

Johnson Controls Fire Protection LP

Special Hazards Inspection Report

Address

City, State, Zip

Phone#

Customer: VA -Lake Nona - Superstructure - rm4K907

Contact: Scott Reed

Address: 13800 Veterans' Way

Orlando, FL 32827

Phone: 1(321)689-7924 / (407)646-5128

Email or Fax: Scott.Reed@va.gov, Dalton.Allison@va.gov

Date of Service: 07/26/21

Time: 11:30

☒AM☐PM

SR#: 49760200

Task#: 80090322

Inspector: Warren H. Shipley

SYSTEM TYPE						<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Nergen	<input type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge				
Ecaro-25												Annual (per EP14 and NFPA2001 ver.2014)							
Manufacturer		Model		Voltage		Serial #		Ceiling Type		Normal Ambient Temp.		Nozzle Qty.		Nozzle Type		Design Concentration %		Area of Hazard (LxW)	
Fike		Cheetah		120				hard		72		1		180				27x21	
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	10/21/2019		1.00		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	27x21x12				
1. Pre-Inspection												YES		NO		N/A			
Job Site Contact Name:		Dalton Allison										Notified		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:												Notified		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:		JCI										Notified		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage														<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)												YES		NO		N/A		Additional Comments:	
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?												<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Have there been any changes or repairs to the fire protection systems since the last inspection?												<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
If a fire has occurred since the last inspection, have all damaged system components been replaced?												<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Are Class B Flammables stored in the hazard area?												<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?												<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>			
3. Control Panel Status (pre-test)				YES		NO		N/A											
Panel Monitored				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Power Light Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Panel Indicator On Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Indicator Lights Operational				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Trouble Light Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Silence Switch Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Active Zones Indicated				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Inactive Zones Indicated				<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>											
Battery Back-up Present				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
5. Control Panel Status				YES		NO		N/A											
Are Sequence of Operations Available and On-Site				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Are As-Builts Available and On-Site				<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>											
Input Alarm Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Output Alarm Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Supervisory Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Time Delay Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Battery Back-up Voltage Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Charge Circuit Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Battery Load Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Record Battery Voltage & Amp Hours				New in 04-20, 13.5Vdc 100%, 100%															
Time Delay In Seconds				30 seconds															
7. Manual Release Stations				YES		NO		N/A											
Break Rods Intact				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Abort Switches Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Manual Release Overrides Abort Tested				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Type Of Release				MANUAL PULL STATION															
Qty. Of Release(s)				1		Qty. Of Abort Switches		1											
Qty. Of Release(s) Tested Normal				1															
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																			
10. Releasing Controls				YES		NO		N/A											
Solenoids Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Release Devices Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Pneumatic Actuators Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Manual Cylinder Actuators Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Initiator Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
*Expiration Dates of Solenoids or Initiators																			
Qty. Of Releasing Control(s)				1															
Type Of Releasing Control				ELECTRIC ACTUATOR															
4. Piping/distribution System												YES		NO		N/A			
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
As-built Drawings On Site												<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Hoses Inspected												<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Date Of Last Hose Test:																			
6. Detection												Photo		Ion		Thermal			
Qty. Of Detectors												4							
Qty. Of Detectors Tested At Last Inspection												0							
Qty. Detectors Tested Normal This Inspection												4							
Qty. Detectors Sensitivity Tested this Inspection												0							
Date Of Last Sensitivity Test												unknown							
Detectors Cleaned												<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A			
Date Of Last Detector Cleaning												unknown							
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																			
8. Notification Devices												YES		NO		N/A			
Notification Devices Tested Normal												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Quantity Of Notification Devices												4							
9. Auxiliary Controls												YES		NO		N/A			
Dampers Installed & Operable												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Equipment Power Shutdown Installed												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
HVAC Shutdown Installed												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Pressure Switches Installed												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Function Of Pressure Switch:												Tank pressure monitor							
Type Of Equipment Shutdown												servers shutdown-controlled by bldg FACP							
Type Of HVAC Shutdown												controlled by bldg FACP							
Type Of Damper												electric							
11. Post Inspection												YES		NO		N/A			
System Reset For Normal Operation												<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
System Tagged												<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
System Tagged (Red/Green/Other)												YELLOW - tank was discharged during the t							

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12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	4BW450	FIKE	1363255	10/21/2019	320	147	320	0	EMPTY	0"	72	1/21/2020	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments:

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2:

14. Deficiencies and Recommendations:

Tank was discharged during the test. A replacement tank is being provided as soon as possible.

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative:

☒ Yes ☐ No ☐ N/A

If No, explain:

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

Acceptance of customer or customer's representative

Signature:	Date:
emailed to Scott.Reed@va.gov, Dalton.Allison@va.gov	8/10/2021
Print Name:	
Scott Reed, Dalton Allison	

Inspector Signature:	Date:
<i>Warren H. Shipley</i>	8/10/2021
Inspector Name (Print):	
Warren H. Shipley	

TERMS AND CONDITIONS

1. Limitation of Liability; Limitations of Remedy. It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

6. General. Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.