



Report of Inspection, Testing, and Maintenance
of Suppression Fire Protection Systems

Inspector: SEMI-ANNUAL Inspection Date: January 09, 2023 Service Ticket #: 184336

Table with 4 columns: Site, System Inspected, Area, Site Contact. Row 1: James J Peters VA Medical Center, System # 66-0790, Radioactive Storage Shed, [Redacted]

If ALL items on the form are marked "OK" or "N/A", the inspection has found no deficiencies.

Any items that are marked "NO" are discrepancies. Describe these in more detail for each item. Some discrepancies could be resolved immediately (such as moving boxes that obstruct access to a manual pull station). If any discrepancies remain unresolved CONTACT UNITED FIRE PROTECTION CORPORATION FOR SERVICE AND REPAIR 24 HOURS / 7 DAYS = 908-688-0300

RELEVANT HAZARD MODIFICATIONS TO NOTE DURING MONTHLY INSPECTION

Look for any of the following items that have changed since the last inspection:

- Have new walls been erected or demolished, that make the hazard different from before?
-Have penetrations been made in any of the walls that would allow clean agent gas to leak out of the hazard?
-Have there been changes to the HVAC system (such as a new air conditioner installed in the wall)?

The following items would NOT be considered relevant changes to note:

- Movement of furniture (desks, racks, etc.).
-Erection or demolition of cubicle walls that do not extend to near the ceiling.
-Painting of walls.
-Additional equipment, similar to that already within the hazard (as long as clean agent equipment is not obstructed).

Table with 2 columns: Question, Answer. Rows include: TYPE OF SUPPRESSION SYSTEM(S), TYPE OF ACTUATION (fill in quantity of each), SLC Wiring / Class, Manual Release, Photo Smoke, Ion Smoke, Heat Detector, Cross Zone, (Explain).

**Other**

(4) - 212 deg links

**Waterflow**

-

**Supervisory (tamper)**

-

**CONTROL PANEL****Quantity**

1

**Model**

Kidde Industrial Dry Chem Control Head

**Manufacturer**

Kidde

**Software Version**

-

**Graphic**

-

**Manufacturer**

-

**AGENT STORAGE CONTAINERS****Quantity**

2

**Agent Type**

Dry Chem

**Manufacturer**

Kidde

**PREACTION INFORMATION****Valve Size**

-

**Model**

-

**Manufacturer**

-

**COMPRESSOR INFORMATION****Manufacturer**

-

**Model**

-

**HP**

-

**Volts**

-

<b>INSPECTION</b>	
Were all personnel and authorities notified?	YES
Are all devices securely mounted and unobstructed?	YES
Is there a 24-hour call for service sticker on the control panel?	YES
Is area free of any changes that might affect protection?	YES
Is area free of unsealed penetrations?	N/A
Do doors operate properly?	YES
Are doors vapor tight?	N/A
Are all ceiling tiles in place?	N/A
If required, was area checked for volume?	N/A
Were all tanks checked for hydrostatic date?	YES
Were all tanks checked for weight and recorded?	YES
Is there an adequate amount of agent for area?	YES
Is net weight the same as last inspection? Weight lbs 45 LBS main tank 21 LBS second tank	YES
Is cylinder bracketing secure?	YES
Are nozzles secure and unobstructed?	YES
Are nozzles located to give maximum protection?	YES
Is all piping secure and free of corrosion?	YES
Is main reserve capability operational and readily accessible?	N/A
Is there a riser diagram by the control panel? For NYC only, is the riser diagram 11" x 17" per the 2008 NYC city fire code?	N/A
Is there a sequence of operation by control panel (NYC)?	N/A
Does control panel have a sign describing the type of agent suppression system (NYC)?	N/A
<b>DETECTION (see Individual Detector Report below)</b>	
Were all detectors checked for operation per manufacturer's recommendation?	N/A
Did they function properly?	N/A
Were all settings recorded?	N/A
Were all detectors cleaned where needed?	N/A
Were they replaced as needed?	N/A
<b>MANUAL RELEASES</b>	
Are all manual releases properly labeled?	YES
Did they all function properly?	YES
Are they easily accessible in case of fire?	YES
Will manual release override abort?	N/A
<b>ABORTS</b>	
Were all aborts tested?	N/A
Did they function properly?	N/A

<b>TIME DELAY</b>	
<b>Did delay and/or investigation timer operate as intended?</b>	N/A
<b>Delay in seconds</b> NA	
<b>Investigation in seconds</b> NA	
<b>GRAPHIC ANNUNCIATOR</b>	
<b>Was annunciator checked?</b>	N/A
<b>Did all the lights work properly?</b>	N/A
<b>CONTROL</b>	
<b>Were all operating functions checked &amp; functioning properly?</b>	YES
<b>Were batteries functioning properly?</b>	N/A
<b>Were all supervisory functions checked &amp; function properly?</b>	N/A
<b>Were batteries tested per manufacture's recommendations?</b>	N/A
<b>Amps in Stand-by</b> NA	
<b>Amps in Alarm</b> NA	
<b>Battery Size Volts</b> NA	
<b>AH</b> NA	
<b>Were all batteries replaced as needed? Date Installed</b>	N/A
NA	
<b>Was alarm verification checked?</b>	N/A
<b>Was ground fault protection tested?</b>	N/A
<b>Is there a fuse cut out / fuse disconnect, and is it labeled properly?Location</b>	N/A
NA	
<b>Is there a circuit breaker # and location on the control panel?Location of breaker</b>	N/A
NA	
<b>Breaker #</b> NA	
<b>Panel #</b> NA	
<b>AUDIBLE(S)</b>	
<b>Do all indicating devices operate as per NFPA and/or Local AHJ?</b>	YES
<b>Do all indicating devices have signs to show purpose?</b>	N/A
<b>Are warning signs provided?</b>	N/A
<b>Class / Style Wiring</b> NA	

**EXPLOSIVE RELEASE DEVICES**

Were they replaced with bulbs and fired?

N/A

Are they within replacement date?

NA

N/A

**SOLENOID RELEASE DEVICE**

Solenoid and/or Control Head(s) removed from Cylinder and/or Valve and activated?

N/A

**PREACTION VALVE**

First Valve Location

NA

Was preaction valve tripped?

N/A

Was waterflow test valve checked?

N/A

Priming water pressure PSI

NA

Building water pressure PSI

NA

Residual water pressure PSI

NA

Was tamper valve checked and working properly?

N/A

Was air pressure checked and working properly?

N/A

Normal Air Pressure PSI or Oz

NA

Compressor On Pressure PSI or Oz

NA

Low Air Pressure PSI or Oz

NA

High Air Pressure PSI or Oz

NA

**INTERLOCKS AND AUXILIARY FUNCTIONS TESTING**

Remote Station Monitoring

Local bell only 1/13/22

N/A

Account Number

NA

Equipment Shutdown

N/A

Description of Equipment Shutdown

NA

Building Tie-in

N/A

Description of Building Tie-in

There is no indication of Building Fire Alarm tie in

Self air conditioning system

N/A

Description of self air conditioning system

NA

<b>Building air conditioning</b>	N/A
<b>Description of building air conditioning</b> NA	
<b>Dampers? (If E.T.L.'s remove and test with bulb)</b>	N/A
<b>Description of Dampers</b> NA	
<b>Door releases</b>	N/A
<b>Description of door releases</b> NA	
<b>Fans</b>	N/A
<b>Description of fans</b> NA	
<b>Purge</b>	N/A
<b>Description of Purge</b> NA	
<b>Other</b> Local Bell Wheelock 6"	
<b>Were all tested?</b>	YES
<b>Did they function properly?</b>	YES
<b>Was annual room pressurization test performed?</b>	N/A
<b>Date room pressurization last tested?</b> NA	
<b>If interlocks cannot be tested, or there is not adequate interlocks or if deficiencies exist, explain in detail below:</b> NA	
<b>Agent Type</b> Dry Chem - Kidde	

**INDIVIDUAL DEVICE REPORT 4 Devices (uploaded files will be emailed/stored with Inspection Report)**

	Location	Manufacturer	Serial #	Model #	Sens. Setting	Graphic Conn.	Comments
1	Shed-A	Globe	NA	ML	212 Deg	NA	NA
2	Shed-A	Globe	NA	ML	212 Deg	NA	NA
3	Shed-B	Globe	NA	ML	212 Deg	NA	NA
4	Shed-B	Globe	NA	ML	212 Deg	NA	NA

**AGENT STORAGE CONTAINER REPORT**

	ACS #	Gross Weight lbs.	Agent Weight lbs.	Pressure P.S.I	Hydro Test Date	Liquid Levels Inches	Location	Area Protecting
1	TAR051214		21lbs	360	04/2017	NA	Exterior of waste shed	Waste Shed
2	P14335TC		45lbs	360	04/2017	NA	Exterior of waste shed	Waste Shed
3	87-20043-001	237grams			2-2018	NA	Nitrogen cartridge	

**Comments**

Note only: System is local only. Bell only outside the enclosure. No connections to building Simplex Fire Alarm.

**Customer Signature**

Name [REDACTED]  
Phone [REDACTED]  
[REDACTED] [REDACTED]

Signature

N/A

Date

01/08/2023

**Technician Signature**

Name [REDACTED] [REDACTED]  
Phone [REDACTED]  
[REDACTED] [REDACTED]

Signature

[REDACTED]

Date

01/08/2023

UNITED FIRE PROTECTION CORP.

Work Ticket

Delivery Date: January 09, 2023

Ticket #: 184336.01092023

Account #: 66-0790

PO#

Site Name: James J Peters VA Medical Center

Address: 130 West Kingsbridge Road, Bronx, NY, 10468

Building

Site Contact:

Type of Call: Inspection

Work Tickets Notes: Call

Associate Radiation Safety Officer

Scope of Work: Perform Semi Annual Dry Chemical inspection.

TO BE PERFORMED:

Site Act #	Frequency	Ctrl	System	Area	Building	Str#	Str	Fl	City	St
66-0790	Semi Annual		Dry Chemical	Radioactive Storage Shed		130	West Kingsbridge Road		Bronx	NY

Description of Work Performed:

Performed Semi Annual Dry Chemical inspection. Replaced all (4) 212\* fusible links.

Note:

System is Local only. Bell on side of enclosure.

There is no connection to the building Simplex Fire Alarm.

All systems have been restored to normal operations upon completion of inspection.

Material Used:

Qty	Make	Model	Description
4	Globe	ML	212* Fusible Links

Technicians Actual Time for the Job:

Date	Technician	Disp	Arr	Dep	Trvl Frm Site	Total Trvl	HRPC	TOJ	Lunch
01/09/2023		08:00	09:00	12:00	00:00	00:00	R	03:00	00:00
01/09/2023		08:00	09:00	12:00	00:00	00:00	R	15:00	00:00

System Left: In Normal Operation

Is Call or Insp Complete? Yes

Need to Reschedule? No

**Customer Signature**

Name [REDACTED]  
Phone [REDACTED]  
[REDACTED] [REDACTED]

Signature

N/A

Date

01/08/2023

**Technician Signature**

Name [REDACTED] [REDACTED]  
Phone [REDACTED]  
[REDACTED] [REDACTED]

Signature

[REDACTED] A.

Date

01/08/2023