



RECOMMENDATIONS

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

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		70		2, 1		360/180				40'x38'	
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			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'				
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 type="checkbox"/>	<input checked="" 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 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"/>			
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 type="checkbox"/>		<input checked="" type="checkbox"/>											
Record Battery Voltage & Amp Hours				New 04/20, 18.0AH 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)				3		Qty. Of Abort Switches		3											
Qty. Of Release(s) Tested Normal				0															
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 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															
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												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							
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 type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Quantity Of Notification Devices												8							
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 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							
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							