County of Roanoke

FINANCE DEPARTMENT
PURCHASING DIVISION

Dawn M. Rago, Buyer
5204 Bernard Drive SW, Suite 300 F
Roanoke VA 24018
(540) 283-8150
(540) 561-2827 – Fax
drago@roanokecountyva.gov

September 26, 2017

IFB #2018-020
Maintenance and Inspection of Sprinkler Systems for Fire Protection

ADDENDUM NO. 1

Test Reports

Due Date & Time:
September 27, 2017 3:00PM
(Local Prevailing Time)

IFB # 2018-020
Maintenance and Inspection of Sprinkler Systems for Fire Protection
ADDENDUM NO. 1

1. Inspection Report for year 2015.

IMPORTANT

********Please sign and return with your bid package********

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

_____ _____
Sign Name: Print Name:

_____
Date:

Fire Sprinkler, Ltd
8142 Wards Road
Rustburg, VA 24588
PH: (434) 821-4222
FAX: (434) 821-4321

CHATHAM SHOP
860 Tightsqueeze Industrial Rd
Chatham, VA 24531
PH (434) 432-0938 FAX (434) 432-2634

Inspection # 14-015

Customer: Vinton Library

Street Address: 300 South Pollard St Service Address: Vinton VA - 24179

Point of Contact [Individual]: GARY VIAR Point of Contact Phone #: 540-312-1261

Is the Assembly: ☒ New ☐ Existing ☐ Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Sprinkler Riser Room Feed Line: Fire Protection (ex: Irrigation, Boiler, X-ray Equip)

Type of Assembly: ☐ RPZ ☐ DCVA ☐ PVB Manufacturer: Ames Size: 3"

Model: Colt 200 Serial NO: OF-2320 Installed Correctly: ☒ YES ☐ NO

Test Gauge Manufacturer: WATTS Gauge Serial NO: 200829 Calibration Date: 5/6/2015

Inlet Pressure: 70 psi Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve # 1	Relief Valve	Check Valve # 2	Pressure Vacuum Breaker
☐ Leaked ☐ Closed Tight gauge pressure across check valve Held 2.0 psi	opened at NA psi ☐ did not open	☐ Leaked ☐ Closed Tight gauge pressure across check valve Held 2.0 psi	Air Inlet: opened at _____ ☐ Did not open NA Check Valve: Held at _____ psi ☐ Leaked
☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other:	☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Diaphragm ☐ RV Assembly ☐ Other:	☐ Cleaned only Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other:	☐ Cleaned only Replaced. ☐ Disc, CV ☐ Disc, Seat ☐ Spring, CV or Air Inlet ☐ Seat ☐ Rubber Kit ☐ CV Assembly ☐ Other:
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge Pressure across check valve _____ psi	Air Inlet _____ psi check valve _____ psi

****Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Department of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.**

Comments: Shut off Valve: ☒ Closed ☐ Leaking

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No.	Passed	Failed
Initial Test	11-10-15	Michael Summers, Sr.	Michael Summers Sr	2717039333	☒	☐
Repairs					Sign Final Test below	
Final Test					☐	☐

Fire Sprinkler, Ltd.- **Water-Based Fire Sprinkler System -Operation and Maintenance Training (Page 2)**

CONTRACT NO: 14-015 CONTRACT NAME: VINTON LIBRARY

NFPA # 25 OPERATING, MAINTENANCE & TESTING

The undersigned acknowledges the following:

- ☑ Installation of an automatic water sprinkler system was completed on the date listed below.
- ☑ Receipt of **NFPA # 25** pamphlet.
- ☑ This pamphlet, **NFPA # 25**, is to be utilized in maintaining the fire sprinkler systems.
- ☑ There are sections in **NFPA # 25** that require specific maintenance by the owner or his representative.
- ☑ A contractor's representative explained how the system works and instructed me on what I must do to maintain the system as described above.
- ☑ Failure to comply with these instructions could result in damages and losses for which the facility owner (not the contractor) is liable.

COMPLETION VERIFICATION

1	All Control Valves left in normal operating positions.....	☑ Y	☐ N/A	☐ N
2	Dry System left in service	☐ Y	☑ N/A	☐ N
3	Wet System left in service.	☑ Y	☐ N/A	☐ N
4	Alarms operating	☑ Y	☐ N/A	☐ N
5	1¼ 2" Drain Test Performed 1¼) 72 PSI / 68 PSI	☑ Y	☐ N/A	☐ N
6	Antifreeze Loop Left in Service	☐ Y	☑ N/A	☐ N
7	Fire Pump and Jockey Pump Left on	☐ Y	☑ N/A	☐ N

Comments: SPRINKLER CONTROL VALVES SEALED OPEN WITH SECURITY TIES # 007520 AND # 007517 - SV Robert Barton

LEAVE SPRINKLER SYSTEM SERVICE 11-10-15 - 10:00 AM RB

Fire Sprinkler, Ltd.
8142 Wards Road
Rustburg, VA 24588
PH: (434) 821-4222

INSTRUCTIONS GIVEN BY:

Contractor's Representative (Print name then sign)

Mike Simmers SR

Mike Simmers SR

INSTRUCTIONS GIVEN TO:

(Owner's Representative) *(Please print)*

Name: Harry Vias

Position: MCCI

Company: Roanoke County

Phone: 319-1266

Date: NOV 10 15

Signature:

Jim Skinner

Roy L Ruff

Fire Sprinkler, Ltd.- Water-Based Fire Sprinkler System
Operation and Maintenance Training

CONTRACT NO: 14-015 CONTRACT NAME: Vinton Library

☑ **Instructed to always have keys to closets, control valves, control valve rooms, etc. available for emergencies.**

☐ **Comments:** _____

WET PIPE SYSTEMS

Instructed on:

☑ Location of inspector's test connection.

☑ System shut down and drain procedures.

☑ Operation and Maintenance responsibilities (brochure left on the job).

☑ Hydraulic Plates on Riser

☐ **Not applicable**

☑ **Bell test and flow test**

☑ Locations of low point drains.

☑ Building contractor/owner taking proper steps to keep sprinkler piping from freezing in cold weather.

☑ Location of head box installed on job with 6 sprinklers and 2 wrench(es)
Detailed description of heads in head box: _____

ANTIFREEZE LOOP

Instructed on:

NA

☐ System shutdown procedures

☐ System low point drain valve location

☐ System solution (to be tested and solution adjusted to keep from freezing before cold weather).

DRY PIPE SYSTEMS

Instructed on:

☑ **Not applicable**

☐ Location of inspector's test connection.

☐ Location and operation of low point drain valves. (*Should be checked before cold weather; if water found in drains, then drain daily until all moisture is removed.*)

☐ Air supply *NOTE: This should be checked weekly. Leakage resulting in pressure losses more than 10 psi per week should be repaired.*

☐ **Bell test and flow test.**

☐ How to set system up and put in service.

☐ Maintenance of air compressor.

☐ How to shut system down and drain.

☐ Care and maintenance (brochure left on job).

☐ Location of head box installed on job with ____ sprinklers and _____ wrench(es)
Detailed description of heads in head box: _____

FIRE SPRINKLER, LTD. COST SHEET

(COST SHEET #)

COST SHEET WRITTEN BY: T.H

JOB NO.: 14-015 DATE: 11/5/15

JOB NAME: VINTON LIBRARY

COST
COST+TAX

OFFICE USE ONLY

QTY	SIZE	DESCRIPTION	UNIT PRICE		
2	1/2"	155° QR CONCEALED PEND #VK402			
1	1/2"	155° QR BRASS UPR #VK300			
1	1/2"	286° " " " #VK300			
1	1/2"	200° SR BRASS UPR #VK100			
1	1/2"	200° " HSW #VK104			
1		VIKING STANDARD WRENCH			
1		VIKING CONCEALED LIGHT DUTY WRENCH			
1		NFPA 25			
		Steven Vinson 11/10/15			

NOTE: For devices, be sure to specify manufacturer (Central, Reliable, etc.), size (1/2", 17/32"), type (QR, residential, LO, etc.), degree, chrome or brass or white, upright or pendent. Distinguish between grooved and fabricated grooved fittings. For PIPE, say whether LW, S40, Eddyfire or Dynaflow. Note length (21' or 25'). Note anything unusual, such as special 2-pc plates, rigid couplings, etc.

Fire Sprinkler, Ltd.

8142 Wards Road; Rustburg, VA 24588 PH: (434) 821-4222 FAX: (434) 821-4321

Contractor's Material and Test Certificate for A boveground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by the owner (hereinafter defined as property owner. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owner and contractor. It is understood that the property owner's authorized representative is a legal signatory and fully representative of the property owner and that by the property owner's or property owner's authorized representative's signature, the property owner accepts full responsibility for the system as installed and agrees that it is in compliance with the applicable approving authority's requirements and local ordinances.

PROPERTY NAME Vinton Library DATE 11-10-15

PROPERTY ADDRESS 300 South Pollard St Vinton VA

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES)

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS ☑ YES ☐ NO

EQUIPMENT USED IS APPROVED ☑ YES ☐ NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PROPERTY OWNER OR PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE BEEN INSTRUCTED AS TO THE LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF NO, EXPLAIN ☑ YES ☐ NO

HAVE COPIES OF THE FOLLOWING BEEN GIVEN TO THE PROPERTY OWNER OR PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE:

1. SYSTEM COMPONENTS INSTRUCTIONS ☑ YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS ☑ YES ☐ NO
3. NFPA 25 ☑ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BUILDINGS

SPRINKLERS

MAKE	MODEL	SIN NUMBER	ORIFICE SIZE	QUANTITY	TEMP RATING	YEAR MANUFACTURE
Viking	Mirage	VK-462	1/2	149	155	2014
Viking	M	VK-300	1/2	51	155	2014
Viking	M	VK-300	1/2	3	286	2014
Viking	M	VK-100	1/2	1	200	2014
Viking	M	VK-104	1/2	1	200	2014

PIPE AND FITTINGS

Type of Pipe Sch # 40 threaded - Sch # 7 Grooved

Type of Fittings DI. screw - Grooved mech. Tees - weld outlets on mains

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC.
Flow switch	Potter	VSR	0	42

DRY PIPE OPERATING TEST

NA

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	Q.O.D. MAKE	Q.O.D. MODEL	Q.O.D. SERIAL NO.

	TIME TO TRIP THROUGH TEST CONNECTION* MIN.	TIME TO TRIP THROUGH TEST CONNECTION* SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET MIN.	TIME WATER REACHED TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without Q.O.D.									
With Q.O.D.									

IF NO, EXPLAIN

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

DELUGE & PREACTION VALVES

N/A

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 | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN	SEC

PRESSURE REDUCING VALVE TEST

N/A

LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE		RESIDUAL PRESSURE (FLOWING)		FLOW RATE FLOW (GPM)
			INLET (PSI)	OUTLET (PSI	INLET (PSI)	OUTLET (PSI)	

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

TESTS

Hydro-Test conducted 6-17-15

ALL PIPING HYDROSTATICALLY TESTED AT 210 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☑ YES ☐ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ☑ YES ☐ NO

DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: 72 PSI	RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE 68 PSI

UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.

VERIFIED BY COPY OF THE U FORM NO. 85B FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☑ YES ☐ NO ☐ OTHER EXPLAIN

IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORILY COMPLETED? ☐ YES ☐ NO IF NO, EXPLAIN

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
0		0

WELDING

WELDED PIPING ☑ YES ☐ NO

IF YES . . .

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? ☑ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? ☑ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? ☑ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☑ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED ☑ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 11-10-15

SIGNATURES

NAME OF SPRINKLER CONTRACTOR: *FIRE SPRINKLER, LTD. (434) 821-4222*

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED) Larry Watts TITLE Electrical Inspector DATE 11/10/15

FOR SPRINKLER CONTRACTOR (SIGNED) Mike Hammers Jr TITLE Const. Mgr DATE 11-10-15

ADDITIONAL EXPLANATION AND NOTES

Robert Baden AVIS

Barry Dean NOV/10/15

SimplexGrinnell BE SAFE.

Task # 45076189

SR#

REPORT OF SPRINKLER INSPECTION

Date January 22, 2015

CUSTOMER	Roanoke Co. Public Service Center	**INSPECTOR NAME**	S Powell
BUILDING / LOCATION	Same	**SIMPLEXGRINNELL OFFICE**	293
STREET	1216 Kessler Mill Road		88 St. John Pl.
CITY / ST/PROV / ZIP/PC	Salem Va. 24153		Salem Va 24153
ATTN:		**PHONE #**	(540)389-7276
PHONE #		**LICENSE #**	11-3563

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☑	☐
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐		☐
Date last checked: N/A (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☑	☐	☐
Date last checked: 7/12/2012 (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☑	☐	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☑ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☑	☐	☐
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☑	☐
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 7/12/2012	☑	☐	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date 7/12/2012	☑	☐	☐
l. Check valves internally inspected in the last 5 years? Date 7/12/2012	☑	☐	☐
m. Has the private fire main been flow tested in last 5 years? Date	☑	☐	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☐	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	Gate	☑	☐	☑	☐	☑	☐	☑	☐	Locked	☐	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	4	PIV	☑	☐	☑	☐	☑	☐	☑	☐	Locked	☐	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

(1)-OS&Y at Dry system #4	ITV system #1 above Parks &Recreation storage rm. #1
(3)-PIVS outside of systems #1,#2,and #3	ITV system #2 in room #115
	ITV System #3 in social services room at north end of BLDG.

Copyright 2008 SimplexGrinnell LP. All rights reserved.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☑
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
System #1	2"	120	110	125	System #3	2"	120	110	130
System #2	2"	130	120	120	Dry System #4	2"	180	110	125

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

	YES	NA	NO
a. No. of systems: 3 Make & Model (3)-6"(1) Hodgeman-B,(1)Viking-E and (1) Tyco CV-1F			
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

e. Did alarm valves, water flow alarm devices and retards test satisfactorily?	☑	☐	☐

6. DRY SYSTEMS

	YES	NA	NO
a. No. of systems: 1 Make & Model: 4"-Viking Md. F-1			
Date last trip tested: 6/14/2013 ☑ Partial ☐ Full			
b. Are the air pressure and priming water levels normal?	☑	☐	☐
c. Did the air compressor operate satisfactorily?	☑	☐	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: 1	☑	☐	☐
Locations 1) At Dry System 1/2" primming water drain 2)			
3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☑	☐	☐
h. Is the dry valve house heated?	☑	☐	☐
i. Do dry valves appear to be protected from freezing?	☑	☐	☐

7. SPECIAL SYSTEMS

	YES	NA	NO
a. No. of systems: N/A Make & Model:			
Type:			
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:
Location
Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☑	☐	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

Ro. Co. Public Svs. Ctr.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	☑	☐	☐
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	☑	☐	☐
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads) 3-1/2"Globe Brass UR 155*	☑	☐	☐
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	☑	☐	☐
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?	☐	☑	☐
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	☑	☐	☐

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

(1-H) There are Up-Right heads thru out warehouse dated 1958. Heads where sent off to UL for testing and results came back as satisfactory.

(1-R) Office areas not sprinkled and some storage rooms.

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
If No, explain.	☑	☐

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER	Harry Vick	X	Date: 1/22/2015	Steve Powell
PRINT NAME	HARRY VICK			SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO:
STREET:
CITY, STATE AND ZIP:
ATTN:

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SERVICE REQUEST

FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

tyco SimplexGrinnell

Safer. Smarter. Tyco.™

68 St. John Road
Salem, VA 24153
P. 540-389-7276
F. 540-389-7005
Reg# 11-3589

TASK 4507 6189

SR #

LICENSE #

SYSTEM LEFT IN SERVICE ☐Y ☐N
FIRE DEPT NOTIFIED ☐Y ☐N
PERMIT ☐Y ☐N
PERMIT #

NAME Roa. Co. Public Svs. ctr.

ADDRESS (OR ATTENTION OF)

ADDRESS 1216 Kessler Mill Rd.

CITY Salem STATE VA. ZIP

TR ARRIVAL DATE 01/12/15 | CUSTOMER PURCHASE ORDER | SST.

LABOR – REG.	LABOR – OT	LABOR – DT

TRAVEL – REG.	TRAVEL – OT	TRAVEL – DT	MILES

TIME: ARRIVAL / DEPART

56923

NAME (BILL TO)

ADDRESS

CITY STATE ZIP

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature Date

PAYMENT TERMS IMMEDIATE ☐ COD ☐ NET 10 ☐

☐ Time and Material ☐ Price Not to Exceed $ ☐ Fixed Price of $

DEPOSIT $ BALANCE DUE $ ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE SEM. - Annual Sprinkler Insp.

WORK PERFORMED / RESOLUTION CODE Insp. Cmpl.

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. REQUESTED REPAIRS MADE IF SET FORTH BELOW IN "WORK PERFORMED". ADDITIONAL REPAIRS OR COMPLETE INSPECTION MAY BE REQUIRED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.

SimplexGrinnell, for and in consideration of the prices herein named, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below

MATERIAL	QTY.	UOM PRICE	EXPENSE	QTY.	UOM PRICE

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE

X Garry Viar
(Customer Acceptance)

Garry Viar
(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

Steve Powell
(Print Name) License #

© SimplexGrinnell LP 2013
All rights reserved
Service Request Form

SG0793SRK 3/14

TERMS AND CONDITIONS

1. Limitation Of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this Service Request and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this Service Request. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the Service Request price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this Service Request covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this Service Request by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this Service Request shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS SERVICE REQUEST WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS SERVICE REQUEST, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions. arising in any way from any act or omission of Customer or Company relating in any way to this Agreement, including but not limited to the Services under this Agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this Service Request, to the best of Customer's knowledge there is no:**

- "permit confined space," as defined by OSHA.
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk;
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this Service Request.

All of the above are hereinafter referred to as "Hazardous Conditions".

Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company.

This Service Request does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. **Equipment Disconnections.** This represents Company's notice to you that the system(s)/device(s) listed on the face of this Service Request as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. **General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this Service Request shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

© SimplexGrinnell® LP 2004
All rights reserved

tyco
Fire & Security

Copy

SimplexGrinnell

DRY PIPE VALVE TRIP TEST REPORT

FOR Roanoke Co. Administration/ Fire & EMS Training Center | MONTH AND YEAR June 2015

STREET 1220 Kessler Mill Road | CITY Salem | STATE Va. | CUSTOMER NO.

DATE OF TRIP TEST 6/19/2015 | INSPECTOR Steve Powell

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY INE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE, TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO.	SYSTEM NO.	SYSTEM NO.	SYSTEM NO.
VALVE SERIAL NUMBER		9BW			
MANUFACTURER (NAME)		Victaulic			
VALVE MODEL		S/756			
VALVE SIZE		6"			
CONTROLLING SPRINKLERS	(LOCATION)	Attic & front canopy			
	(NUMBER)	120 (APPROX)	(APPROX)	(APPROX)	(APPROX)
DATE LAST TRIP TESTED?		6/14/13			
DATE LAST OPERATED?		6/9/2014			
PRESSURE BEFORE TEST	AIR	28 LBS	LBS	LBS	LBS
	WATER	155 LBS	LBS	LBS	LBS
SIZE AND LOCATION OF TEST VALVE		1" ITV in Chief's office			
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		4 Turns			
VALVE TRIPPED AT	AIR PRESSURE	8 LBS	LBS	LBS	LBS
	WATER PRESSURE	155 LBS	LBS	LBS	LBS
	TIME	1 Min 7 SEC	MIN SEC	MIN SEC	MIN SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING.		0 MIN N/A SEC	MIN SEC	MIN SEC	MIN SEC
PERFORMANCE		Satisfactory			
VALVE CONDITION	INTERIOR OF BODY	Satisfactory			
	MOVING PARTS	Satisfactory			
	RUBBER FACING	Satisfactory			
	SEATS	Satisfactory			
	RESET?	Yes			
DID ALARMS OPERATE AT TRIP TEST?		Yes			
ALL LOW POINT DRAINS BLOWN OUT?		Yes			
WATER CONTROL VALVE LEFT OPEN AND SEALED?		Yes			
ALARM CONTROL VALVE LEFT OPEN AND SEALED?		Yes			

QUICK OPENING DEVICES	SYSTEM NO.	SYSTEM NO.	SYSTEM NO.	SYSTEM NO.
DEVICE SERIAL NUMBER	Unknown			
MANUFACTURER (NAME)	Victaulic			
TYPE AND MODEL	746			
AIR PRESSURE IN UPPER CHAMBER	22 LBS	LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT	SEC 18 LBS	SEC LBS	SEC LBS	SEC LBS
PERFORMANCE	Satisfactory			
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED?	Yes			

LIST ANY UNSATISFACTORY CONDITIONS:

REMARKS:

SimplexGrinnell BE SAFE.

Task # 46026389

SR#

REPORT OF SPRINKLER INSPECTION

Date: June 19, 2015

CUSTOMER	Roanoke Co. Administration	INSPECTOR NAME	S Powell
BUILDING / LOCATION	F.E.M.S. Training Center	SIMPLEXGRINNELL OFFICE	293
STREET	1220 Kessler Mill Road		88 St. John Pl.
CITY / ST/PROV / ZIP/PC	Salem Va. 24153		Salem Va 24153
ATTN:		PHONE #	(540)389-7276
PHONE #		LICENSE #	11-3563

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐		☑
Date last checked: No record (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☑	☐	☐
Date last checked: 2/17/2011 (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☑	☐
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 2/17/2011	☑	☐	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date 2/17/2011	☑	☐	☐
l. Check valves internally inspected in the last 5 years? Date 2/17/2011	☑	☐	☐
m. Has the private fire main been flow tested in last 5 years? Date	☑	☐	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	1	PIV	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	4	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

1-PIV on south side of property	
2-osy on backflow in main mech. Rm.	
1-b-fly on wet system in main mech. Rm.	
1-b-fly on dry system in main mech. Rm.	

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☑
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Wet system	1-1/4"	160	110	145					
Dry system	2"	155	110	145					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 1-3" Viking J-1

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

e. Did alarm valves, water flow alarm devices and retards test satisfactorily?	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 1 Make & Model: 1-6" Victaulic S/756

Date last trip tested: 6/19/2015 #2 bump test ☑ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☑	☐	☐
c. Did the air compressor operate satisfactorily?	☑	☐	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: 5	☑	☐	☐

Locations 1) At Dry System 1/2" primming water drain 2) 1-in ceiling weight room
3) 2-drum drip assemblys rear canopy 4) ITV in operation briefing room

f. Did all quick opening devices operate satisfactorily? Make: Victaulic Model: 746	☑	☐	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☑	☐	☐
h. Is the dry valve house heated?	☑	☐	☐
i. Do dry valves appear to be protected from freezing?	☑	☐	☐

7. SPECIAL SYSTEMS

a. No. of systems: N/A Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

Copyright 2008 SimplexGrinnell LP. All rights reserved.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	☑	☐	☐
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	☑	☐	☐
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads) 2-1/2"chr155*Vik.ssp/4-1/2"Brass286*QR UR	☑	☐	☐
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	☑	☐	☐
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?	☐	☑	☐
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	☑	☐	☐

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
	☐	☐

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contrat a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER X Date: 6/19/2015 | Steve Powell

PRINT NAME Greg Smith | SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO:

STREET:

CITY, STATE AND ZIP:

ATTN:

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

INSPECTION REPORT NO. _____
CONFERRED WITH _____

REPORT OF INSPECTION per NFPA 25

INSPECTION CONTRACT NO. _____
BUREAU FILE NO. _____

REPORT TO Roanoke Co. Court Services
STREET 400 East Main St
CITY & STATE Salem VA ZIP _____
ATT. _____

BUILDING OR LOCATION INSPECTED Court Services
INSPECTOR DRB
SG OFFICE 293 PHONE NO. _____
DATE 7-1-2015

	Yes	N.A.‡	No
1. GENERAL			
A. (To be answered by the Owner or Owner's representative)			
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?			✓
b. Have there been any changes or repairs to the fire protection systems since the last inspection?		✓	
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?		✓	
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	✓		
Date last checked 5-3-2015 (checking is recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	✓		
Date last checked 5-3-2015 (checking is recommended at least every 5 years)			
f. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months?		✓	
g. Are gravity, surface or pressure tanks protected from freezing?		✓	
h. Are any of the sprinklers 50 years old or older? (testing and/or replacement is recommended for such sprinklers)			✓
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300°F?			✓
B. (To be answered by the inspector)			
a. Have the sprinkler systems been extended to all visible areas of the building?	✓		
b. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		
c. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?	✓		
d. Are all visible exterior openings protected against the entrance of cold air?	✓		
2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves sealed or supervised in the open position?	✓		

Control Valves	No. of Valves	Type B.F.	Easily Accessible Yes	Easily Accessible No	Signs Yes	Signs No	Valve Open Yes	Valve Open No	Secured? If yes, how? Yes	Secured? If yes, how? No	Secured? (Sealed?) (Locked?) (Supvd.?)	Supervision Operational Yes	Supervision Operational No
CITY CONNECTION	2	BFV	✓		✓		✓		✓		Supvd	✓	
TANK Elevated	1	BFV	✓		✓		✓		✓		Supvd	✓	
PUMP													
SECTIONAL													
SYSTEM	2	BFV	✓		✓		✓		✓		Supvd	✓	
ALARM LINE													

3. WATER SUPPLIES

a. Water supply source? City _____ Gravity Tank _____

Pressure Fire Pump & Tank _____
Pressure Fire Pump & City _____
Pressure Fire Pump & Pond _____

Waterflow Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After	Test Pipe Location	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After
At Riser Wet	2	80	75	85					
At Riser Dry	2"	80	75	85					

	Yes	N.A.‡	No
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?		✓	
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?		✓	
c. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	✓		
d. Are fire dept. connections visible and accessible?	✓		
5. WET SYSTEMS			
a. No. of systems 1 Make & Model Globe H 3			
b. Are cold weather valves in the appropriate open or closed position?		✓	
If closed, has piping been drained?		✓	
c. Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?		✓	
d. Have all the antifreeze systems been tested?		✓	
e. Date antifreeze systems were tested _____			
f. The antifreeze tests indicate protection to: system 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ temperature			
g. Did alarm valves, waterflow alarm indicators and retards test satisfactorily?	✓		

‡Not Applicable

Coun Services

SimplexGrinnell BE SAFE.

A business unit of Tyco Fire & Security

INSPECTION REPORT NO.

REPORT OF INSPECTION PER NFPA 25

INSPECTION CONTRACT NO.

BUREAU FILE NO.

SET 2 OF 2

	Yes	N.A.‡	No
6. DRY SYSTEMS			
a. No. of systems 1 Make & Model Globe			
Date last trip tested 5-3-2015			
b. Is the air pressure and priming water levels normal?	✓		
c. Did the air compressor operate satisfactorily?	✓		
d. Were all low points drained during this inspection?	✓		
e. Did all quick opening devices operate satisfactorily?		✓	
f. Did all the dry valves operate satisfactorily during this inspection?	✓		
g. Do dry valves appear to be protected from freezing?	✓		
h. Is the dry valve house heated?	✓		
7. SPECIAL SYSTEMS			
a. No. of systems 0 Make & Model			
Type			
b. Were valves tested as required?		✓	
c. Did all heat responsive systems operate satisfactorily?		✓	
d. Did the supervisory features operate during testing?		✓	

Heat Responsive Devices: Type ______ Type of test ______

Valve No. ______ 1......2......3......4......5......6...... Valve No. ______ 1......2......3......4......5......6......
Valve No. ______ 1......2......3......4......5......6...... Valve No. ______ 1......2......3......4......5......6......
Valve No. ______ 1......2......3......4......5......6...... Valve No. ______ 1......2......3......4......5......6......
Valve No. ______ 1......2......3......4......5......6...... Valve No. ______ 1......2......3......4......5......6......

Auxiliary equipment: No. ______ Type ______
Location ______
Test results ______

	Yes	N.A.‡	No
8. ALARMS			
a. Did the water motors and gong operate during testing?	✓		
b. Did the electric alarms operate during testing?	✓		
c. Did the supervisory alarms operate during testing?	✓		
9. SPRINKLERS – PIPING			
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers available on the premises?	✓		
d. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	

10. EXPLANATION OF "NO" ANSWERS (For Sections 1B thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS, HOWEVER, THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN THE OCCUPANCY HAZARD OR FIRE PROTECTION EQUIPMENT, AS ADVISED BY THE OWNER IN SECTION 1A:

14. INSPECTION AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S REPRESENTATIVE?

Signature of owner or owner's representative [signature] Date 7-1-15

DUPLICATE TO:
STREET
CITY & STATE ______ ZIP
ATT.

‡Not Applicable

SG4550R22 (04/06)

SUBSCRIBER'S COPY

SimplexGrinnell BE SAFE.

INSPECTION REPORT NO. _____
CONFERRED WITH _____

REPORT OF INSPECTION per NFPA 25

INSPECTION CONTRACT NO. _____
BUREAU FILE NO. _____

SET 1 OF 2

REPORT TO Roanoke County Court Houses
STREET 305 East Main St
CITY & STATE Salem VA ZIP _____
ATT. _____

BUILDING OR LOCATION INSPECTED _____
INSPECTOR DRB
SG OFFICE 297 PHONE NO. _____
DATE 2-1-15

	Yes	N.A.‡	No
1. GENERAL			
A. (To be answered by the Owner or Owner's representative)			
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?			/
b. Have there been any changes or repairs to the fire protection systems since the last inspection?		/	
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?		/	
d. 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)		/	
e. Has the piping in all systems been checked for obstructive materials? Date last checked 4-4-2013 (checking is recommended at least every 5 years)	/		
f. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months?		/	
g. Are gravity, surface or pressure tanks protected from freezing?		/	
h. Are any of the sprinklers 50 years old or older? _____ (testing and/or replacement is recommended for such sprinklers)			/
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300°F?			/
B. (To be answered by the inspector)			
a. Have the sprinkler systems been extended to all visible areas of the building?			/
b. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	/		
c. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?	/		
d. Are all visible exterior openings protected against the entrance of cold air?	/		
2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	/		
b. Are all control valves sealed or supervised in the open position?	/		

Control Valves	No. of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If yes, how?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			Yes	No	Yes	No	Yes	No	Yes	No		Yes	No
CITY CONNECTION	1	Rising											
TANK													
PUMP													
SECTIONAL													
SYSTEM	1	OS&Y	/		/		/		/		Sealed	/	
ALARM LINE													

3. WATER SUPPLIES

a. Water supply source? City ✓ Gravity Tank _____

Pressure Fire Pump & Tank _____
Pressure Fire Pump & City _____
Pressure Fire Pump & Pond _____

Waterflow Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After	Test Pipe Location	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After
At Riser	2"	90	40	Flow					

	Yes	N.A.‡	No
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?		/	
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?		/	
c. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	/		
d. Are fire dept. connections visible and accessible?			
5. WET SYSTEMS a. No. of systems 1 Make & Model Globe H3			
b. Are cold weather valves in the appropriate open or closed position?		/	
If closed, has piping been drained?		/	
c. Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?		/	
d. Have all the antifreeze systems been tested?			
e. Date antifreeze systems were tested _____			
f. The antifreeze tests indicate protection to: system 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ temperature			
g. Did alarm valves, waterflow alarm indicators and retards test satisfactorily?	/		

‡Not Applicable

SimplexGrinnell **BE SAFE.**

A business unit of Tyco Fire & Security

INSPECTION REPORT
NO.____________

REPORT OF INSPECTION
PER NFPA 25

INSPECTION CONTRACT
NO.____________
BUREAU FILE
NO.____________

SET 2 OF 2

	Yes	N.A.‡	No
6. DRY SYSTEMS			
a. No. of systems 0 Make & Model ____			
Date last trip tested ____			
b. Is the air pressure and priming water levels normal?			
c. Did the air compressor operate satisfactorily?			
d. Were all low points drained during this inspection?			
e. Did all quick opening devices operate satisfactorily?			
f. Did all the dry valves operate satisfactorily during this inspection?			
g. Do dry valves appear to be protected from freezing?			
h. Is the dry valve house heated?			
7. SPECIAL SYSTEMS			
a. No. of systems 0 Make & Model ____			
Type ____			
b. Were valves tested as required?			
c. Did all heat responsive systems operate satisfactorily?			
d. Did the supervisory features operate during testing?			

Heat Responsive Devices: Type ____ Type of test ____

Valve No.____ 1......2......3......4......5......6...... Valve No.____ 1......2......3......4......5......6......
Valve No.____ 1......2......3......4......5......6...... Valve No.____ 1......2......3......4......5......6......
Valve No.____ 1......2......3......4......5......6...... Valve No.____ 1......2......3......4......5......6......
Valve No.____ 1......2......3......4......5......6...... Valve No.____ 1......2......3......4......5......6......

Auxiliary equipment: No.____ Type ____
Location ____
Test results ____

	Yes	N.A.‡	No
8. ALARMS			
a. Did the water motors and gong operate during testing?	✓		
b. Did the electric alarms operate during testing?	✓		
c. Did the supervisory alarms operate during testing?	✓		
9. SPRINKLERS – PIPING			
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers available on the premises?	✓		
d. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	

10. EXPLANATION OF "NO" ANSWERS (For Sections 1B thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS, HOWEVER, THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY:

Visual Inspection only Due to Court.

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN THE OCCUPANCY HAZARD OR FIRE PROTECTION EQUIPMENT, AS ADVISED BY THE OWNER IN SECTION 1A:

14. INSPECTION AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S REPRESENTATIVE?

Signature of owner or owner's representative [illegible signature] Date 7-1-15

DUPLICATE TO: ____
STREET ____
CITY & STATE ____ ZIP ____
ATT. ____

‡Not Applicable

SG4550R22 (04/06)

SUBSCRIBER'S COPY

2/2/15

SimplexGrinnell BE SAFE.

Task # 44576871

REPORT OF SPRINKLER INSPECTION

Date: February 2, 2015

CUSTOMER	Roanoke Co. Fleet Services	INSPECTOR NAME	S Powell
BUILDING / LOCATION		SIMPLEXGRINNELL OFFICE	293
STREET	5235 Hollins Rd.		88 St. John Pl.
CITY / ST/PROV / ZIP/PC	Roanoke,Va. 24019		Salem Va 24153
ATTN:		PHONE #	(540)389-7276
PHONE #		LICENSE #	11-3563

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☑	☐
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐		☐
Date last checked. N/A (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☑	☐	☐
Date last checked: 9/15/2014 (check required at least every 5 years)			
f Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☑	☐
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 9/15/2014	☑	☐	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date 9/15/2014	☑	☐	☐
l. Check valves internally inspected in the last 5 years? Date 9/14/2015	☑	☐	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Locked	☐	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL	1	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☐	☐
SYSTEM	3	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☐	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

OS&Y'S front side of bldg in city pit	Flow on riser	M1-7	Received
PIV front of Bldg.	P.I.V.	M1-32	Received
2-B-fly,s on backflow controling system in closet	Tamper #1	M1-5	Received
1-B-fly sectional on upper level of storage&mechanical	Tamper #2	M1-6	Received
	Mezz rm. #105	M1-8	Received

Copyright 2008 SimplexGrinnell LP All rights reserved.

SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐ Pressure Fire Pump & Tank ☐ Pressure Fire Pump & City ☐ Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Wet system in closet	2"	135	95	125					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model (1-6") Tyco Md. H-3

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

e. Did alarm valves, water flow alarm devices and retards test satisfactorily? ☑

6. DRY SYSTEMS

a. No. of systems: N/A Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: N/A	☐	☑	☐
Locations 1) ITV 2)			
3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: N/A Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☐	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☑	☐	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

Copyright 2008 SimplexGrinnell LP. All rights reserved

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	☑	☐	☐
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	☑	☐	☐
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads) 6-1/2"sspchr155QR/2-ssubrassQR155&200/1-HSWQR	☑	☐	☐
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	☑	☐	☐
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?	☐	☑	☐
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	☑	☐	☐

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

Notes: (Fire alarm panel at rear of bldg outside electrical room)

Garage area contains many 3/4" ssu 200* Brass heads

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
If No, explain.	☑	☐

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER	Fleet Svs	Date: 2/2/2015	Steve Powell
PRINT NAME			SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO:
STREET:
CITY, STATE AND ZIP:
ATTN:

Copyright 2008 SimplexGrinnell LP All rights reserved

tyco
Fire & Security

SimplexGrinnell

SimplexGrinnell LP
88 St. John Road
Salem, VA 24153

Tele: 540-389-7276
Fax: 540-389-7005
Toll Free: 1-800-274-2120
www.simplexgrinnell.com

BACKFLOW CERTIFICATION

Name of Premises Roanoke Co Fleet Services
Service Address 5235 Hollins Rd, Roanoke, VA
Use & Location of Device Fire line - Riser Room
Device Ames (Manufacturer) Colt 200 (Model) 6" (Size) IL-0270 (Serial No.)

Line Pressure at Time of Test 120 psi — (Existing)/Replacement/New Device (circle one)

Reduced Pressure Device	Requirement	Initial Test	Repairs	Retest
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight ? min. of 5.0 psid	yes/no (circle one) ____ psid		yes/no ____ psid
Check Valve #2	Closed tight ?	yes/no (circle one)		yes/no
Different Pressure Relief Port	Must open at min. of 2.0 psid	Opened at ____ psid		Opened at ____ psid
Double Check Valve Device	**Requirement**	**Initial Test**	**Repairs**	**Retest**
Check Valve #1	Closed tight at a minimum of 1.0 psid?	(yes)/no (circle one) 2.8 psid		yes/no ____ psid
Check Valve #2	Closed tight at a minimum of 1.0 psid?	(yes)/no (circle one) 3.7 psid		yes/no ____ psid
Pressure Vacuum Breaker	**Requirement**	**Initial Test**	**Repairs**	**Retest**
Air Inlet	Opened at min. of 1.0 psid?	yes/no (circle one) ____ psid		yes/no ____ psid
Check Valve	Closed tight min. of 1.0 psid?	yes/no (circle one) ____ psid		yes/no ____ psid

Remarks Device working properly at this time

Certification: I have made the above test and hereby certify that this back flow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name Anthony W. Glenn (Print) (Signature) Date 3-3-2015

License# 2717-057717 Expiration date 2-29-16 City of Certification VA State

tyco
SimplexGrinnell
Safer. Smarter. Tyco.™

SERVICE REQUEST
FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

3/3/15

[redacted]

TASK 4457 6872
SR #

LICENSE # [redacted]

	Y	N
SYSTEM LEFT IN SERVICE	☑	☐
FIRE DEPT NOTIFIED	☐	☑
PERMIT	☐	☐

PERMIT #

NAME: Roanoke Co Fleet Services
ADDRESS (OR ATTENTION OF):
ADDRESS: 5235 Hollins Rd
CITY: Roanoke STATE: VA ZIP:
TR ARRIVAL DATE: 03/03/15 CUSTOMER PURCHASE ORDER: SST:

LABOR – REG.	LABOR – OT	LABOR – DT	
TRAVEL – REG.	TRAVEL – OT	TRAVEL – DT	MILES

TIME
ARRIVAL
DEPART

56923

NAME (BILL TO)
ADDRESS
CITY STATE ZIP

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature [redacted] Date [redacted]

PAYMENT TERMS IMMEDIATE ☐ COD ☐ NET 10 ☐
☐ Time and Material ☐ Price Not to Exceed $ [redacted] ☐ Fixed Price of $ [redacted]
DEPOSIT $ [redacted] BALANCE DUE $ [redacted] ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE: Annual Backflow Test

WORK PERFORMED / RESOLUTION CODE: Test Complete

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. REQUESTED REPAIRS MADE IF SET FORTH BELOW IN "WORK PERFORMED". ADDITIONAL REPAIRS OR COMPLETE INSPECTION MAY BE REQUIRED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.

SimplexGrinnell, for and in consideration of the prices herein named, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below

MATERIAL	QTY.	UOM PRICE	EXPENSE	QTY.	UOM PRICE

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE
(signature)
(Customer Acceptance)
Kim Hollowhutts
(Print Name)

SIMPLEXGRINNELL LP
(signature)
(SimplexGrinnell Representative)
(handwritten name)
(Print Name) License #

© SimplexGrinnell LP 2013
All rights reserved
Service Request Form

SERVICE REQUEST

FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

BOOK #

tyco SimplexGrinnell

Safer. Smarter. Tyco.™

TR #

TASK/CALL #

LICENSE #

PROJECT #

88 St John Road
Salem, VA 24153
P 540-389-7276 F 540-389-7005

NAME					
ADDRESS (OR ATTENTION OF)					
ADDRESS					
CITY		STATE	ZIP		
TR ARRIVAL DATE	BILL	NON-BILL	SERV. COMPL	ACE CODE	NAT. ACCT.
02/02/15					

CUSTOMER PURCHASE ORDER		
LABOR – REG.	LABOR – OT	LABOR – DT
TRAVEL – REG.	TRAVEL - OT	TRAVEL – DT
MIN.		INSP. MONTH
PHONE		MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

2/2/15

NAME (BILL TO)
ADDRESS
CITY STATE ZIP

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.

SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature Date

PAYMENT TERMS ☐ IMMEDIATE ☐ COD ☐ NET 10 ☐

☐ Time and Material ☐ Price Not to Exceed $ ☐ Fixed Price of $

DEPOSIT $ BALANCE DUE $ ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE Ann- Annual F.P. Sprinkler Insp

WORK PERFORMED / RESOLUTION CODE Insp Cmpl

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO. USG.	UNIT PRICE

SYSTEM TYPE/LOCATION CONTACT NAME TOTALS

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE

(Customer Acceptance)

Mary Beth Williams

(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

(Print Name)

© SimplexGrinnell LP 2007
All rights reserved
Service Request Form

SimplexGrinnell BE SAFE.

Task # 47220949

SR#

REPORT OF SPRINKLER INSPECTION

Date June 23, 2015

CUSTOMER	Roanoke Co. Administration	INSPECTOR NAME	S. Powell
BUILDING / LOCATION	**Roanoke Co. Public Library**	SIMPLEXGRINNELL OFFICE	293
STREET	6303 Merriman Rd.		88 St. John Pl.
CITY / ST/PROV / ZIP/PC	Salem Va. 24153		Salem Va 24153
ATTN:	Roger Reed	PHONE #	(540)389-7276
PHONE #	312-1263 E-Mail rreed@roanokecountyva.gov	LICENSE #	11-3563

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☑	☐
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐		☐
Date last checked: N/A (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☑	☐
Date last checked: New (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☑	☐
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date	☐	☑	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date	☐	☑	☐
l. Check valves internally inspected in the last 5 years? Date	☐	☑	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Locked	☑	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	2	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

2-OS&Y in city pit at front of bldg	
2-B-Fly's in basement mechical room for system	

Copyright 2008 SimplexGrinnell LP. All rights reserved.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Wet System	2"	120	90	100					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date: _____	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

	YES	NA	NO
a. No. of systems: 1 Make & Model 3" shotgun with Ames colt DC			
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date: _____	☐	☑	☐
The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)			

System 1)		2)		3)	
4)		5)		6)	

e. Did alarm valves, water flow alarm devices and retards test satisfactorily?	☑	☐	☐

6. DRY SYSTEMS

	YES	NA	NO
a. No. of systems: N/A Make & Model: _____			
Date last trip tested: _____ ☐ Partial ☐ Full			
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: _____	☐	☑	☐
Locations 1) I.T.V in office at front of Bldg. 2) _____			
3) _____ 4) _____			
f. Did all quick opening devices operate satisfactorily? Make: _____ Model: _____	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☑	☐	☐
h. Is the dry valve house heated?	☑	☐	☐
i. Do dry valves appear to be protected from freezing?	☑	☐	☐

7. SPECIAL SYSTEMS

	YES	NA	NO
a. No. of systems: N/A Make & Model: _____			
Type: _____			
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. _____ Type: _____

Location _____

Test results _____

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

Copyright 2008 SimplexGrinnell LP. All rights reserved.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	☑	☐	☐
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	☑	☐	☐
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads)	☑	☐	☐
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	☑	☐	☐
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?	☐	☑	☐
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	☑	☐	☐

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
If No, explain.	☑	☐

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER	X Date: 6/23/2015	Steve Powell
PRINT NAME		SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO:
STREET:
CITY, STATE AND ZIP:
ATTN:

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

Task # 46026389

SR#

REPORT OF SPRINKLER INSPECTION

Date June 23, 2015

CUSTOMER	Roanoke Co. Administration	INSPECTOR NAME	S Powell
BUILDING / LOCATION	Same	SIMPLEXGRINNELL OFFICE	293
STREET	5204 Bernard Drive S.W.		~~88 St. John Pl.~~
CITY / ST/PROV / ZIP/PC	Salem Va. 24153		Salem Va 24153
ATTN:	Roger Reed	PHONE #	(540)389-7276
PHONE #	312-1263 E-Mail rreed@roanokecountyva gov	LICENSE #	11-3563

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐		☐
Date last checked: N/A (check recommended at least every 5 years)			
e Has the piping in all systems been checked for obstructive materials?	☑	☐	☐
Date last checked: 4/4/2013 (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☑	☐
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 4/4/2013	☑	☐	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date 4/4/2013	☑	☐	☐
l. Check valves internally inspected in the last 5 years? Date 4/4/2013	☑	☐	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	Butterfly	☐	☑	☐	☐	☑	☐	☑	☐	Not Secure	☐	☐
TANK			☑	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL	3	OS&Y	☑	☐	☑	☐	☑	☐	☐	☐	Supervised	☑	☐
SYSTEM	1	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

1-OS&Y in north end of Bldg.in fire panel rm.	
2-B-fly in City Pit	
3-OS&Y'S on 2nd,3rd,and 4th floors in south stairwell	

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Main Drain Test Results Made During This Inspection

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☑
Pressure Fire Pump & Pond ☐

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Wet system	2"	115	85	110					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date: _____	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

	YES	NA	NO
a. No. of systems: 1 Make & Model 6"-Guardian Md.-C			
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date: _____	☐	☑	☐
The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)			

System 1)		2)		3)	
4)		5)		6)	

e. Did alarm valves, water flow alarm devices and retards test satisfactorily? ☑ ☐ ☐

6. DRY SYSTEMS

	YES	NA	NO
a. No. of systems: N/A Make & Model: _____			
Date last trip tested: _____ ☐ Partial ☐ Full			
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: _____	☐	☑	☐
Locations 1) 2)			
3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: _____ Model: _____	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

	YES	NA	NO
a. No. of systems: N/A Make & Model: _____			
Type: _____			
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. _____ Type: _____

Location _____

Test results _____

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☑	☐	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	☑	☐	☐
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	☑	☐	☐
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads) 4-ssp1/2"chrome165*/2-ssu1/2"165 brass	☑	☐	☐
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	☑	☐	☐
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?	☐	☑	☐
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	☑	☐	☐

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
If No, explain.	☑	☐

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER X Date: 6/23/2015	Steve Powell
PRINT NAME	SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO:
STREET:
CITY, STATE AND ZIP:
ATTN:

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

Task # 45250544

SR# Dry-45252553

REPORT OF SPRINKLER INSPECTION

Date February 2, 2015

CUSTOMER	Roanoke County	INSPECTOR NAME	S Powell
BUILDING / LOCATION	PublicSafety/Fire Station #1	SIMPLEXGRINNELL OFFICE	293
STREET	150 Hershberger Rd.		88 St. John Pl.
CITY / ST/PROV / ZIP/PC	Roanoke,Va. 24019		Salem Va 24153
ATTN:		PHONE #	(540)389-7276
PHONE #		LICENSE #	11-3563

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐	☐	☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☑	☐
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☐	☐
Date last checked: N/A (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☑	☐	☐
Date last checked: 8/22/2014 (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☑	☐
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 8/22/2014	☑	☐	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date 8/22/2014	☑	☐	☐
l. Check valves internally inspected in the last 5 years? Date 8/22/2014	☑	☐	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑	☐	☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Not Secure	☐	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL	2	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
SYSTEM	2	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

2-OS&Y'S front side of bldg in city pit	
1-B-fly on wet system in rm.off 146 electrical	
1-B-fly on dry system in rm.off 146 electrical	
2-B-fly's on backflow controling system listed Above as sectional	

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Wet system	2"	135	100	125					
Dry system	1.5"	135	105	115					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model (1-4") Globe CV-1-S

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

e. Did alarm valves, water flow alarm devices and retards test satisfactorily?	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 1 Make & Model: 3" Globe Md.-A

Date last trip tested: 8/27/2014 ☐ Partial ☑ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☑	☐	☐
c. Did the air compressor operate satisfactorily?	☑	☐	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: 1	☑	☐	☐
Locations 1) 2) Drum drip&ITV in closet 106 front of Bldg. 3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☑	☐	☐
h. Is the dry valve house heated?	☑	☐	☐
i. Do dry valves appear to be protected from freezing?	☑	☐	☐

7. SPECIAL SYSTEMS

a. No. of systems: N/A Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

Copyright 2008 SimplexGrinnell LP. All rights reserved.

SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	☑	☐	☐
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	☑	☐	☐
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads) 4-1/2"SSPchr&2-SSUbrass&2-3/4QR-TFP155/1-3/4"HSW	☑	☐	☐
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	☑	☐	☐
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?	☐	☑	☐
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	☑	☐	☐

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
	☑	☐

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER	X	Date: 2/2/2015	Steve Powell
PRINT NAME			SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO:
STREET:
CITY, STATE AND ZIP:
ATTN:

Copyright 2008 SimplexGrinnell LP. All rights reserved.