

Johnson Controls Fire Protection LP

## Special Hazards Inspection Report

Address

City, State, Zip

Phone#

Customer: VA - Lake Nona - Room 4K307B-02LN

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: 9:00  AM  PM

SR#: 48545126

Task#: 75891089

Inspector: Warren H. Shipley / Michael Swartzbaugh

<b>SYSTEM TYPE</b>		<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)												
<b>Manufacturer</b>	<b>Model</b>	<b>Voltage</b>	<b>Serial #</b>	<b>Ceiling Type</b>	<b>Normal Ambient Temp.</b>	<b>Nozzle Qty.</b>	<b>Nozzle Type</b>	<b>Design Concentration %</b>		<b>Area of Hazard (LxW)</b>		
FIKE	CHEETAH	120		HARD	70	2, 1	360/180			40'x38'		
<b>Room Integrity Tested</b>	<b>Room Integrity Visually Inspected</b>	<b>Date Last Tested:</b>	<b>Number of Exits</b>	<b>Subfloor</b>		<b>Deck to Deck</b>		<b>Main &amp; Reserve</b>		<b>Volume of Hazard (LxWxH)</b>	<b>Altitude</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.00	<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		40'x38'x12'		
<b>1. Pre-Inspection</b>						<b>YES</b>	<b>NO</b>	<b>N/A</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>2. General (To be answered by Customer)</b>						<b>YES</b>	<b>NO</b>	<b>N/A</b>		<b>Additional Comments:</b>		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		replaced a pressure switch		
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"/>				

<b>3. Control Panel Status (pre-test)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>
<b>5. Control Panel Status</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
Record Battery Voltage & Amp Hours	New 04/20, 18.0AH 100%, 100%		
Time Delay In Seconds	30 seconds		
<b>7. Manual Release Stations</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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)	3	Qty. Of Abort Switches	3
Qty. Of Release(s) Tested Normal	0		
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:			
<b>10. Releasing Controls</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Solenoids Tested Normal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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		

<b>4. Piping/distribution System</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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:			
<b>6. Detection</b>	<b>Photo</b>	<b>Ion</b>	<b>Thermal</b>
Qty. Of Detectors	9		
Qty. Of Detectors Tested At Last Inspection	9		
Qty. Detectors Tested Normal This Inspection	0		
Qty. Detectors Sensitivity Tested this Inspection	0		
Date Of Last Sensitivity Test	UNK		
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.)	N/A		
<b>8. Notification Devices</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quantity Of Notification Devices	8		
<b>9. Auxiliary Controls</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Function Of Pressure Switch:	TANK PRESSURE MONITOR		
Type Of Equipment Shutdown	Controlled by bldg FACP		
Type Of HVAC Shutdown	Controlled by bldg FACP		
Type Of Damper	ELECTRIC		
<b>11. Post Inspection</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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		