



525 Stevens St.
 Jacksonville, Fl. 32254
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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 7 (TRUCK RECEIVING)

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 4
 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 _____
 - Monthly AHJ phone # _____
 - Quarterly
 - Semi-Annually - Digital
 - Annually - R.F.
 - Other (Specify) _____ - Other Specify _____

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

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

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 (12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HORN / STROBES No. of Alarm indicating circuits: 2 Are Circuits supervised? Yes No

II. INITIATING AND SUPERVISORY DEVICE TEST AND INSPECTION

Device	Circuit Style/Quantity	Operational Test	Simulated Test	Pass	Fail
Manual Stations	A () B (1)	<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 ()	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waterflow Detectors	A () B ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Switches	A () B (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Switches	A () B (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Air	A () B (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____
 Overcurrent Protection: Type: BREAKER Amps 20
 Location (Panel #): N/A
 Disconnecting Means Location: _____

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>27.28</u>	<input checked="" type="checkbox"/>
Discharge Test	<u>5</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

A. Type	Visual	Functional	D. Notification Appliances	- Visual	-	Functional
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

Type	Visual	Functional	N/A
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

	Yes	No	N/A
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)

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
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.*
