

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: 03/26/21

Time: 11:30

AM PM

SR#: 48545126

Task#: 75891089

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												
										Semi-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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Output Alarm Circuits Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisory Circuits Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Time Delay Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Release Overrides Abort Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Type Of Release	MANUAL PULL STATION		
Qty. Of Release(s)	1	Qty. Of Abort Switches	1
Qty. Of Release(s) Tested Normal	N/A		
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:			
10. Releasing Controls	YES	NO	N/A
Solenoids Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Release Devices Operable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pneumatic Actuators Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Cylinder Actuators Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Initiator Circuits Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	4		
Qty. Detectors Tested Normal This Inspection	0		
Qty. Detectors Sensitivity Tested this Inspection	0		
Date Of Last Sensitivity Test	ukn		
Detectors Cleaned	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Date Of Last Detector Cleaning	ukn		
Other: (Air Sampling, Fus. Links, Pneumatic etc.)			
8. Notification Devices	YES	NO	N/A
Notification Devices Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notification Devices Operate, As Designed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged (Red/Green/Other)	GREEN		