

Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

CREATION DATE : 09-APR-14
BID NUMBER: 7548512,3
TITLE: Fire Alarm/Sprinkler Maintenance and Repairs - Militia, Public Copy

BLANKET START : 01-MAY-14
BLANKET END : 30-JUN-17
BID CLOSING DATE AND TIME:18-APR-2014 11:30:00

BUYER: Ohara 2nd, John F
PHONE #: 401-574-8125

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 DOA CONTROLLER
 ONE CAPITOL HILL, 4TH FLOOR
 SMITH ST
 PROVIDENCE, RI 02908
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 MS-ANG RI AIR NATIONAL GUARD
 FINANCIAL DIVISION
 QUONSET STATE AIRPORT
 NORTH KINGSTOWN, RI 02852-7502
 US

Requisition Number: 1354480
Amendment Description: Addendum Number Three

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>Blanket Requirement: April 1, 2014 - June 30, 2017.</p> <p>MANDATORY Pre-Bid Conference, see Cover Form for date and time.</p> <p>This building is in Quonset Point behind a secured gate. Your vehicle may be subject to being searched. Please have proper identification. All interested parties will meet with a representative of the Militia and State Purchasing at the main gate. Once we leave the main gate area you will no longer be able to sign in for the MANDATORY PREBID CONFERENCE. Addendum Number One.</p> <p>The State of RI needs additional time to respond to the questions asked at the Mandatory Pre-Bid Conference.</p> <p>Therefore the Bid Closing Date and Time has been extended:</p> <p>From: 3/21/14 at 11:00 AM To: 4/4/14 at 11:00 AM Addendum Number Two.</p> <p>The State of RI needs additional time to respond to the questions asked at the Mandatory Pre-Bid Conference and the questions received by email.</p> <p>Therefore the Bid Closing Date and Time has been extended:</p> <p>From: 4/4/14 at 11:00 AM To: 4/18/14 at 11:30 AM Addendum Number Three.</p> <p>PLEASE SEE THE ATTACHED ADDENDUM NUMBER THREE. THERE ARE (61) PAGES. IT HAS THE ANSWERS TO ALL OF THE QUESTION WE RECEIVED REGARDING THIS REQUEST FOR QUOTE.</p> <p>4/1/14-6/30/14 QTR FIRE ALARM INSPECTION-QUONSET AS PER SPECS</p>	3.00	Quarter		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



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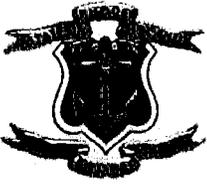
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Line	Description	Quantity	Unit	Unit Price	Total
2	7/1/14-6/30/15 QTR FIRE ALARM INSPECTION-QUONSET AS PER SPECS	4.00	Quarter		
3	7/1/15-6/30/16 QTR FIRE ALARM INSPECTION-QUONSET AS PER SPECS	4.00	Quarter		
4	7/1/16-6/30/17 QTR FIRE ALARM INSPECTION-QUONSET AS PER SPECS	4.00	Quarter		
5	4/1/14-6/30/14 QTR SPRINKLER INSPECTION-QUONSET AS PER SPECS	3.00	Quarter		
6	7/1/14-6/30/15 QTR SPRINKLER INSPECTION-QUONSET AS PER SPECS	4.00	Quarter		
7	7/1/15-6/30/16 QTR SPRINKLER INSPECTION-QUONSET AS PER SPECS	4.00	Quarter		
8	7/1/16-6/30/17 QTR SPRINKLER INSPECTION-QUONSET AS PER SPECS	4.00	Quarter		
9	4/1/14-6/30/14 SEMI-ANNUAL DRY CHEMICAL INSPECTION-QUONSET AS PER SPECS	2.00	Semiannual		
10	7/1/14-6/30/15 SEMI-ANNUAL DRY CHEMICAL INSPECTION-QUONSET AS PER SPECS	2.00	Semiannual		
11	7/1/15-6/30/16 SEMI-ANNUAL DRY CHEMICAL INSPECTION-QUONSET AS PER SPECS	2.00	Semiannual		
12	7/1/16-6/30/17 SEMI-ANNUAL DRY CHEMICAL INSPECTION-QUONSET AS PER SPECS	2.00	Semiannual		
13	4/1/14-6/30/14 HIGH EXPANSION FOAM TEST -BLDG570, 575, QUONSET AS PER SPECS	1.00	Year		
14	7/1/14-6/30/15 HIGH EXPANSION FOAM TEST -BLDG570, 575, QUONSET AS PER SPECS	1.00	Year		
15	7/1/15-6/30/16 HIGH EXPANSION FOAM TEST -BLDG570, 575, QUONSET AS PER SPECS	1.00	Year		

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Line	Description	Quantity	Unit	Unit Price	Total
16	7/1/16-6/30/17 HIGH EXPANSION FOAM TEST -BLDG570, 575, QUONSET AS PER SPECS	1.00	Year		
17	4/1/14-6/30-14 PUMP TEST BLDG 575 &175, 522 QUONSET AS PER SPECS	1.00	Year		
18	7/1/14-6/30/15 PUMP TEST BLDG 575 & 175, & 522 QUONSET AS PER SPECS	1.00	Year		
19	7/1/15-6/30/16 PUMP TEST BLDG 575 & 175, & 522 QUONSET AS PER SPECS	1.00	Year		
20	7/1/16-6/30/17 PUMP TEST BLDG 575 &175, & 522 QUONSET AS PER SPECS	1.00	Year		
21	4/1/14-6/30/14 QTR FIRE ALARM INSPECTION-N SMITHFIELD GSU AS PER SPECS	3.00	Quarter		
22	7/1/14-6/30/15 QTR FIRE ALARM INSPECTION-N SMITHFIELD GSU AS PER SPECS	4.00	Quarter		
23	7/1/15-6/30/16 QTR FIRE ALARM INSPECTION-N SMITHFIELD GSU AS PER SPECS	4.00	Quarter		
24	7/1/16-6/30/17 QTR FIRE ALARM INSPECTION-N SMITHFIELD GSU AS PER SPECS	4.00	Quarter		
25	4/1/14-6/30/14 QTR SPRINKLER INSPECTION-N SMITHFIELD GSU AS PER SPECS	3.00	Quarter		
26	7/1/14-6/30/15 QTR SPRINKLER INSPECTION-N SMITHFIELD GSU AS PER SPECS	4.00	Quarter		
27	7/1/15-6/30/16 QTR SPRINKLER INSPECTION-N SMITHFIELD GSU AS PER SPECS	4.00	Quarter		
28	7/1/16-6/30/17 QTR SPRINKLER INSPECTION-N SMITHFIELD GSU AS PER SPECS	4.00	Quarter		
29	4/1/14-6/30/14 SEMI-ANNUAL AQUA FOG INSPECTION-N SMITHFIELD GSU AS PER SPECS	2.00	Semiannual		

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30	7/1/14-6/30/15 SEMI-ANNUAL AQUA FOG INSPECTION-N SMITHFIELD GSU AS PER SPECS	2.00	Semiannual		
31	7/1/15-6/30/16 SEMI-ANNUAL AQUA FOG INSPECTION-N SMITHFIELD GSU AS PER SPECS	2.00	Semiannual		
32	7/1/16-6/30/17 SEMI-ANNUAL AQUA FOG INSPECTION-N SMITHFIELD GSU AS PER SPECS	2.00	Semiannual		
33	4/1/14-6/30/2014 OVERTIME LABOR RATE ON SITE	1.00	Hour		
34	7/1/14-6/30/15 OVERTIME LABOR RATE ON SITE	1.00	Hour		
35	7/1/15-6/30/16 OVERTIME LABOR RATE ON SITE	1.00	Hour		
36	7/1/16-6/30/17 OVERTIME LABOR RATE ON SITE Parts at Manufacturer's List Price Less _____% (mark up not allowed)	1.00	Hour		

Delivery: _____

Terms of Payment: _____

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Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

MULTI YEAR AWARD

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

WORK ORDER LIMITATIONS

IN NO EVENT WILL ANY INDIVIDUAL WORK ORDER EXCEED \$5,000.00 WITHOUT PRIOR APPROVAL OF THE OFFICE OF PURCHASES.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

APRIL 9, 2014

ADDENDUM NUMBER THREE

RFQ # 7548512

**TITLE: FIRE/ALARM/SPRINKLER MAINTENANCE AND REPAIRS-
MILITIA**

Closing Date and Time: 4/18/14 at 11:30 AM

Per the issuance of this ADDENDUM #3 (61) pages, including this cover sheet)

Specification Change /Addition / Clarifications

NOTE: This is a 'Public Copy' Bid. You must adhere to all of the terms and conditions of the bid. Be sure to conform with the Notice to Vendors form (Revised 11/20/13) included in the original bid package.

Listed below are the answers to all of the questions we received via email and at the Mandatory Pre-Bid Conference.

This solicitation covers buildings in Quonset Point and North Smithfield.

At the beginning of the contract the awarded vendor will be allowed to conduct an inspection of all equipment with the agency to determine if there are any current defects which need to be addressed. These repairs will be outside of the terms of this contract and paid for by the agency. Once these defects have been repaired the terms of the contract will take effect (i.e. agency will pay for material, labor will be n/c)

Vendors will be escorted while conducting testing and repairs. BCI's will be required of all personnel. This will be at the vendor's cost.

NFPA compliant reports will be required every quarter. Vendor company form is acceptable, can be handwritten or computer generated. A fire alarm report and a sprinkler report will be required.

Questions received on line:

1. We were informed at the mandatory pre-bid meeting that the most recent test reports for the fire sprinkler systems, fire alarm systems, fire pumps, dry chemical systems, aqua fog, and foam systems would be provided to bidders before the bid due date as an addendum. Is this correct?

Attached.

2. Is it the bidder's responsibility to provide an aerial lift during inspections?

Vendor must supply their own equipment.

3. Were we informed correctly at the mandatory pre-bid meeting that pre-existing conditions of the fire protection systems would not be included in the "all inclusive repairs" and the successful bidder would be allowed to walk the locations to diagnose all pre-existing conditions?

Correct see above.

4. Item #9 of the specifications states "Prevailing wage applies to repairs" is this correct.

Prevailing wages apply to the entire Solicitation.

5. Is the Control Room in the Air Traffic Control Tower sprinkled?

Yes, the entire facility is sprinkled.

6. How old is the Foam System in the Aircraft Maintenance Hangar?

The HEF System was installed when the facility was constructed in 2003.

7. What type of aircraft is stored in the Hangar?



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2054 3-6-14 Flight Tower Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Air
City, State, Zip N Kingstown RI

Contact _____
Phone No. 896-0116
Type of System Mosule Model # _____
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. Fire Dept.
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

Master Box	<input checked="" type="checkbox"/>	# No. <u>Flight Tower</u>
LeaseLine	<input type="checkbox"/>	# No. _____
LoCal	<input type="checkbox"/>	
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. Address
- H. Does the Panel have Inactive Zones? No. _____
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

PALP 120 18 AMP

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. Sprinkler

YES	NO	N/A
	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		

Comments: _____

Test Verification Name [Signature] signature
(By owner or owner's rep.) Title _____ Date 3/6/14 printed
Inspector Bill Maroux Date 3-6-14
Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg # Flight Tower

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			2	1		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			7	X		
B. Ionization						
C. Thermal			2	X		
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			100	X		
B. Siren						
C. Horn						
D. Horn and Light			100	X		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			100	X		
B. Pressure			100	X		
12. Tamper Switches			100	X		
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal?				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		25	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations:

Tested Stairwell



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
REPORT TO: US 20th Air National Guard INSPECTED: _____
STREET: _____ INSPECTOR: B Simpson
CITY & STATE: N. Kingstown, RI 02852 DATE: 3/6/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

BUILDING/LOCATION: _____
DATE OF INSPECTION: Air Tower

a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
c. Have there been any fires since the last inspection? Yes No N/A
d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
i. Are dry valves adequately protected from freezing? Yes No N/A
OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

I. GENERAL

a. Is the building occupied? Yes No N/A
b. Are all fire protection systems in service? Yes No N/A
c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	1	OS&Y	Y	Y			
Tank Control							
Pump Control	4	OS&Y	Y	Y			
Sectional Valves	9	RFV	Y	Y			
System Valves	1	OS&Y	Y	Y			
Antifreeze Valves							
Other Valves	2	OS&Y	N	Y		yes	normally closed

3. WATER SUPPLIES

a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
Water Supply Source: City: Quonset Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>@ riser</u>	<u>3/6/14</u>	<u>2"</u>	<u>160</u>	<u>N/A</u>	<u>Freezing conditions</u>

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

a. Number of Systems 1 Make & Model: 6" Riser
b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
c. Have all the antifreeze systems been tested? _____ Date Tested: _____ Yes No N/A
Number of antifreeze system(s) _____ and location(s) _____
d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

AIR Tower
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. WITHOUT Q.O.D.

Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet	Alarm Operated		
Min:	Sec:					Min:	Sec:	Yes	No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION: _____ PNEUMATIC _____ ELECTRIC _____ HYDRAULIC			
	Piping Supervised: _____ Yes _____ No	Detecting media supervised _____ Yes _____ No		
	Does valve operate from the manual trip and/or remote control stations _____ Yes _____ No			
	Is there an accessible facility in each circuit for testing _____ Yes _____ No			
Method of testing circuits?				
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *MA*
- b. Did the electric alarm(s) operate properly during testing? *Y/S*
- c. Did the supervisory alarm(s) operate properly during testing? *Y/S*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *Y/S*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *Y/S*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *MA*
- d. Are spare sprinkler heads available on the premises? *Y/S*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *Y/S*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *MA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1E. Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Yes No N/A
Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep.

Signature: Owner/Owners Rep.: *[Signature]* Print: *J. Bell* Date: *3/6/14*
Signature: Inspector: *[Signature]* Print: *B. Simpson* Date: *3/6/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2874 3-C-14 Bldg #1 Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Air
City, State, Zip W Kingstown RI

Contact _____
Phone No. 886-0116
Type of System Simplex Model # 4005
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. ~~Fire Dept.~~
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

X

 Master Box # No. 1
 LeaseLine # No. _____
 LoCal # No. _____
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. C
- H. Does the Panel have Inactive Zones? No. U
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
X		
X		
/		
X		
X		
X		
X		
X		
X		

Comments: upon arrival 3 trouble on FACP

FACP 12V12AMP (2-10)

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. sprinkler

YES	NO	N/A
X		

Comments: _____

Test Verification

Name [Signature] signature

Anthony Nobile printed

(By owner or owner's rep.)

Title _____

Date 3/6/14

Inspector Bill Marcox

Date 3-C-14

Phone Number _____

cc: Owner (Name) _____ Address _____
 Insurance Co. _____ Address _____
 Fire Marshall _____ Address _____
 ISO _____ Address _____



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg # 1

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			10	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			2	X		
B. Ionization						
C. Thermal			1	X		
D. Flame						
E. Duct (See #14)						
8. Audible Alarms (Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms (Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			<i>ALL</i>	X		
B. Pressure						
12. Tamper Switches			<i>ALL</i>	X		
13. Were Tested Detectors Cleaned? No. _____ If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____ If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quincy Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		(25) 50	75	100		
21. Indicate % of equipment tested YTD		25	(50) 75	100		
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tested in 2 hrs 1/2*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
REPORT TO: 19500 Ave National Guards INSPECTED: _____
STREET: _____ INSPECTOR: B Simpson
CITY & STATE: N. Kingstown, RI 02852 DATE: 3/4/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

BUILDING/LOCATION: _____
DATE OF INSPECTION: Bldg 1

a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
c. Have there been any fires since the last inspection? Yes No N/A
d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
i. Are dry valves adequately protected from freezing? Yes No N/A
OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

I. GENERAL

a. Is the building occupied? Yes No N/A
b. Are all fire protection systems in service? Yes No N/A
c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection							
Tank Control							
Pump Control							
Sectional Valves							
System Valves	1	OS&Y	yes	yes			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
Water Supply Source: Quonset Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>2nd Floor</u>	<u>3/4/14</u>	<u>2"</u>	<u>65</u>	<u>N/A</u>	<u>Freezing Conditions</u>

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

a. Number of Systems 1 Make & Model: 6" Grinnell MOD-A
b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
c. Have all the antifreeze systems been tested? _____ Date Tested: _____ Yes No N/A
Number of antifreeze system(s) _____ and location(s) _____
d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

Bldg 1
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>		Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet		Alarm Operated	
Time to Trip Thru Pipe	Test	Static Water Pressure	Test				Min:	Sec:	Yes	No
Min:	Sec:						Min:	Sec:	Yes	No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION:	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC
	Piping Supervised:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detecting media supervised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does valve operate from the manual trip and/or remote control stations <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is there an accessible facility in each circuit for testing <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of testing circuits?				
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *yes*
- b. Did the electric alarm(s) operate properly during testing? *yes*
- c. Did the supervisory alarm(s) operate properly during testing? *yes*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *yes*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *yes*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *NA*
- d. Are spare sprinkler heads available on the premises? *yes*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *yes*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *NA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: *[Signature]* Print: *Well* Date: *3/4/14*

Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/4/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. AF4 3-6-14 Bldg # 2 Contract No. _____

Property Name 143rd Air Milit Wing Contact _____
Street Quonset State Air Phone No. 886-0110
City, State, Zip Quonset N. Kingstown Type of System Edwards Model # _____
Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.		
B. Fire Dept.	<u>Quonset Fire</u>	
C. Central Station		

2. Control Panel Status Before Test

	Master Box	LeaseLine	LoCal	YES	NO	N/A
A. Is the Panel connected to the Fire Dept.	<input checked="" type="checkbox"/>	# No. <u>2</u>		<input checked="" type="checkbox"/>		
B. Is the Power Light On?				<input checked="" type="checkbox"/>		
C. Does the Panel indicate Normal Conditions?				<input checked="" type="checkbox"/>		
D. Are all Indicating Lamp Bulbs in Operating Order?				<input checked="" type="checkbox"/>		
E. Does the Trouble Light Operate?				<input checked="" type="checkbox"/>		
F. Does the Silence Switch Operate?				<input checked="" type="checkbox"/>		
G. Does the Panel have Active Zones? No. <u>4</u>						
H. Does the Panel have Inactive Zones? No. <u>0</u>						
I. Does the Panel have Battery Backup?				<input checked="" type="checkbox"/>		
J. Do the Batteries indicate they are Properly Charged?				<input checked="" type="checkbox"/>		
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?				<input checked="" type="checkbox"/>		

Comments: _____

FACD 120 WAMP (12-13)

3. Extinguishing Systems

	YES	NO	N/A
A. Are Halon Systems Installed on Property? No. _____ Is Halon at Recommended Pressure?		<input checked="" type="checkbox"/>	
B. Are CO ₂ Systems installed on Property? No. _____ Is CO ₂ at recommended Pressure?		<input checked="" type="checkbox"/>	
C. Are any other Type Systems installed on property? No. _____		<input checked="" type="checkbox"/>	

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature
Title _____
Inspector Bill Marcoux
Phone Number _____

Date 3/6/14 printed
Date 3-6-14

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg #2

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			7	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			3	X		
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. <u>3</u>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <u>0</u>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<u>25</u>	50	75	100	
21. Indicate % of equipment tested YTD		25	<u>60</u>	75	100	
22. Time Test Completed & System Left Normal						

Comments on any "No" answers or explanations: *Tested other side of fire wall*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 254 3-6-14 Bldg # 3 Contract No. _____

Property Name 143rd Air Lft Wing
Street Quonset State Air
City, State, Zip N. Kingstown RI

Contact _____
Phone No. 886-0116
Type of System FCZ Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. ~~Fire Dept.~~
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

Master Box	<input checked="" type="checkbox"/>	# No. <u>3</u>
LeaseLine	<input type="checkbox"/>	# No. _____
LoCal	<input type="checkbox"/>	
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. 3
- H. Does the Panel have Inactive Zones? No. 9
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

FACP 12.57AMP (1-12)

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. sprinkler

YES	NO	N/A
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

3/6/14 printed

Title _____

Date _____

Inspector Bill Marcano

Date 3-6-14

Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bldg #3

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			1	1		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal <i>Fix Temp</i>			3	X		
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			Silent	/		
B. Siren						
C. Horn						
D. Horn and Light			Silent	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<i>25</i>	50	75	100	
21. Indicate % of equipment tested YTD		25	<i>50</i>	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tested Attic Fix Temp*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
CONFERRED WITH: _____
REPORT TO: 145120 RI NUC National Guard INSPECTED: _____
STREET: _____ INSPECTOR: B. Simpson
CITY & STATE: Kingston, RI 02852 DATE: 3/4/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

- BUILDING/LOCATION: _____
DATE OF INSPECTION: 3/4/14
- a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
 - b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
 - c. Have there been any fires since the last inspection? Yes No N/A
 - d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
 - e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 - f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 - g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
 - h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
 - i. Are dry valves adequately protected from freezing? Yes No N/A
- OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

I. GENERAL

- a. Is the building occupied? Yes No N/A
- b. Are all fire protection systems in service? Yes No N/A
- c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
- d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
- b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection							
Tank Control							
Pump Control							
Sectional Valves	2	GFV	Yes	Yes			
System Valves		Ball	Yes	No			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

- a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A

Water Flow Test at Sprinkler Riser

Water Supply Source: City: Quonset Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>(W) Riser</u>	<u>3/4/14</u>	<u>No gauge at Drain at Riser</u>			

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
- b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
- c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

- a. Number of Systems 1 Make & Model: 2" Domestic
- b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
- c. Have all the antifreeze systems been tested? Yes No N/A
Number of antifreeze system(s) _____ and location(s) _____
Date Tested: _____

- d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
- e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A

- f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

Bldg 3
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>						
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet		Alarm Operated
						Min:	Sec:	

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION: _____ PNEUMATIC _____ ELECTRIC _____ HYDRAULIC _____			
	Piping Supervised: _____ Yes _____ No _____		Detecting media supervised _____ Yes _____ No _____	
	Does valve operate from the manual trip and/or remote control stations _____ Yes _____ No _____			
	Is there an accessible facility in each circuit for testing _____ Yes _____ No _____			
Method of testing circuits?				
MAKE		MODEL		
		Does each circuit operate supervision loss alarm?		
		Does each circuit operate valve release?		

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *NA*
 - b. Did the electric alarm(s) operate properly during testing? *4/5*
 - c. Did the supervisory alarm(s) operate properly during testing? *4/5*
- 9. SPRINKLER/PIPING**
- a. Do sprinklers generally appear to be in good external condition? *4/5*
 - b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *4/3*
 - c. Do sprinklers appear to be free form corrosion, paint, or loading and visible obstructions to spray discharge? *NA*
 - d. Are spare sprinkler heads available on the premises? *NO*
 - e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *NA*
 - f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *NA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep: *[Signature]* Print: *Joell* Date: *3/4/14*
 Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/4/14*

1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bldg #4

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			1	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			ALL	X		
B. Siren						
C. Horn						
D. Horn and Light			ALL	X		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			ALL	X		
B. Pressure						
12. Tamper Switches			ALL	X		
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		25	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tested Mech Room. No access to wire house*

INSPECTION REPORT #: _____
 INSPECTION CONTRACT #: _____
 REPORT TO: 143rd St Fire Mutual Guard CONFERRED WITH: _____
 STREET: _____ INSPECTED: _____
 CITY & STATE: N. Kingstown, RI 02852 INSPECTOR: B SIMPSON
 DATE: 3/4/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

- BUILDING/LOCATION: _____
 DATE OF INSPECTION: 3/4/14
- a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
 b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
 c. Have there been any fires since the last inspection? Yes No N/A
 d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
 e. Has the piping in all dry systems been checked for proper pitch within the past five years?
 Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 f. Has the piping in all systems been checked for obstructive materials?
 Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
 h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
 i. Are dry valves adequately protected from freezing? Yes No N/A
 OWNER OR OWNER'S REP (PRINT NAME) _____
 OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

1. GENERAL

- a. Is the building occupied? Yes No N/A
 b. Are all fire protection systems in service? Yes No N/A
 c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
 d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
 b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	1	OSY	Y	Y			
Tank Control							
Pump Control							
Sectional Valves							
System Valves	1	OSY	Y	Y			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

- a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
 Water Supply Source: City: Wonsott Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>@ Woon</u>	<u>3/4/14</u>	<u>2"</u>	<u>70</u>	<u>N/A</u>	<u>Freezing Conditions</u>

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
 b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
 c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

- a. Number of Systems 1 Make & Model: 4" Reliable
 b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
 c. Have all the antifreeze systems been tested? _____ Date Tested: _____ Yes No N/A
 Number of antifreeze system(s) _____ and location(s) _____
 d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
 e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
 f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

6. DRY SYSTEMS

31094
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>					Time Water Reached Test Outlet		Alarm Operated	
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Min:	Sec:	Yes	No	
Min: _____	Sec: _____									

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION:	PNEUMATIC	ELECTRIC	HYDRAULIC
	Piping Supervised:	Yes	No	Detecting media supervised Yes No
	Does valve operate from the manual trip and/or remote control stations	Yes	No	
	Is there an accessible facility in each circuit for testing	Yes	No	
Method of testing circuits?				
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *NO*
 - b. Did the electric alarm(s) operate properly during testing? *YB*
 - c. Did the supervisory alarm(s) operate properly during testing? *YB*
- 9. SPRINKLER/PIPING**
- a. Do sprinklers generally appear to be in good external condition? *YB*
 - b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *YB*
 - c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *MA*
 - d. Are spare sprinkler heads available on the premises? *YB*
 - e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *YB*
 - f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *MA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1E. Through 9F.)

water motor gong Does not work when tested.

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: *[Signature]* Print: *David W* Date: *3/4/14*
Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/4/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 204 3-6-14 Bldg # 5 Contract No. _____

Property Name 143rd Air lift wing
Street Quonset State Air
City, State, Zip N Kingstown

Contact _____
Phone No. 896-0116
Type of System Fire life Model # _____
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. Fire Dept.
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept. Master Box # No. 5
LeaseLine # No. _____
LoCal
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. 5
- H. Does the Panel have Inactive Zones? No. 0
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<u>X</u>		

Comments: _____

FACT 12V DAMP (11-11)

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. _____

YES	NO	N/A
	<u>X</u>	

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

Title _____

Inspector B. V. Marcoux

Phone Number _____

B. J. [Signature] printed

Date 3/6/14

Date 3-6-14

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY



1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

7614

Bldg #3

ALARM & DETECTION EQUIPMENT TEST REPORT

PAGE 2 OF 2

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)						
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization			11	X		
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			ALL	X		
B. Siren						
C. Horn						
D. Horn and Light			ALL	X		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. <input checked="" type="checkbox"/>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <input checked="" type="checkbox"/>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quansett Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		25	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal						

Comments on any "No" answers or explanations: *Tested office side*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2074 3-6-17 Bldg # 7 Contract No. _____

Property Name 143rd Air Milt Wing
Street Quonset State Hse
City, State, Zip N-Kingstown RI

Contact _____
Phone No. 806-0116
Type of System FCZ Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.	_____	_____
B. <input checked="" type="checkbox"/> Fire Dept.	<u>Quonset Fire</u>	_____
C. Central Station	_____	_____

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept.	Master Box <input checked="" type="checkbox"/> # No. <u>7</u>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </tbody> </table>	YES	NO	N/A	<input checked="" type="checkbox"/>																										
YES	NO		N/A																													
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<input checked="" type="checkbox"/>																																
<input checked="" type="checkbox"/>																																
	LeaseLine _____ # No. _____																															
	LoCal _____																															
B. Is the Power Light On?																																
C. Does the Panel indicate Normal Conditions?																																
D. Are all Indicating Lamp Bulbs in Operating Order?																																
E. Does the Trouble Light Operate?																																
F. Does the Silence Switch Operate?																																
G. Does the Panel have Active Zones? No. <u>10</u>																																
H. Does the Panel have Inactive Zones? No. <u>0</u>																																
I. Does the Panel have Battery Backup?																																
J. Do the Batteries indicate they are Properly Charged?																																
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?																																

Comments: _____

FACP 12V 18AMP (No Date)

3. Extinguishing Systems

A. Are Halon Systems Installed on Property? No. _____ Is Halon at Recommended Pressure?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td></td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td></td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td></td><td><input checked="" type="checkbox"/></td><td></td></tr> </tbody> </table>	YES	NO	N/A		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
YES		NO	N/A										
		<input checked="" type="checkbox"/>											
	<input checked="" type="checkbox"/>												
	<input checked="" type="checkbox"/>												
B. Are CO ₂ Systems installed on Property? No. _____ Is CO ₂ at recommended Pressure?													
C. Are any other Type Systems installed on property? No. _____													

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature _____ Title _____ Date 3/6/14 printed [Signature]

Inspector B. V. Marcano Date 3-6-14

Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bldg # 7

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			5	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			Silent	/		
B. Siren						
C. Horn						
D. Horn and Light			Silent	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. <i>X</i>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <i>X</i>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quarseth Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		25	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal						

Comments on any "No" answers or explanations: *Tested Exit Pull Station*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 204 3-6-14 Bldg # 8 Contract No. _____

Property Name 143rd Air Lift Wing Contact _____
 Street Quonset State Air Phone No. _____
 City, State, Zip Kingstown RI Type of System Edward Model # _____
 Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.	_____	_____
B. Fire Dept.	_____	_____
C. Central Station	_____	_____

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept.	Master Box <input checked="" type="checkbox"/> # No. <u>8</u>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </tbody> </table>	YES	NO	N/A	<input checked="" type="checkbox"/>																										
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<input checked="" type="checkbox"/>																																
<input checked="" type="checkbox"/>																																
<input checked="" type="checkbox"/>																																
	LeaseLine <input type="checkbox"/> # No. _____																															
	LoCal <input type="checkbox"/> # No. _____																															
B. Is the Power Light On?																																
C. Does the Panel indicate Normal Conditions?																																
D. Are all Indicating Lamp Bulbs in Operating Order?																																
E. Does the Trouble Light Operate?																																
F. Does the Silence Switch Operate?																																
G. Does the Panel have Active Zones? No. <u>6</u>																																
H. Does the Panel have Inactive Zones? No. <u>6</u>																																
I. Does the Panel have Battery Backup?																																
J. Do the Batteries indicate they are Property Charged?																																
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?																																

Comments: _____

FACP 12V 9.4mp (4-11)

3. Extinguishing Systems

A. Are Halon Systems Installed on Property? No. _____	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td></td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td></tr> </tbody> </table>	YES	NO	N/A		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
YES		NO	N/A										
		<input checked="" type="checkbox"/>											
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>											
Is Halon at Recommended Pressure?													
B. Are CO ₂ Systems installed on Property? No. _____													
Is CO ₂ at recommended Pressure?													
C. Are any other Type Systems installed on property? No. <u>sprinkler</u>													

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature Title _____ printed J. Wells

Inspector Bill Marcano Date 3/6/14

Phone Number _____ Date 3-6-14

cc: Owner (Name) _____ Address _____
 Insurance Co. _____ Address _____
 Fire Marshall _____ Address _____
 ISO _____ Address _____



1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bldg # P

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			1	P		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal			2	K		
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			<i>ALL</i>	X		
B. Pressure						
12. Tamper Switches			<i>ALL</i>	X		
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quansett Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<i>(25)</i> 50	75	100		
21. Indicate % of equipment tested YTD		25	<i>(60)</i> 75	100		
22. <i>Time Test Completed & System Left Normal</i>						

Comments on any "No" answers or explanations: *Tested Sending Key*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
REPORT TO: 193rd RI Fire National Guard CONFERRED WITH: _____
STREET: _____ INSPECTED: _____
CITY & STATE: N. Kingstown, RI 02852 INSPECTOR: B Simpson
DATE: 3/4/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

BUILDING/LOCATION: _____
DATE OF INSPECTION: Bldg E

a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
c. Have there been any fires since the last inspection? Yes No N/A
d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
i. Are dry valves adequately protected from freezing? Yes No N/A
OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

1. GENERAL

a. Is the building occupied? Yes No N/A
b. Are all fire protection systems in service? Yes No N/A
c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	1	OS&Y	Y	Y			
Tank Control							
Pump Control							
Sectional Valves							
System Valves	1	OS&Y	Y	Y			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
Water Supply Source: City: Wanskett Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>@ Riser</u>	<u>3/4/14</u>	<u>2"</u>	<u>70</u>	<u>N/A</u>	<u>Freezing Conditions</u>

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

a. Number of Systems 1 Make & Model: 4" Reliable
b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
c. Have all the antifreeze systems been tested? Yes No N/A
Date Tested: _____
Number of antifreeze system(s) _____ and location(s) _____
d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

6. DRY SYSTEMS

Bldg 8
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>	
Time to Trip Thru Pipe	Test	Residual Water Pressure	Trip Point Air Pressure (PSI)
Min:	Sec:	Static Water Pressure	Air Pressure

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP/TEST TABLE						
	OPERATION: PNEUMATIC		ELECTRIC		HYDRAULIC		
	Piping Supervised: Yes No		Detecting media supervised Yes No				
	Does valve operate from the manual trip and/or remote control stations Yes No						
	Is there an accessible facility in each circuit for testing Yes No						
Method of testing circuits?							
MAKE		MODEL		Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?	

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *YS*
- b. Did the electric alarm(s) operate properly during testing? *YS*
- c. Did the supervisory alarm(s) operate properly during testing? *YS*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *YS*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *YS*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *NA*
- d. Are spare sprinkler heads available on the premises? *YS*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *YS*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *NA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

Water motor Gong Line Bypassed Due to 4" Reliable water seat passing BYE

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: *[Signature]* Print: *Duell* Date: *3/4/14*
 Signature: Inspector: *[Signature]* Print: *K Simpson* Date: *3/4/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2054 3-6-14 Bldg # 11 Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Hite
City, State, Zip N Kingstown RI

Contact _____
Phone No. 886-6116
Type of System Notifier Model # _____
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. ~~Fire Dept.~~
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.
 - Master Box # No. 11
 - LeaseLine # No. _____
 - LoCal
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. 4
- H. Does the Panel have Inactive Zones? No. 1
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

FACP 120 TAMP (1-12)

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. _____

YES	NO	N/A
	<input checked="" type="checkbox"/>	

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

Robert D printed

Title _____

Date 3/6/14

Inspector Bill Marcoux

Date 3-6-14

Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg # 11

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)						
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal			6	X		
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell Bell <i>Strobe</i>			Silent	/		
B. Siren						
C. Horn						
D. Horn and Light			Silent	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. <input checked="" type="checkbox"/>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <input checked="" type="checkbox"/>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		25	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal						

Comments on any "No" answers or explanations: *Tested office Back of FACD*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 254 3-6-14 Bldg# 12 Contract No. _____

Property Name 143rd Air LFT Wing
Street Quonset State Air
City, State, Zip Kingston RI

Contact _____
Phone No. 8PB-6116
Type of System Fire life Model # _____
Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.	_____	_____
B. <u>Fire Dept.</u>	<u>Quonset Fire</u>	_____
C. Central Station	_____	_____

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept. Master Box # No. 12
LeaseLine _____ # No. _____
LoCal _____

	YES	NO	N/A
B. Is the Power Light On?	<input checked="" type="checkbox"/>		
C. Does the Panel indicate Normal Conditions?	<input checked="" type="checkbox"/>		
D. Are all Indicating Lamp Bulbs in Operating Order?	<input checked="" type="checkbox"/>		
E. Does the Trouble Light Operate?	<input checked="" type="checkbox"/>		
F. Does the Silence Switch Operate?	<input checked="" type="checkbox"/>		
G. Does the Panel have Active Zones? No. <u>Address</u>			
H. Does the Panel have Inactive Zones? No. _____			
I. Does the Panel have Battery Backup?	<input checked="" type="checkbox"/>		
J. Do the Batteries indicate they are Property Charged?	<input checked="" type="checkbox"/>		
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?	<input checked="" type="checkbox"/>		

Comments: _____

FACP 12V 7AMP 6-10

3. Extinguishing Systems

A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure? _____

B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure? _____

C. Are any other Type Systems installed on property? No. _____

	YES	NO	N/A
A.		<input checked="" type="checkbox"/>	
B.		<input checked="" type="checkbox"/>	
C.		<input checked="" type="checkbox"/>	

Comments: _____

Test Verification

(By owner or owner's rep.) Name [Signature] signature _____ printed Bill D
Title _____ Date 3/6/14
Inspector Bill Marcano Date 3-6-14
Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg # 12

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			<i>3</i>	<i>X</i>		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	<i>/</i>		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	<i>/</i>		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal?			<i>Quonset Fire</i>	<i>X</i>		
17. Is system reset for normal conditions?				<i>X</i>		
18. Is system restored to operational service?				<i>X</i>		
19. Have proper authorities (See #1) been notified system is back in service?				<i>X</i>		
20. Indicate % of equipment tested this report		<i>25</i>	50	75	100	
21. Indicate % of equipment tested YTD		25	<i>50</i>	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tested Exit Only*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2054 3-6-14 Bldg # 14 Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Air
City, State, Zip N Kingstown RI

Contact _____
Phone No. 886-0116
Type of System FBI Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. ~~Fire Dept.~~
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 Master Box # No. 14
 LeaseLine # No. _____
 LoCal _____
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. _____
- H. Does the Panel have Inactive Zones? No. _____
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Property Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

FKCP 1207AMP 1-12

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. _____

YES	NO	N/A
	<input checked="" type="checkbox"/>	

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

Title _____

Inspector Bill Marcoux

Phone Number _____

Jozell printed

Date 3/6/14

Date 3-6-14

cc: Owner (Name) _____ Address _____
 Insurance Co. _____ Address _____
 Fire Marshall _____ Address _____
 ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY

1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bib # 14

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			5	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>67rubs</i>			Silent	/		
B. Siren						
C. Horn						
D. Horn and Light			Silent	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. <input checked="" type="checkbox"/>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <input checked="" type="checkbox"/>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		(25)	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal						

Comments on any "No" answers or explanations: *Tested Full Farm Count Side Pull Station*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
REPORT TO: 143 So Ft Air National Guard INSPECTED: B Simpson
STREET: N. Kingstown, RI 02852 INSPECTOR: B Simpson
CITY & STATE: _____ DATE: 3/5/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

BUILDING/LOCATION: Bldg 500 Guard Street
DATE OF INSPECTION: _____
a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
c. Have there been any fires since the last inspection? Yes No N/A
d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
e. Has the piping in all dry systems been checked for proper pitch within the past five years? Yes No N/A
Date last checked _____ (checking is recommended at least every 5 years)
f. Has the piping in all systems been checked for obstructive materials? Yes No N/A
Date last checked _____ (checking is recommended at least every 5 years)
g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
h. Are any of the sprinklers 50 years old or older? Yes No N/A
i. Are dry valves adequately protected from freezing? Yes No N/A
OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

I. GENERAL

a. Is the building occupied? Yes No N/A
b. Are all fire protection systems in service? Yes No N/A
c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection							
Tank Control							
Pump Control							
Sectional Valves							
System Valves							
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A

Water Flow Test at Sprinkler Riser _____ Tank: _____ Pump: _____ Other: _____
Water Supply Source: City: Woonsocket

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>Woonsocket</u>	<u>3/5/14</u>	<u>NO gauge on system</u>			<u>Fell from Bldg 502</u>

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

a. Number of Systems _____ Make & Model: 3/4 Copper system
b. Are fire weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
c. Have all the antifreeze systems been tested? Yes No N/A
Date Tested: _____

Number of antifreeze system(s) _____ and location(s) _____
d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____

e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
 Yes No N/A

f. Did alarm valves, water flow alarm indicators and retards test satisfactorily?
RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

Bldg 500 Guard Shack
 Make Model

- a. Number of Systems _____ Yes No N/A
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? _____
 If so, indicate locations: _____ Yes No N/A
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? _____
 If so, indicate date performed _____ and date last performed: _____ Yes No N/A
- i. Was the dry valve fully trip tested (control valve open completely)? _____
 If so, indicate date performed _____ and date last performed: _____ Yes No N/A
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

	MAKE	MODEL	SERIAL #
DRY VALVE			
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>				WITHOUT Q.O.D. <input type="checkbox"/>			
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet	Alarm Operated
Min:	Sec:					Min: Sec:	Yes No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION:	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC
	Piping Supervised:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detecting media supervised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does valve operate from the manual trip and/or remote control stations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is there an accessible facility in each circuit for testing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of testing circuits?		Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?	
	MAKE	MODEL		

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *NA*
- b. Did the electric alarm(s) operate properly during testing? *YUS*
- c. Did the supervisory alarm(s) operate properly during testing? *NA*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *YUS*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *YUS*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *YUS*
- d. Are spare sprinkler heads available on the premises? *NA*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *NA*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *YUS*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1E Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Yes No N/A
 Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep.

Signature: Owner/Owners Rep.: *[Signature]* Print: *David W* Date: *3/5/14*
 Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/5/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 20FY 3-6-14 Bldg # 502 Contract No. _____

Property Name 143rd Air h: Ft wing
Street Quonset State Air
City, State, Zip RI Kingstown RI

Contact _____
Phone No. 886-0116
Type of System FC I Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. ~~Fire Dept.~~
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

Master Box	<input checked="" type="checkbox"/>	# No. <u>502</u>
LeaseLine	<input type="checkbox"/>	# No. _____
LoCal	<input type="checkbox"/>	
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. 14
- H. Does the Panel have Inactive Zones? No. 3
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

FACP 12V 10AMP (1-12)

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. sprinkler

YES	NO	N/A
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Comments: _____

Test Verification

Name [Signature] signature

Bill Marcoux printed

(By owner or owner's rep.)

Title _____

Date 3/6/14

Inspector Bill Marcoux

Date 3-6-14

Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg# 502

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			4	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			5	X		
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms (Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms (Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			<i>ALL</i>	X		
B. Pressure			<i>ALL</i>	X		
12. Tamper Switches			<i>ALL</i>	X		
13. Were Tested Detectors Cleaned? No. <u>5</u>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <u>0</u>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		(25) 50	75	100		
21. Indicate % of equipment tested YTD		25 (50)	75	100		
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tested Center Hall*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
REPORT TO: 14300 W. National Center INSPECTED: _____
STREET: _____ INSPECTOR: B. SIMONOV
CITY & STATE: W. Kingstown, RI 02852 DATE: 3/5/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

BUILDING/LOCATION: _____
DATE OF INSPECTION: Bldg 502

a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
c. Have there been any fires since the last inspection? Yes No N/A
d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
i. Are dry valves adequately protected from freezing? Yes No N/A
OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

1. GENERAL

a. Is the building occupied? Yes No N/A
b. Are all fire protection systems in service? Yes No N/A
c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	1	OS&Y	yes	yes			
Tank Control							
Pump Control							
Sectional Valves							
System Valves	3	OS&Y	yes	yes			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
Water Supply Source: City: _____ Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>W. Room</u>	<u>3/5/14</u>	<u>2</u>	<u>65</u>	<u>NA</u>	<u>Freezing conditions</u>
		<u>1 1/4</u>	<u>65</u>	<u>NA</u>	

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

a. Number of Systems 2 Make & Model: 2 1/2" + 4" Rens
b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
c. Have all the antifreeze systems been tested? _____ Date Tested: _____ Yes No N/A
Number of antifreeze system(s) _____ and location(s) _____
d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

Blade 502
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>					
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet	Alarm Operated
Min:	Sec:					Min: Sec:	Yes No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION: _____ PNEUMATIC _____ ELECTRIC _____ HYDRAULIC			
	Piping Supervised: _____ Yes _____ No	Detecting media supervised _____ Yes _____ No		
	Does valve operate from the manual trip and/or remote control stations _____ Yes _____ No			
	Is there an accessible facility in each circuit for testing _____ Yes _____ No			
Method of testing circuits? _____				
MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?	

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *MA*
- b. Did the electric alarm(s) operate properly during testing? *YS*
- c. Did the supervisory alarm(s) operate properly during testing? *YS*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *YS*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *YS*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *MA*
- d. Are spare sprinkler heads available on the premises? *YS*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *YS*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *MA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: _____ Print: *David Co* Date: *3/5/14*
 Signature: Inspector *B Simpson* Print: *B Simpson* Date: *3/5/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2054 3-6-14 Bldg # 508 Contract No. _____

Property Name 14310 Air Lift Wing Contact _____
Street Quonset State Air Phone No. DPL 1006
City, State, Zip N Kingstown RI Type of System Megaz Model # _____
Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.	_____	_____
B. <u>Fire Dept.</u>	<u>Quonset Fire</u>	_____
C. Central Station	_____	_____

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept.	Master Box <input checked="" type="checkbox"/> # No. <u>508</u>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><u>A</u></td> <td></td> <td></td> </tr> <tr> <td><u>X</u></td> <td></td> <td></td> </tr> </tbody> </table>	YES	NO	N/A	<u>A</u>			<u>X</u>																							
YES	NO		N/A																													
<u>A</u>																																
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<u>X</u>																																
<u>X</u>																																
	LeaseLine _____ # No. _____																															
	LoCal _____																															
B. Is the Power Light On?																																
C. Does the Panel indicate Normal Conditions?																																
D. Are all Indicating Lamp Bulbs in Operating Order?																																
E. Does the Trouble Light Operate?																																
F. Does the Silence Switch Operate?																																
G. Does the Panel have Active Zones? No. <u>2 Zone / Address</u>																																
H. Does the Panel have Inactive Zones? No. _____																																
I. Does the Panel have Battery Backup?																																
J. Do the Batteries indicate they are Properly Charged?																																
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?																																

Comments: *** Upon arrival panel was in trouble, brought Fault on System

FACP

3. Extinguishing Systems

A. Are Halon Systems Installed on Property? No. _____ Is Halon at Recommended Pressure?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><u>X</u></td> <td></td> <td></td> </tr> </tbody> </table>	YES	NO	N/A							<u>X</u>		
YES		NO	N/A										
<u>X</u>													
B. Are CO ₂ Systems installed on Property? No. _____ Is CO ₂ at recommended Pressure?													
C. Are any other Type Systems installed on property? No. <u>sprinkle</u>													

Comments: _____

Test Verification

(By owner or owner's rep.) Name [Signature] signature _____ Date 3/6/14 printed _____
Title _____ Date 3-6-14
Inspector Bill Marcoux
Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg # 508

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			2	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			5	X		
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell Strobe			Silent	/		
B. Siren						
C. Horn						
D. Horn and Light			Silent	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			ALL	X		
B. Pressure						
12. Tamper Switches			ALL	X		
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal?			Quonset Fire	X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		(25)	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: Tested & no flow Right side

INSPECTION REPORT #: _____
 INSPECTION CONTRACT #: _____
 REPORT TO: 145 100 St Air National Guard INSPECTED: _____
 STREET: _____ INSPECTOR: B Simpson
 CITY & STATE: N. Kingstown, RI 02852 DATE: 3/6/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

- BUILDING/LOCATION: _____
 DATE OF INSPECTION: Bldg 508
- a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
 b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
 c. Have there been any fires since the last inspection? Yes No N/A
 d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
 e. Has the piping in all dry systems been checked for proper pitch within the past five years?
 Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 f. Has the piping in all systems been checked for obstructive materials?
 Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
 h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
 i. Are dry valves adequately protected from freezing? Yes No N/A
 OWNER OR OWNER'S REP (PRINT NAME) _____
 OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

1. GENERAL

- a. Is the building occupied? Yes No N/A
 b. Are all fire protection systems in service? Yes No N/A
 c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
 d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
 b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	1	DW	Y	Y			
Tank Control							
Pump Control							
Sectional Valves	4	BPV	Y	Y			
System Valves	2	OS&Y	Y	Y			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

- a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
 Water Supply Source: City: Woonsocket Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>in riser</u>	<u>3/6/14</u>	<u>2"</u>	<u>70</u>	<u>N/A</u>	
		<u>1"</u>	<u>70</u>	<u>N/A</u>	<u>AIR 25 pre-action</u>

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
 b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
 c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

- a. Number of Systems 1 Make & Model: 4" Eschen
 b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
 c. Have all the antifreeze systems been tested? Date Tested: _____
 Number of antifreeze system(s) _____ and location(s) _____
 d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
 e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
 f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

6. DRY SYSTEMS

Bldg 508
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>		Time Water Reached Test Outlet		Alarm Operated
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Min: / Sec: / Yes / No
Min: / Sec:						Min: / Sec: / Yes / No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION:	PNEUMATIC _____ ELECTRIC _____		HYDRAULIC _____
	Piping Supervised:	Yes _____ No _____		Detecting media supervised Yes _____ No _____
	Does valve operate from the manual trip and/or remote control stations	Yes _____ No _____		
	Is there an accessible facility in each circuit for testing	Yes _____ No _____		
Method of testing circuits?				
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *NA*
- b. Did the electric alarm(s) operate properly during testing? *NA*
- c. Did the supervisory alarm(s) operate properly during testing? *NA*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *yes*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *yes*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *NA*
- d. Are spare sprinkler heads available on the premises? *yes*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *NA*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *NA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: _____ Print: *Abell, D* Date: *3/6/14*
 Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/6/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2014 3-6-14 Bldg # 524 Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Air
City, State, Zip N Kingstown RI

Contact _____
Phone No. 886-0166
Type of System FCI Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. Fire Dept.
- C. Central Station

Quonset State Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

Master Box	<input checked="" type="checkbox"/>	# No. <u>524</u>
LeaseLine	<input type="checkbox"/>	# No. _____
LoCal	<input type="checkbox"/>	
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. _____
- H. Does the Panel have Inactive Zones? No. _____
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

FALP 12V 18 PWD 1-12

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. Sprinkler

YES	NO	N/A
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

Bozell, W printed

Title _____

Date 3/6/14

Inspector B. J. Marcoux

Date 3-6-14

Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bldg # 524

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			4	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			3	X		
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. <u>3</u>						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. <u>X</u>						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<u>65</u>	50	75	100	
21. Indicate % of equipment tested YTD		25	<u>60</u>	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tasted 1st Floor Office Side*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____
REPORT TO: 14320 US Fire National Guard INSPECTED: _____
STREET: _____ INSPECTOR: B Simpson
CITY & STATE: W. Kingstown, RI 02852 DATE: 3/5/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

- BUILDING/LOCATION: _____
DATE OF INSPECTION: Bldg 524
- a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
 - b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
 - c. Have there been any fires since the last inspection? Yes No N/A
 - d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
 - e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 - f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 - g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
 - h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
 - i. Are dry valves adequately protected from freezing? Yes No N/A
- OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

1. GENERAL

- a. Is the building occupied? Yes No N/A
- b. Are all fire protection systems in service? Yes No N/A
- c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
- d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
- b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	2	PIV/OSY	yes	yes			
Tank Control							
Pump Control							
Sectional Valves							
System Valves	2	OSY	yes	yes			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

- a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A

Water Flow Test at Sprinkler Riser

Water Supply Source: City: Wonssett Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>@ Riser</u>	<u>3/5/14</u>	<u>2"</u>	<u>65</u>	<u>NA</u>	

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
- b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
- c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

- a. Number of Systems 1 Make & Model: 6" TYCO CU-IF
- b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
- c. Have all the antifreeze systems been tested? Date Tested: _____ Yes No N/A
- d. Number of antifreeze system(s) _____ and location(s) _____
- e. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
- f. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
- g. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

Bldg 504
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>						
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet	Alarm Operated	
							Min:	Sec:

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION:	<input checked="" type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC
	Piping Supervised:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Detecting media supervised <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does valve operate from the manual trip and/or remote control stations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	Is there an accessible facility in each circuit for testing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Method of testing circuits?				
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *MA*
- b. Did the electric alarm(s) operate properly during testing? *Y/S*
- c. Did the supervisory alarm(s) operate properly during testing? *Y/S*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *Y/S*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *Y/S*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *MA*
- d. Are spare sprinkler heads available on the premises? *Y/S*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *Y/S*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *MA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: *[Signature]* Print: *Bozell, D* Date: *3/5/14*
 Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/5/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2 of 4 3-6-14 Bldg # 570 Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Air
City, State, Zip Kingstown RI

Contact _____
Phone No. _____
Type of System FLZ Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.	_____	_____
B. Fire Dept.	<u>Quonset Fire</u>	_____
C. Central Station	_____	_____

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept.	Master Box <input checked="" type="checkbox"/> # No. <u>570</u>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td>LeaseLine # No. _____</td> <td></td> </tr> <tr> <td></td> <td>LoCal <input type="checkbox"/></td> <td></td> </tr> <tr> <td>B. Is the Power Light On?</td> <td></td> <td></td> </tr> <tr> <td>C. Does the Panel indicate Normal Conditions?</td> <td></td> <td></td> </tr> <tr> <td>D. Are all Indicating Lamp Bulbs in Operating Order?</td> <td></td> <td></td> </tr> <tr> <td>E. Does the Trouble Light Operate?</td> <td></td> <td></td> </tr> <tr> <td>F. Does the Silence Switch Operate?</td> <td></td> <td></td> </tr> <tr> <td>G. Does the Panel have Active Zones? No. <u>11</u></td> <td></td> <td></td> </tr> <tr> <td>H. Does the Panel have Inactive Zones? No. _____</td> <td></td> <td></td> </tr> <tr> <td>I. Does the Panel have Battery Backup?</td> <td></td> <td></td> </tr> <tr> <td>J. Do the Batteries indicate they are Properly Charged?</td> <td></td> <td></td> </tr> <tr> <td>K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?</td> <td></td> <td></td> </tr> </tbody> </table>	YES	NO	N/A	X			X			X			X				LeaseLine # No. _____			LoCal <input type="checkbox"/>		B. Is the Power Light On?			C. Does the Panel indicate Normal Conditions?			D. Are all Indicating Lamp Bulbs in Operating Order?			E. Does the Trouble Light Operate?			F. Does the Silence Switch Operate?			G. Does the Panel have Active Zones? No. <u>11</u>			H. Does the Panel have Inactive Zones? No. _____			I. Does the Panel have Battery Backup?			J. Do the Batteries indicate they are Properly Charged?			K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?		
YES	NO		N/A																																																		
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K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?																																																					

Comments: _____

FACP iAV 74mp 1-13

3. Extinguishing Systems

A. Are Halon Systems Installed on Property? No. _____	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>X</td> <td>X</td> </tr> <tr> <td>X</td> <td></td> <td>X</td> </tr> </tbody> </table>	YES	NO	N/A		X			X	X	X		X
YES		NO	N/A										
		X											
		X	X										
X		X											
Is Halon at Recommended Pressure?													
B. Are CO ₂ Systems installed on Property? No. _____													
Is CO ₂ at recommended Pressure?													
C. Are any other Type Systems installed on property? No. <u>sprinkler</u>													

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

Title _____

Inspector Bill Marcoux

Phone Number _____

Date 3/6/14 printed

Date 3-6-14

cc: Owner (Name) _____ Address _____

Insurance Co. _____ Address _____

Fire Marshall _____ Address _____

ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

TURNER COPY



1 Polito Drive, Shrewsbury, MA 01545
 (800) 799-6491 (508) 890-2223
 Fax (508) 890-7977

Bldg # 570

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			1	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			1	X		
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strabc</i>			Silent	/		
B. Siren						
C. Horn						
D. Horn and Light			Silent	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			ALL	X		
B. Pressure						
12. Tamper Switches			ALL	X		
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal?			<i>Quonset Fire</i>	X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<i>(25)</i>	50	75	100	
21. Indicate % of equipment tested YTD		25	<i>60</i>	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations:

Tested Same Pump House



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2014 3-6-14 Bldg # 571 Contract No. _____

Property Name 143rd Air Lift Wing Contact _____
 Street Quonset State Air Phone No. _____
 City, State, Zip N Kingstown RI Type of System FLZ Model # 72
 Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.		
B. Fire Dept.	<u>Quonset Fire</u>	
C. Central Station		

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept.	Master Box <input checked="" type="checkbox"/> # No. <u>571</u>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td>X</td><td></td><td></td></tr> </tbody> </table>	YES	NO	N/A	X			X			X			X			X			X			X			X			X			X		
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C. Does the Panel indicate Normal Conditions?	LoCal <input type="checkbox"/> # No. _____																																		
D. Are all Indicating Lamp Bulbs in Operating Order?																																			
E. Does the Trouble Light Operate?																																			
F. Does the Silence Switch Operate?																																			
G. Does the Panel have Active Zones? No. <u>16</u>																																			
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I. Does the Panel have Battery Backup?																																			
J. Do the Batteries indicate they are Property Charged?																																			
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?																																			

Comments: ** Note There Is No Master Box, Removed For Replacement

FACP 12V 32AMP

3. Extinguishing Systems

A. Are Halon Systems installed on Property? No. _____ Is Halon at Recommended Pressure?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td>X</td><td>X</td></tr> <tr><td>X</td><td></td><td>X</td></tr> </tbody> </table>	YES	NO	N/A		X			X	X	X		X
YES		NO	N/A										
		X											
		X	X										
X		X											
B. Are CO ₂ Systems installed on Property? No. _____ Is CO ₂ at recommended Pressure?													
C. Are any other Type Systems installed on property? No. <u>sprinkler</u>													

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature
 Title _____
 Inspector Bill Marcoux
 Phone Number _____

Date 3/6/14 printed
 Date 3-6-14

cc: Owner (Name) _____ Address _____
 Insurance Co. _____ Address _____
 Fire Marshall _____ Address _____
 ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Bldg # 571

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			8	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strike</i>			ALL	X		
B. Siren						
C. Horn						
D. Horn and Light			ALL	X		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle			ALL	X		
B. Pressure			ALL	X		
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13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
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17. Is system reset for normal conditions?						
18. Is system restored to operational service?						
19. Have proper authorities (See #1) been notified system is back in service?						
20. Indicate % of equipment tested this report		25	50	75	100	
21. Indicate % of equipment tested YTD		25	50	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations:

Tested left of Main Hall



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections

Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 2054 3-6-14 Bldg # 574 Contract No. _____

Property Name 143rd Air Lift Wing
Street Quonset State Air
City, State, Zip N Kingstown

Contact _____
Phone No. 886-6716
Type of System FCZ Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

NAME

PHONE NO.

- A. Owner or Owner's Rep.
- B. Fire Dept.
- C. Central Station

Quonset Fire

2. Control Panel Status Before Test

- A. Is the Panel connected to the Fire Dept.

Master Box	<input checked="" type="checkbox"/>	# No. <u>574</u>
LeaseLine	<input type="checkbox"/>	# No. _____
LoCal	<input type="checkbox"/>	
- B. Is the Power Light On?
- C. Does the Panel indicate Normal Conditions?
- D. Are all Indicating Lamp Bulbs in Operating Order?
- E. Does the Trouble Light Operate?
- F. Does the Silence Switch Operate?
- G. Does the Panel have Active Zones? No. 12
- H. Does the Panel have Inactive Zones? No. _____
- I. Does the Panel have Battery Backup?
- J. Do the Batteries indicate they are Properly Charged?
- K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?

YES	NO	N/A
<input checked="" type="checkbox"/>		

Comments: _____

FACP

3. Extinguishing Systems

- A. Are Halon Systems Installed on Property? No. _____
Is Halon at Recommended Pressure?
- B. Are CO₂ Systems installed on Property? No. _____
Is CO₂ at recommended Pressure?
- C. Are any other Type Systems installed on property? No. _____

YES	NO	N/A
	<input checked="" type="checkbox"/>	

Comments: _____

Test Verification

Name [Signature] signature

buell, ro printed

(By owner or owner's rep.)

Title _____

Date 3/6/14

Inspector Bill Marcano

Date 3-6-14

Phone Number _____

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER COPY



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

Blg # 577

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			3	X		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric						
B. Ionization						
C. Thermal <i>Fix Temp</i>			6	X		
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fire</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<i>(25)</i>	50	75	100	
21. Indicate % of equipment tested YTD		25	<i>(50)</i>	75	100	
22. Time Test Completed & System Left Normal _____						

Comments on any "No" answers or explanations: *Tested ALL Exits.*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

ALARM & DETECTION EQUIPMENT TEST REPORT

24 Hour Emergency Call

Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

Test Report No. 20fy 3-6-14 Bldg # 575 Contract No. _____

Property Name 143rd Air Li Ft Wing Contact _____
Street Quonset State Air Phone No. _____
City, State, Zip N Kingston RI Type of System FCZ Model # 72
Time Start of Test: _____

1. Before Test Notify Proper Authorities

	NAME	PHONE NO.
A. Owner or Owner's Rep.	_____	_____
B. Fire Dept.	<u>Quonset Fire</u>	_____
C. Central Station	_____	_____

2. Control Panel Status Before Test

A. Is the Panel connected to the Fire Dept.	Master Box <input checked="" type="checkbox"/> # No. <u>575</u>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> </tbody> </table>	YES	NO	N/A	X			X			X			X			X			X			X			X			X		
YES	NO		N/A																													
X																																
X																																
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X																																
X																																
B. Is the Power Light On?	LeaseLine <input type="checkbox"/> # No. _____																															
C. Does the Panel indicate Normal Conditions?	LoCal <input type="checkbox"/> # No. _____																															
D. Are all Indicating Lamp Bulbs in Operating Order?																																
E. Does the Trouble Light Operate?																																
F. Does the Silence Switch Operate?																																
G. Does the Panel have Active Zones? No. <u>14</u>																																
H. Does the Panel have Inactive Zones? No. _____																																
I. Does the Panel have Battery Backup?																																
J. Do the Batteries indicate they are Properly Charged?																																
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?																																

Comments: _____

FACP 120 30 AMP 120 55 AMP

3. Extinguishing Systems

A. Are Halon Systems Installed on Property? No. _____ Is Halon at Recommended Pressure?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td>X</td><td>X</td></tr> <tr><td>X</td><td></td><td>X</td></tr> </tbody> </table>	YES	NO	N/A		X			X	X	X		X
YES		NO	N/A										
		X											
		X	X										
X		X											
B. Are CO ₂ Systems installed on Property? No. _____ Is CO ₂ at recommended Pressure?													
C. Are any other Type Systems installed on property? No. <u>spri'z kler</u>													

Comments: _____

Test Verification

(By owner or owner's rep.)

Name [Signature] signature

Title _____

Inspector Bill Marcoux

Phone Number _____

Date 3/6/14 printed

Date 3-6-14

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

CUSTOMER JPY



1 Polito Drive, Shrewsbury, MA 01545
(800) 799-6491 (508) 890-2223
Fax (508) 890-7977

B145 # 575

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Reports	Operational		
				Yes	N.A.	No
4. Remote Annunciators						
5. Zones						
6. Manual Stations (Pull)			2	1		
A. Coded						
B. NonCoded						
7. Detectors (See #13)						
A. Photoelectric			13	X		
B. Ionization						
C. Thermal						
D. Flame						
E. Duct (See #14)						
8. Audible Alarms						
(Remote & at base)						
A. Bell <i>Strobe</i>			<i>Silent</i>	/		
B. Siren						
C. Horn						
D. Horn and Light			<i>Silent</i>	/		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release						
11. Water Flow Switches						
A. Paddle						
B. Pressure						
12. Tamper Switches						
13. Were Tested Detectors Cleaned? No. _____						
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No. _____						
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?						
16. Did the monitoring center (Fire Dept. Central Station, LeaseLine) receive signal? <i>Quonset Fir</i>				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equipment tested this report		<i>25</i>	50	75	100	
21. Indicate % of equipment tested YTD		25	<i>50</i>	75	100	
22. <i>Time Test Completed & System Left Normal</i>						

Comments on any "No" answers or explanations: *Tested 2nd Floor Comm*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____

CONFERRED WITH: _____

REPORT TO: 14500 RI Ave National Guard
STREET: _____
CITY & STATE: W. Kingstown, RI 02852

INSPECTED: _____
INSPECTOR: B Simpson
DATE: 3/5/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

BUILDING/LOCATION: _____
DATE OF INSPECTION: Bldg 575

a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
 b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
 c. Have there been any fires since the last inspection? Yes No N/A
 d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
 e. Has the piping in all dry systems been checked for proper pitch within the past five years?
 Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 f. Has the piping in all systems been checked for obstructive materials?
 Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
 h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
 i. Are dry valves adequately protected from freezing? Yes No N/A
 OWNER OR OWNER'S REP (PRINT NAME) _____
 OWNER OR OWNER'S REP (SIGNATURE) [Signature]

PART II - INSPECTOR'S SECTION:

1. GENERAL

a. Is the building occupied? Yes No N/A
 b. Are all fire protection systems in service? Yes No N/A
 c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
 d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
 b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection							
Tank Control							
Pump Control							
Sectional Valves							
System Valves	9	BAV	4-2	1-3			
Antifreeze Valves							
Other Valves							

3. WATER SUPPLIES

a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
Water Flow Test at Sprinkler Riser
 Water Supply Source: Abnonsall Tank: _____ Pump: _____ Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
<u>@ Risers</u>	<u>3/5/14</u>	<u>2"</u>	<u>130</u>	<u>WA</u>	<u>Freezing Conditions</u>
			<u>130</u>	<u>N/A</u>	
			<u>130</u>	<u>N/A</u>	
			<u>130</u>	<u>N/A</u>	

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
 b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
 c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

a. Number of Systems 3 Make & Model: 2 1/2" Riser 1 3" Riser
 b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
 c. Have all the antifreeze systems been tested? _____ Date Tested: _____ Yes No N/A
 Number of antifreeze system(s) _____ and location(s) _____
 d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
 e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
 f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

RI Sprinkler #39 RI Alarm # AFC0282 MA Alarm # 115C MA Sprinkler # 001209

6. DRY SYSTEMS

Bida 575
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>							
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Time Water Reached Test Outlet		Alarm Operated	
						Min:	Sec:	Yes	No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

TRIP TEST TABLE			
DELUGE AND PREACTION VALVES	OPERATION: <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC		
	Piping Supervised: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Detecting media supervised: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Does valve operate from the manual trip and/or remote control stations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Is there an accessible facility in each circuit for testing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Method of testing circuits?		
	MAKE	MODEL	Does each circuit operate supervision loss alarm?
	<i>6" VIKING</i>		Does each circuit operate valve release?

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *NA*
- b. Did the electric alarm(s) operate properly during testing? *YB*
- c. Did the supervisory alarm(s) operate properly during testing? *YB*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *YB*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *YB*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *NA*
- d. Are spare sprinkler heads available on the premises? *YB*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *YB*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *NA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1E Through 9F.)

Foam tank piping is leaking at flange on to tank and below piping causing some rotting.

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep.: *[Signature]* Print: *David [unclear]* Date: *3/5/14*
 Signature: Inspector: *[Signature]* Print: *B Simpson* Date: *3/5/14*



70 Bacon Street
Pawtucket, RI 02860
1-800-799-6491

INSPECTION REPORT
24 Hour Emergency Call
Installation • Repairs • Inspections
Sprinklers • Alarms • Extinguishers • Suppression

INSPECTION REPORT #: _____
INSPECTION CONTRACT #: _____

CONFERRED WITH: _____

REPORT TO: 14300 Rte 1 National Guard
STREET: _____
CITY & STATE: N. Kingstown, RI 02852

INSPECTED: _____
INSPECTOR: B Simpson
DATE: 3/5/14

PART I - OWNER'S SECTION: (To be answered by Owner or Owner's Representative)

- BUILDING/LOCATION: _____
DATE OF INSPECTION: 3/5/14 570-571
- a. Have there been any changes in the occupancy classification and hazard of contents since the last inspection? Yes No N/A
 - b. Have there been any changes or repairs to the fire protection systems since the last inspection? Yes No N/A
 - c. Have there been any fires since the last inspection? Yes No N/A
 - d. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
 - e. Has the piping in all dry systems been checked for proper pitch within the past five years?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 - f. Has the piping in all systems been checked for obstructive materials?
Date last checked _____ (checking is recommended at least every 5 years) Yes No N/A
 - g. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? Yes No N/A
 - h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers) Yes No N/A
 - i. Are dry valves adequately protected from freezing? _____ Yes No N/A
- OWNER OR OWNER'S REP (PRINT NAME) _____
OWNER OR OWNER'S REP (SIGNATURE) _____

PART II - INSPECTOR'S SECTION:

1. GENERAL

- a. Is the building occupied? Yes No N/A
- b. Are all fire protection systems in service? Yes No N/A
- c. Have the sprinkler systems been extended to all visible areas of the building? Yes No N/A
- d. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? Yes No N/A

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position? Yes No N/A
- b. Are all control valves sealed, locked, or equipped with a tamper switch? Yes No N/A

CONTROL VALVE MAINTENANCE TABLE (Y=YES and N=NO or N/A= Not Applicable)

Control Valves	# of Valves	Type	Open	Secured	Signs	Closed	INSPECTOR COMMENTS
City Connection	1	P.V	Y	Y			
Tank Control							
Pump Control	2	OS&Y	Y	Y			
Sectional Valves							
System Valves	8	OS&Y/BPV	Y	Y			
Antifreeze Valves							
Other Valves	3	BPV	N	Y		Y	Normally closed

3. WATER SUPPLIES

- a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No N/A
- Water Flow Test at Sprinkler Riser**
Water Supply Source: City: Wolcott Tank: _____ Pump: elec. 2 Other: _____

Test Pipe Location	Date	Size	Static	Residual	INSPECTOR COMMENTS
@ Riser	3/5/14	2"	130	N/A	Freezing conditions
		2"	130	N/A	AIR 50 pre-action

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- a. Do fire pumps, gravity, surface and pressure tanks appear to be in good condition and properly maintained? Yes No N/A
- b. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? Yes No N/A
- c. Are fire department connections accessible and visible? Yes No N/A

5. WET SYSTEMS

- a. Number of Systems 1 Make & Model: 4" Reliable
- b. Are cold weather valves (OS & Y) in the appropriate open or closed position? Yes No N/A
- c. Have all the antifreeze systems been tested? Yes No N/A
Date Tested: _____
Number of antifreeze system(s) _____ and location(s) _____
- d. Antifreeze test indicate protection to system (indicate temperature): 1 _____ 2 _____ 3 _____ 4 _____
- e. In area protected by wet system(s), does the building appear to be properly heated in all area including blind attics and perimeter areas where accessible? Yes No N/A
- f. Did alarm valves, water flow alarm indicators and retards test satisfactorily? Yes No N/A

6. DRY SYSTEMS

Bldg 570-571
Make Model

- a. Number of Systems _____
- b. Are the air pressures and priming water levels normal (in accordance with manufacturer's instructions)? Yes No N/A
- c. Did the air compressor or nitrogen supply operate satisfactorily? Yes No N/A
- d. Were low points drained during this inspection? Yes No N/A
If so, indicate locations: _____
- e. Did the quick opening devices operate satisfactorily? Yes No N/A
- f. Do the dry valve(s) appear to be protected from freezing (properly heated)? Yes No N/A
- g. Is the dry valve house properly heated? Yes No N/A
- h. Was the dry valve partially trip tested (control valve open partially)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- i. Was the dry valve fully trip tested (control valve open completely)? Yes No N/A
If so, indicate date performed _____ and date last performed: _____
- j. Did the dry valve(s) operate satisfactorily during the trip test during this inspections? Yes No N/A

DRY VALVE	MAKE	MODEL	SERIAL #
Q.O.D.			

WITH Q.O.D. <input type="checkbox"/>		WITHOUT Q.O.D. <input type="checkbox"/>		Time Water Reached Test Outlet		Alarm Operated	
Time to Trip Thru Pipe	Test	Static Water Pressure	Residual Water Pressure	Air Pressure	Trip Point Air Pressure (PSI)	Min: Sec:	Yes No
Min: Sec:						Min: Sec:	Yes No

7. SPECIAL SYSTEM

- a. Did the deluge or pre-action valves operate properly during testing? Yes No N/A
- b. Did all heat responsive systems operate properly during testing? Yes No N/A
- c. Did the supervisory devices operate during testing? Yes No N/A

Date deluge or pre-action valve tested _____ Other system _____

DELUGE AND PREACTION VALVES	TRIP TEST TABLE			
	OPERATION:	<input checked="" type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC
	Piping Supervised:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detecting media supervised <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Does valve operate from the manual trip and/or remote control stations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Is there an accessible facility in each circuit for testing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Method of testing circuits?				
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?
	4" Reliable	OX	yes	yes

8. ALARMS

- a. Did the water motor(s) and gong(s) operate properly during testing? *yes*
- b. Did the electric alarm(s) operate properly during testing? *yes*
- c. Did the supervisory alarm(s) operate properly during testing? *yes*

9. SPRINKLER/PIPING

- a. Do sprinklers generally appear to be in good external condition? *yes*
- b. Are sprinklers less than 50 (fifty) years old? Older sprinklers require testing and/or replacement. *yes*
- c. Do sprinklers appear to be free from corrosion, paint, or loading and visible obstructions to spray discharge? *MA*
- d. Are spare sprinkler heads available on the premises? *yes*
- e. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges and strainers appear to be in satisfactory condition? *yes*
- f. Are sprinklers of the proper temperature ratings and installed in proper positions for their locations? *MA*

10. EXPLANATION OF "NO" ANSWERS FROM PART 1 - OWNER'S SECTION

11. EXPLANATION OF "NO" ANSWERS FROM INSPECTORS REPORT (SECTION 1F. Through 9F.)

Sewering lines for fire pumps are tied together should be independent of each other.

12. ADJUSTMENTS OR REPAIRS MADE DURING THIS INSPECTION

13. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS

*Please note these recommended improvements are not the result of an engineering survey however you may call our office to schedule one. Inspection results and suggested improvements were discussed with the undersigned Owner or Owner's Rep. Yes No N/A

Signature: Owner/Owners Rep. *[Signature]* Print: *Bob [Signature]* Date: *3/5/14*
Signature: Inspector *[Signature]* Print: *B Simpson* Date: *3/5/14*