



525 Stevens St.  
 Jacksonville, Fl. 32254  
 Phone : 904-634-7100  
 Fax : 904-384-2610

LICENCE NUMBER : EF 20001197

### Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards.

Owner: GAINESVILLE RENEWABLE ENERGY Date: 2017-01-30

Owner's Address: 11201 NW 13TH ST. GAINESVILLE, FL.

Property Being Evaluated: GAINESVILLE RENEWABLE ENERGY NODE 2 ( WATER TREATMENT BLDG. )

Property Address: 11201 NW 13TH ST. GAINESVILLE, FL.

**Monitoring Entity**

Name: LOCAL PANEL Panel Manufacturer: SIEMENS Model No. FIREFINDER  
 Telephone: \_\_\_\_\_ Circuit Styles: B / SLC Amt 5  
 Account Ref. No. \_\_\_\_\_ Last Date System Had Service Performed: 03/09/2016  
 Service Last Date Software or Configuration was Revised: ZUES 8.0  
 - Weekly AHJ Alachua County Fire Rescue  
 - Monthly AHJ phone # 352.384.3101  
 - Quarterly  
 - Semi-Annually  - Digital  
 - Annually  - R.F.  
 - Other (Specify) \_\_\_\_\_  - Other Specify \_\_\_\_\_

Inspected by (print) J. SCHULL Date: 2017-01-30 Time: 1200

Signature of Alarm Agent: [Signature] (Agent Meets Requirements Per Florida Statute 489.518)

Name of Owner or representative MIKE BUONSIGNORE

Signature [Signature] Date: 2017-01-30  Owner or Owner rep. not on site.

I would like to have a copy of NFPA #72 @ an extra charge of \$50.00.  Yes  No  
**Owner or rep. requests PBFS to release information from inspections to the underwriters of my insurance company.**  Yes  No

System restored to normal operation: Time: 1100

Notifications are made	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL	PRIOR NOTICE
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIKE	PRIOR NOTICE
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**I. ALARM NOTIFICATION APPLIANCES TEST AND INSPECTION**

Device	Circuit Style/Quantity	Operational Test	Approved Location	Pass	Fail
Bells	Quantity ( 1 ) Size ( 6" ) Type ( 120VAC )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horns	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimes	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strobes	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Specify)	A ( ) B ( 11 )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>HORN / STROBES</u>		No. of Alarm indicating circuits: <u>2</u>	Are Circuits supervised?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**II. INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTION**

Device	Circuit Style/Quantity	Operational Test	Simulated Test	Pass	Fail
Manual Stations	A ( ) B ( 10 )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ion Detectors	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo Detectors	A ( ) B ( 5 )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct Detectors	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Detectors	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterflow Detectors	A ( ) B ( 2 )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisory Switches	A ( ) B ( 11 )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Switches	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Air	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	A ( ) B ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. SUPERVISORY SIGNAL INITIATING DEVICES & CIRCUIT INFORMATION**

- Site Water Temp.  Yes  No  N/A
- Site Water Level  Yes  No  N/A
- Fire Pump Power  Yes  No  N/A
- Fire Pump Running  Yes  No  N/A
- Fire Pump Auto Position  Yes  No  N/A
- Fire Pump or Pump Control Trouble  Yes  No  N/A
- Generator In Auto Position  Yes  No  N/A
- Generator or Controller Trouble  Yes  No  N/A
- Switch Transfer  Yes  No  N/A
- Generator Engine Running  Yes  No  N/A
- Lock Box  Yes  No  N/A

**A. SIGNALING LINE CIRCUITS**

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system

Quantity 2 Style(s): B

**IV. SYSTEM POWER SUPPLIES**

A. Primary (Main): Normal Voltage 120VAC Amps 20  
 Overcurrent Protection: Type: BREAKER Amps 20  
 Location (Panel #): ELB-1014  
 Disconnecting Means Location: #2

B. Secondary (Standby): 24VDC  
 Storage Battery: Amp-Hr. Rating 100Ah 3/6/13  
 Calculated capacity to operate system, in hours:  24  60  
N/A Engine driven generator dedicated to fire alarm system:

C. Location of Fuel Storage: N/A

**D. TYPE BATTERY**

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Other (Specify): \_\_\_\_\_

**SECONDARY POWER**

Type	Visual	Functional
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Load Voltage	<u>26.54</u>	<input checked="" type="checkbox"/>
Discharge Test	<u>7</u> Min.	<input type="checkbox"/>
Specific Gravity	<u>N/A</u>	<input type="checkbox"/>

E. Emergency or standby system used as a back-up to primary power supply, instead of using a secondary power supply. N/A Emergency system described in N.F.P.A., Article 700.

**V. SYSTEM TESTS & INSPECTIONS**

<b>A. Type</b>	<b>Visual</b>	<b>Functional</b>	<b>D. Notification Appliances</b>	<b>- Visual</b>	<b>-</b>	<b>Functional</b>
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Audible	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Visual	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
L.E.D. s/ Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Speakers	<input type="checkbox"/>		<input type="checkbox"/>
Fuses/MicroBreakers	<input type="checkbox"/>	<input type="checkbox"/>	Voice Clarity	<input type="checkbox"/>		<input type="checkbox"/>
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

**B. Emergency Communication Equipment**

<b>Type</b>	<b>Visual</b>	<b>Functional</b>	<b>N/A</b>
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off Hook Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call In Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**E. ON / OFF Premises Monitoring**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Alarm Signal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Alarm Restoral	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Trouble Signal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Trouble Restoral	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Supervisory Signal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Supervisory Restoral	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Remote Anunciator	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**C. Interface Equipment (SPECIFY)**

	<b>VISUAL</b>	<b>DEVICE OPERATION</b>	<b>SIMULATED OPERATION</b>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Hazard System (Specify)			
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. COMMENTS:**

---



---



---



---



---

**VII. DEFICIENCIES: *These items are the owner's responsibility to be repaired and will be quoted separate from inspection cost.***

---



---



---



---



---



---



---



---



---



---