai
Address	210 fidalgo
City	Kenai
State	AK
Zip	
Owner Contact	
Telephone	
Location of Site	

### INSPECTION PERIOD

Inspection Date	03/10/2014
Test Type	Annual

### SYSTEM INFORMATION

Manufacturer	Ansul
Model	R102
Type	Wet
Fusible Links Quantity	3
Fusible Links Date	2014
Fusible Links Temperature	360/450

### OWNER OR REPRESENTATIVE ANSWERS

1. Has there been any changes to equipment since last inspection?	No
2. Has fire system been changed or coverage added?	No
3. Has a fire occurred since last inspection?	No

### INSPECTOR'S SECTION

1. Does manual pull station work properly?	Yes
2. Are visible ducts and plenums in good condition?	Yes
3. Are nozzles clean and free of obstruction?	Yes
4. Does system piping meet NFPA and manufacturers specifications?	Yes
5. Are containers to design level?	Yes
6. Are filters U.L. listed, clean, and in place?	Yes
7. Is there a K class extinguisher in place and serviced?	Yes
8. Does system meet U.L. 300 specifications?	Yes
9. Did interlock equipment perform properly?	Yes
10. Interlock Provided?	Yes
Gas Shutoff	<input checked="" type="checkbox"/>
Electric Shutoff	<input type="checkbox"/>
Shunt Trip	<input type="checkbox"/>
Fire Alarm	<input checked="" type="checkbox"/>

### CYLINDER INFORMATION



Taylor Fire Protection  
725 W. Wasair Dr.  
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Wasilla, AK 99654  
www.taylorfire.com

No.: 00416

## Hood and Pre-Engineered Systems Report

Date: 03/14/2014

Serial Number \_\_\_\_\_ 3 gal

### CYLINDER INFORMATION (DETAIL)

Pressure \_\_\_\_\_  
Hydro Due \_\_\_\_\_ 2022

### CO2 CARTRIDGE

Cartridge \_\_\_\_\_ N2

### CO2 CARTRIDGE (DETAIL)

CO2 Cartridge Model \_\_\_\_\_ Lt 101 20  
CO2 Cartridge Weights - oz \_\_\_\_\_ 48  
CO2 Cartridge hydro date - due \_\_\_\_\_

### LAYOUT OF APPLIANCES

Hoods \_\_\_\_\_ Hood 1

### LAYOUT OF APPLIANCES (DETAIL)

Soup Pot ☐  
Steamer ☐  
Griddle ☒  
Griddle Size \_\_\_\_\_  
Range ☒  
Range Size (No. of Burners) \_\_\_\_\_ 8  
Fryer ☒  
Fryer Size (single or double) \_\_\_\_\_ Single  
Char Broiler ☐  
Char Broiler Size \_\_\_\_\_  
Tilt Skillet ☐  
Tilt Skillet Size \_\_\_\_\_  
Salamander ☐  
Salamander Size \_\_\_\_\_  
Wok ☐  
Wok Size \_\_\_\_\_  
Other ☐  
Other Appliance Description \_\_\_\_\_

### PICTURES

Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_

### COMMENTS

Comments \_\_\_\_\_

### NOTIFICATIONS THAT TESTING IS COMPLETE

Item \_\_\_\_\_ Building Management

### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_  
Yes/No \_\_\_\_\_ Yes  
Who \_\_\_\_\_  
Time \_\_\_\_\_ 17:27





Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00416

## Hood and Pre-Engineered Systems Report

Date: 03/14/2014

### ISSUES

System restored to normal operation

Date 03/10/2014

Time 17:27

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

Date 03/10/2014

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

Name of Inspector John Durkee 13-050

Date 03/10/2014

Time 17:27

### INSPECTOR SIGNATURE

Inspector Signature



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00427

Date: 03/31/2014

## Hood and Pre-Engineered Systems Report

### STATUS

Status	2
--------	---

### OCCUPIED AS

Date	03/31/2014
Name	Pj diner kenai airport
Address	305 n willow
City	Kenai
State	AK
Zip	
Representative	
Telephone	
Fax	
Email	

### OWNER

Owner Name	City of kenai
Address	210 fidalgo
City	Kenai
State	AK
Zip	
Owner Contact	
Telephone	
Location of Site	

### INSPECTION PERIOD

Inspection Date	03/10/2014
Test Type	Annual

### SYSTEM INFORMATION

Manufacturer	Ansul
Model	R102
Type	Wet
Fusible Links Quantity	3
Fusible Links Date	2014
Fusible Links Temperature	450

### OWNER OR REPRESENTATIVE ANSWERS

1. Has there been any changes to equipment since last inspection?	No
2. Has fire system been changed or coverage added?	No
3. Has a fire occurred since last inspection?	No

### INSPECTOR'S SECTION

1. Does manual pull station work properly?	Yes
2. Are visible ducts and plenums in good condition?	Yes
3. Are nozzles clean and free of obstruction?	Yes
4. Does system piping meet NFPA and manufacturers specifications?	Yes
5. Are containers to design level?	No
6. Are filters U.L. listed, clean, and in place?	N/A
7. Is there a K class extinguisher in place and serviced?	Yes
8. Does system meet U.L. 300 specifications?	No
9. Did interlock equipment perform properly?	Yes
10. Interlock Provided?	Yes
Gas Shutoff	<input type="checkbox"/>
Electric Shutoff	<input type="checkbox"/>
Shunt Trip	<input type="checkbox"/>
Fire Alarm	<input checked="" type="checkbox"/>

### CYLINDER INFORMATION



Taylor Fire Protection  
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Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00427

Date: 03/31/2014

## Hood and Pre-Engineered Systems Report

Serial Number \_\_\_\_\_ 3gal

### CYLINDER INFORMATION (DETAIL)

Pressure \_\_\_\_\_  
Hydro Due \_\_\_\_\_ Replace

### CO2 CARTRIDGE

Cartridge \_\_\_\_\_ Lt30r

### CO2 CARTRIDGE (DETAIL)

CO2 Cartridge Model \_\_\_\_\_ Lt30r  
CO2 Cartridge Weights - oz \_\_\_\_\_ 47  
CO2 Cartridge hydro date - due \_\_\_\_\_ 2016

### LAYOUT OF APPLIANCES

Hoods \_\_\_\_\_ Hood 1

### LAYOUT OF APPLIANCES (DETAIL)

Soup Pot ☐  
Steamer ☐  
Griddle ☒  
Griddle Size \_\_\_\_\_  
Range ☒  
Range Size (No. of Burners) \_\_\_\_\_ 4  
Fryer ☒  
Fryer Size (single or double) \_\_\_\_\_ Single x 2  
Char Broiler ☒  
Char Broiler Size \_\_\_\_\_  
Tilt Skillet ☐  
Tilt Skillet Size \_\_\_\_\_  
Salamander ☐  
Salamander Size \_\_\_\_\_  
Wok ☐  
Wok Size \_\_\_\_\_  
Other ☐  
Other Appliance Description \_\_\_\_\_

### PICTURES

Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_  
Picture \_\_\_\_\_

### COMMENTS

Comments \_\_\_\_\_  
No repairs since 2012  
Please contact mike gravel at taylor fire with questions

### ISSUES

System restored to normal operation  
Date \_\_\_\_\_ 03/10/2014  
Time \_\_\_\_\_ 11:31

### OWNER OR REPRESENTATIVE SIGNATURE



Taylor Fire Protection  
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Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00427

## Hood and Pre-Engineered Systems Report

Date: 03/31/2014

Owner or Representative Signature

Date

03/10/2014

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

Name of Inspector

John durkee 13-050

Date

03/10/2014

Time

11:31

### INSPECTOR SIGNATURE

Inspector Signature



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00189

Date: 03/12/2014

## Special Hazard Inspection Report

### STATUS

Status	4
--------	---

### OWNER /CLIENT / CONTRACTING AGENCY

Date	03/11/2014
Time	20:04
Name	CITY OF KENAI
Address	210 FIDALGO AVE
City	KENAI
State	AK
Zip	99611
Representative	LARRY FLYD
Telephone	907-398-1404
Fax	N/A
Email	N/A

### PROPERTY NAME (USER)

Name	KENAI AIRPORT GENERATOR BUILDING
Address	403 N. WILLOW ST.
City	KENAI
State	AK
Zip	99611
Contact	ERICA SHIN
Telephone	907-283-7951
Location of Site	

### AREA PROTECTED

Area Protected	GENERATOR ROOM
Is Protected Area Sealed Adequately?	Yes

### MONITORING ENTITY

Contact / Agency	NONE
Telephone	
Monitoring Account Ref. No.	

### APPROVING AGENCY

Contact	CITY OF KENAI
Telephone	907-398-1404

### SERVICE

Service	Annually
Other (Specify)	

### PRIOR TO ANY TESTING

Notifications Are Made To	Building Management
---------------------------	---------------------

### PRIOR TO ANY TESTING (DETAIL)

Other (Specify)	
Yes/No	Yes
Who	
Time	20:06

### TYPE TRANSMISSION

Type Transmission	Other
Other (Specify)	NONE

### SYSTEM TYPE



Taylor Fire Protection  
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No.: 00189

Date: 03/12/2014

## Special Hazard Inspection Report

System Type	FM-200
"Other" Type	

### CONTROL PANEL

Control Panel Manufacturer	KIDDE
Control Panel Model	PEGSUS FM-200
Control Panel Location	GEN ROOM
Circuit Styles	SLC B STYLE Ya
Number of Circuits	8
Software Rev.	N/A
Last Date System Had Any Service Performed	3-2012
Last Date that Any Software or Configuration Was Revised	N/A

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description	Manual Fire Alarm Boxes
-------------	-------------------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	2
Quantity of Devices Tested	2
Quantity of Devices Passed	2
Quantity of Devices Failed	0
Circuit Style	B

Description	Abort Station
-------------	---------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	3
Quantity of Devices Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B

Description	Other
-------------	-------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	HALON RELEASE STATIONS
Quantity of Devices Installed	3
Quantity of Devices Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B

Description	Smoke Detectors
-------------	-----------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	7
Quantity of Devices Tested	7
Quantity of Devices Passed	7
Quantity of Devices Failed	0
Circuit Style	B

Description	Heat Detectors
-------------	----------------

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify)	
Quantity of Devices Installed	3
Quantity of Devices Tested	3
Quantity of Devices Passed	3



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No.: 00189

Date: 03/12/2014

## Special Hazard Inspection Report

Quantity of Devices Failed	0
Circuit Style	B

### ALARM VERIFICATION

Alarm Verification feature is	Disabled
Is there a Time Delay?	Yes
Time Delay (seconds)	30

### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description	Bells
-------------	-------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	4
Quantity of Appliances Tested	4
Quantity of Devices Passed	4
Quantity of Devices Failed	0
Circuit Style	B

Description	Horn/Strobes
-------------	--------------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	3
Quantity of Appliances Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B

Description	Horns
-------------	-------

#### ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify)	
Quantity of Appliances Installed	3
Quantity of Appliances Tested	3
Quantity of Devices Passed	3
Quantity of Devices Failed	0
Circuit Style	B

### ALARM NOTIFICATION CIRCUITS

No. of alarm notification appliance circuits	3
Are circuits monitored for integrity?	Yes

### INTERLOCK EQUIPMENT

Description of Equipment	Other
--------------------------	-------

#### INTERLOCK EQUIPMENT (DETAIL)

If Other (Specify)	GENERATOR SHUT DOWN X 2
Quantity Installed	1
Quantity Tested	1
Quantity Passed	1
Quantity Failed	0

### CYLINDER INFORMATION

Manufacturer	KIDDE
Serial Number	AA-31823
Pressure	360



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No.: 00189

Date: 03/12/2014

## Special Hazard Inspection Report

Gross Weight	428
Agent Weight	340
Liquid Level (inches or cm)	
Are Containers to Design Level?	
Are Cylinders and Piping in Good Physical Condition?	

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see 2007 NFPA 72, Table 6.6.1)	
Quantity	1
Style(s)	SLC B STYLE Ya

### SYSTEM PRIMARY POWER SUPPLY

(a) Primary (Main)	
Location (of Primary Supply Panelboard)	GENERATOR ROOM
Nominal Voltage	120V
Amps	N/A
Overcurrent Protection Type	N/A
Overcurrent Protection Amps	N/A
Disconnecting Means Location	MAIN FACP 120V BREAKER

### SECONDARY (STANDBY) POWER SUPPLY

Type	Control Panel
SECONDARY (STANDBY) POWER SUPPLY (DETAIL)	
Location	FACP
Battery Dated:	2011
Storage Battery: Amp Hour Rating	12V 7AH X 2
Battery Type	Sealed Lead-Acid
Other Battery Type	NO
Calculated capacity in Amp-Hours to operate system for 24 hours.	N/A
Calculated capacity in Amp-Hours to operate system for 60 hours.	N/A

### SYSTEM TESTS AND INSPECTIONS

Type	Control Unit
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Interface Equipment
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Lamps/LEDS
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

Type	Fuses
SYSTEM TESTS AND INSPECTIONS (DETAIL)	

Visual	<input checked="" type="checkbox"/>
--------	-------------------------------------





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No.: 00189

Date: 03/12/2014

## Special Hazard Inspection Report

Functional	<input checked="" type="checkbox"/>
Comments	
Type	Primary Power Supply
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
Type	Trouble Signals
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
Type	Disconnect Switches
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
Type	Ground-Fault Monitoring
SYSTEM TESTS AND INSPECTIONS (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
SECONDARY POWER	
Type	Battery Condition
SECONDARY POWER (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
NEW 2011	
REMOTE ANNUNCIATORS	
Remote Annunciators	
Location	
Visual	<input type="checkbox"/>
Functional	<input type="checkbox"/>
Comments	
NOTIFICATION APPLIANCES	
Notification Appliances	Audible
NOTIFICATION APPLIANCES (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	
Notification Appliances	Audible/Visual Combination
NOTIFICATION APPLIANCES (DETAIL)	
Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>



Taylor Fire Protection  
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No.: 00189

Date: 03/12/2014

## Special Hazard Inspection Report

### Comments

### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION

Device Type FM-200 RELEASE STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check



Functional Test



Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

PULL STATIONS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check



Functional Test



Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

SMOKE DETECTORS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check



Functional Test



Factory Setting

Measured Setting

Pass/Fail

Comments

Device Type

HEAT DETECTORS

#### INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N

Visual Check



Functional Test



Factory Setting

Measured Setting

Pass/Fail

Comments

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notification Given To

Building Management

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)

Yes/No

Yes

Who

Time

20:15

### DEFICIENCIES AND ISSUES

The following did not operate correctly

NO SPECIAL HAZARD SYSTEM MALFUNCTIONS NOTED.

System restored to normal operation



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00189

## Special Hazard Inspection Report

Date: 03/12/2014

Date	03/11/2014
Time	20:15

### PICTURES

Photo 1	
Photo 1 Description	
Photo 2	
Photo 2 Description	
Photo 3	
Photo 3 Description	
Photo 4	
Photo 4 Description	

### NOTES AND RECOMMENDATIONS

Notes and Recommendations

### INSPECTOR INFORMATION

This testing was performed in accordance with applicable NFPA Standards.

Name of Inspector	CHAS JONES 907-715-6848
License Number	05-043
Date	03/11/2014
Time	20:16

### INSPECTOR SIGNATURE

Inspector Signature

### OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative	LARRY FLOYD
Date	03/11/2014
Time	20:17

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

### INITIATORS

Quantity	NONE
Are Initiators within the Replacement Date?	
Initiator Date	03/11/2014



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00555

Date: 03/11/2014

## Sprinkler Inspection Report

### STATUS

Status	3
--------	---

### OWNER / CLIENT / CONTRACTING ENTITY

Date	03/10/2014
Name	Vintage Point
Address	381 Senior Court
City	Kenai
State	AK
Zip	99611
Representative	Rachel Craig
Telephone	907-283-4156 or 398-5076
Fax	N/A
Email	N/A

### PROPERTY

Name	Same
Address	Same
City	Same
State	AK
Zip	Same
Contact	Same
Telephone	Same
Location of Site	



### INSPECTION PERIOD

Inspection Date	03/10/2014
Frequency	Annual
Description of Work / Items Inspected	Annual Fire Sprinkler Inspection

### OWNERS SECTION

Is the building occupied?	Yes
Has the occupancy classification and hazard of the contents remained the same since the last inspection?	Yes
Are the fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00555

Date: 03/11/2014

## Sprinkler Inspection Report

Was the system free of actuations of devices or alarms since the last inspection? Yes

### SPRINKLER & PIPING INFORMATION

Proper number and type of spare sprinklers?	Yes
Visible sprinklers free of corrosion?	Yes
Visible sprinklers free of obstructions to spray pattern?	No
Visible sprinklers free of foreign material including paint?	Yes
Visible sprinklers free of physical damage?	Yes
Visible pipe in good condition?	Yes
Visible pipe free of mechanical damage and not leaking?	Yes
Visible pipe has no external corrosion?	Yes
Visible pipe properly aligned?	Yes
Visible pipe has no external loads?	Yes
Visible pipe hangers and seismic braces not damaged or loose?	No
Adequate heat in areas with wet piping?	Yes
Hydraulic nameplate, if provided, securely attached to riser and legible?	Yes
Alarm devices free from physical damage?	Yes
If sprinklers have been replaced, were they proper replacements?	N/A
Gauges on systems in good condition and showing normal air and water pressure?	Yes
Are all sprinklers in service dated 1920 or later?	Yes
Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes
Standard sprinklers less than 50 years old?	Yes
If "no" (over 50 years) has sample been tested within 10 years? If "no" test sample now and every 10 years.	N/A
Are dry heads less than 10 years old?	Yes
If "no" (over 10 years) has sample been tested? If no test sample now.	N/A

### VALVES

Control Valve: Backflow

#### VALVES (DETAIL)

Number of Valves:	4
Type:	OSY / BFV Fire Protection Backflow with Bypass
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	Yes

Control Valve: System

#### VALVES (DETAIL)

Number of Valves:	2
Type:	4" BFV
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes



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Date: 03/11/2014

## Sprinkler Inspection Report

Operating stem of all OS&Y valves lubricated, completely closed and reopened?	N/A
---	-----

### FIRE DEPARTMENT CONNECTION

Fire department connections visible and accessible?	Yes
Fire department connection couplings and swivels not damaged and rotate smoothly?	Yes
Fire department connection plugs or caps in place and undamaged?	Yes
Fire department connection gaskets in place and in good condition?	Yes
Fire department connections identification sign(s) in place?	Yes
Fire department connections check valve is not leaking?	Yes
Fire department connections automatic drain valve in place and operating properly?	Yes

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)

### WET SYSTEM TESTING

System - Make / Model	4" Grinnell F2001
-----------------------	-------------------

#### WET SYSTEM TESTING (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	2"
Static pressure - PSI.	77
Flow PSI.	42
Residual pressure - PSI.	54
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Waterflow alarm devices passed tests?	Yes
Inspectors test connection opened? (wet pipe when not in freezing weather)	Yes
By-pass connection opened? (wet pipe systems in freezing weather, dry pipe, preaction, or deluge)	Yes
Alarms actuated and flow observed?	Yes
Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?	Yes
Valve supervisory switches indicate movement?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### DRY PIPE SYSTEM

System - Make / Model	4" Victaulic S/756 Firelock Dry Valve
-----------------------	---------------------------------------

#### DRY PIPE SYSTEM (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	2"
Static Pressure (psi)	73
Flow (psi)	43
Residual pressure (psi)	49
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Dry Pipe Valve Partial Flow Trip Test:	
Record initial air pressure (PSI).	42
Record initial water pressure (PSI).	49
Record tripping air pressure (PSI).	6
Record tripping time (Seconds).	83 or 1:23



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## Sprinkler Inspection Report

Are above results comparable to previous tests?	Yes
Dry pipe valves free from physical damage?	Yes
Dry pipe valves trim valves in appropriate (open or closed) position?	Yes
Dry pipe valves have no leakage from intermediate chamber?	Yes
Interior of pipe in dry pipe system which passes through freezers free of ice blockage?	N/A
Dry pipe priming water level correct?	Yes
Dry pipe low air pressure signal passed test?	Yes
Quick opening devices passed test?	Yes
Low temperature alarms in dry pipe, preaction and deluge valve enclosures passed test?	N/A
Air leaks in dry pipe system resulting in air pressure loss more than 10 percent?	N/A
Dry pipe systems being maintained in dry condition?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	Yes
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	Yes
Annual or every fifth year for valves which can be reset without opening: Interior of dry pipe, preaction and deluge valves passed internal inspection?	Yes

### AIR MAINTENANCE DEVICE

Automatic air maintenance devices on dry pipe and preaction systems passed test?	Yes
--	-----

### BACKFLOW

Backflow devices passed backflow test?	No
Backflow devices passed full flow test?	N/A
All sprinkler pressure regulating control valves passed full flow test?	N/A

### 5TH YEAR TESTING / INSPECTIONS

Tests to be done every fifth year.	
Is system due for 5 Year internal pipe inspection?	Yes
Extra high, very extra high and ultra high temperature sprinklers tested?	N/A
Gauges checked against calibrated gauge or replaced?	No
Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection?	No
Check valves internally inspected and all parts operate properly, move freely and are in good condition?	No
Strainers, filters, restricted orifices and diaphragm chamber on dry pipe, preaction and deluge valves passed internal inspection?	No

### MAINTENANCE

Annual Maintenance Items	
Operating stem of all OS&Y valves lubricated completely closed and reopened?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	Yes
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### PART III - COMMENTS

## Sprinkler Inspection Report

Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here)

- \*\* Back flow prevention device's have not been tagged and or annually tested since 9/05/08 and 08/2004, the annual test is required every year to verify no cross contamination into domestic drinking water supply per 2011 NFPA 25 13.6.2.1
- \*\* Recom Full trip during warmer months, it is also required every 3 years on dry system, no record of last trip within records on site, did not fully trip system due to colder temperatures and possibility of freezing and or compromising sprinkler system per 2011 NFPA 25 13.4.4.2.2.2
- \*\* Front entry has 2 heads that are 16-6 apart recom relocating and or adding one so that they are up to current light hazard head spacing requirements, next head in line is 5-9 they are required to be further than 6-0 due to heads cold soldering
- \*\* Heads in storage 1E & 1B have heads that are further than 9' off the wall recom relocating and or adding one to be up to current small room code.
- \*\* Missing Escutcheons: Near room 308 SREC chrome, Storage 3 401 chrome, RM 213 401 chrome, rm 215 chrome semi recessed recom replacing so heads are in the proper orientation
- \*\* Heads obstructed: appears due to change of occupancy within Storage 2, Mech room 2, womens restroom appears to have been approved on install recom relocating and or adding heads per 2011 NFPA 25 4.1.5
- \*\* Quick response heads are over 20 years old, heads are 1991, and need to be tested and or replaced, a minimum of 1 percent and or at least 4 every 20 years.

### NOTES AND RECOMMENDATIONS

#### Notes and Recommendations

- \*\* Inspectors test for dry system is located in the attic access outside room 303 on east side of building
- \*\* E-24 Account Number is M81587 PW 587
- \*\* Last Full Trip appears to have been in 2008

#### Plan of Corrective Action:

\*\* Contact Taylor Fire Protection for Correction Action Plan (907-373-1760)

#### Corrective Action Taken and Date:

\*\* None Taken at This Time

### PICTURES

Photo 1

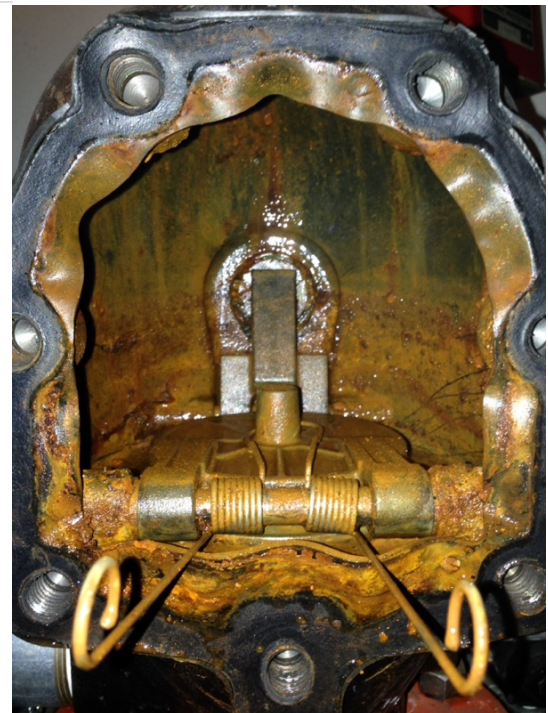


Photo 1 Description

Dry Valve internal inspection



## Sprinkler Inspection Report

Photo 2



Photo 2 Description  
Photo 3

Last time backflows were tested

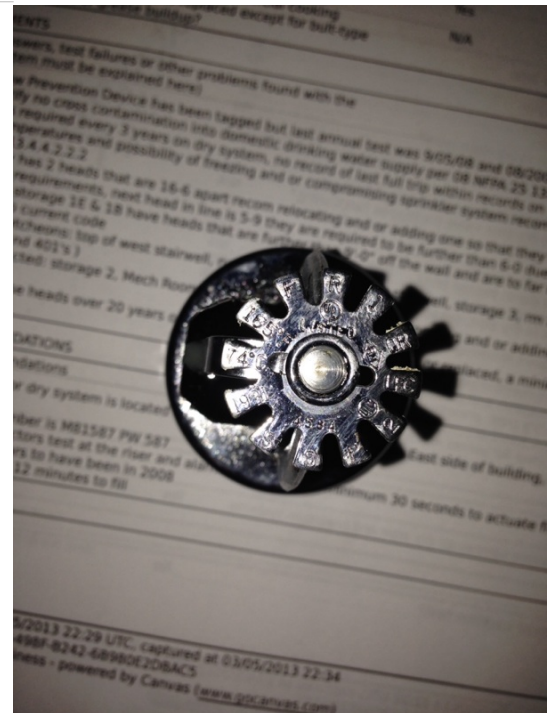


Photo 3 Description

QR heads over 20 years

## Sprinkler Inspection Report

Photo 4



Photo 4 Description  
Photo 5

QR Heads over 20 years



Photo 5 Description

Head box, spare heads and head wrenches

## Sprinkler Inspection Report

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Date: 03/11/2014

Photo 6



Photo 6 Description

Heads closer than 6' unclear if dry pendants have been pulled out of service and overhead piping is now covering outside overhang

## Sprinkler Inspection Report

Photo 7



Photo 7 Description

Valve tagged tested sealed and in the proper state prior to leaving

Photo 8





## Sprinkler Inspection Report

Photo 8 Description

Valve tagged tested sealed and in the proper state  
prior to leaving

Photo 9



Photo 9 Description

Heads 16-6 apart

Photo 10



Photo 10 Description

Heads 16-6 apart

## Sprinkler Inspection Report

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Photo 11



Photo 11 Description  
Photo 12

Fire Department connection inspection



Photo 12 Description

Compressor in the proper state prior to leaving

## Sprinkler Inspection Report

No.: 00555  
Date: 03/11/2014

Photo 13



Photo 13 Description

Compressor in the on position prior to leaving

Photo 14



Photo 14 Description

No coverage within mech room due to ducting obstructing heads

## Sprinkler Inspection Report

Photo 15

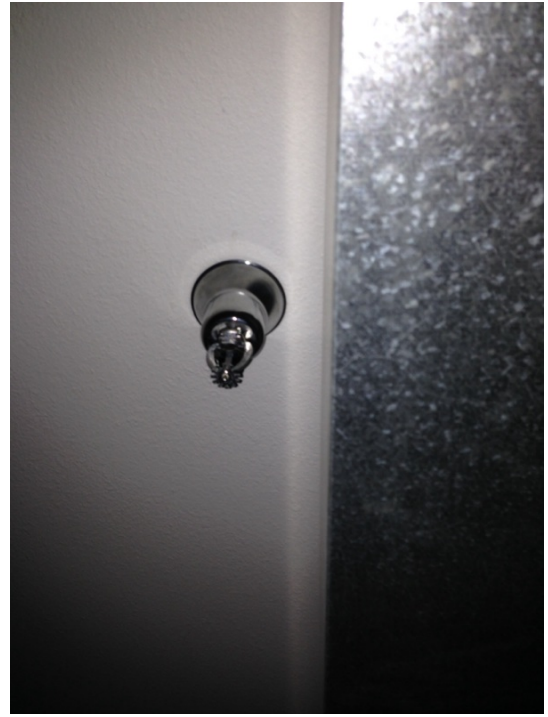


Photo 15 Description

Obstructed head within storage 2

Photo 16

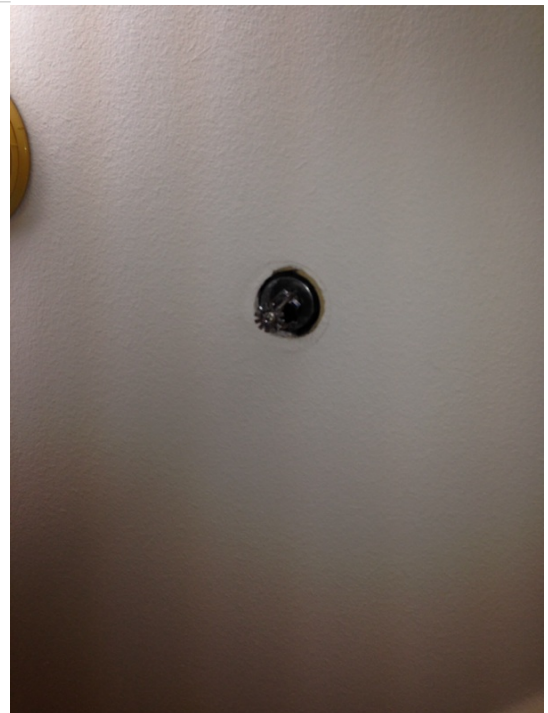


Photo 16 Description

Missing Escutcheon



## Sprinkler Inspection Report

Photo 17



Photo 17 Description

Missing Escutcheon

Photo 18

Photo 18 Description

Photo 19

Photo 19 Description

Photo 20

Photo 20 Description

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notified

Monitoring Agency

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)

Yes/No

Yes

Who

E-24

Time

18:00

### ISSUES

System restored to normal operation

Date

03/10/2014

Time

18:00

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

N/A

Date

03/10/2014

### INSPECTOR INFORMATION



Taylor Fire Protection  
725 W. Wasair Dr.  
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Wasilla, AK 99654  
www.taylorfire.com

No.: 00555

## Sprinkler Inspection Report

Date: 03/11/2014

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

All testing was completed in accordance with (standard/edition)

All Standards Within NFPA 25 Edition 2011

Name of Inspector

Alexander Martinez

License Number

10-009

Date

03/10/2014

Time

18:00

### INSPECTOR SIGNATURE

Inspector Signature



Taylor Fire Protection  
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No.: 00556

Date: 03/11/2014

## Sprinkler Inspection Report

### STATUS

Status	2
--------	---

### OWNER / CLIENT / CONTRACTING ENTITY

Date	03/10/2014
Name	City of Kenai
Address	210 Fidalgo Ave
City	Kenai
State	AK
Zip	99611
Representative	Sean Wedemeyer (Public Works Director)
Telephone	907-283-8240 or 907-599-0025
Fax	N/A
Email	swedemeyer@ci.kenai.ak.us

### PROPERTY

Name	Airport Terminal
Address	305 North Willow St
City	Kenai
State	AK
Zip	99611
Contact	Erica Shin
Telephone	907-283-7951
Location of Site	



### INSPECTION PERIOD

Inspection Date	03/10/2014
Frequency	Annual
Description of Work / Items Inspected	Annual Fire Sprinkler Inspection

### OWNERS SECTION

Is the building occupied?	Yes
Has the occupancy classification and hazard of the contents remained the same since the last inspection?	Yes
Are the fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes



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## Sprinkler Inspection Report

Was the system free of actuations of devices or alarms since the last inspection?	Yes
---	-----

### SPRINKLER & PIPING INFORMATION

Proper number and type of spare sprinklers?	Yes
Visible sprinklers free of corrosion?	Yes
Visible sprinklers free of obstructions to spray pattern?	No
Visible sprinklers free of foreign material including paint?	Yes
Visible sprinklers free of physical damage?	Yes
Visible pipe in good condition?	Yes
Visible pipe free of mechanical damage and not leaking?	Yes
Visible pipe has no external corrosion?	Yes
Visible pipe properly aligned?	Yes
Visible pipe has no external loads?	Yes
Visible pipe hangers and seismic braces not damaged or loose?	Yes
Adequate heat in areas with wet piping?	Yes
Hydraulic nameplate, if provided, securely attached to riser and legible?	N/A
Alarm devices free from physical damage?	Yes
If sprinklers have been replaced, were they proper replacements?	N/A
Gauges on systems in good condition and showing normal air and water pressure?	Yes
Are all sprinklers in service dated 1920 or later?	Yes
Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes
Standard sprinklers less than 50 years old?	Yes
If "no" (over 50 years) has sample been tested within 10 years? If "no" test sample now and every 10 years.	N/A
Are dry heads less than 10 years old?	No
If "no" (over 10 years) has sample been tested? If no test sample now.	No

### VALVES

Control Valve:	System
VALVES (DETAIL)	

Number of Valves:	1
Type:	OSY
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	Yes

Control Valve:	Sectional
VALVES (DETAIL)	

Number of Valves:	1
Type:	OSY 3" Dry System INOP
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	No
Valve operated through full range and returned to normal position?	N/A
Secured?	N/A
If "yes" (secured), How?	Other
Valve supervision operational?	N/A



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## Sprinkler Inspection Report

Operating stem of all OS&Y valves lubricated, completely closed and reopened?	No
---	----

### FIRE DEPARTMENT CONNECTION

Fire department connections visible and accessible?	Yes
Fire department connection couplings and swivels not damaged and rotate smoothly?	Yes
Fire department connection plugs or caps in place and undamaged?	Yes
Fire department connection gaskets in place and in good condition?	Yes
Fire department connections identification sign(s) in place?	Yes
Fire department connections check valve is not leaking?	Yes
Fire department connections automatic drain valve in place and operating properly?	Yes

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)

### WET SYSTEM TESTING

System - Make / Model	6" Grinnell Model A Alarm Valve
-----------------------	---------------------------------

#### WET SYSTEM TESTING (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	2"
Static pressure - PSI.	80
Flow PSI.	50
Residual pressure - PSI.	55
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Waterflow alarm devices passed tests?	Yes
Inspectors test connection opened? (wet pipe when not in freezing weather)	Yes
By-pass connection opened? (wet pipe systems in freezing weather, dry pipe, preaction, or deluge)	Yes
Alarms actuated and flow observed?	Yes
Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?	Yes
Valve supervisory switches indicate movement?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### DRY PIPE SYSTEM

System - Make / Model	3" Central Dry Valve
-----------------------	----------------------

#### DRY PIPE SYSTEM (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	1-1/4"
Static Pressure (psi)	N/A EVERYTHING IS SHUT DOWN
Flow (psi)	N/A SAME
Residual pressure (psi)	N/A SAME
Was flow observed?	N/A
Are results comparable to previous year?	N/A
Dry Pipe Valve Partial Flow Trip Test:	
Record initial air pressure (PSI).	N/A SHUT DOWN
Record initial water pressure (PSI).	N/A SAME
Record tripping air pressure (PSI).	N/A SAME
Record tripping time (Seconds).	N/A SAME



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Date: 03/11/2014

## Sprinkler Inspection Report

Are above results comparable to previous tests?	Yes
Dry pipe valves free from physical damage?	Yes
Dry pipe valves trim valves in appropriate (open or closed) position?	No
Dry pipe valves have no leakage from intermediate chamber?	N/A
Interior of pipe in dry pipe system which passes through freezers free of ice blockage?	N/A
Dry pipe priming water level correct?	N/A
Dry pipe low air pressure signal passed test?	N/A
Quick opening devices passed test?	N/A
Low temperature alarms in dry pipe, preaction and deluge valve enclosures passed test?	N/A
Air leaks in dry pipe system resulting in air pressure loss more than 10 percent?	N/A
Dry pipe systems being maintained in dry condition?	N/A
Interior of dry pipe, preaction and deluge valves cleaned?	N/A
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	N/A
Annual or every fifth year for valves which can be reset without opening: Interior of dry pipe, preaction and deluge valves passed internal inspection?	N/A

### AIR MAINTENANCE DEVICE

Automatic air maintenance devices on dry pipe and preaction systems passed test?	No
--	----

### BACKFLOW

Backflow devices passed backflow test?	N/A
Backflow devices passed full flow test?	N/A
All sprinkler pressure regulating control valves passed full flow test?	N/A

### 5TH YEAR TESTING / INSPECTIONS

Tests to be done every fifth year.	
Is system due for 5 Year internal pipe inspection?	Yes
Extra high, very extra high and ultra high temperature sprinklers tested?	N/A
Gauges checked against calibrated gauge or replaced?	No
Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection?	No
Check valves internally inspected and all parts operate properly, move freely and are in good condition?	No
Strainers, filters, restricted orifices and diaphragm chamber on dry pipe, preaction and deluge valves passed internal inspection?	No

### MAINTENANCE

Annual Maintenance Items	
Operating stem of all OS&Y valves lubricated completely closed and reopened?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	No
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	No
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### PART III - COMMENTS



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## Sprinkler Inspection Report

Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here)

**\*\* DRY SYSTEM SHUTDOWN \*\* :**

There is a dry system located on 1st floor near the north entrance within the janitors closet that is currently shutdown. It appears to feed the upstairs skybridge that ties into the outside waiting area, which has a stair well that is also covered by it, appears it also feeds the outside over hang that is in the north side of the building near the passenger terminal exit/entry from the aircraft area that currently has dry heads that are pulled and plugged. It is unclear whether or not it feeds anything in or above the bar area without further investigation it cannot be 100% certain which area are effected and are without sprinkler coverage. Appears the reason that the system was shut down was due to freeze breaks and the system was never repaired and put back online. Unclear the length of time the system has been in-op. Recommend investigating areas broken repair and replace any compromised components replace sprinkler heads that have been removed and also dry heads, add drum drips in the necessary areas to prevent further freeze breaks and put system back online.

\*\* No Coverage Due to change of occupancy and or down sprinkler system: Outside overhang that is located near the terminal entrance and exit, Upstairs bar (Upper Deck Lounge) cooler has no sprinkler coverage, sky bridge and under stairs no coverage recom adding coverage to be up to current NFPA 13 code

\*\* Dry heads over 10 years old x1 located on the outside over hang that appears to be tied into dry system that is currently shutdown

\*\* Head obstructed: within west exit the head deflector is above the ceiling and will cause an obstructed to the spray pattern if ever need to operate, recom extending head so it is below ceiling.

\*\* Missing Escutcheons: (CSC Model A Chrome Semi-Recessed) West Exit(x1), Near West Exit (x2), West Side Mens Room (x1), 2nd Floor In front of elevator (x2), In front of bear mount (x1), North entry way near baggage claim (x1), Near Polar bear mount(x1) Suite 160(X1), recom replacing so heads are in the proper orientation

## NOTES AND RECOMMENDATIONS

**Notes and Recommendations**

\*\* Inspectors test located behind office 38A / Management area

\*\* Monitored by E-24 M81590 PW 590

**Plan of Corrective Action:**

\*\* Contact Taylor Fire Protection for Correction Action Plan (907-373-1760)

**Corrective Action Taken and Date:**

\*\* None Taken at This Time

## PICTURES



## Sprinkler Inspection Report

Photo 1



Photo 1 Description  
Photo 2

Head box, Spare heads, and head wrench





## Sprinkler Inspection Report

Photo 2 Description

Riser Tagged tested and in the proper state prior to leaving

Photo 3



Photo 3 Description

Missing Escutcheon

Photo 4

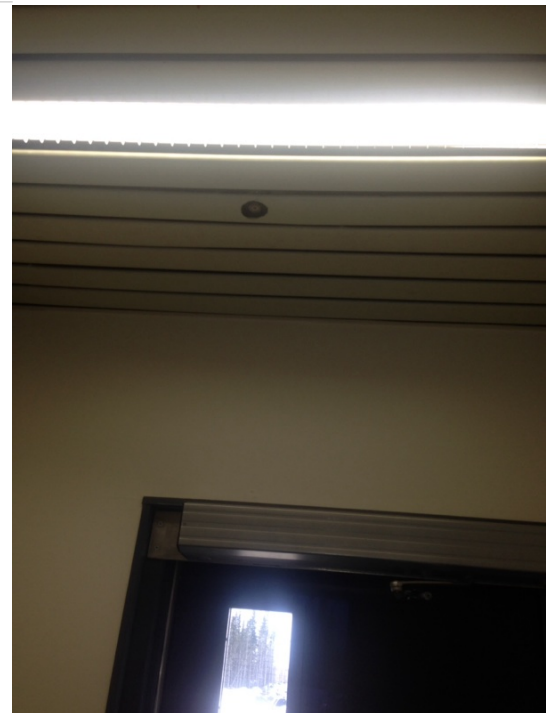


Photo 4 Description

Missing Escutcheon and head obstructed by ceiling

## Sprinkler Inspection Report

Photo 5



Photo 5 Description  
Photo 6

Appears freezer head has been replaced



## Sprinkler Inspection Report

Date: 03/11/2014

Photo 6 Description

Out side over hang dry system down and no coverage

Photo 7

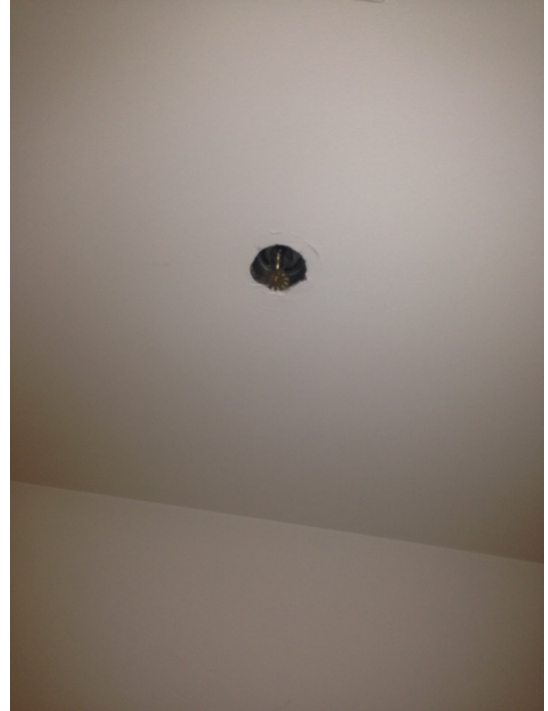


Photo 7 Description

Missing escutcheon

## Sprinkler Inspection Report

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Photo 8



Photo 8 Description  
Photo 9

(x2) Missing Escutcheons



Photo 9 Description

No coverage within cooler in upstairs bar

## Sprinkler Inspection Report

Photo 10



Photo 10 Description

Plugged and down dry system located within walk sky bridge

Photo 11



Photo 11 Description

Sky bridge no coverage



## Sprinkler Inspection Report

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Date: 03/11/2014

Photo 12



Photo 12 Description

Fire department connection inspection w/ Knox cap's  
need key to inspect

Photo 13

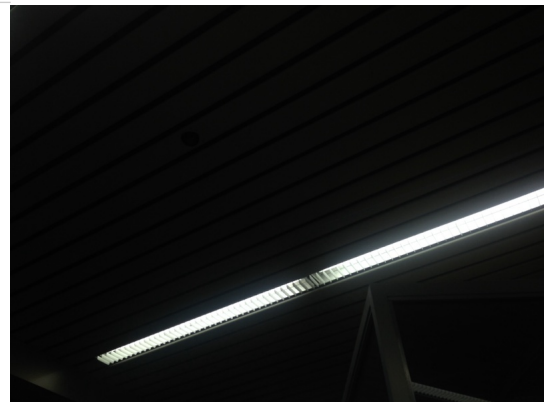


Photo 13 Description

missing escutcheon

## Sprinkler Inspection Report

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Photo 14



Photo 14 Description  
Photo 15

missing escutcheon



Photo 15 Description  
Photo 16

missing escutcheon



Photo 16 Description

missing escutcheon

## Sprinkler Inspection Report

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Photo 17



Photo 17 Description  
Photo 18

Inspectors test for wet system



Photo 18 Description

No coverage due to change of occupancy



## Sprinkler Inspection Report

Photo 19



Photo 19 Description

Dry system that is not operational

Photo 20

Photo 20 Description

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notified

Monitoring Agency

### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)

Yes/No

Yes

Who

E-24

Time

14:20

### ISSUES

System restored to normal operation

Date

03/11/2014

Time

14:20

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

N/A

Date

03/11/2014

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00556

## Sprinkler Inspection Report

Date: 03/11/2014

All testing was completed in accordance with (standard/edition)	All Standards Within NFPA 25 Edition 2011
Name of Inspector	Alexander Martinez
License Number	10-009
Date	03/11/2014
Time	14:30

INSPECTOR SIGNATURE

Inspector Signature

A handwritten signature in black ink, appearing to be 'Alexander Martinez', written over a horizontal line.



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00558

Date: 03/12/2014

## Sprinkler Inspection Report

### STATUS

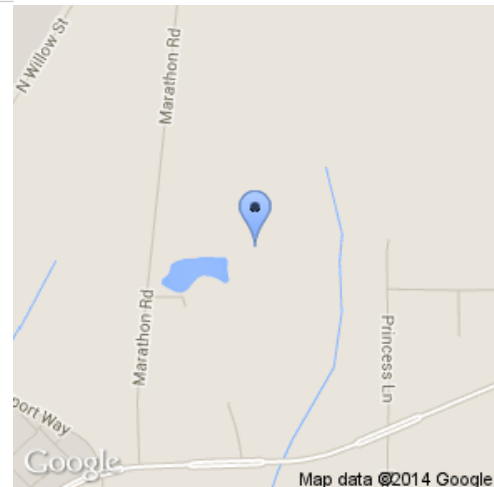
Status 3

### OWNER / CLIENT / CONTRACTING ENTITY

Date 03/10/2014  
Name City of Kenai  
Address 210 Fidalgo Ave  
City Kenai  
State AK  
Zip 99611  
Representative Sean Wedemeyer (Public Works Director)  
Telephone 907-283-8240 or 907-599-0025  
Fax N/A  
Email swedemeyer@ci.kenai.ak.us

### PROPERTY

Name Beacon Fire Training Center  
Address 450 Daubenspeck Circle  
City Kenai  
State AK  
Zip 99611  
Contact Kelly Gifford  
Telephone 907-283-3054  
Location of Site



### INSPECTION PERIOD

Inspection Date 03/11/2014  
Frequency Annual  
Description of Work / Items Inspected Annual Fire Sprinkler Inspection

### OWNERS SECTION

Is the building occupied? Yes  
Has the occupancy classification and hazard of the contents remained the same since the last inspection? Yes  
Are the fire protection systems in service? Yes  
Has the system remained in service without modification since the last inspection? Yes



Taylor Fire Protection  
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Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00558

Date: 03/12/2014

## Sprinkler Inspection Report

Was the system free of actuations of devices or alarms since the last inspection?	Yes
---	-----

### SPRINKLER & PIPING INFORMATION

Proper number and type of spare sprinklers?	Yes
Visible sprinklers free of corrosion?	Yes
Visible sprinklers free of obstructions to spray pattern?	Yes
Visible sprinklers free of foreign material including paint?	Yes
Visible sprinklers free of physical damage?	Yes
Visible pipe in good condition?	Yes
Visible pipe free of mechanical damage and not leaking?	Yes
Visible pipe has no external corrosion?	Yes
Visible pipe properly aligned?	Yes
Visible pipe has no external loads?	Yes
Visible pipe hangers and seismic braces not damaged or loose?	Yes
Adequate heat in areas with wet piping?	Yes
Hydraulic nameplate, if provided, securely attached to riser and legible?	Yes
Alarm devices free from physical damage?	Yes
If sprinklers have been replaced, were they proper replacements?	N/A
Gauges on systems in good condition and showing normal air and water pressure?	Yes
Are all sprinklers in service dated 1920 or later?	Yes
Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes
Standard sprinklers less than 50 years old?	Yes
If "no" (over 50 years) has sample been tested within 10 years? If "no" test sample now and every 10 years.	N/A
Are dry heads less than 10 years old?	N/A
If "no" (over 10 years) has sample been tested? If no test sample now.	N/A

### VALVES

Control Valve:	Backflow
VALVES (DETAIL)	
Number of Valves:	2
Type:	OSY
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	Yes

### FIRE DEPARTMENT CONNECTION

Fire department connections visible and accessible?	Yes
Fire department connection couplings and swivels not damaged and rotate smoothly?	Yes
Fire department connection plugs or caps in place and undamaged?	Yes
Fire department connection gaskets in place and in good condition?	Yes
Fire department connections identification sign(s) in place?	Yes
Fire department connections check valve is not leaking?	Yes
Fire department connections automatic drain valve in place and operating properly?	Yes

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)



Taylor Fire Protection  
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Wasilla, AK 99654  
www.taylorfire.com

No.: 00558

Date: 03/12/2014

## Sprinkler Inspection Report

### WET SYSTEM TESTING

System - Make / Model 4" Tyco Ready Riser w/ Test and Drain

#### WET SYSTEM TESTING (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	2"
Static pressure - PSI.	64
Flow PSI.	45
Residual pressure - PSI.	59
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Waterflow alarm devices passed tests?	Yes
Inspectors test connection opened? (wet pipe when not in freezing weather)	N/A
By-pass connection opened? (wet pipe systems in freezing weather, dry pipe, preaction, or deluge)	Yes
Alarms actuated and flow observed?	Yes
Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?	Yes
Valve supervisory switches indicate movement?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### AIR MAINTENANCE DEVICE

Automatic air maintenance devices on dry pipe and preaction systems passed test?

### BACKFLOW

Backflow devices passed backflow test?	No
Backflow devices passed full flow test?	N/A
All sprinkler pressure regulating control valves passed full flow test?	N/A

### 5TH YEAR TESTING / INSPECTIONS

Tests to be done every fifth year.	
Is system due for 5 Year internal pipe inspection?	Yes
Extra high, very extra high and ultra high temperature sprinklers tested?	N/A
Gauges checked against calibrated gauge or replaced?	No
Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection?	N/A
Check valves internally inspected and all parts operate properly, move freely and are in good condition?	No
Strainers, filters, restricted orifices and diaphragm chamber on dry pipe, preaction and deluge valves passed internal inspection?	N/A

### MAINTENANCE

Annual Maintenance Items	
Operating stem of all OS&Y valves lubricated completely closed and reopened?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	N/A
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	N/A
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### PART III - COMMENTS



Taylor Fire Protection  
725 W. Wasair Dr.  
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Wasilla, AK 99654  
www.taylorfire.com

No.: 00558

Date: 03/12/2014

## Sprinkler Inspection Report

Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here)

- \*\* Backflow preventer has not been annually tested and no paper work on site indicating so, recom annually testing to ensure no cross contamination of sprinkler water entering drinking water supply per 2011 NFPA 25 13.6.2.1
- \*\* High Temp Heads over 5 years need to be tested and or replaced within the generator room 2nd floor above generator (500 Degree Sauder Link upright) Per 2011 NFPA 25 5.3.1.1.3

### NOTES AND RECOMMENDATIONS

#### Notes and Recommendations

- \*\* Monitored by E-24 985014 PW 014
- \*\* No Outside bell tied into the flow switch, only tied into the FACP NACs
- \*\* Head on 2nd floor that covers sky light appears to be a 175 degree head recom adding a high temperature head, and also appears there is no color left in the bulb would have to get a ladder to inspect appropriately if found that the color is lost recom replacing and putting a higher temp side wall in lieu of . (\*\* NOTE AND RECOM\*\*)

#### Plan of Corrective Action:

\*\* Contact Taylor Fire Protection for Correction Action Plan (907-373-1760)

#### Corrective Action Taken and Date:

\*\* None Taken at This Time

### PICTURES

Photo 1



Photo 1 Description

Backflow due for annual test and is in the proper state prior to leaving

Photo 2

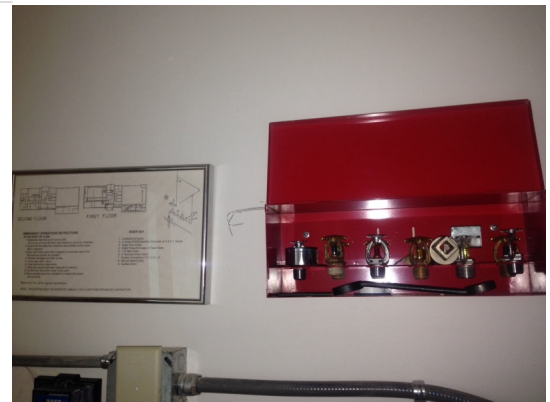


Photo 2 Description

Head box spare heads and head wrenches and map

## Sprinkler Inspection Report

Photo 3



Photo 3 Description  
Photo 4

Hydraulic calc plates securely attached



Photo 4 Description

Riser tagged and in the proper state prior to leaving



## Sprinkler Inspection Report

Photo 5

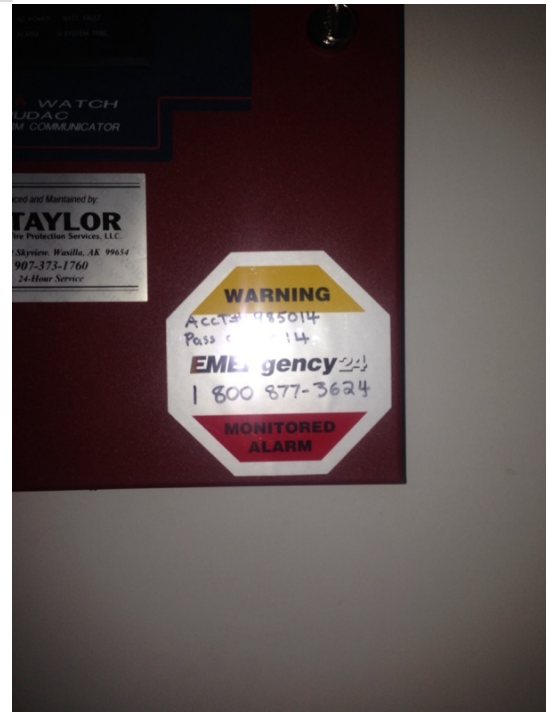


Photo 5 Description  
Photo 6

E 24 account info and sprinkler panel communicator

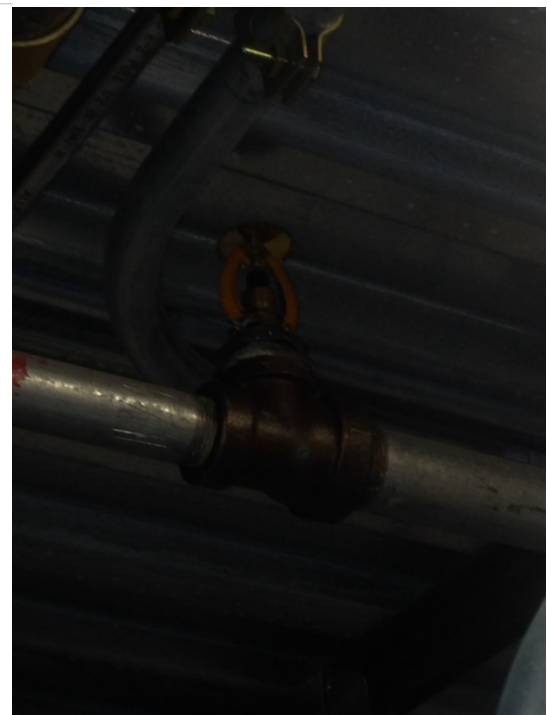


Photo 6 Description

head 500 degree needs to be tested every 5 years



## Sprinkler Inspection Report

Photo 7

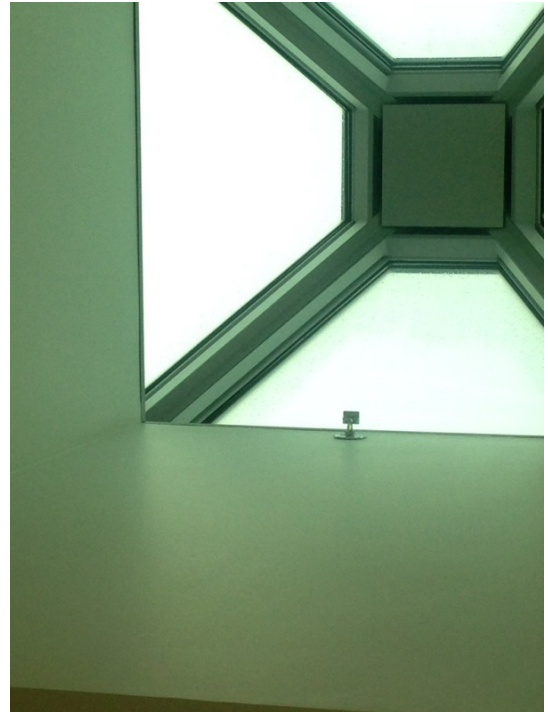


Photo 7 Description

Head on sky light is 175 degree and also appears the color is lost recom higher temp head and verify color of bulb

## Sprinkler Inspection Report

Photo 8



Fire department connection inspection

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description

Photo 18

Photo 18 Description

Photo 19

Photo 19 Description

Photo 20

Photo 20 Description

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notified

Monitoring Agency

### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)

Yes/No

Yes



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00558

Date: 03/12/2014

## Sprinkler Inspection Report

Who	E 24
Time	17:55

### ISSUES

System restored to normal operation	
Date	03/11/2014
Time	17:55

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

N/A

Date	03/11/2014
------	------------

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

All testing was completed in accordance with (standard/edition)	All Standards Within NFPA 25 Edition 2011
Name of Inspector	Alexander Martinez
License Number	10-009
Date	03/11/2014
Time	18:21

### INSPECTOR SIGNATURE

Inspector Signature



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00559

Date: 03/13/2014

## Sprinkler Inspection Report

### STATUS

Status	3
--------	---

### OWNER / CLIENT / CONTRACTING ENTITY

Date	03/10/2014
Name	City of Kenai
Address	210 Fidalgo Ave
City	Kenai
State	AK
Zip	99611
Representative	Sean Wedemeyer (Public Works Director)
Telephone	907-283-8240 or 907-599-0025
Fax	N/A
Email	swedemeyer@ci.kenai.ak.us

### PROPERTY

Name	Kenai Library
Address	163 Main St Loop
City	Kenai
State	AK
Zip	99611
Contact	Mary White
Telephone	907-283-4378
Location of Site	



### INSPECTION PERIOD

Inspection Date	03/12/2014
Frequency	Annual
Description of Work / Items Inspected	Annual Fire Sprinkler Inspection

### OWNERS SECTION

Is the building occupied?	Yes
Has the occupancy classification and hazard of the contents remained the same since the last inspection?	Yes
Are the fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes



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No.: 00559

Date: 03/13/2014

## Sprinkler Inspection Report

Was the system free of actuations of devices or alarms since the last inspection?	Yes
---	-----

### SPRINKLER & PIPING INFORMATION

Proper number and type of spare sprinklers?	Yes
Visible sprinklers free of corrosion?	Yes
Visible sprinklers free of obstructions to spray pattern?	Yes
Visible sprinklers free of foreign material including paint?	Yes
Visible sprinklers free of physical damage?	Yes
Visible pipe in good condition?	Yes
Visible pipe free of mechanical damage and not leaking?	Yes
Visible pipe has no external corrosion?	Yes
Visible pipe properly aligned?	Yes
Visible pipe has no external loads?	Yes
Visible pipe hangers and seismic braces not damaged or loose?	Yes
Adequate heat in areas with wet piping?	Yes
Hydraulic nameplate, if provided, securely attached to riser and legible?	Yes
Alarm devices free from physical damage?	Yes
If sprinklers have been replaced, were they proper replacements?	N/A
Gauges on systems in good condition and showing normal air and water pressure?	Yes
Are all sprinklers in service dated 1920 or later?	Yes
Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes
Standard sprinklers less than 50 years old?	Yes
If "no" (over 50 years) has sample been tested within 10 years? If "no" test sample now and every 10 years.	N/A
Are dry heads less than 10 years old?	No
If "no" (over 10 years) has sample been tested? If no test sample now.	No

### VALVES

Control Valve:	Backflow
VALVES (DETAIL)	
Number of Valves:	2
Type:	BFV
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	N/A

### FIRE DEPARTMENT CONNECTION

Fire department connections visible and accessible?	Yes
Fire department connection couplings and swivels not damaged and rotate smoothly?	Yes
Fire department connection plugs or caps in place and undamaged?	Yes
Fire department connection gaskets in place and in good condition?	Yes
Fire department connections identification sign(s) in place?	Yes
Fire department connections check valve is not leaking?	Yes
Fire department connections automatic drain valve in place and operating properly?	Yes
(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)	



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00559

Date: 03/13/2014

## Sprinkler Inspection Report

### WET SYSTEM TESTING

System - Make / Model 2-1/2" Reliable Ready Riser

#### WET SYSTEM TESTING (DETAIL)

Sprinkler system main drain test:

Drain Size (inch)	1-1/4"
Static pressure - PSI.	70
Flow PSI.	40
Residual pressure - PSI.	48
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Waterflow alarm devices passed tests?	Yes
Inspectors test connection opened? (wet pipe when not in freezing weather)	Yes
By-pass connection opened? (wet pipe systems in freezing weather, dry pipe, preaction, or deluge)	Yes
Alarms actuated and flow observed?	Yes
Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?	Yes
Valve supervisory switches indicate movement?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### AIR MAINTENANCE DEVICE

Automatic air maintenance devices on dry pipe and preaction systems passed test?

### BACKFLOW

Backflow devices passed backflow test?	No
Backflow devices passed full flow test?	N/A
All sprinkler pressure regulating control valves passed full flow test?	N/A

### 5TH YEAR TESTING / INSPECTIONS

Tests to be done every fifth year.	
Is system due for 5 Year internal pipe inspection?	No
Extra high, very extra high and ultra high temperature sprinklers tested?	N/A
Gauges checked against calibrated gauge or replaced?	No
Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection?	N/A
Check valves internally inspected and all parts operate properly, move freely and are in good condition?	N/A
Strainers, filters, restricted orifices and diaphragm chamber on dry pipe, preaction and deluge valves passed internal inspection?	N/A

### MAINTENANCE

Annual Maintenance Items	
Operating stem of all OS&Y valves lubricated completely closed and reopened?	N/A
Interior of dry pipe, preaction and deluge valves cleaned?	N/A
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	N/A
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### PART III - COMMENTS



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00559

Date: 03/13/2014

## Sprinkler Inspection Report

Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here)

\*\* Backflow prevention device is due for annual inspection, last inspection date was 5/23/2011, recom testing from year to year to ensure no cross contamination of sprinkler water into drinking water supply per 2011 NFPA 25

### NOTES AND RECOMMENDATIONS

#### Notes and Recommendations

- \*\* System Monitored by Guardian Security
- \*\* Panel is a EST 3 use disable codes
- \*\* Inspectors test at the riser
- \*\* Knox Caps on Fire Department connection need Knox Keys to inspect

#### Plan of Corrective Action:

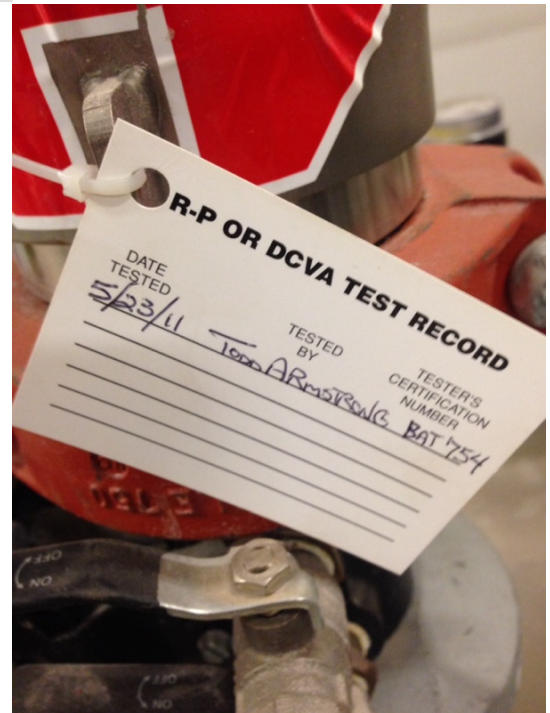
\*\* Contact Taylor Fire Protection for Correction Action Plan (907-373-1760)

#### Corrective Action Taken and Date:

\*\* None Taken at This Time

### PICTURES

#### Photo 1



#### Photo 1 Description

Last time backflow prevention device was tested and tagged



## Sprinkler Inspection Report

Photo 2

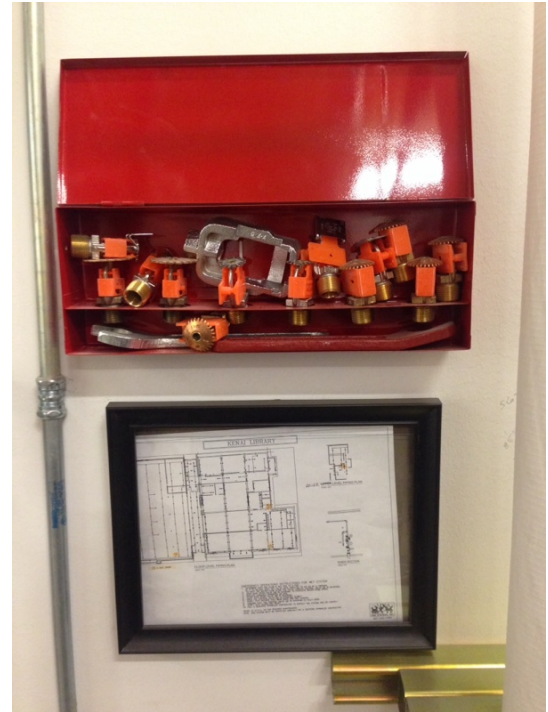


Photo 2 Description  
Photo 3

head box, spare heads, and head wrench



Photo 3 Description

Fire Department connection inspection



## Sprinkler Inspection Report

Photo 4



Riser tagged and in the proper state prior to leaving

Photo 4 Description

Photo 5

Photo 5 Description

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description

Photo 18

Photo 18 Description

Photo 19

Photo 19 Description

Photo 20

Photo 20 Description

NOTIFICATIONS THAT TESTING IS COMPLETE



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00559

## Sprinkler Inspection Report

Date: 03/13/2014

Notified \_\_\_\_\_ Monitoring Agency \_\_\_\_\_

### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_

Yes/No \_\_\_\_\_

Who \_\_\_\_\_

Time \_\_\_\_\_

Yes

GUARDIAN SECURITY

09:48

### ISSUES

System restored to normal operation

Date \_\_\_\_\_

Time \_\_\_\_\_

03/12/2014

09:48

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature \_\_\_\_\_

N/A

Date \_\_\_\_\_

03/12/2014

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

All testing was completed in accordance with (standard/edition) \_\_\_\_\_

All Standards Within NFPA 25 Edition 2011

Name of Inspector \_\_\_\_\_

Alexander Martinez

License Number \_\_\_\_\_

10-009

Date \_\_\_\_\_

03/12/2014

Time \_\_\_\_\_

10:49

### INSPECTOR SIGNATURE

Inspector Signature \_\_\_\_\_



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00557

Date: 03/11/2014

## Sprinkler Inspection Report

### STATUS

Status	3
--------	---

### OWNER / CLIENT / CONTRACTING ENTITY

Date	03/11/2014
Name	City of Kenai
Address	210 Fidalgo Ave
City	Kenai
State	AK
Zip	99611
Representative	Sean Wedemeyer (Public Works Director)
Telephone	907-283-8240 or 907-599-0025
Fax	N/A
Email	swedemeyer@ci.kenai.ak.us

### PROPERTY

Name	Airport Operations
Address	515 North Willow St
City	Kenai
State	AK
Zip	99611
Contact	Earl Hicks
Telephone	907-283-5265
Location of Site	



### INSPECTION PERIOD

Inspection Date	03/11/2014
Frequency	Annual
Description of Work / Items Inspected	Annual Fire Sprinkler Inspection

### OWNERS SECTION

Is the building occupied?	Yes
Has the occupancy classification and hazard of the contents remained the same since the last inspection?	Yes
Are the fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes



Taylor Fire Protection  
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Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00557

Date: 03/11/2014

## Sprinkler Inspection Report

Was the system free of actuations of devices or alarms since the last inspection?	Yes
---	-----

### SPRINKLER & PIPING INFORMATION

Proper number and type of spare sprinklers?	Yes
Visible sprinklers free of corrosion?	Yes
Visible sprinklers free of obstructions to spray pattern?	Yes
Visible sprinklers free of foreign material including paint?	No
Visible sprinklers free of physical damage?	Yes
Visible pipe in good condition?	Yes
Visible pipe free of mechanical damage and not leaking?	Yes
Visible pipe has no external corrosion?	Yes
Visible pipe properly aligned?	Yes
Visible pipe has no external loads?	Yes
Visible pipe hangers and seismic braces not damaged or loose?	Yes
Adequate heat in areas with wet piping?	Yes
Hydraulic nameplate, if provided, securely attached to riser and legible?	No
Alarm devices free from physical damage?	Yes
If sprinklers have been replaced, were they proper replacements?	N/A
Gauges on systems in good condition and showing normal air and water pressure?	Yes
Are all sprinklers in service dated 1920 or later?	Yes
Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes
Standard sprinklers less than 50 years old?	Yes
If "no" (over 50 years) has sample been tested within 10 years? If "no" test sample now and every 10 years.	N/A
Are dry heads less than 10 years old?	No
If "no" (over 10 years) has sample been tested? If no test sample now.	No

### VALVES

Control Valve:	Backflow
VALVES (DETAIL)	

Number of Valves:	2
Type:	OSY
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	Yes

Control Valve:	System
VALVES (DETAIL)	

Number of Valves:	2
Type:	4" and 2-1/2" BFV
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes



Taylor Fire Protection  
725 W. Wasair Dr.  
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www.taylorfire.com

No.: 00557

Date: 03/11/2014

## Sprinkler Inspection Report

Operating stem of all OS&Y valves lubricated, completely closed and reopened?	N/A
---	-----

### FIRE DEPARTMENT CONNECTION

Fire department connections visible and accessible?	Yes
Fire department connection couplings and swivels not damaged and rotate smoothly?	Yes
Fire department connection plugs or caps in place and undamaged?	Yes
Fire department connection gaskets in place and in good condition?	Yes
Fire department connections identification sign(s) in place?	Yes
Fire department connections check valve is not leaking?	Yes
Fire department connections automatic drain valve in place and operating properly?	Yes

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)

### WET SYSTEM TESTING

System - Make / Model	2-1/2" Tyco Ready Riser
-----------------------	-------------------------

#### WET SYSTEM TESTING (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	1-1/4"
Static pressure - PSI.	117
Flow PSI.	52
Residual pressure - PSI.	65
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Waterflow alarm devices passed tests?	Yes
Inspectors test connection opened? (wet pipe when not in freezing weather)	Yes
By-pass connection opened? (wet pipe systems in freezing weather, dry pipe, preaction, or deluge)	Yes
Alarms actuated and flow observed?	Yes
Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?	Yes
Valve supervisory switches indicate movement?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### DRY PIPE SYSTEM

System - Make / Model	3" Victaulic S/756 Firelock Dry Valve
-----------------------	---------------------------------------

#### DRY PIPE SYSTEM (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	1-1/4"
Static Pressure (psi)	117
Flow (psi)	51
Residual pressure (psi)	65
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Dry Pipe Valve Partial Flow Trip Test:	
Record initial air pressure (PSI).	32
Record initial water pressure (PSI).	117
Record tripping air pressure (PSI).	17
Record tripping time (Seconds).	21



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00557

Date: 03/11/2014

## Sprinkler Inspection Report

Are above results comparable to previous tests?	Yes
Dry pipe valves free from physical damage?	Yes
Dry pipe valves trim valves in appropriate (open or closed) position?	Yes
Dry pipe valves have no leakage from intermediate chamber?	Yes
Interior of pipe in dry pipe system which passes through freezers free of ice blockage?	N/A
Dry pipe priming water level correct?	Yes
Dry pipe low air pressure signal passed test?	Yes
Quick opening devices passed test?	Yes
Low temperature alarms in dry pipe, preaction and deluge valve enclosures passed test?	N/A
Air leaks in dry pipe system resulting in air pressure loss more than 10 percent?	N/A
Dry pipe systems being maintained in dry condition?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	Yes
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	Yes
Annual or every fifth year for valves which can be reset without opening: Interior of dry pipe, preaction and deluge valves passed internal inspection?	Yes

### AIR MAINTENANCE DEVICE

Automatic air maintenance devices on dry pipe and preaction systems passed test?	Yes
--	-----

### BACKFLOW

Backflow devices passed backflow test?	No
Backflow devices passed full flow test?	N/A
All sprinkler pressure regulating control valves passed full flow test?	N/A

### 5TH YEAR TESTING / INSPECTIONS

Tests to be done every fifth year.	
Is system due for 5 Year internal pipe inspection?	Yes
Extra high, very extra high and ultra high temperature sprinklers tested?	N/A
Gauges checked against calibrated gauge or replaced?	No
Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection?	N/A
Check valves internally inspected and all parts operate properly, move freely and are in good condition?	No
Strainers, filters, restricted orifices and diaphragm chamber on dry pipe, preaction and deluge valves passed internal inspection?	No

### MAINTENANCE

Annual Maintenance Items	
Operating stem of all OS&Y valves lubricated completely closed and reopened?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	Yes
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### PART III - COMMENTS



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Date: 03/11/2014

## Sprinkler Inspection Report

Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here)

- \*\* Backflow prevention device appears it has not been annually tested and or tagged, recom getting it tested to ensure there is no cross contamination into drinking water supply per 2011 NFPA 25 13.6.2.1
- \*\* Due to change of occupancy : near the womens restroom 1st floor appears a wall was added, and now the closet sprinkler head is 11-6 off the wall recom adding one head and or relocating so that the head spacing is up to current NFPA 13 code per 2011 NFPA 25 4.1.5
- \*\* Loaded Heads (foreign material / Dirty) near kitchen area and within breakroom / kitchen area near air supply / return grills recom cleaning and or replacing per 2011 NFPA 25 5.2.1.1.2
- \*\* Improper Temperature Rating: Heads that are located above the vertical unit heaters in fire truck bays are closer than 7Ft and are 155 degree rating recom installing intermediate or high temperature heads near those unites. 0' to 7' need to be 286, and 7' to 12' need to be 200 degree
- \*\* Dry heads over 10 years old need to be tested or replaced: per 2011 NFPA 25 5.3.1.1.1.6 Dated(2001) 3/4" 155 Degree QR Chrome Sleeve and Skirt: Ceiling in Dirt Bay has 8 dry heads that appear to have been replaced, Tractor bay (x15), West Bay with foam trucks (x25), and one above rear entry to the building (x1), Front entry (x3)
- \*\* Outside sprinkler bell did not operate while in alarm it appears the plunger is working but the bell cover has shifted enough to not hit the bell recom. repositioning so it hits the plunger if still failing after that recom replacing bell

## NOTES AND RECOMMENDATIONS

### Notes and Recommendations

- \*\* E-24 monitors account
- \*\* Inspectors test for dry system is located in the dirt bay outside access only
- \*\* There are a total of 24 low points on the dry system
- \*\* Last full trip was done by ACCEL on 12/22/2012 partial trip was completed this year due to colder weather did not want to compromise sprinkler system and cause any freeze breaks
- \*\* There are accessible drum drips on east and west sides of building, the others are located up high or under large over head doors

Plan of Corrective Action:

\*\* Contact Taylor Fire Protection for Correction Action Plan (907-373-1760)

Corrective Action Taken and Date:

\*\* None Taken at This Time

## PICTURES



## Sprinkler Inspection Report

No.: 00557  
Date: 03/11/2014

Photo 1

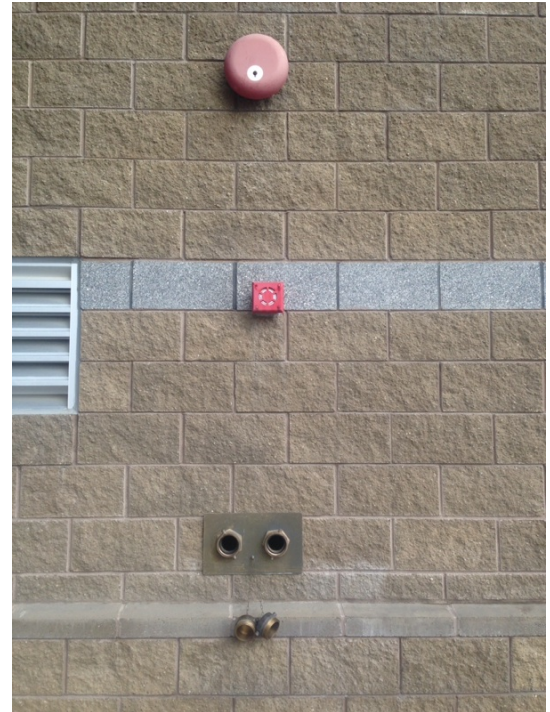


Photo 1 Description  
Photo 2

Fire department connection Inspection

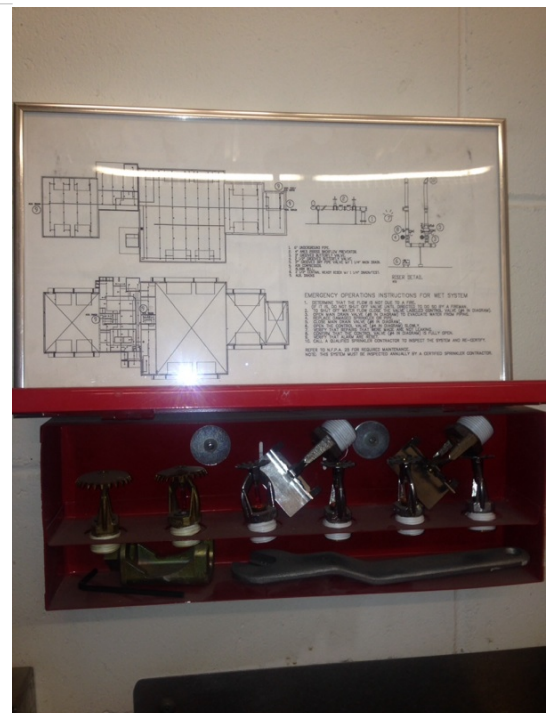


Photo 2 Description

Head box spare heads and wrenches and map



## Sprinkler Inspection Report

No.: 00557  
Date: 03/11/2014

Photo 3



Photo 3 Description  
Photo 4

Inspectors test for dry system located within dirt bay

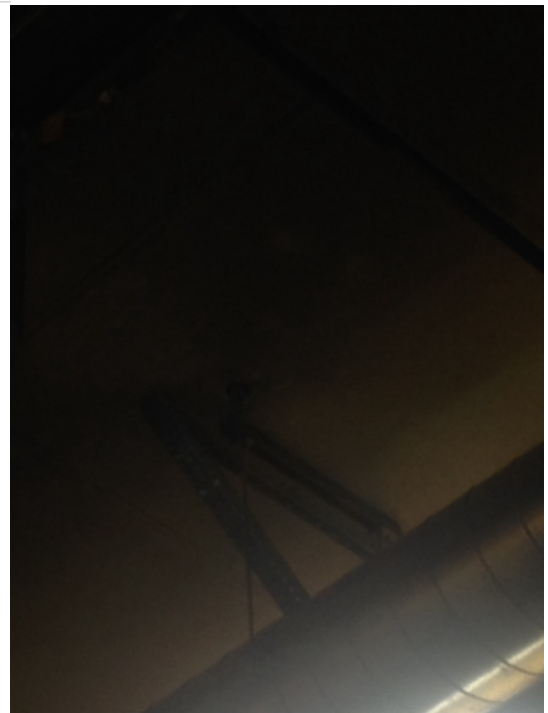


Photo 4 Description

Missing escutcheon located within dirt bay

## Sprinkler Inspection Report

No.: 00557  
Date: 03/11/2014

Photo 5



Photo 5 Description  
Photo 6

Internal Dry valve inspection



## Sprinkler Inspection Report

Photo 6 Description

Backflow that needs to be annually tested and valves in the proper state prior to leaving

Photo 7



Photo 7 Description

compressor in the proper state prior to leaving

Photo 8

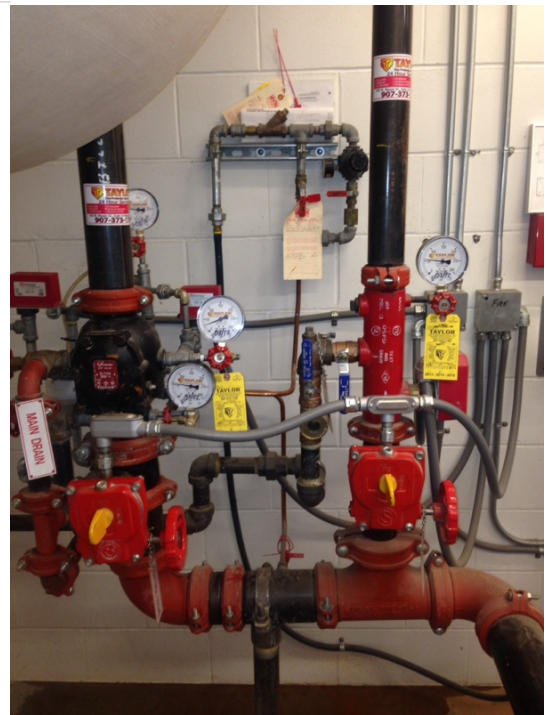


Photo 8 Description

Risers tagged and in the proper state tested and sealed prior to leaving

## Sprinkler Inspection Report

Photo 9

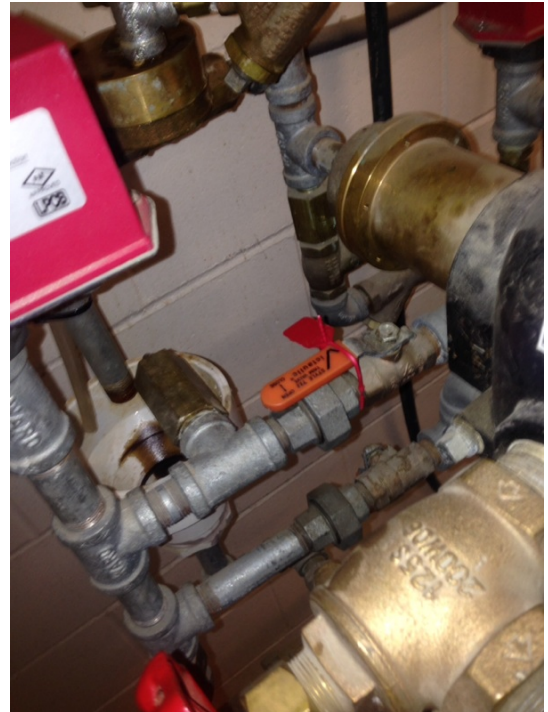


Photo 9 Description

alarm line sealed on dry system and in proper state prior to leaving

Photo 10





## Sprinkler Inspection Report

Photo 10 Description  
Photo 11

head 11-6 off wall due to change of occupancy



Photo 11 Description  
Photo 12

dry head over 10 years old



Photo 12 Description

Dry horizontal side walls outside work out room

## Sprinkler Inspection Report

Photo 13



Photo 13 Description  
Photo 14

Auxiliary drains typical through out

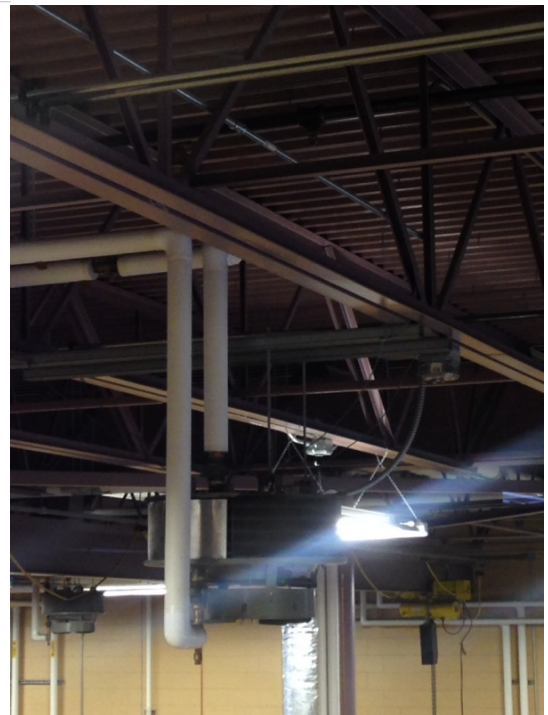


Photo 14 Description

heads above heaters wrong temperature

## Sprinkler Inspection Report

Photo 15



Photo 15 Description

Dry heads on hard lids located within truck bay that are 10 years old test or replace

Photo 16



Photo 16 Description

Dry heads over 10 years old front entry way

Photo 17



Photo 17 Description

Air maint device in proper state and sealed prior to leaving

## Sprinkler Inspection Report

Photo 18

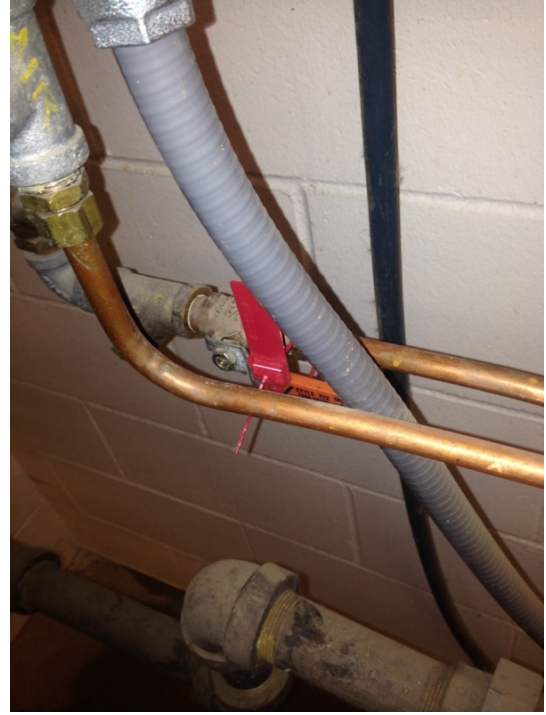


Photo 18 Description

Water pilot line on and sealed and in proper state prior to leaving

Photo 19

Photo 19 Description

Photo 20

Photo 20 Description

### NOTIFICATIONS THAT TESTING IS COMPLETE

Notified

Monitoring Agency

#### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify)

Yes/No

Yes

Who

E 24

Time

16:00

### ISSUES

System restored to normal operation

Date

03/11/2014

Time

16:00

### OWNER OR REPRESENTATIVE SIGNATURE





Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00557

Date: 03/11/2014

## Sprinkler Inspection Report

Owner or Representative Signature

N/A

Date

03/11/2014

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

All testing was completed in accordance with (standard/edition)

All Standards Within NFPA 25 Edition 2011

Name of Inspector

Alexander Martinez

License Number

10-009

Date

03/11/2014

Time

04:00

### INSPECTOR SIGNATURE

Inspector Signature



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00561

Date: 03/13/2014

## Sprinkler Inspection Report

### STATUS

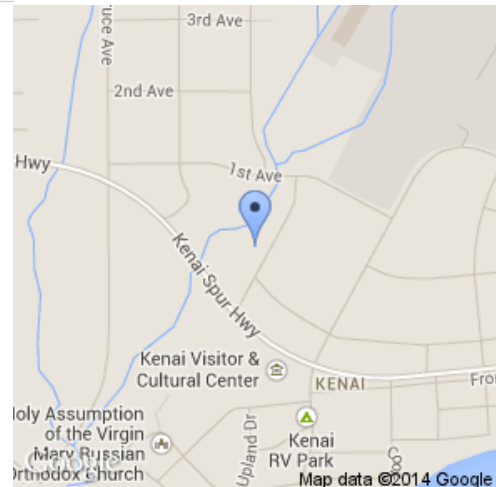
Status	3
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### OWNER / CLIENT / CONTRACTING ENTITY

Date	03/12/2014
Name	City of Kenai
Address	210 Fidalgo Ave
City	Kenai
State	AK
Zip	99611
Representative	Sean Wedemeyer (Public Works Director)
Telephone	907-283-8240 or 907-599-0025
Fax	N/A
Email	swedemeyer@ci.kenai.ak.us

### PROPERTY

Name	Kenai WWTP and Chlorine BLDG
Address	600 S. Spruce St
City	Kenai
State	AK
Zip	99611
Contact	Jerry Potter
Telephone	907-283-8266 or 907-398-3088
Location of Site	



### INSPECTION PERIOD

Inspection Date	03/12/2014
Frequency	Annual
Description of Work / Items Inspected	Annual Fire Sprinkler Inspection

### OWNERS SECTION

Is the building occupied?	Yes
Has the occupancy classification and hazard of the contents remained the same since the last inspection?	Yes
Are the fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes



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www.taylorfire.com

No.: 00561

Date: 03/13/2014

## Sprinkler Inspection Report

Was the system free of actuations of devices or alarms since the last inspection?	Yes
---	-----

### SPRINKLER & PIPING INFORMATION

Proper number and type of spare sprinklers?	Yes
Visible sprinklers free of corrosion?	Yes
Visible sprinklers free of obstructions to spray pattern?	Yes
Visible sprinklers free of foreign material including paint?	Yes
Visible sprinklers free of physical damage?	Yes
Visible pipe in good condition?	Yes
Visible pipe free of mechanical damage and not leaking?	Yes
Visible pipe has no external corrosion?	Yes
Visible pipe properly aligned?	Yes
Visible pipe has no external loads?	Yes
Visible pipe hangers and seismic braces not damaged or loose?	Yes
Adequate heat in areas with wet piping?	Yes
Hydraulic nameplate, if provided, securely attached to riser and legible?	Yes
Alarm devices free from physical damage?	No
If sprinklers have been replaced, were they proper replacements?	N/A
Gauges on systems in good condition and showing normal air and water pressure?	Yes
Are all sprinklers in service dated 1920 or later?	Yes
Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.	Yes
Standard sprinklers less than 50 years old?	Yes
If "no" (over 50 years) has sample been tested within 10 years? If "no" test sample now and every 10 years.	N/A
Are dry heads less than 10 years old?	N/A
If "no" (over 10 years) has sample been tested? If no test sample now.	N/A

### VALVES

Control Valve:	Backflow
VALVES (DETAIL)	
Number of Valves:	2
Type:	OSY
Easily Accessible?	Yes
Signs?	Yes
Valve on system in correct (open or closed) position?	Yes
Valve operated through full range and returned to normal position?	Yes
Secured?	Yes
If "yes" (secured), How?	Supervised
Valve supervision operational?	Yes
Operating stem of all OS&Y valves lubricated, completely closed and reopened?	Yes

### FIRE DEPARTMENT CONNECTION

Fire department connections visible and accessible?	Yes
Fire department connection couplings and swivels not damaged and rotate smoothly?	Yes
Fire department connection plugs or caps in place and undamaged?	Yes
Fire department connection gaskets in place and in good condition?	Yes
Fire department connections identification sign(s) in place?	Yes
Fire department connections check valve is not leaking?	Yes
Fire department connections automatic drain valve in place and operating properly?	Yes

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)



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No.: 00561

Date: 03/13/2014

## Sprinkler Inspection Report

### WET SYSTEM TESTING

System - Make / Model 4" Shotgun Riser w/ Flow Switch and RPBA

#### WET SYSTEM TESTING (DETAIL)

Sprinkler system main drain test:	
Drain Size (inch)	2"
Static pressure - PSI.	84
Flow PSI.	63
Residual pressure - PSI.	77
Was flow observed?	Yes
Are results comparable to previous year?	Yes
Waterflow alarm devices passed tests?	Yes
Inspectors test connection opened? (wet pipe when not in freezing weather)	Yes
By-pass connection opened? (wet pipe systems in freezing weather, dry pipe, preaction, or deluge)	Yes
Alarms actuated and flow observed?	Yes
Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?	Yes
Valve supervisory switches indicate movement?	Yes
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### AIR MAINTENANCE DEVICE

Automatic air maintenance devices on dry pipe and preaction systems passed test?

### BACKFLOW

Backflow devices passed backflow test?	No
Backflow devices passed full flow test?	N/A
All sprinkler pressure regulating control valves passed full flow test?	N/A

### 5TH YEAR TESTING / INSPECTIONS

Tests to be done every fifth year.	
Is system due for 5 Year internal pipe inspection?	Yes
Extra high, very extra high and ultra high temperature sprinklers tested?	N/A
Gauges checked against calibrated gauge or replaced?	No
Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection?	N/A
Check valves internally inspected and all parts operate properly, move freely and are in good condition?	No
Strainers, filters, restricted orifices and diaphragm chamber on dry pipe, preaction and deluge valves passed internal inspection?	N/A

### MAINTENANCE

Annual Maintenance Items	
Operating stem of all OS&Y valves lubricated completely closed and reopened?	Yes
Interior of dry pipe, preaction and deluge valves cleaned?	N/A
Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather?	N/A
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for built-type which show no signs of grease buildup?	N/A

### PART III - COMMENTS



Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00561

Date: 03/13/2014

## Sprinkler Inspection Report

Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here)

\*\* Back flow prevention device needs to be annually tested to ensure no cross contamination of sprinkler water in to drinking water supply per 2011 NFPA 25 13.6.2.1

\*\* Outside sprinkler bell did not actuate under flowing condition recom inspecting device to verify any problems with plunger and or if it is seeing voltage. After investigation recom repairing or replacing.

### NOTES AND RECOMMENDATIONS

#### Notes and Recommendations

\*\* Flow and tampers report locally only to a annunciator panel that is located near the front office area only. There is no FACP and or dialer that will notify the fire department

#### Plan of Corrective Action:

\*\* Contact Taylor Fire Protection for Correction Action Plan (907-373-1760)

#### Corrective Action Taken and Date:

\*\* None Taken at This Time

### PICTURES

Photo 1



Photo 1 Description

Head box spare heads and head wrench

## Sprinkler Inspection Report

Photo 2

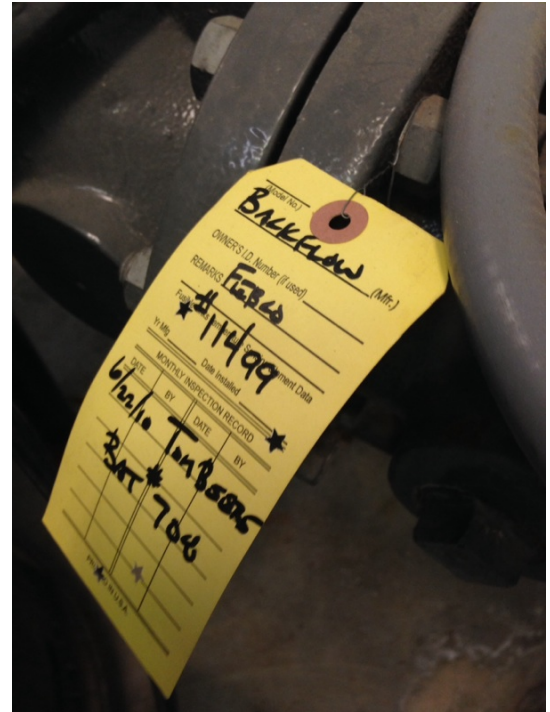


Photo 2 Description

last time the RPBA / Backflow was tested recom testing per 2011 NFPA 25

Photo 3



## Sprinkler Inspection Report

Photo 3 Description

Fire department connection and bell location that is malfunctioning

Photo 4



Photo 4 Description

Backflow that needs to be tested and valves lubricated, sealed and in the proper state prior to leaving



## Sprinkler Inspection Report

Photo 5



Photo 5 Description

Riser tagged tested and in the proper state prior to leaving

Photo 6

Photo 6 Description

Photo 7

Photo 7 Description

Photo 8

Photo 8 Description

Photo 9

Photo 9 Description

Photo 10

Photo 10 Description

Photo 11

Photo 11 Description

Photo 12

Photo 12 Description

Photo 13

Photo 13 Description

Photo 14

Photo 14 Description

Photo 15

Photo 15 Description

Photo 16

Photo 16 Description

Photo 17

Photo 17 Description

Photo 18

Photo 18 Description

Photo 19

Photo 19 Description

Photo 20

Photo 20 Description

NOTIFICATIONS THAT TESTING IS COMPLETE





Taylor Fire Protection  
725 W. Wasair Dr.  
Suite 1A  
Wasilla, AK 99654  
www.taylorfire.com

No.: 00561

## Sprinkler Inspection Report

Date: 03/13/2014

Notified \_\_\_\_\_ Building Management

### NOTIFICATIONS THAT TESTING IS COMPLETE (DETAIL)

Other (Specify) \_\_\_\_\_

Yes/No \_\_\_\_\_

Yes

Who \_\_\_\_\_

Jerry Maintenance Supervisor

Time \_\_\_\_\_

15:32

### ISSUES

System restored to normal operation

Date \_\_\_\_\_

03/12/2014

Time \_\_\_\_\_

15:34

### OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature \_\_\_\_\_

NIA

Date \_\_\_\_\_

03/12/2014

### INSPECTOR INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of the inspection except as noted in Part III above.

All testing was completed in accordance with (standard/edition) \_\_\_\_\_

All Standards Within NFPA 25 Edition 2011

Name of Inspector \_\_\_\_\_

Alexander Martinez

License Number \_\_\_\_\_

10-009

Date \_\_\_\_\_

03/12/2014

Time \_\_\_\_\_

17:34

### INSPECTOR SIGNATURE

Inspector Signature \_\_\_\_\_