



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
SOUTH SANTA ROSA CAMPUS**

INSPECTION AND TESTING FORM

DATE: March 21, 2023
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road Suite 500 Phone:850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PENSACOLA STATE COLLEGE
 ADDRESS: SOUTH SANTA ROSA CAMPUS
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE: 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 6
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 2/1/2020
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>14</u>	<u>4</u>	MANUAL STATIONS
<u>22</u>	<u>4</u>	ION DETECTORS
<u>2</u>	<u>4</u>	PHOTO DETECTORS
<u>42</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>16</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>32</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 13
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____
_____		_____	_____
_____		_____	_____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): O/S ELEC RM
 Disconnecting Means Location: BREAKER 15&16
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 - _____ Emergency system described in NFPA 70, Article 700
 - _____ Legally required standby described in NFPA 70, Article 701
 - _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]		
BUILDING OCCUPANTS	[X]	[]	ADMIN	
BUILDING MANAGEMENT	[X]	[]	CAMPUS POLICE	
OTHER (SPECIFY)	[]	[]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[]	[]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	
INTERFACE EQUIPMENT	[X]	[X]	
LAMPS/LEDS	[X]	[X]	
FUSES	[X]	[]	
PRIMARY POWER SUPPLY	[X]	[X]	
TROUBLE SIGNALS	[X]	[X]	
DISCONNECT SWITCHES	[X]	[X]	
GROUND FAULT MONITORING	[X]	[X]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]		
LOAD VOLTAGE		[X]	
DISCHARGE TEST		[]	
CHARGER TEST		[X]	
SPECIFIC GRAVITY		[]	
TRANSIENT SUPPRESSORS	[X]		
REMOTE ANNUNCIATORS	[X]	[X]	

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	
VISIBLE	[X]	[X]	
SPEAKERS	[]	[]	
VOICE CLARITY	[]	[]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>ELEV RECALL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV SHUNT</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>ADMIN</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>ADMIN</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/21/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson
DATE: 3/21/2023 TIME: _____
SIGNATURE: Jesse Thompson
NAME OF OWNER OR REPRESENTATIVE: _____
DATE: _____ TIME: _____
SIGNATURE: _____

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PSC SOUTH SANTA ROSA - Fire Alarm Test Log	
Devices	Alarm
0001 SMOKE OFFICE ROOM 5152	✓
0002 SMOKE ELEC ROOM 5155	✓
0003 SMOKE 1ST ELEV LOBBY	✓
0004 SMOKE ROOM 5128	✓
0005 SMOKE ROOM 5129	✓
0006 SMOKE ROOM 5112	✓
0007 SMOKE ROOM 5138	✓
0008 SMOKE ROOM 5229	✓
0009 SMOKE CORR 5202	✓
0010 SMOKE LANDING 5216	✓
0011 SMOKE 2ND FL ELEV LOBBY	✓
0012 SMOKE ROOM 5212	✓
0013 SMOKE ELEV. CLOSET	✓
0014 SMOKE ELEC. ROOM 5215	✓
0015 SMOKE ROOM 5209	✓
0016 SMOKE LAB 5210	✓
0017 SMOKE ROOM 5209	✓
0018 SMOKE LAB 5204B	✓
0019 SMOKE ROOM 5209	✓
0020 SMOKE PREP ROOM 5206A	✓
0021 SMOKE LAB 5210	✓
0022 SMOKE PREP ROOM 5206B	✓
0023 SMOKE LAB 5204A	✓
0024 HEAT ELEV MECH ROOM	✓
0025 HEAT LOCKER ROOM 5153	✓
0026 HEAT GEN ROOM 5157	✓
0027 HEAT MAIT EQUIP ROOM A	✓
0028 HEAT MAINT EQUIP ROOM D	✓
0029 HEAT MAINT EQUIP ROOM B	✓
0030 HEAT MAINT EQUIP ROOM C	✓
0031 HEAT MECH PLANT ROOM 5150D	✓
0032 HEAT MECH PLANT ROOM 5150D	✓
0033 HEAT MECH PLANT ROOM 51TOA	✓
0034 HEAT MECH PLANT ROOM 5150C	✓
0035 HEAT MECH ROOM 5150	✓
0036 HEAT BOILER ROOM 5151B	✓
0037 HEAT BOILER ROOM 5151A	✓
0038 HEAT ROOM 5127	✓
0039 HEAT MECH ROOM 5123A	✓
0040 HEAT MECH ROOM 5123B	✓
0041 HEAT ROOM 5108 A&B	✓
0042 HEAT ROOM 5106	✓
0043 HEAT ROOM 5137	✓
0044 HEAT ROOM 5136	✓
0045 HEAT STORAGE ROOM 5230	✓
0046 HEAT STORAGE ROOM 5231	✓

0047 HEAT STORAGE ROOM 5232	✓
0048 HEAT STORAGE ROOM 5218A	✓
0049 HEAT STORAGE ROOM 5218B	✓
0050 HEAT STORE ROOM 5217	✓
0051 HEAT STORAGE ROOM 5213	✓
0052 HEAT JANITOR CLOSET ROOM 5212	✓
0053 HEAT LAB 5210A	✓
0054 HEAT LAB 5210B	✓
0055 HEAT LAB 5210C	✓
0056 HEAT LAB 5210D	✓
0057 HEAT ROOM 5208A	✓
0058 HEAT ROOM 5208B	✓
0059 HEAT CHEM STORAGE ROOM 5207	✓
0060 HEAT PREP ROOM 5206A	✓
0061 HEAT PREP ROOM 5206B	✓
0062 HEAT PREP ROOM 5206C	✓
0063 HEAT LAB 5204E	✓
0064 HEAT LAB 5204D	✓
0065 HEAT LAB 5204C	✓
0066 HEAT LAB 5204B	✓
0067 HEAT LAB 5204A	✓
0068 DUCT MECH ROOM 5123 SUPPLY	✓
0070 DUCT MECH ROOM 5123 RETURN	✓
0126 PULL ELEC ROOM 5155	✓
0127 PULL GEN ROOM 5156	✓
0128 PULL MAINT EQUIP ROOM 5157	✓
0129 PULL MECH PLANT ROOM 5150	✓
0130 PULL CORR 5139 EAST	✓
0131 PULL STAIR 5141	✓
0132 PULL CORR 5139 NEXT TO ANN	✓
0133 PULL MECH ROOM 5123	✓
0134 PULL VESTIBULE 5100	✓
0135 PULL CORR 5101	✓
0136 PULL BREAK ROOM 5108B	✓
0137 PULL STAIR 5105	✓
0138 PULL 2ND FLOOR EAST	✓
0139 PULL 2ND FLOOR CENTER STAIR	✓
0140 PULL CORR 5200	✓
0141 CC1 BPS TRIP	✓
0142 RELAY DOOR HOLDER STORE ROOM 5209	✓
0143 RELAY DOOR HOLDER LAB 5204	✓
0144 RELAY DOOR HOLDER 3 LAB 5204	✓
0145 RELAY DOOR HOLDER 4	✓
0146 AHU SHUTDOWN	✓
0147 PRIMARY ELEV RECALL	✓
0148 SECONDARY ELEV RECALL	✓
0149 FIRE HAT RELAY	✓
0151 RELAY DOOR HOLDER 5	✓

150 GAS DETECTOR LAB 5170	✓
152 GAS DETECTOR LAB 5164	✓
DEFICIENCIES	
NONE	

PSC SOUTH SANTA ROSA
DEFICIENCIES:
NONE

03/21/23



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

**PREPARED FOR
PENSACOLA STATE COLLEGE
MAIN CAMPUS
BAARS BUILDING**

INSPECTION AND TESTING FORM

DATE: March 20, 2023
 TIME: 1000

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Baars Building
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: Edwards MODEL NO. EST3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 3
 SOFTWARE REV: 5.41
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/20/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>9</u>	<u>4</u>	MANUAL STATIONS
<u>20</u>	<u>4</u>	ION DETECTORS
<u>5</u>	<u>4</u>	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
<u>13</u>	<u>Y</u>	CHIMES
<u>4</u>	<u>Y</u>	STROBES
<u>18</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>SPEAKER-STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC 206E
 Disconnecting Means Location: BREAKER 5
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7.5
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		X	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[X]	[X]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[X]
(SPECIFY) <u>AHU Shutdown</u>	[x]	[X]	[x]
(SPECIFY) <u>ELEV SHUNT</u>	[X]	[X]	[X]

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[X]	[]	_____	_____
SUPERVISORY RESTORAL	[X]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]	[]	<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]	[]	<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]	[]	<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/20/2023 TIME 10:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/20/2023 TIME: 10:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Baars Bldg - Fire Alarm Test Log	
	Alarm
001 HEAT DET SECOND FL MECH RM 120N	✓
002 SMOKE DET MATL PRJ & TOOL STO 128	✓
003 SMOKE DET ELEVATOR ON SECOOND FLOOR	✓
004 SMOKE DET CUST CLOSET RM 1-200D	✓
005 HEAT DET SECOND FL MECH RM 120M	✓
006 SMOKE DET SECOND FL ELECT RM 120O	✓
007 SMOKE DET ABOVE FACP FIRST FL	✓
008 SMOKE DET ELEVATOR ON FIRST FLOOR	✓
009 SMOKE DET SECURE STORAGE RM 104	✓
010 HEAT DET ELECTRICAL ROOM 112A	✓
011 HEAT DET MECH ROOM 112	✓
012 DUCT DET RETURN MECH RM 112	✓
013 DUCT DET RET AHU 2-2 MECH RM 120N	✓
014 DUCT DET RETURN MECH RM 120M	✓
015 SMOKE DET ELEVATOR EQUIP ROOM 100H	✓
016 SMOKE DET COMM ROOM 100F	✓
017 SMOKE DET COMM ROOM 120F	✓
018 HEAT DET COMM ROOM 120F	✓
019 HEAT DET PUMP ROOM 113	✓
020 HEAT DET COMM ROOM 100F	✓
022 DUCT DET SUPPLY ABV CEILING RM 124	✓
023 SMOKE DET CUST ROOM 100D	✓
024 DUCT DET RETURN ABV CEILING RM 111	✓
025 DUCT DET SUPPLY ABV CEILING RM 111	✓
026 HEAT DET ELEVATOR PIT	✓
027 DUCT DET SUP ABV CEILING RM 104	✓
028 DUCT DET SUP AHU 2-2 MECH RM 120N	✓
126 PULL STATION MECH RM 112	✓
127 SHUTDOWN RELAY MECH RM 112	✓
128 PULL STATION SEC FL COLL MALL 120	✓
129 PULL STAT SECOND FL BY RESTRM 120H	✓
130 PULL STAT FIRST FL BY OFFICE 101	✓
131 PULL STAT FIRST FL BY ELEVATOR	✓
132 PULL STATION ELEVATOR EQUIP RM 100H	✓
133 PULL STATION BOTTOM STAIR 100A	✓
134 PULL STATION IN PUMP ROOM 113	✓
135 PULL STATION BOTTOM STAIR 100B	✓
136 SHUTDOWN RELAY AHU1-2 MECH RM 120N	✓
137 SHUTDOWN RELAY AHU2-2 MECH RM 120N	✓
138 SHUTDOWN RELAY AHU1-2 MECH RM 120M	✓
139 GAS SHUT OFF RELAY IN ELECT RM 112	✓
140 TAMPER ABV CEILING IN CYBER RM 106	✓
141 TAMPER ABV CEILING BY RM 102	✓
142 PRIMARY RELAY IN ELEVATOR EQUIP ROOM	✓
143 SECONDARY RELAY IN ELEVATOR EQUIP RM	✓
144 FIRE HAT RELAY N ELEVATOR EQUIP ROOM	✓
146 TAMPER ON WALL BOTTOM STAIRS 100A	✓
147 FLOW ON WALL BOTTOM STAIRS 100A	✓
148 TAMPER ABV CEILING IN BATHROOM 111	✓
149 TAMPER ON WALL TOP OF STAIRS 100A	✓

150 FLOW ON WALL TOP OF STAIRS 100A	✓
151 FUTURE CONTROLS PUMP ROOM 113	✓
152 FLOW IN PUMP ROOM 113	✓
153 TAMPER IN PUMP ROOM 113	✓
154 BYPASS 2 PUMP ROOM 113	✓
155 JOCKEY LINE 2 PUMP RM 113	✓
156 PUMP DISCHARGE PUMP RM 113	✓
157 TEST HEADER PUMP ROOM 113	✓
158 BYPASS 1 PUMP ROOM 113	✓
159 JOCKEY LINE 1 PUMP RM 113	✓
160 PUMP SUPPLY PUMP ROOM 113	✓
162 PUMP RUN IN PUMP ROOM 113	✓
163 REVERSAL IN PUMP ROOM 113	✓
164 POWER FAILURE PUMP RM 113	✓
165 ALERT IN PUMP ROOM 113	✓
MASS NOTIFICATION	✓
WALKTEST	✓
001 MASS STROBE CIRCUIT 1ST FLOOR	✓
002 MASS STROBE CIRCUIT 2ND FLOOR	✓
001 SPEAKER CIRCUIT 1ST FLOOR	✓
002 SPEAKER CIRCUIT 2ND FLOOR	✓
007 MONITOR ZONE	✓
008 MONITOR ZONE	✓
006 SPARE FIRE STROBE CIRCUIT	✓
DEFICIENCIES:	
NONE	

PSC Main Campus Baars Building 03/20/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 2**

INSPECTION AND TESTING FORM

DATE: March 15, 2023
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 2
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: Edwards MODEL NO. EST3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: _____
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/15/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>20</u>	<u>4</u>	MANUAL STATIONS
<u>27</u>	<u>4</u>	ION DETECTORS
<u>14</u>	<u>4</u>	PHOTO DETECTORS
<u>22</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
<u>15</u>	<u>4</u>	OTHER (SPECIFY) <u>RELAYS</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>38</u>	<u>3</u>	STROBES
_____	_____	SPEAKERS
<u>38</u>	<u>3</u>	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC 206E
 Disconnecting Means Location: BREAKER 5
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[X]	[X]	_____
tone GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[X]
(SPECIFY) <u>AHU Shutdown</u>	[x]	[X]	[x]
(SPECIFY) <u>ELEV SHUNT</u>	[X]	[X]	[X]

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[X]	[]	_____	_____
SUPERVISORY RESTORAL	[X]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	[X]	[]	[]	<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]	[]	<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]	[]	<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/15/2023 TIME 13:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/15/2023 TIME: 13:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 2 - Fire Alarm Test Log	
	Alarm
001 DUCT RET MECH RM A121 RECRTG WING	✓
002 HEAT DET MECH RM A121 RECRTG WING	✓
003 DUCT SUP MECH RM A121 RECRTG WING	✓
004 HEAT DET MECH RM A121 RECRTG WING	✓
005 SMKE DET JANITOR RM A121 RECRTG WING	✓
006 HEAT DET COPY RM 262 RECRTG WING	✓
007 HEAT DET UPSTAIRS BREAK RECRTG WING	✓
008 HEAT DET STORG UPSTAIRS RECRTG WING	✓
009 SMKE DET COMM RM 260E RECRTG WING	✓
010 DUCT MECH RM IN RM 253 REST TRN AREA	✓
011 HEAT MECH RM IN RM 253 REST TRN AREA	✓
012 SMOKE COM RM IN RM 253 REST TRN AREA	✓
013 SMOKE CONTROL RM 252A REST TRN AREA	✓
014 SMOKE DET STOR 252B REST TRN AREA	✓
015 DUCT SUP AHU 3 RM 254E REST TRN AREA	✓
016 DUCT RET AHU 3 RM 254E REST TRN AREA	✓
017 DUCT RET AHU 1 RM 254E REST TRN AREA	✓
018 DUCT SUP AHU 1 RM 254E REST TRN AREA	✓
019 DUCT RET AHU 2 RM 254E REST TRN AREA	✓
020 DUCT SUP AHU 2 RM 254E REST TRN AREA	✓
021 HEAT DET MECH RM 254E REST TRN AREA	✓
022 HEAT DET MECH RM 252J REST TRN AREA	✓
023 DUCT DET MECH RM 252J REST TRN AREA	✓
024 DUCT RET MECH RM 206E CASHIER AREA	✓
025 HEAT RET MECH RM 206E CASHIER AREA	✓
026 DUCT SUP MECH RM 206E CASHIER AREA	✓
027 HEAT DET OFFICE RM 205 CASHIER AREA	✓
028 HEAT JANITOR RM 202J CASHIER AREA	✓
029 SMK DET VAULT RM 220 CASHIER AREA	✓
030 SMK DET STOR RM 218 CASHIER AREA	✓
031 HEAT DET FILES RM 216 CASHIER AREA	✓
032 SMK DET ELEVATOR 2ND FL CASHIER AREA	✓
033 SMK DET COM RM 234A CASHIER AREA	✓
034 DUCT SUP MECH RM 246E CASHIER AREA	✓
035 DUCT RET MECH RM 246E CASHIER AREA	✓
036 HEAT DET MECH RM 246E CASHIER AREA	✓
037 HEAT DET MECH RM 246E CASHIER AREA	✓
038 HEAT JANITOR RM 244J CASHIER AREA	✓
039 HEAT DET COPY RM 245 CASHIER AREA	✓
040 SMK DET STOR RM 257A CASHIER AREA	✓
041 SMK DET ABV FACP CASHIER AREA	✓
042 HEAT ELEV EQUIP RM 212E CASHIER AREA	✓
043 SMK ELEV EQUIP RM 212E CASHIER AREA	✓
044 SMK DET COM RM 213E CASHIER AREA	✓
045 SMK DET ELEV 1ST FL CASHIER AREA	✓
046 SMK DET RM 219F CASHIER AREA	✓
047 HEAT DET STOR RM 223A CASHIER AREA	✓
048 SMK DET RECORDS RM 219F CASHIER AREA	✓
049 HEAT RECORDS RM 221 CASHIER AREA	✓
050 SMK DET RECORDS RM 221 CASHIER AREA	✓

051 HEAT DET STOR RM 224 CASHIER AREA	✓
052 SMK DET SUPPLIES RM 215 CASHIER AREA	✓
053 SMK DET ELECT RM 216E CASHIER AREA	✓
054 DUCT SUP MECH RM 217 CASHIER AREA	✓
055 HEAT DET MECH RM 217 CASHIER AREA	✓
056 HEAT DET BREAKROOM 218 CASHIER AREA	✓
057 HEAT DET STOR RM 201A CASHIER AREA	✓
126 SHUTDN RELAY MECH A121 RECRTG WING	✓
127 PULL STA EXIT BY RM 276 RECRTG WING	✓
128 PULL STA ENTR BY RM 276 RECRTG WING	✓
129 PULL STA EXIT RM 250 S REST TRN AREA	✓
130 PULL STA EXIT RM 250 N REST TRN AREA	✓
131 PULL STA EXIT RM 253 REST TRN AREA	✓
132 SHUTDN RELAY RM 253 REST TRN AREA	✓
133 PULL STA EXIT RM 252 E REST TRN AREA	✓
134 PULL STA EXIT RM 252 W REST TRN AREA	✓
135 HEAT BOILER RM 255E REST TRN AREA	✓
136 SHUTDN AHU 3 RM 254E REST TRN AREA	✓
137 SHUTDN AHU 1 RM 254E REST TRN AREA	✓
138 SHUTDN AHU 2 RM 254E REST TRN AREA	✓
139 SHUTDN MECH RM 252J REST TRN AREA	✓
140 PULL STA EXIT RM 251 S REST TRN AREA	✓
141 PULL STA EXIT RM 251 N REST TRN AREA	✓
142 SHUTDN MECH RM 206E CASHIER AREA	✓
143 PULL STA CLERK WORK RM CASHIER AREA	✓
144 PULL STA MAIN HALL CASHIER AREA	✓
145 SHUTDN MECH RM 246E CASHIER AREA	✓
146 PULL STA EXIT HALL 244H CASHIER AREA	✓
147 PRIMARY RELAY ELEV EQUIP RM 212E	✓
148 ALT RELAY ELEV EQUIP RM 212E	✓
149 FIRESHUTR RELAY RM 219F CASHIER AREA	✓
150 PULL STA EXIT BY RM 221 CASHIER AREA	✓
151 SHUTDN MECH RM 217E CASHIER AREA	✓
152 PULL STA BREAK RM 218 CASHIER AREA	✓
153 PULL STA INFO RM 232 CASHIER AREA	✓
154 PULL STA MAIN ENTR CASHIER AREA	✓
155 SPEAKER CIRCUIT 1	✓
156 SPEAKER CIRCUIT 2	✓
157 SPEAKER CIRCUIT 3	✓
158 HEAT RELAY MECH 254E REST TRN AREA	✓
DEFICIENCIES 03/15/2023	
None	

PSC Main Campus Bldg 2

03/15/23

DEFICIENCIES:

None



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 3**

INSPECTION AND TESTING FORM

DATE: March 16, 2023

TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 3

ADDRESS: 1000 College Blvd, Pensacola, FL 32504

OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY

TELEPHONE 850 484 2500

MONITORING ACCOUNT REF. NO.: N/A

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

LOCAL

APPROVING AGENCY

CONTACT: N/A

TELEPHONE: _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: SIMPLEX MODEL NO. 4010

CIRCUIT STYLES: 4, Y

NO. OF CIRCUITS: 6

SOFTWARE REV: 4.1

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/16/2023

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>9</u>	<u>4</u>	MANUAL STATIONS
<u>1</u>	<u>4</u>	ION DETECTORS
<u>6</u>	<u>4</u>	PHOTO DETECTORS
<u>2</u>	<u>4</u>	DUCT DETECTORS
<u>1</u>	<u>4</u>	HEAT DETECTORS
<u>1</u>	<u>4</u>	WATERFLOW SWITCHES
<u>1</u>	<u>4</u>	SUPERVISORY SWITCHES
		OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>6</u>	<u>Y</u>	BELLS
		HORNS
		CHIMES
<u>13</u>	<u>Y</u>	STROBES
		SPEAKERS
<u>37</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): RM 320
 Disconnecting Means Location: BREAKER 6
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 10
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) DOOR HODLER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Admin	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/16/2023 TIME 9:31

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/16/2023 TIME: 9:31

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 3 - Fire Alarm Test Log									
	Alarm								
3-01 SMOKE FIRE PANEL	✓								
3-02 PULL CENTER NORTH EXIT	✓								
3-04 DUCT DET AHU 3N O/S RISER RM	✓								
3-05 DUCT DET AHU 3 O/S RISER RM	✓								
3-06 PULL NORTHWEST CORRIDOR REAR	✓								
3-07 PULL NORTHWEST CORRIDOR SIDE	✓								
3-09 DUCT DET AHU 1	✓								
3-10 DUCT DET AHU 1	✓								
3-11 PULL CLINIC LOBBY									
3-12 PULL MAIN LOBBY	✓								
3-13 WATERFLOW MECH RM	✓								
3-15 DUCT DET AHU 2 SE MAINT RISER RM	✓								
3-16 DUCT DET AHU 2 SE MAINT RISER RM	✓								
3-17 PULL SOUTHEAST CORRIDOR ENTRANCE	✓								
3-18 SMOKE EAST MAIN CORRIDOR	✓								
3-19 SMOKE EAST MAIN CORRIDOR	✓								
3-20 SMOKE EAST MAIN CORRIDOR	✓								
3-21 SMOKE EAST MAIN CORRIDOR	✓								
3-22 SMOKE EAST MAIN CORRIDOR	✓								
3-23 PULL POOL LOBBY	✓								
3-24 PULL NORTHEAST POOL									
3-26 DUCT DET POOL AHU SUPPLY	✓								
3-27 DUCT DET POOL AHU SUPPLY	✓								
HEAT DET WEST SIDE STORAGE									
HEAT DET WEST SIDE STORAGE									
TAMPER BACKFLOW PREVENT INLET SE MAINT RM	✓								
TAMPER BACKFLOW PREVENT OUTLET SE MAINT RM	✓								
TAMPER CONTROL VALVE SE MAINT RM	✓								
DEFICIENCIES									
Speaker Strobes in Pool area don't work. Troubleshoot recommended. Pt# 4906-9151 if replacement needed.									
4 troubles on panel at start.									
Neg Earth fault									
PS trouble									
Visual Cir 2									
Sprinkler monitor SE Mech Rm									
PS and Speaker strobe issues are from construction, temporarily removed.									
Heats in storage area unreachable due to heavy weight equip in the way. Also PS in pool area, key is frozen, unable to test. System remained with 4 troubles upon test completion.									

PSC Main Campus Bldg 3 03/16/23

DEFICIENCIES:

Speaker Strobes in Pool area don't work. Troubleshoot recommended. Pt# 4906-9151 if replacement needed.

4 troubles on panel at start.

Neg Earth fault

PS trouble

Visual Cir 2

Sprinkler monitor SE Mech Rm

PS and Speaker strobe issues are from construction, temporarily removed.

Heats in storage area unreachable due to heavy weight equip in the way. Also PS in pool area, key is frozen, unable to test. System remained with 4 troubles upon test completion.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 4**

INSPECTION AND TESTING FORM

DATE: March 23, 2023
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 4
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: SIEMENS MODEL NO. PXL
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 10
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/23/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>12</u>	<u>4</u>	MANUAL STATIONS
<u>12</u>	<u>4</u>	ION DETECTORS
<u>23</u>	<u>4</u>	PHOTO DETECTORS
<u>2</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>6</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>19</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC 429E
 Disconnecting Means Location: FA DISCONNECT
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[X]
(SPECIFY) <u>ELEV SHUNT</u>	[X]	[X]	[X]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUPERVISORY RESTORAL	[]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]		<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]		<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/23/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/23/2023 TIME: _____

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 4 - Fire Alarm Test Log	
	Alarm
ZONE 1 PULL TOP OF STAIRS	⊘
ZONE 1 SMOKE TOP OF STAIRS EAST	⊘
ZONE 1 SMOKE TOP OF STAIRS WEST	⊘
ZONE 1 SMOKE OUTSIDE ROOM 470	⊘
ZONE 1 SMOKE OUTSIDE ROOM 475	⊘
ZONE 1 SMOKE OUTSIDE ROOM 465	⊘
ZONE 1 SMOKE MECH RM 468E	⊘
ZONE 1 HEAT ROOM 468J	⊘
ZONE 1 SMOKE ROOM 446C	⊘
ZONE 1 SMOKE ROOM 469	⊘
ZONE 1 SMOKE ROOM 469X	⊘
ZONE 1 SMOKE TOP OF STARIS AT FIRE DOORS	⊘
ZONE 2 DUCT DET MECH RM 400E	⊘
ZONE 2 DUCT DET MECH RM 400E	⊘
ZONE 2 DUCT DET MECH RM 400E	⊘
ZONE 2 DUCT DET MECH RM 400E	⊘
ZONE 3 DUCT DET MECH RM 429E	⊘
ZONE 3 DUCT DET MECH RM 429E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 3 DUCT DET MECH RM 448E	⊘
ZONE 4 DUCT DET MECH RM 468E	⊘
ZONE 4 DUCT DET MECH RM 468E	⊘
ZONE 4 DUCT DET MECH RM 468E	⊘
ZONE 4 DUCT DET MECH RM 468E	⊘
ZONE 5 SMOKE 1ST FLR ELEVATOR LOBBY	⊘
ZONE 5 PULL NORTH ENTRANCE	⊘
ZONE 5 PULL SOUTH ENTRANCE	⊘
ZONE 5 SMOKE MRCH RM 417E	⊘
ZONE 5 SMOKE MECH RM 448E	⊘
ZONE 5 PULL WEST EXIT	⊘
ZONE 5 SMOKE 2ND FLR ELEVATOR LOBBY	⊘
ZONE 5 SMOKE MECH RM 418E	⊘
ZONE 5 HEAT MECH RM 418J	⊘
ZONE 5 PULL EAST EXIT	⊘
ZONE 5 SMOKE ELEVATOR EQUIPMENT ROOM	⊘
ZONE 5 SMOKE RM 446X	⊘
ZONE 6 DUCT DET MECH RM 417E	⊘
ZONE 6 DUCT DET MECH RM 417E	⊘
ZONE 6 DUCT DET MECH RM 418E	⊘
ZONE 6 DUCT DET MECH RM 418E	⊘

ZONE 7 SMOKE MECH RM 429E	⊘
ZONE 7 DUCT DET MECH RM 429E	⊘
ZONE 7 DUCT DET MECH RM 429E	⊘
ZONE 7 DUCT DET MECH RM 429E	⊘
ZONE 7 DUCT DET MECH RM 429E	⊘
ZONE 7 PULL OUTSIDE RM 429E	⊘
ZONE 8 PULL EXIT BY RM 402H	⊘
ZONE 8 PULL ROOM 401	⊘
ZONE 8 PULL ROOM 400	⊘
ZONE 8 SMOKE MECH RM 400E	⊘
ZONE 8 PULL ROOM 400 OUTDOOR	⊘
ZONE 8 PULL ROOM 400 OUTDOOR	⊘
ZONE 8 SMOKE ROOM 422A	⊘
ZONE ? HEAT ROOM 406J	⊘
DEFICIENCIES	
6 troubles on system when we arrived. Unable to test system, system has been disabled for new HVAC units. Devices have been removed by someone, thereby breaking data loop.	

PSC Main Campus Bldg 4

03/23/23

DEFICIENCIES:

6 troubles on system when we arrived.

Unable to test system, system has been disabled for new HVAC units. Devices have been removed by someone, thereby breaking data loop.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 5**

INSPECTION AND TESTING FORM

DATE: March 15, 2023

TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 5

ADDRESS: 1000 College Blvd, Pensacola, FL 32504

OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY

TELEPHONE 850 484 2500

MONITORING ACCOUNT REF. NO.: N/A

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

LOCAL

APPROVING AGENCY

CONTACT: N/A

TELEPHONE: _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: SIMPLEX MODEL NO. 4002

CIRCUIT STYLES: 4, Y,B

NO. OF CIRCUITS: 16

SOFTWARE REV: _____

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/17/2020

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>14</u>	<u>4</u>	MANUAL STATIONS
_____	_____	ION DETECTORS
_____	_____	PHOTO DETECTORS
<u>9</u>	<u>4</u>	DUCT DETECTORS
<u>24</u>	<u>4</u>	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>3</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>26</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): RM 506E
 Disconnecting Means Location: LPE
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	N A		TIME	COMMENTS
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		CAMPUS PC	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/15/2023 TIME 3:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/15/2023 TIME: 3:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 5 - Fire Alarm Test Log	
	Alarm
ZONE 1 PULL SOUTH MAIN ENTRANCE	✓
ZONE 1 NORTH CULINARY ENTRACNCE	✓
ZONE 1 PULL BOOKTORE SOTHWEST EXIT	✓
ZONE 1 PULL EAST EXIT RM 509	✓
ZONE 1 PULL POLICE OFFICE WEST EXIT ID AREA	✓
ZONE 1 PULL POLICE OFFICE EAST EXIT	✓
ZONE 2 PULL CULINARY WEST EXIT	✓
ZONE 2 PULL SUBWAY REAR HALL EXIT	✓
ZONE 2 PULL SUBWAY MAIN ENTRANCE	✓
ZONE 2 PULL ATM ROOM	✓
ZONE 2 PULL MAIN ENTRANCE NORTH	✓
ZONE 2 PULL CULINARY DINNING EXIT	✓
ZONE 3 DUCT DET AHU1 RETURN RM 505M	✓
ZONE 3 DUCT DET AHU1 SUPPLY RM 505M	✓
ZONE 4 DUCT DET AHU2 RETURN	✓
ZONE 4 DCUT DET AHU2 SUPPLY	✓
ZONE 5 DUCT DET AHU3 SUPPLY RM 531M	✓
ZONE 5 DCUT DET AHU3 RETURN PUBLIC SAFETY ID DEPT	✓
ZONE 6 PULL BOOKSTORE STOCKROOM EAST EXIT	✓
ZONE 6 PULL BOOKSTORE STOCKROOM NORTH EXIT	✓
ZONE 6 HEAT ROOM 510B	✓
ZONE 6 HEAT ROOM 511 CLOSET	✓
ZONE 6 HEAT ROOM 512 CLOSET	✓
ZONE 6 HEAT ROOM 519A	✓
ZONE 6 HEAT ROOM 526	✓
ZONE 6 HEAT KEY ROOM	✓
ZONE 6 HEAT ROOM 521A	✓
ZONE 6 HEAT ROOM 524	✓
ZONE 6 HEAT ROOM 531M(PS/SA)	✓
ZONE 7 DUCT DET WEST MECH RM AHU5 RETURN	✓
ZONE 7 DUCT DET WEST MECH RM AHU5 SUPPLY	✓
ZONE 8 DUCT DET AHU2 BACK OF BOOKSTORE	✓
ZONE 8 HEAT DOMESTIC WATER RM	✓
ZONE 8 HEAT ROOM 507J	✓
ZONE 8 HEAT ROOM 509A	✓
ZONE 8 HEAT ROOM 506E	✓
ZONE 8 HEAT ROOM 505M	✓
ZONE 9 DUCT DET AHU4 RETURN RM 531M	✓
ZONE 9 DUCT DET AHU4 SUPPLY RM 531M	✓
ZONE 10 HEAT ABOVE FIRE PANEL	✓
ZONE 10 HEAT WEST MECH RM	✓

ZONE 10 HEAT SUBWAY RM 547	✓
ZONE 10 HEAT SUBWAY RM 548J	✓
ZONE 10 HEAT AHU ROOM NORTHWEST	✓
ZONE 12 HEAT CULINARY WEST EXIT	✓
ZONE 12 HEAT CULINARY SOUTH	✓
ZONE 12 HEAT CULINARY NORTHWEST	✓
ZONE 13 HEAT CULINARY NORTHEAST	✓
ZONE 13 HEAT ROOM 538	✓
ZONE 13 HEAT STAGE	✓
ZONE 13 HEAT WATER HEATER MECH RM	✓
ZONE 13 HEAT KITCHEN	✓
HEAT RM 508 CAREER SERV STORAGE CLOSET	✓
HEAT RM 508 CAREER SERV STORAGE CLOSET	✓
HEAT RM 508 CAREER SERV STORAGE CLOSET	✓
HEAT RM 508 CAREER SERV STORAGE CLOSET	✓
DEFICIENCIES 03/15/2023	
None	

PSC Main Campus Bldg 5

03/15/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 6**

INSPECTION AND TESTING FORM

DATE: March 24, 2023
 TIME: 900

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 6
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 3
 SOFTWARE REV: 5.42
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: _____
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>11</u>	<u>4</u>	MANUAL STATIONS
<u>8</u>	<u>4</u>	ION DETECTORS
<u>5</u>		PHOTO DETECTORS
		DUCT DETECTORS
		HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
<u>38</u>	<u>4</u>	OTHER (SPECIFY) <u>HEAT/PHOTO COMBO</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>42</u>	<u>Y</u>	BELLS
		HORNS
		CHIMES
		STROBES
		SPEAKERS
<u>35</u>	<u>Y</u>	OTHER (SPECIFY) <u>SPEAKER/STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 13
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC RM HALLWAY
 Disconnecting Means Location: BREAKER
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 - _____ Emergency system described in NFPA 70, Article 700
 - _____ Legally required standby described in NFPA 70, Article 701
 - _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[X]	[X]	_____
tone GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	[X]	[X]	[X]
(SPECIFY) <u>ELEV SHUNT</u>	[]	[]	[]
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUPERVISORY RESTORAL	[]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]	[]	<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]	[]	<u>CAMPUS PC</u>	_____
BUILDING OCCUPANTS	[X]	[]	[]	<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/24/2023 TIME 9:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/24/2023 TIME: 9:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 6 - Fire Alarm Test Log	
	Alarm
001 SMOKE DETECTOR MECH RM 640M	✓
002 DUCT DETECTOR AHU-2 SUP MECH RM 640M	✓
003 DUCT DETECTOR AHU-2 RET MECH RM 640M	✓
004 SMOKE DETECTOR STORAGE RM 649A	✓
005 SMOKE DETECTOR COMM RM 640A	✓
006 SMOKE DETECTOR ELEC RM 641M	✓
007 SMOKE DETECTOR STORAGE RM 656	✓
008 SMOKE DETECTOR JANITOR CLOSET 600J	✓
009 SMOKE DETECTOR WORK RM 667	✓
010 SMOKE DETECTOR STORAGE RM 668	✓
011 SMOKE DETECTOR STORAGE RM 669A	✓
012 SMOKE DETECTOR ELEC RM 601M	✓
013 SMOKE DETECTOR JANITOR CLOSET 601J	✓
014 SMOKE DETECTOR COMM RM 602M	✓
015 DUCT DETECTOR SUPPLY MECH RM 608M	✓
016 DUCT DETECTOR RETURN MECH RM 608M	✓
017 SMOKE DETECTOR MECH RM 608M	✓
018 SMOKE DETECTOR COPY RM 602	✓
019 SMOKE DETECTOR STORAGE RM 611	✓
020 SMOKE DETECTOR ELEV MACHINE RM 618M	✓
021 SMOKE DETECTOR ELEVATOR LOBBY 1ST FL	✓
022 SMOKE DETECTOR STORAGE RM 623	✓
023 SMOKE DETECTOR ELEC RM 635M	✓
024 SMOKE DETECTOR COMM RM 635K	✓
025 SMOKE DETECTOR JANITOR CLOSET 635J	✓
026 SMOKE DETECTOR VAULT 638	✓
027 SMOKE DETECTOR VAULT 638A	✓
028 DUCT DETECTOR SUPPLY MECH RM 639M	✓
029 DUCT DETECTOR RETURN MECH RM 639M	✓
030 SMOKE DETECTOR MECH RM 639M	✓
031 SMOKE DETECTOR ELEVATOR LOBBY 2ND FL	✓
032 SMOKE DETECTOR STORAGE RM 682A	✓
033 SMOKE DETECTOR ELEC RM 682M	✓
034 SMOKE DETECTOR STORAGE RM 675C	✓
035 SMOKE DETECTOR COPY RM 685J	✓
036 SMOKE DETECTOR MECH RM 685M	✓
037 SMOKE DETECTOR COMM RM 656A	✓
038 SMOKE DETECTOR ROOM 673	✓
039 SMOKE DETECTOR STORAGE RM 671B	✓
040 SMOKE DETECTOR STORAGE RM 672A	✓
041 SMOKE DETECTOR MEZZANINE ACCESS 687A	✓
042 SMOKE DETECTOR BREAK ROOM 687	✓
043 SMOKE DETECTOR JANITOR CLOSET 670J	✓
044 DUCT DETECTOR RETURN MECH RM 685M	✓
045 DUCT DETECTOR SUPPLY MECH RM 685M	✓
046 SMOKE DETECTOR ABOVE ANNUNCIATOR ENTR	✓
126 SHUTDOWN RELAY MECH RM 640M	✓
127 HEAT MODULE FOR MEZZ IN MECH RM 640M	✓
128 PULL STATION ENTRANCE BY RM 658	✓
129 RELAY 1ST FL ELEV MACHINE RM 618M	✓

130 PULL STATION LOBBY 659L	✓
131 SHUTDOWN RELAY MECH RM 602M	✓
132 PULL STATION CORRIDOR 602H	✓
133 PULL STATION BY ELEVATOR 1ST FLOOR	✓
134 PULL STATION CORRIDOR 618H	✓
135 PULL STATION LOBBY 600	✓
136 PULL STATION CORRIDOR 630H	✓
137 SHUTDOWN RELAY MECH RM 639M	✓
138 PULL STATION FRONT ENTRANCE	✓
139 PULL STATION ELEVATOR LOBBY 2ND FLR	✓
140 HEATS MEZZININE MODULE IN MECH 685M	✓
141 PULL STATION 2ND FLOOR STAIRWAY	✓
142 SHUTDOWN RELAY MECH RM 685M	✓
143 SPEAKER CIRCUIT MODULE	✓
144 SPEAKER CIRCUIT MODULE	✓
145 MASS NOTIFY MODULE	✓
146 MASS NOTIFY MODULE	✓
147 FIRE STROBE MODULE	✓
148 FIRE STROBE MODULE	✓
149 FIRE STROBE MODULE	✓
150 FIRE STROBE MODULE	✓
151 MASS NOTIFY MODULE	✓
152 MASS NOTIFY MODULE	✓
153 FIRE STROBE MODULE	✓
154 HEATS MEZZININE MODULE IN MECH 639M	✓
155 HEATS MEZZININE MODULE IN MECH 639M	✓
156 HEATS MEZZININE MODULE IN ROOM 600J	✓
157 PULL STATION ENTRANCE BY RM 650 128	✓
158 RELAY 2ND FL ELEV MACHINE RM 618M	✓
159 DRHOLDER RELAY ABV CEILING TESTG CTR	✓
DEFICIENCIES 03/24/2023	
NONE	

PSC Main Campus Bldg 6

03/24/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 8**



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2022

PREPARED FOR

Pensacola State College
Main Campus
Building 9

INSPECTION AND TESTING FORM

DATE: March 24, 2023
 TIME: 1000

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 9
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: _____ NOTIFIER _____ MODEL NO. NSF-320
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 6
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/24/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>11</u>	<u>4</u>	MANUAL STATIONS
<u>31</u>	<u>4</u>	ION DETECTORS
<u>4</u>	<u>4</u>	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
<u>10</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
<u>11</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ABOVE PANEL OVER FACP
 Disconnecting Means Location: BREAKER
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		
LOAD VOLTAGE		<input checked="" type="checkbox"/>	
DISCHARGE TEST		<input type="checkbox"/>	
CHARGER TEST		<input checked="" type="checkbox"/>	
SPECIFIC GRAVITY		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV SHUNT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV RECALL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>CAMPUS PO</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/24/2023 TIME 11:35

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/24/2023 TIME: 11:35

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 9 - Fire Alarm Test Log	Alarm
ZONE 1 SMOKE RM 929	✓
ZONE 1 PULL STOCK RM	✓
ZONE 1 SMOKE STORE RM	✓
ZONE 1 SMOKE BREAK RM 929	✓
ZONE 1 PULL BREAK RM 929	✓
ZONE 1 RESTROOM BY RM 929	✓
ZONE 1 SMOKE RM 928	✓
ZONE 1 PULL RM 928	✓
ZONE 2 SMOKE MEZZANINE NORTH	✓
ZONE 2 SMOKE MEZZANINE SOUTH	✓
ZONE 2 PULL OUTSIDE RM 926A	✓
ZONE 2 SMOKE RM 926A	✓
ZONE 2 SMOKE RM 926A	✓
ZONE 2 SMOKE RM 925	✓
ZONE 2 SMOKE RM 919	✓
ZONE 2 SMOKE RM 919	✓
ZONE 2 PULL EXIT RM 919	✓
ZONE 2 SMOKE RM 920	✓
ZONE 2 PULL RM 923 EXIT	✓
ZONE 2 SMOKE RM 931	✓
ZONE 2 SMOKE RM 931	✓
ZONE 2 SMOKE STOCK RM	✓
ZONE 2 SMOKE RM 931	✓
ZONE 2 SMOKE RM 931	✓
ZONE 2 SMOKE RM 931 OFFICE	✓
ZONE 3 SMOKE RECPT DESK	✓
ZONE 3 SMOKE RM 902	✓
ZONE 3 SMOKE RM 903	✓
ZONE 3 SMOKE RM 904	✓
ZONE 3 SMOKE RM 906	✓
ZONE 3 SMOKE RM 907	✓
ZONE 3 SMOKE RM 914A	✓
ZONE 3 SMOKE HALL OUTSIDE 914A	✓
ZONE 3 SMOKE RM 914	✓
ZONE 3 SMOKE MENS RR 910M	✓
ZONE 3 SMOKE WOMENS RM 910W	✓
ZONE 3 PULL RECPT LOBBY	✓
ZONE 4 SMOKE RM 918	✓
ZONE 4 PULL RM 918	✓
ZONE 4 SMOKE RM 916	✓
ZONE 4 HEAT RM 917	✓
ZONE 4 HEAT CLOSET RM 917	✓
ZONE 4 HEAT CLOSET RM 917	✓
ZONE 4 HEAT CLOSET RM 921	✓
ZONE 4 PULL RM 921	✓
ZONE 4 SMOKE RM 913	✓
ZONE 4 SMOKE RM 911	✓

ZONE 4 PULL REC DOCK ENTRANCE	✓
ZONE 4 REC. DOCK WEST	✓
ZONE 4 REC DOCK EAST	✓
DEFICIENCIES 03/24/2023	
NONE	

PSC Main Campus Bldg 9

03/24/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 10**

INSPECTION AND TESTING FORM

DATE: March 20, 2023
 TIME: 1000

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Bldg 10
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: Campus Security
 TELEPHONE 850-484-2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER Notifier MODEL NO. System 5000
 CIRCUIT STYLES: 4,Y
 NO. OF CIRCUITS: _____
 SOFTWARE REV: N/A
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/20/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>9</u>	<u>4</u>	MANUAL STATIONS
<u>38</u>	<u>4</u>	ION DETECTORS
<u>8</u>	<u>4</u>	PHOTO DETECTORS
<u>25</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
<u>3</u>	<u>4</u>	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>18</u>	<u>Y</u>	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>18</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS N/A
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): 1016V Electrical Room
 Disconnecting Means Location: _____
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7.5
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS SECURITY	
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
AHU (NOTIFIED) OF ANY IMPAIRMENT:	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		
LOAD VOLTAGE		<input type="checkbox"/>	
DISCHARGE TEST		<input type="checkbox"/>	
CHARGER TEST		<input type="checkbox"/>	
SPECIFIC GRAVITY		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[]	[]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	[x]	[x]	[x]
(SPECIFY) Door release	[x]	[x]	[x]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[]	[]	_____	_____
ALARM RESTORAL	[]	[]	_____	_____
TROUBLE SIGNAL	[]	[]	_____	_____
TROUBLE RESTORAL	[]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUERVISORY RESTORAL	[]	[]	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	[X]	[]	Admin	_____
MONITORING AGENCY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	Admin	_____
OTHER (SPECIFY)	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE _____ TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/20/2023 TIME: 10:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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ZONE 4- DUCT DETECTORS	✓
ZONE 5- 2ND FLOOR MANUAL PULL STATION	✓
ZONE 5- 2ND FLOOR MANUAL PULL STATION	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 6- 2ND FLOOR SMOKE DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓
ZONE 7- 2ND FLOOR HEAT DETECTORS	✓

DEFICIENCIES: 03/20/2023
NONE

PSC MAIN BLDG 10
DEFICIENCIES:
NONE

3/20/2023



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 11**

INSPECTION AND TESTING FORM

DATE: March 16, 2023
 TIME: 1000

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 11
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: FCI MODEL NO. E3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 2(4) & N/A(Y)
 SOFTWARE REV: N/A
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/16/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>9</u>	<u>4</u>	MANUAL STATIONS
<u>37</u>	<u>4</u>	ION DETECTORS
<u>12</u>	<u>4</u>	PHOTO DETECTORS
<u>18</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
<u>21</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 4
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELECTRICAL RM
 Disconnecting Means Location: _____
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 14AH
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DOOR HOLDER, ELV RECALL
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		GOOD
LOAD VOLTAGE		X	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		X	_____
SPECIFIC GRAVITY		<input checked="" type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
tone GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[]	[]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>Door Release</u>	[x]	[x]	[x]
(SPECIFY) <u>AHU Shutdown</u>	[x]	[x]	[x]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUPERVISORY RESTORAL	[]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]		<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]		<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/16/2023 TIME 10:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/16/2023 TIME: 10:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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Distributed by: **AFAA - P.O.Box 951807 - Lake Mary, FL 32795-1807 - (407)322-6288 - (407) 322-7488 fax**

PSC BLD 11 - Fire Alarm Test Log	
	Alarm
PULL 2ND FLOOR CENTER	
PULL 2ND FLOOR WEST	
SMOKE 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
PULL 2ND FLOOR HALL	
PULL 2ND FLOOR HALL	
PULL 2ND FLOOR HALL	
SMOKE 2ND FLOOR HALL	
SMOKE WEST STAIRS 2ND FLOOR	
SMOKE CENTER STAIRS 2ND FLOOR	
SMOKE EAST STAIRS 2ND FLOOR	
HEAT 2ND FLOOR JANITOR CLOSET	
HEAT 2ND FLOOR STORAGE	
HEAT 2ND FLOOR STORAGE	
HEAT 2ND FLOOR MECH	
HEAT 2ND FLOOR STORAGE	
HEAT 2ND FLOOR CALSS RM STORAGE	
HEAT 2ND FLOOR STORAGE	
HEAT ELEVATOR SHAFT	
HEAT RM 1108X	
HEAT 1ST FLOOR 1109X	
HEAT ELEVATOR 11E	
HEAT RM 1105J	
HEAT MECH RM 1100E	
HEAT RM 1101X	
PULL 1ST FLOOR EAST HALL	
PULL 1ST FLOOR WEST HALL	
PULL 1ST FLOOR SOUTHEAST HALL	
PULL 1ST FLOOR SOUTHWEST HALL	
PULL 1ST FLOOR SOUTH CENTER HALL	
PULL 1ST FLOOR NORTH CENTER HALL	
PULL 1ST FLOOR CENTER HALL	
SMOKE NORTHWEST EXIT	
SMOKE NORTHWEST STAIR	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE 1ST FLOOR HALL	
SMOKE MAIN HALL	
SMOKE RM 1100	

SMOKE RM 1100	
SMOKE RM 1100	
SMOKE RM 1100	
SMOKE MAIN LOBBY	
SMOKE MAIN LOBBY	
SMOKE CENTER NORTH EXIT	
SMOKE CENTER SOUTH EXIT	
SMOKE SOUTHEAST EXIT	
SMOKE SOUTHEAST STAIRS	
PULL 2ND FLOOR EAST	
HEAT ELEVATOR EQUIPMENT ROOM	
HEAT ELECTRICAL RM 1103E	
HEAT ROOM 1105X	
HEAT ROOM 1109E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DUCT DET ROOM 1100E	
DEFICIENCIES. 03/16/2023	
Fire Control Instruments	
E3 Series	
Expandable Emergency Evacuation System	
Power supply is bad (needs to be ordered and replaced)	
Panel location : PSC Main Campus	
Building 11 / Room 1108 Admin Office	
Possible model #	
PM-9 PCB	
1700-0209 Rev E	
1120-0865 Rev K	
System is inoperable. This has been since 04/29/2022	

PSC Main Campus - Bldg 11 03/16/23

DEFICIENCIES:

Fire Control Instruments

Fire Control Instruments

E3 Series

Expandable Emergency Evacuation System

Power supply is bad (needs to be ordered and replaced)

Panel location : PSC Main Campus

Building 11 / Room 1108 Admin Office

Possible model #

PM-9 PCB

1700-0209 Rev E

1120-0865 Rev K

ANNUAL NFPA 2001 INSPECTION TEST AND
 MAINTENANCE
 NFPA 2001: Standard on Clean Agent Fire Extinguishing
 Systems
 Clean Agent Suppression

Larry Magee:
 2023-04-12T16:31:42.176Z
 job number: 27551592
 PSC BLDG 13 PENSACOLA CAMPUS
 1000 COLLEGE BLVD
 PENSACOLA, FL 32504



Hiller Pensacola
 5040 Commerce Park Circle
 Pensacola, FL 32505

EXT: FED12-000058; SYS: FED12-000059
 ALARM: EF0000606; Cont II: FPC13-000112
 Cont III: FPC12-000125

This standard contains requirements for total flooding and local application clean agent fire extinguishing systems.

Monitoring Entity	
Name:	Local
Phone Number:	Na
Account Number:	Na
Approving Agency	
Name:	Ecf
Phone Number:	Na
Control Unit Information	
Manufacturer:	Siemens
Model:	FHD-2002-U3
Panel/Node Identifier:	
Software Revision:	
Type of Communicator:	Other - See Comments
Circuit Style:	4 and Y
Number of SLC Circuits (if Applicable):	1
Number of NAC Circuits (if Applicable):	2
Number of Zones (if Applicable):	
Integrated with bldg FACP:	Yes
System Information	
Agent Common Name:	Novec 1230
Agent Type:	Halocarbon
Integrated with sprinkler system?	No-Stand Alone
System location:	
Time Delay (Yes,No)	Yes
Time delay (seconds):	30
Notification Sequence	
1st Alarm:	

2nd Alarm:

Discharge:

PART I - OWNER'S SECTION

Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations of devices or alarms since the last inspection?	Yes
Are design drawings available and on site?	Yes

PART II - INSPECTION AND TESTING

MONTHLY

Releasing panel is powered and is free of supervisory, trouble, or alarm conditions?	Yes
Manual controls are unobstructed?	Yes
System shows no physical damage or condition that could prevent operation?	Yes
Pressure gauges are in the operable range.	Yes
Protected equipment and/or hazard has not been changed or modified.	Yes
Any previously noted deficiencies have been corrected.	Yes

ANNUALLY

Protected Enclosure:

Integrity and dimensions of the protected enclosure have remained the same since last inspection?	Yes
Walls are free of unsealed penetrations?	Yes
Subfloor is free of unsealed penetrations and gaps?	Yes
Door seals and closures appear to be functioning as designed?	Yes

System Hoses:

All system hoses free of damage?	
All system hoses have been hydro tested or replaced within the last 5 years? See cylinder details for dates.	N/A

Agent Cylinders (Applies to Halocarbon & Inert Gas):

Cylinder brackets are secure?	Yes
Cylinders have had an external visual inspection within the past 5 years? See cylinder details for dates.	Yes

Discharge Piping:

Nozzles are clear and free of obstruction?	Yes
All hangers are secure?	Yes

Signage:

Warning and instruction sign present at entrance?	Yes
Warning and instruction sign present inside protected environment?	Yes

Control Panel & Power Supplies:

Control unit and power supplies are free of physical damage?	Yes
All lamps, LEDs, and/or LCDs are functional?	Yes
All fuses are functional?	Yes
All disconnect switches and buttons are functional?	Yes

Ground-fault monitoring is functional?	Yes
Circuits properly monitored for integrity (Class A or Class B)?	Yes
Local & Remote Annunciators:	
All annunciators pass visual inspection?	Yes
All annunciators pass functional test?	Yes
Supervisory Devices:	
All devices pass visual inspection?	Yes
All devices pass functional test?	Yes
Initiating Devices:	
All devices pass visual inspection?	Yes
All devices pass functional test?	Yes
Notification Devices:	
All devices pass visual inspection?	Yes
All devices pass functional test?	Yes
Notification devices operated in correct alarm sequence?	Yes
Releasing mechanism:	
Energized/activated as designed?	Yes
For systems installed in 2016 and newer, actuator position is supervised?	Yes
Abort switches operate as designed?	Yes
Mode 1: Engaging pauses the countdown for as long as switch remains engaged. The countdown resumes when the switch is released.	
Mode 2: Engaging resets timer to a predetermined value and pauses countdown for as long as switch remains engaged. The countdown restarts when the switch is released.	
Mode 3: Engaging permits the timer to continue counting down until it reaches predetermined value, then pauses for as long as the switch remains engaged. The countdown resumes from the predetermined value when the switch is released.	
Bypass/disconnect switches operate as designed?	Yes
Pneumatic devices operate as designed?	N/A
Manual releasing devices operate as designed?	Yes
Time delays operate as designed?	Yes
HVAC shutdowns operate as designed or bypassed for testing? If bypassed, explain reason in comments.	N/A
Dampers operate as designed or bypassed for testing? If bypassed, explain reason in comments.	N/A
EPO operates as designed or bypassed for testing? If bypassed, explain reason in comments.	N/A

PART III - SYSTEM RESTORAL

All control heads and cylinders re-enabled? Tech Initials.	LM, TH
Date system was restored to normal:	04/12/23
Time system was restored to normal:	11:31

Device Type	Frequency	QTY Inventoried	QTY Tested	QTY Not Tested	QTY Passed	QTY Failed
ANNUAL INSPECTION, TEST AND MAINTENANCE FOR PHOTOELECTRIC SMOKE DETECTOR	Annual	8	8	0	8	0
ANNUAL INSPECTION, TEST AND MAINTENANCE FOR MANUAL STATION	Annual	2	2	0	2	0
ANNUAL INSPECTION, TEST AND MAINTENANCE FOR HORN/STROBE	Annual	5	5	0	5	0
SEMI-ANNUAL INSPECTION, TEST AND MAINTENANCE FOR BATTERIES	Semi-Annual	1	1	0	1	0
SEMI-ANNUAL INSPECTION, TEST AND MAINTENANCE FOR CLEAN AGENT HALOCARBON CYLINDER	Semi-Annual	1	1	0	1	0
SEMI-ANNUAL INSPECTION, TEST AND MAINTENANCE FOR ABORT SWITCH	Semi-Annual	2	2	0	2	0

Semi-Annual Inspection, Test and Maintenance for Clean Agent Halocarbon Cylinder

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	Cylinder	Clean Agent Halocarbon Cylinder	04-12-2023	Larry Magee	Tested	Passed
Record tag is present on all cylinders with the following information?					Yes	
Container pressure and temp. is appropriate per the given ambient room temp. according to manufacturer?					Yes	
Containers have not had a loss in agent quantity greater than 5%, and/or a loss in pressure of more than 10%.					Yes	
Manufacturer:					Siemens	
Container Temp (in Fahrenheit):					N/A	
Serial Number:					AA870244	
Liquid Level (if applicable):					12 1/4"	
Pressure (PSI):					360	
Scale Weight (lbs) if no Liquid Level:					545	
Full Weight (lbs):					1177	
Agent Weight (lbs):					610	
Container Hydro Date (if applicable):					N/A	
Container Visual 5 Year Date:					N/A	
Hose Hydro Date (If applicable):					N/A	
Releasing Mechanism type:					Mechanical	
Manufacturer Date or releasing mechanism (if applicable):					N/A	
Can the releasing mechanism remain in service based on the manufacturers recommended replacement date requirements?					Yes	

Semi-Annual Inspection, Test and Maintenance for Batteries

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	FACP	Batteries	04-12-2023	Larry Magee	Tested	Passed
Panel Make:					Siemens	
Panel Model:					Fc922	
Breaker Panel Location:					Electrical room	
Breaker Panel:					Pn11	
Circuit Breaker:					20	
Amp Hour Rating (AH):					18	
Charger Test Voltage (VDC):					27.12	
Load Voltage:					80%	
Load Amperage:					80%	
Discharge Voltage:					80%	
Load Voltage:					80%	
Load Amperage:					80%	
Discharge Voltage:					80%	
Was the charger voltage within parameters?					Yes	
Was the load voltage of both batteries within required parameters?					Yes	
Was the load amperage of both batteries within required parameters?					Yes	
Was the discharge voltage of both batteries within required parameters?					Yes	
Install Date (MM/YY)					Unknown	
Can the batteries remain in service considering manufacturers recommendations (such as date of manufacture, service temperature, and integrity of the casing)?					Yes	

Annual Inspection, Test and Maintenance for Photoelectric Smoke Detector

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
42	SUB-FLOOR CENTER	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
6	CEILING AT EAST CORNER	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
41	SUBFLOOR AT DOUBLE DOOR	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
7	COMPUTER ROOM 107 AT SINGLE DOOR EXIT	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
10	OFFICE 106;AT INTERIOR SOUTH WALL	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
43	SUB-FLOOR UNDER OFFICE 106	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
5	COMPUTER ROOM 107 AT DOUBLE DOORS	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes
Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
9	OFFICE 106AT NORTH OUTSIDE WALL	Photoelectric Smoke Detector	04-12-2023	Larry Magee	Tested	Passed
					Was smoke detector tested in place to ensure smoke entry into the sensing chamber?	Yes
					Did the detector activate an alarm reponse?	Yes

Annual Inspection, Test and Maintenance for Manual Station

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
3	COMPUTER ROOM DOUBLE DOORS	Manual Station	04-12-2023	Larry Magee	Tested	Passed
Did the manual station operate as per the manufacturer's published instructions?					Yes	

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
9.	COMPUTER ROOM 107 AT SINGLE EXIT DOOR	Manual Station	04-12-2023	Larry Magee	Tested	Passed
Did the manual station operate as per the manufacturer's published instructions?					Yes	

Semi-Annual Inspection, Test and Maintenance for Abort Switch

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	SOUTH EXIT	Abort Switch	04-12-2023	Larry Magee	Tested	Passed
Please select Mode Type					Mode 3	
Abort switches operate as designed?					Yes	

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	HALL EXIT DOOR	Abort Switch	04-12-2023	Larry Magee	Tested	Passed
Please select Mode Type					Mode 3	
Abort switches operate as designed?					Yes	

Annual Inspection, Test and Maintenance for Horn/Strobe

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	HALLWAY ENTRANCE	Horn/Strobe	04-12-2023	Larry Magee	Tested	Passed
Did the notification appliance operate audibly?					Yes	
Did the notification appliance operate visibly?					Yes	

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	HALLWAY EXIT DOOR	Horn/Strobe	04-12-2023	Larry Magee	Tested	Passed
Did the notification appliance operate audibly?					Yes	
Did the notification appliance operate visibly?					Yes	

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	OFFICE 106	Horn/Strobe	04-12-2023	Larry Magee	Tested	Passed
Did the notification appliance operate audibly?					Yes	
Did the notification appliance operate visibly?					Yes	

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	NEXT TO FACP	Horn/Strobe	04-12-2023	Larry Magee	Tested	Passed
Did the notification appliance operate audibly?					Yes	
Did the notification appliance operate visibly?					Yes	

Identifier	Location Description	Device Type	Date of Test	Tested By:	Tested?	Passed?
	OUTSIDE SOUTH EXIT	Horn/Strobe	04-12-2023	Larry Magee	Tested	Passed
Did the notification appliance operate audibly?					Yes	
Did the notification appliance operate visibly?					Yes	



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 13**

INSPECTION AND TESTING FORM

DATE: March 16, 2023

TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 13
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: SIEMENS MODEL NO. FS 250
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 2(4) & N/A(Y)
 SOFTWARE REV: 2.43
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/16/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>7</u>	<u>4</u>	MANUAL STATIONS
<u>29</u>	<u>4</u>	ION DETECTORS
<u>2</u>	<u>4</u>	PHOTO DETECTORS
<u>1</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
<u>1</u>	_____	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>2</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>9</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 4

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC RM OUTSIDE
 Disconnecting Means Location: BREAKER
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 - _____ Emergency system described in NFPA 70, Article 700
 - _____ Legally required standby described in NFPA 70, Article 701
 - _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>		_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		X	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>Door Release</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) <u>AHU Shutdown</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/16/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson
DATE: 3/16/2023 TIME: _____
SIGNATURE: Jesse Thompson
NAME OF OWNER OR REPRESENTATIVE: _____
DATE: _____ TIME: _____
SIGNATURE: _____

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PSC Building 13				
Devices	Alarm	AMBER	STROBE	SPEAKER
001 HEAT DETECTOR IN MECH ROOM	✓	9	15	11
002 HEAT DETECTOR NATURAL GAS ROOM	✓			
003 DUCT DET SUPPLY IN MECH ROOM	✓			
004 DUCT DET RETURN IN MECH ROOM	✓			
005 SMOKE DET HALL BY ROOM 1303	✓			
006 SMOKE DET ABOUT FACP HALL 1313	✓			
007 SMOKE DET ELECTRICAL ROOM 1310A	✓			
008 SMOKE DET HALLWAY BY RM 1310B	✓			
009 SMOKE DET STORAGE ROOM 1309	✓			
010 SMOKE DET HALLWAY BY RM 1308	✓			
011 SMOKE DET STORAGE ROOM 1303C	✓			
012 SMOKE DET STORAGE ROOM 1303B	✓			
013 SMOKE DET CLOSET IN ROOM 1305	✓			
014 SMOKE DET HALLWAY BY ROOM 1304	✓			
015 SMOKE DET LOBBY BY ANNUNCIATOR	✓			
016 SMOKE DET RECEPT AREA 1303A	✓			
017 SMOKE DET HALLWAY BY ROOM 1315	✓			
018 SMOKE DET IN BREAK ROOM 1314	✓			
019 SMOKE DET HALLWAY BY ROOM 1319	✓			
020 SMOKE DET HALLWAY BY ROOM 1318	✓			
021 SMOKE DET STORAGE ROOM 1303D	✓			
022 SMOKE DET ELECTRICAL/COM ROOM 131	✓			
023 SMOKE DET BY RECEPT DECK IN ROOM 1	✓			
024 SMOKE DET BY TECH 4 IN RM 1322	✓			
025 SMOKE DET BY TECH 6 IN ROOM 1322	✓			
026 SMOKE DET BY WORK TABLE IN ROOM 13	✓			
027 SMOKE DET BY WORK TABLE IN ROOM 13	✓			
028 SMOKE DET SECURE STORAGE ROOM 13	✓			
029 SMOKE DET INVENTORY ROOM 1324A	✓			
030 SMOKE DET CUSTODIAL CLOSET 1302	✓			
126 PULL STAT MAIN FRAME OPS ROOM 1313	✓			
127 PULL STAT EXIT INVENTORY ROOM 1324	✓			
128 PULL STAT EXIT MAIN LOBBY	✓			
129 SHUTDOWN RELAY MECH ROOM	✓			
130 PULL STAT EXIT BY ELEC/COM RM 1310B	✓			
131 SUPERVISORY HALON SYSTEM RM 1303	✓			
132 GENALARM HALON SYSTEM 1303	✓			
133 SUPERVISORY HALON SYSTEM 1303	✓			
134 GENALARM HALON SYSTEM 1303	✓			
001 MASS STROBE NOTIFICATION CIRCUIT	✓			
001 FIRE STROBE NOTIFICATION CIRCUIT	✓			
001 MONITOR ZONE	✓			
002 MONITOR ZONE	✓			
002 FIRE STROBE NOTIFICATION CIRCUIT	✓			
003 FIRE STROBE SPARE	✓			
003 MONITOR ZONE	✓			
004 MONITOR ZONE	✓			

001 SPEAKER CIRCUIT	✓			
009 MONITOR ZONE	✓			
010 MONITOR ZONE	✓			
011 MONITOR ZONE	✓			
Deficiencies:				
None				

PSC Main Campus - Bldg 13 03/16/23

DEFICIENCIES:

None



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 14**

INSPECTION AND TESTING FORM

DATE: March 30, 2023
 TIME: 8:00 AM

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus BLDG 14
 ADDRESS: 1000 College Blvd. Pensacola FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: Campus security
 TELEPHONE 8504842500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER Siemens MODEL NO. Evax System
 CIRCUIT STYLES: _____
 NO. OF CIRCUITS: _____
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: March 30, 2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>4</u>	<u>4</u>	MANUAL STATIONS
<u>5</u>	<u>4</u>	ION DETECTORS
<u>21</u>	<u>4</u>	PHOTO DETECTORS
<u>19</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
<u>5</u>	<u>4</u>	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>8</u>	<u>Y</u>	BELLS
<u>10</u>	<u>Y</u>	HORNS
_____	_____	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS N/A
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120, Amps 20

Overcurrent Protection: Protection: Type BREAKER Amps 20

Location (Panel Number): The disconnect is in electrical room 1445

Disconnecting Means Location: _____

b. Secondary (Standby):

Storage Battery: Amp-Hr Rating 7.5 Ah

Calculated capacity to operate system in hours: 24 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input type="checkbox"/>	<input type="checkbox"/>	Campus Police	
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
AHU (NOTIFIED) OF ANY IMPAIRMENT:	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		
LOAD VOLTAGE		<input type="checkbox"/>	
DISCHARGE TEST		<input type="checkbox"/>	
CHARGER TEST		<input type="checkbox"/>	
SPECIFIC GRAVITY		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS			
EQUIPMENT		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>AHU shutdown</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) <u>Door release</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Campus Police</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE _____ TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Jesse Thompson
DATE: March 30, 2023 TIME: 8:00
SIGNATURE: Jesse Thompson
NAME OF OWNER OR REPRESENTATIVE: _____
DATE: _____ TIME: _____
SIGNATURE: _____

PSC BLD 14 - Fire Alarm Test Log

	Alarm
PULL 1ST FLR LOBBY WEST	✓
PULL 1ST FLR LOBBY EAST	✓
PULL 2ND FLR STAIRS WEST	✓
PULL 2ND FLR STAIRS EAST	✓
SMOKE DET DOORS EAST	✓
SMOKE DET DOORS WEST	✓
SMOKE DET 1ST FLOOR ELEV LOBBY	✓
SMOKE DET 2ND FLOOR ELEV LOBBY	✓
SMOKE DET 2ND FLR SMOKE DOORS	✓
DUCT DETECTOR 1463 M	✓
DUCT DETECTOR 1463 M	✓
DUCT DETECTOR 1463 M	✓
DUCT DETECTOR 1463 M	✓
DUCT DETECTOR 1463 M	✓
DUCT DETECTOR 1460 E	✓
DUCT DETECTOR 1460 E	✓
DUCT DETECTOR 1460 E	✓
DUCT DETECTOR 1460 E	✓
DUCT DETECTOR 1460 E	✓
DUCT DETECTOR 1460 E	✓
DUCT DETECTOR 1440 E	✓
DUCT DETECTOR 1440 E	✓
DUCT DETECTOR 1440 E	✓
DUCT DETECTOR 1440 E	✓
DUCT DETECTOR 1440 E	✓
DUCT DETECTOR 1443 M	✓
DUCT DETECTOR 1443 M	✓
DUCT DETECTOR 1443 M	✓
DUCT DETECTOR 1443 M	✓
DUCT DETECTOR 1443 M	✓
HEAT DETECTOR 1445 X	✓
HEAT DETECTOR 1443 X	✓
HEAT DETECTOR 1443 M	✓
HEAT DETECTOR 1446 X	✓
HEAT DETECTOR 1444 X	✓
HEAT DETECTOR 1442 X	✓
HEAT DETECTOR 1440 X	✓
HEAT DETECTOR 1465X	✓
HEAT DETECTOR 1465E	✓
HEAT DETECTOR 1463X	✓
HEAT DETECTOR 1463M	✓
HEAT DETECTOR 1460X	✓
HEAT DETECTOR 1460 E	✓
HEAT DETECTOR 1460X	✓
HEAT DETECTOR 1462X	✓
HEAT DETECTOR 1462J	✓
HEAT DETECTOR 1464X	✓
HEAT DETECTOR 1466X	✓
HEAT DETECTOR 1442J	✓
AHU SHUTDOWN	✓

DOOR HOLDERS	✓
--------------	---

DEFICIENCIES
NONE

PENSACOLA STATE COLLEGE Bldg 14 March 30, 2023

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 15**

INSPECTION AND TESTING FORM

DATE: March 27, 2023

TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 15

ADDRESS: 1000 College Blvd, Pensacola, FL 32504

OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY

TELEPHONE 850 484 2500

MONITORING ACCOUNT REF. NO.: N/A

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

LOCAL

APPROVING AGENCY

CONTACT: N/A

TELEPHONE: _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 3

CIRCUIT STYLES: 4, Y

NO. OF CIRCUITS: 8

SOFTWARE REV: 3.62

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/27/2023

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>21</u>	<u>4</u>	MANUAL STATIONS
<u>18</u>	<u>4</u>	ION DETECTORS
<u>11</u>	<u>4</u>	PHOTO DETECTORS
<u>4</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>2</u>	<u>Y</u>	STROBES
<u>4</u>	<u>Y</u>	SPEAKERS
<u>24</u>	<u>Y</u>	OTHER (SPECIFY) <u>SPEAKER/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 4

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC RM IN HALLWAY
 Disconnecting Means Location: BREAKER
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 - _____ Emergency system described in NFPA 70, Article 700
 - _____ Legally required standby described in NFPA 70, Article 701
 - _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[X]	[X]	_____
tone GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>Door Release</u>	[x]	[x]	[x]
(SPECIFY) <u>AHU Shutdown</u>	[x]	[x]	[x]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[X]	[]	_____	_____
SUPERVISORY RESTORAL	[X]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]		<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]		<u>Admin</u>	_____
OTHER (SPECIFY) _____	[]	[]		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/27/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/27/2023 TIME: _____

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLDG 15 - Fire Alarm Test Log	Alarm
001 BLDG 15 SMOKE DOOR LOBBY BY RM 1580	✓
002 BLDG 15 SMOKE DOOR IN LECTURE HALL	✓
003 BLDG 15 DUCT DET RET AHU 1 MECH RM 9	✓
004 BLDG 15 DUCT DET SUP AHU 1 MECH RM 9	✓
005 BLDG 15 DUCT DET AHU-6 MECH RM 1502M	✓
006 BLDG 15 DUCT DET SUP AHU 2 MECH RM 9	✓
007 BLDG 15 SMOKE DET ELEC RM 1502M	✓
008 BLDG 15 SMOKE DET MECH RM 1502M	✓
009 BLDG 15 DUCT DET AHU-7 MECH RM 1502M	✓
010 BLDG 15 DUCT DET RET AHU 2 MECH 9	✓
011 BLDG 15 SMOKE DET STORAGE RM 17A	✓
012 BLDG 15 SMOKE DET STORAGE RM 17A	✓
013 BLDG 15 SMOKE DETECTOR RESTRM CLOSET	✓
014 BLDG 15 SMOKE DETECTOR ABOVE PANEL	✓
015 BLDG 15 SMOKE DET COMM. RM 1542	✓
016 BLDG 15 SMOKE DETECTOR ELEC RM 007	✓
017 BLDG 15 SMOKE DET MECH RM 1553E	✓
018 BLDG 15 SMOKE DET TELECOMM RM 008	✓
019 BLDG 15 DUCT DET AHU-5 MECH RM 1553E	✓
020 BLDG 15 SMK DET WORKRM STORAGE 1560	✓
021 BLDG 15 DUCT DET AHU-3 MECH RM 1503D	✓
022 BLDG 15 HEAT DET TELECOM RM 008	✓
023 BLDG 15 SMOKE DET MECH RM 1503D	✓
024 BLDG 15 DUCT DET AHU-2 MECH RM 1503D	✓
025 BLDG 25 HEAT DET STORAGE 005	✓
026 BLDG 15 SMOKE DET DARKROOM 1530A	✓
027 BLDG 15 SMOKE DET PHOTOG CLOSET 1530	✓
028 BLDG 15 SMOKE DET PHOTOG CLOSET 1530	✓
029 BLDG 15 SMOKE DET PHOTOG CLOSET 1530	✓
030 BLDG 15 SMOKE DET STORAGE RM 1501S	✓
031 BLDG 15 SMOKE DET MECH RM 1501M	✓
032 BLDG 15 DUCT DET AHU-1 MECH RM 1501M	✓
034 BLDG 15 SMOKE DET MECH RM 1540A	✓
035 BLDG 15 DUCT DET AHU-4 MECH RM 1540A	✓
126 BLDG 15 PULL STATION KILN RM 1594	✓
127 BLDG 15 PULL STATION FOUNDRY RM 1593	✓
128 BLDG 15 PULL STATION CERAMIC RM 1591	✓
129 BLDG 15 SHUTDOWN AHU-6 MECH RM 1502M	✓
130 BLDG 15 SHUTDOWN AHU-7 MECH RM 1502M	✓
131 BLDG 15 SHUTDOWN OAU-4 MECH RM 1502M	✓
132 BLDG 15 PULL STATION PHOTO RM 1530C	✓
133 BLDG 15 PULL STATION ART HIS RM 1590	✓
134 BLDG 15 PULL STATION GAL II 16A EXIT	✓
135 BLDG 15 PULL STATION FOYER 16B EXIT	✓
136 BLDG 15 SHUTDOWN OAU-3 MECH RM 1553E	✓
137 BLDG 15 SHUTDOWN AHU-5 MECH RM 1553E	✓
138 BLDG 15 PULL STAT GAL 16 RM 1542	✓
139 BLDG 15 PULL STAT PHOTO CLASSRM 1540	✓
140 BLDG 15 PULL STAT PHOTO STUD RM 1541	✓

141 BLDG 15 PULL STATION PHOTO RM 1530D	✓
142 BLDG 15 SHUTDOWN AHU-3 MECH RM 1503D	✓
143 BLDG 15 SHUTDOWN OAU-2 MECH RM 1503D	✓
144 BLDG 15 SHUTDOWN AHU-2 MECH RM 1503D	✓
145 BLDG 15 PULL STATION DRAWING RM 1510	✓
146 BLDG 15 PULL STATION GRAPHIC RM 1515	✓
147 BLDG 15 PULL STAT GAL 16 EXT RM 1515	✓
148 BLDG 15 PULL STAT 2D ILLUSTR RM 1520	✓
149 BLDG 15 SHUTDOWN AHU-1 MECH RM 1501M	✓
150 BLDG 15 SHUTDOWN OAU-1 MECH RM 1501M	✓
151 BLDG 15 PULL STAT GAL 16 EXT RM 1510	✓
152 BLDG 15 AHU-4 SHUTDOWN MECH RM 1540A	✓
153 BLDG 15 HEAT DET KILN RM 1594	✓
154 GAS VALVE RELAY IN FIRE ALARM PANEL	✓
155 BLDG 15 HEAT DET FOUNDRY RM 1593	✓
156 BLDG 15 FIRE STROBE CIRCUIT 1	✓
157 BLDG 15 FIRE STROBE CIRCUIT 2	✓
158 BLDG 15 MASS STROBE CIRCUIT 1	✓
159 BLDG 15 FIRE STROBE CIRCUIT 3	✓
160 BLDG 15 MASS STROBE CIRCUIT 2	✓
161 BLDG 15 MASS STROBE CIRCUIT 3	✓
162 BLDG 15 SPEAKER CIRCUIT 3	✓
163 BLDG 15 STROBE CKT LECTURE/GALLERY	✓
164 BLDG 15 DOOR HOLDER CIRCUIT	✓
165 BLDG 15 PULL STAT BY SMOKE DOORS	✓
166 BLDG 15 PULL STATION KITCHEN EXIT	✓
167 BLDG 15 PULL HALL OUTSIDE GALLERY 3	✓
168 BLDG 15 PULL STATION LECTURE HALL	✓
169 BLDG 15 DRY TAMPER MECH RM 009	✓
170 BLDG 15 DRY WATERFLOW MECH RM 009	✓
171 BLDG 15 WET TAMPER MECH RM 009	✓
172 BLDG 15 WET WATERFLOW MECH RM 009	✓
173 BLDG 15 HI PRESSURE MECH RM 009	✓
174 BLDG 15 LOW PRESSURE MECH RM 009	✓
175 BLDG 15 O,S,Y MECH RM 009	✓
176 BLDG 15 TAMPER O,S,Y MECH RM 009	✓
177 BLDG 15 RELAY SELINOID MECH 009	✓
178 BLDG 15 SELINOID MONITOR MECH RM 009	✓
179 BLDG 15 SHUTDOWN RLY AHU2 MECH RM 9	✓
180 BLDG 15 SHUTDOWN RLY AHU1 MECH RM 9	✓
181 BLDG 15 PULL STATION EXIT MECH RM 9	✓
182 BLDG 15 PULL STATION WORK RM 4	✓
183 BLDG 15 PULL STATION EXIT GALLERY 3	✓
DEFICIENCIES	
(2) Speaker Strobe near 1530 not functioning	

PSC Main Campus - Bldg 15 03/27/23

DEFICIENCIES:

(2) Speaker Strobe near 1530 not functioning



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 16**

INSPECTION AND TESTING FORM

DATE: March 21, 2023
 TIME: 15:00

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 16
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: SIMPLEX MODEL NO. 4010
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 5
 SOFTWARE REV: 2.02
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/21/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>5</u>	<u>4</u>	MANUAL STATIONS
<u>1</u>	<u>4</u>	ION DETECTORS
<u>1</u>	<u>4</u>	PHOTO DETECTORS
<u>7</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>1</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>10</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 4
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): PP
 Disconnecting Means Location: 24
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 12
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AHU SHUTDOWN
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		X	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CAMPUS PC</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/21/2023 TIME 15:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/21/2023 TIME: 15:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 16 - Fire Alarm Test Log	
	Alarm
1-1 PULL SOUTH OFFICE AREA EXIT	✓
1-2 HEAT COMMUNICATION CLOSET	✓
1-3 HEAT PRINTER RM	✓
1-4 HEAT ELECTRICAL RM	✓
1-5 HEAT JANITOR CLOSET	✓
1-6 HEAT WATERHEATER CLOSET	✓
1-7 PULL MAIN LOBBY	✓
1-8 SMOKE FILE ROOM	✓
1-9 HEAT SUPPLY CLOSET	✓
1-10 HEAT MECH RM	✓
1-11 DUCT DET MECH RM	✓
1-12 PULL COMPUTER LAB	✓
1-13 PULL CONFERENCE RM	✓
1-14 PULL NORTH OFFICE AREA EXIT	✓
DEFICIENCIES	
NONE	

PSC Main Campus - Bldg 16 03/21/23
DEFICIENCIES:
NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 17**

INSPECTION AND TESTING FORM

DATE: March 21, 2023
 TIME: 1200

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 17
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: SIMPLEX MODEL NO. 4010
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 11
 SOFTWARE REV: 4
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/21/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>15</u>	<u>4</u>	MANUAL STATIONS
<u>31</u>	<u>4</u>	ION DETECTORS
<u>7</u>	<u>4</u>	PHOTO DETECTORS
<u>1</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>1</u>	<u>Y</u>	BELLS
<u>1</u>	<u>Y</u>	HORNS
_____	_____	CHIMES
_____	_____	STROBES
<u>45</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 4
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 10 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): 2E BREAKER 11
 Disconnecting Means Location: OUTSIDE ELEC RM
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AHU SHUTDOWN
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HODLER</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/21/2023 TIME 1200 pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson/Oleg Chuprino

DATE: 3/21/2023 TIME: 1200 pm

SIGNATURE: Jesse Thompson/Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 17 - Fire Alarm Test Log	
	Alarm
1001 SMOKE ABOVE FIRE PANEL HALL	✓
1002 PULL EXIT 1712	✓
1003 PULL EXIT 1714	✓
1004 PULL REAR EXIT 1714	✓
1005 PULL REAR EXIT COMPUTER SCIENCE	✓
1006 PULL WEST EXIT 1761	✓
1007 PULL 2ND FLOOR EAST STAIR	✓
1008 PULL 2ND FLOOR WEST STAIR	✓
1009 PULL SOUTHEAST EXIT 1715	✓
1010 PULL NORTHEAST HALL 1701J	✓
1015 SMOKE RM 1710B	✓
1016 SMOKE RM 1710B	✓
1017 SMOKE EAST HALL	✓
1018 SMOKE EAST HALL	✓
1019 SMOKE RM 1714J	✓
1020 SMOKE 1ST FLOOR ELEV LOBBY	✓
1021 SMOKE RM 1732	✓
1022 SMOKE RM 1760B	✓
1023 SMOKE RM 1761	✓
1024 SMOKE RM 1701J	✓
1025 SMOKE RM 1711	✓
1026 SMOKE RM 1715	✓
1027 SMOKE RM 1770J	✓
1028 SMOKE RM 1781A	✓
1029 SMOKE 2ND FLOOR ELEV LOBBY'	✓
1030 SMOKE ELEVATOR ROOM	✓
1031SMOKE RM 1720C	✓
1032 DUCT DET RM 1771A	✓
1033 DUCT DET RM 1711E	✓
1034 DUCT DET RM 1711E	✓
1035 SMOKE RM 1770E	✓
1036 DUCT DET RM 1770E	✓
1037 DUCT DET RM 1770E	✓
1038 DUCT DET RM 1770E	✓
1039 DUCT DET RM 1716	✓
1040 DUCT DET RM 1716	✓
1051 PULL RM 1716	✓
1052 PULL RM 1715	✓
1053 PULL RM 1715B	✓
1054 PULL RM 1716	✓
1055 PULL EAST EXIT	✓
1056 PULL NORTHEAST EXIT	✓
1057 SMOKE RM 1702A	✓
1058 SMOKE RM 1703A	✓
1059 SMOKE RM 1704A	✓
1060 SMOKE RM 1705A	✓
1061 SMOKE RM 1705B	✓
1062 SMOKE RM 1706A	✓
1063 SMOKE RM 1707A	✓
1064 SMOKE RM 1707B	✓

1065 SMOKE RM 1708A	✓
1066 SMOKE RM 1709A	✓
1067 SMOKE RM 1710A	✓
1068 DUCT DET MECH RM OUTSIDE NORTHEAST	✓
1071 DUCT DET 1770E	✓
1089 HEAT ELEC RM 1711E	✓
DEFICIENCIES	
NONE	

PSC Main Campus - Bldg 17 03/21/23
DEFICIENCIES:
NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT
2023

PREPARED FOR

PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 18

INSPECTION AND TESTING FORM

DATE: March 21, 2023
 TIME: 1432

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 18
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 5
 SOFTWARE REV: 5.41
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/21/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>12</u>	<u>4</u>	MANUAL STATIONS
<u>15</u>	<u>4</u>	ION DETECTORS
<u>7</u>	<u>4</u>	PHOTO DETECTORS
<u>15</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
<u>4</u>	<u>4</u>	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>6</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>16</u>	<u>Y</u>	OTHER (SPECIFY) <u>SPEAKER/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 5
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 2 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC RM
 Disconnecting Means Location: BREAKER
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>Door Release</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>AHU Shutdown</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/21/2023 TIME 14:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson/Oleg Chuprino

DATE: 3/21/2023 TIME: 14:30

SIGNATURE: Jesse Thompson/Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 18 - Fire Alarm Test Log	
	Alarm
001 SMOKE DET IN MECH ROOM 1821	✓
002 SMOKE DET JANITOR ROOM 1822	✓
003 SMOKE DET STORAGE ROOM 1823	✓
004 SMOKE DET TELECOM ROOM 1823A	✓
005 SMOKE DET SOUTH LOBBY	✓
006 SMOKE DET HALLWAY BY MECH RM 1813	✓
007 SMOKE DET IN MECH ROOM 1813	✓
008 SMOKE DET TOOL ROOM 1815	✓
009 SMOKE DET STORAGE ROOM 1814	✓
010 SMOKE DET STORAGE ROOM 1833	✓
011 SMOKE DET TOOL ROOM 1835	✓
012 SMOKE DET STORGE ROOM 1842	✓
013 SMOKE DET IN MECH ROOM 1834	✓
014 SMOKE DET HALLWAY BY MECH RM 1834	✓
015 SMOKE DET NORTH LOBBY	✓
017 DUCT DET SUP AHU-3 MECH RM 1834	✓
018 DUCT DET RET AHU-3 MECH RM 1834	✓
019 DUCT DET SUP DHU-1 MECH RM 1821	✓
020 DUCT DET SUP AHU-2 MECH RM 1821	✓
021 DUCT DET RET AHU-3 MECH RM 1821	✓
022 DUCT DET SUP AHU-3 MECH RM 1813	✓
023 DUCT DET RET AHU-3 MECH RM 1813	✓
126 SHUTDOWN RELAY AHU-3 MECH RM 1834	✓
127 SHUTDOWN RELAY DHU-1 MECH RM 1821	✓
128 SHUTDOWN RELAY AHU-2 MECH RM 1821	✓
129 SHUTDOWN RELAY AHU-3 MECH RM 1813	✓
130 PULL STATION NORTH EXIT RM 1840	✓
131 PULL STATION EAST EXIT RM 1840	✓
132 PULL STATION SOUTH EXIT RM 1840	✓
133 PULL STATION EXIT NORTH LOBBY	✓
134 PULL STATION NORTH EXIT RM 1830	✓
135 PULL STATION EAST EXIT RM 1830	✓
136 PULL STATION EAST EXIT RM 1820	✓
137 PULL STATION EAST EXIT RM 1810	✓
138 PULL STATION SOUTH EXIT RM 1810	✓
139 PULL STATION NORTH EXIT RM 1810	✓
140 PULL STATION SOUTH EXIT RM 1820	✓
141 PULL STATION EXIT SOUTH LOBBY	✓
DEFICIENCIES	
Fire alarm is strobing but not producing sound in alarm mode. Mic is working correctly	

PSC Main Campus Bldg 18 03/21/23

DEFICIENCIES:

Fire alarm is strobing but not producing sound in alarm mode. Mic is working correctly
No change in deficiencies 03/21/2023.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 20**

INSPECTION AND TESTING FORM

DATE: March 20, 2023
 TIME: 1400

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 20
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 2
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 9
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 2/1/2020
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>13</u>	<u>4</u>	MANUAL STATIONS
<u>10</u>	<u>4</u>	ION DETECTORS
<u>13</u>	<u>4</u>	PHOTO DETECTORS
<u>8</u>	<u>4</u>	DUCT DETECTORS
<u>2</u>	<u>4</u>	HEAT DETECTORS
<u>2</u>	<u>4</u>	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>16</u>	<u>Y</u>	STROBES
_____	_____	SPEAKERS
<u>32</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 13
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): FA DISCONNECT RED
 Disconnecting Means Location: COMM RM 2017
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7.5
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]		
BUILDING OCCUPANTS	[X]	[]	ADMIN	
BUILDING MANAGEMENT	[X]	[]	CAMPUS POLICE	
OTHER (SPECIFY)	[]	[]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[]	[]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	
INTERFACE EQUIPMENT	[X]	[X]	
LAMPS/LEDS	[X]	[X]	
FUSES	[X]	[]	
PRIMARY POWER SUPPLY	[X]	[X]	
TROUBLE SIGNALS	[X]	[X]	
DISCONNECT SWITCHES	[X]	[X]	
GROUND FAULT MONITORING	[X]	[X]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]		
LOAD VOLTAGE		[X]	
DISCHARGE TEST		[]	
CHARGER TEST		[X]	
SPECIFIC GRAVITY		[]	
TRANSIENT SUPPRESSORS	[X]		
REMOTE ANNUNCIATORS	[X]	[X]	

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	
VISIBLE	[X]	[X]	
SPEAKERS	[]	[]	
VOICE CLARITY	[]	[]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
tone GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[X]
(SPECIFY) <u>ANNUNCIATOR</u>	[X]	[X]	[X]
(SPECIFY) <u>ELEV SHUNT</u>	[X]	[X]	[X]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[X]	[]	_____	_____
SUPERVISORY RESTORAL	[X]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]	[]	<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]	[]	<u>CAMPUS PC</u>	_____
BUILDING OCCUPANTS	[X]	[]	[]	<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/20/2023 TIME 14:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/20/2023 TIME: 14:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 20 - Fire Alarm Test Log	Alarm
101 HEAT 1ST FL RM 2073M	✓
102 HEAT 1ST FL BACK OF RM 2073M	✓
103 HEAT 2ND FL ELEC RM 2026E	✓
104 HEAT 2ND FL BY AHU3 RM 2025M	✓
105 HEAT 2ND FL BY AHU4 RM 2025M	✓
106 HEAT 2ND FL BACK OF RM 2024M	✓
107 HEAT 2ND FL BY DOOR RM 2024M	✓
108 HEAT END FL ELEV EQP RM 2024E	✓
109 SMOKE 1ST FL ABOVE FACP RM 2070C	✓
110 SMOKE 1ST FL HALL FIRE DOORS WEST	✓
111 SMOKE 1ST FL HALL FIRE DOORS EAST	✓
112 SMOKE 1ST FL LOBBY FIRE DOORS WEST	✓
113 SMOKE 1ST FL ELEV LOBBY DOOR	✓
114 SMOKE 2ND FL ELEV LOBBY DOOR	✓
114 SMOKE 2ND FL ELEV EQP RM 2024E	✓
115 SMOKE 2ND FL ELEV EQP RM 2024E	✓
116 SMOKE 2ND FL FIRE DOORS EAST SIDE	✓
117 DUCT DET AHU3 SUPPLY #1 RM 2025M	✓
118 DUCT DET AHU3 SUPPLY #2 RM 2025M	✓
119 DUCT DET AHU3 SUPPLY #3 RM 2025M	✓
120 DUCT DET AHU3 SUPPLY #4 RM 2025M	✓
121 DUCT DET AHU3 SUPPLY #5 RM 2025M	✓
122 DUCT DET AHU3 SUPPLY #6 RM 2025M	✓
123 DUCT DET AHU1 SUPPLY RM 2073M O/S	✓
124 DUCT DET AHU2 SUPPLY RM 2024M	✓
125 DUCT DET AHU4 SUPPLY #1 RM 2025M	✓
126 DUCT DET AHU4 SUPPLY #2 RM 2025M	✓
127 DUCT DET AHU4 SUPPLY #3 RM 2025M	✓
128 DUCT DET AHU4 SUPPLY #4 RM 2025M	✓
129 DUCT DET AHU4 SUPPLY #5 RM 2025M	✓
130 SMOKE 1ST FL MAIN LOBBY WEST	✓
131 SMOKE 2ND FL STUDENT STUDY RM 2023	✓
212 PULL 1ST FL WEST EXIT BY RM 2067A	✓
213 PULL 1ST FL NORTH HALL EXIT AT FACP	✓
214 PULL 1ST FL MAIN ENTRANCE SOUTH	✓
215 PULL 1ST FL NE BY MEDIA OFFICE	✓
216 PULL 1ST FL SW SHIPPING/RCVING	✓
217 PULL 1ST FL SOUTH AT ATWELL RM	✓
218 PULL 2ND FL NORTH HALL BY RM 2034	✓
219 PULL 2ND FL WEST EXIT FROM STACKS	✓
220 PULL 2ND FL SOUTH HALL BY RM 2041	✓
221 PULL 2ND FL TOP OF LOBBY STAIRS	✓
226 PULL 1ST FL NORTH O/S MECH RM 2073M	✓
227 PULL 1ST FL LOBBY NORTH EXIT	✓
228 PULL 1ST FL EAST REFERENCE SHELVES	✓
240 FLOW SPRINKLER SYSTEM 1	✓
241 TAMPER SPRINKLER SYSTEM 1	✓
242 FLOW SPRINKLER SYSTEM 2	✓

243 TAMPER SPRINKLER SYSTEM 2	✓
245 FLOW PREACTION PANEL	✓
246 SUPERVISORY PREACTION PANEL	✓
247 TROUBLE PREACTION PANEL	✓
DEFICIENCIES	
NONE	

PSC Main Campus - Bldg 20 03/20/23
DEFICIENCIES:
NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 21**

INSPECTION AND TESTING FORM

DATE: March 21, 2023
 TIME: 800

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 21
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 3
 SOFTWARE REV: 5.42
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/21/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>16</u>	<u>4</u>	MANUAL STATIONS
_____	_____	ION DETECTORS
<u>24</u>	<u>4</u>	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
<u>54</u>	<u>4</u>	OTHER (SPECIFY) <u>HEAT/PHOTO COMBO</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
<u>69</u>	<u>Y</u>	CHIMES
<u>9</u>	<u>Y</u>	STROBES
<u>57</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>SPEAKER/STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: _____
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC ROOM OUTSIDE
 Disconnecting Means Location: DISCONNECT SWITCH
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[X]	[X]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	[X]	[X]	[X]
(SPECIFY) <u>ELEV SHUNT</u>	[]	[]	[]
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUPERVISORY RESTORAL	[]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]		<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]		<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/21/2023 TIME 8:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/21/2023 TIME: 8:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 21 - Fire Alarm Test Log	Alarm
001 SMOKE DET CHEM LAB STORAGE RM 2120C	✓
002 SMOKE DET CHEM LAB STORAGE RM 2120B	✓
003 SMOKE DET CHEM LAB STOR AREA RM 2120	✓
004 SMOKE DET CHEM LAB STOR AREA RM 2120	✓
005 SMOKE DET CHEM LAB CUSTODIAN RM 2116	✓
006 SMOKE DET CHEM LAB MECH RM 2115	✓
007 SMK DET 2ND FL ANAT & PHY STOR 2139	✓
008 SMK DET 2ND FL ANAT & PHY STOR 2138	✓
009 SMK DET 2ND FL ANAT & PHY STOR 2134C	✓
010 SMK DET 2ND FL ANAT & PHY MECH 2136M	✓
011 SMK DET 2ND FL ANAT & PHY STOR 2137	✓
012 SMK DET 2ND FL ADV TECH LAB CUST RM	✓
013 SMK DET 2ND FL ELEVATOR	✓
014 SMK DET ABOVE FACP IN ELECT RM 2117	✓
015 SMK DET IN PUMP ROOM 2115	✓
016 DUCT DET CHEM LAB ABV CEIL RM 2120	✓
017 DUCT DET CHEM LAB ABV CEIL RM 2120	✓
018 DUCT DET CHEM LAB ABV CEIL RM 2120	✓
019 DUCT DET CHEM LAB ABV CEIL RM 2114	✓
020 DUCT DET CHEM LAB ABV CEIL RM 2123	✓
021 DUCT DET COMP LAB SUP MECH RM	✓
022 DUCT DET COMP LAB RET MECH RM	✓
023 SMOKE DET COMP LAB MECH RM	✓
024 DUCT DET COMP LAB SUP MECH RM	✓
025 DUCT DET COMP LAB RET MECH RM	✓
026 DUCT DET COMP LAB RET MECH RM	✓
027 SMOKE DET COMP LAB MECH RM	✓
028 DUCT DET AUDITOR SUP MECH RM 2140	✓
029 DUCT DET AUDITOR RET MECH RM 2140	✓
030 SMOKE DET AUDITOR MECH RM 2140	✓
031 DUCT DET 2ND FL SUP MECH RM 2136M	✓
032 DUCT DET 2ND FL RET MECH RM 2136M	✓
033 DUCT DET 2ND FL MECH RM BY ELEVATOR	✓
034 SMOKE DET 2ND FL MECH RM BY ELEVATOR	✓
035 DUCT DET APPX SUP ABV CIG BY RM 2175	✓
036 DUCT DET APPX RET ABV CIG BY RM 2175	✓
037 SMOKE DET 2ND FL ELECTRICAL RM 2128	✓
038 SMOKE DET COMPUTER LAB RM 2158	✓
039 SMOKE DET BIOLOGY LAB STORAGE 2113	✓
040 SMOKE DET BIOLOGY LAB STORAGE 2112	✓
041 SMOKE DET BIOLOGY LAB STORAGE 2111	✓
042 SMOKE DET BIOLOGY LAB STORAGE 2109A	✓
043 SMOKE DET BIOLOGY LAB STORAGE 2107A	✓
044 SMOKE DET BIOLOGY LAB STORAGE 2107B	✓
045 SMOKE DOORS BIOLOGY LAB HALLWAY	✓
046 SMK DET ADVANCE TECH LAB RM 2170	✓
047 SMK DET ADVANCE TECH LAB RM 2170A	✓
048 SMK DET ADVN TECH LAB STOR RM 2172A	✓
049 SMK DET ADVN TECH LAB STOR RM 2172A	✓
050 SMK ADVN TECH LAB STOR BY RM 2175	✓

051 SMK ADVN TECH LAB STOR BY RM 2175	✓
052 SMK ADVN TECH LAB STOR BY RM 2169	✓
053 SMOKE DET AUDITORIUM RM 2142A	✓
054 SMOKE DET AUDITORIUM RM 2142C	✓
055 SMK DET OUTSIDE COMPT LAB RM 2142B	✓
056 SMK DET OUTSIDE COMPT LAB RM 2142B	✓
057 SMOKE DET JANITOR CLOSET 2141	✓
058 SMK DET STUDENT BREAKRM BY RM 2141	✓
059 SMOKE DOOR COMPUTER LAB HALLWAY	✓
060 SMOKE DOOR COMPUTER LAB BY RM 2162	✓
061 SMK DET COMPUTER LAB STAFF BREAKROOM	✓
062 SMK DET COMPUTER LAB STORAGE RM 2153	✓
063 SMK DET COMPUTER LAB JANITOR RM 2154	✓
064 SMK DET COMPUT LAB STORAGE RM 2155A	✓
065 SMK DET COMPUT LAB STORAGE RM 2155B	✓
066 SMK DET COMPUT LAB STORAGE RM 2156	✓
067 SMOKE DET ADV TECH LAB STAIRS 2ND FL	✓
068 SMOKE DET ADV TECH LAB MECH RM	✓
069 SMOKE DET PLANETARIUM STG RM 2105	✓
070 SMOKE DET STAIRS 2ND MECH RM 2136M	✓
071 SMOKE DET PLANETARIUM RM 2104	✓
072 SMOKE DET PLANETARIUM RM 2104 2ND FL	✓
073 SMOKE DOORS BIOLOGY LAB LOBBY AREA	✓
074 SMOKE DET ELEVATOR 1ST FL LOBBY AREA	✓
075 HEAT DET ELEVATOR EQUIPMENT RM 2101	✓
076 SMOKE DET ELEVATOR EQUIPMENT RM 2101	✓
077 SMOKE DET BIOLOGYSTORAGE RM 2108A	✓
078 SMOKE DET STAIRS 2ND FL BY ELEVATOR	✓
126 PULL STATION MULTI CHEM LAB RM 2118	✓
127 PULL STATION MULTI CHEM LAB RM 2118	✓
128 PULL STATION ORGANIC CHEM LAB RM 2114	✓
129 PULL STATION ORGANIC CHEM LAB RM 2114	✓
130 PULL STATION FRESHMEN CHEM LAB RM 2123	✓
131 PULL STATION FRESHMEN CHEM LAB RM 2123	✓
132 PULL STATION FRESHMEN CHEM LAB RM 2121	✓
133 PULL STATION FRESHMEN CHEM LAB RM 2121	✓
134 PULL STATION EXIT HALLWAY BY RM 2110	✓
135 MASS NOTIFICATION CHEM LAB	✓
136 MASS NOTIFICATION FIRST FL	✓
137 FIRE STROBE CHEM LAB	✓
138 FIRE STROBE FIRST FL	✓
139 FIRE STROBE APPENDIX AREA	✓
140 SPEAKER CHEM LAB	✓
141 MASS NOTIFICATION APPENDIX AREA	✓
142 MASS NOTIFICATION APPENDIX & 2ND FL	✓
143 FIRE STROBE APPENDIX & 2ND FL	✓
144 FIRE STROBE APPENDIX AREA	✓
145 SPEAKER APPENDIX AREA	✓
146 SPEAKER APPENDIX AREA & 2ND FL	✓
147 DOOR HOLDER RELAY ABOVE FACP RM 2117	✓
148 PULL STATION EXIT AUDITORIUM RM 2142	✓
149 PULL STATION EXIT AUDITORIUM RM 2142	✓

151 PULL STATION APPX 2ND FL BY RM 2175	✓
152 PULL STATION EXIT COMP LAB BY RM 2145	✓
153 PULL STATION EXIT COMP LAB BY RM 2146	✓
154 PULL STATION EXIT COMP LAB BY RM 2156	✓
155 DR HLR IN COMP LAB BSTR ELEC RM 2158	✓
156 MASS NT COMP LAB BSTR 2 ELEC RM 2158	✓
157 FIRE NT COMP LAB BSTR 1 ELEC RM 2158	✓
158 SHUTDOWN RELAY 1 ELECTRICAL RM 2115	✓
159 SHUTDOWN RELAY 2 ELECTRICAL RM 2115	✓
160 SHUTDOWN RELAY 3 ELECTRICAL RM 2115	✓
161 PRIMARY RELAY ELEVATOR EQUIP RM 2101	✓
162 ALT RELAY ELEVATOR EQUIP RM 2101	✓
163 PULL STATIN PLANETARIUM AREA LOBBY	✓
DEFICIENCIES	
Ground Fault after testing initiating devices, message said Speaker Chem Lab common trouble	

PSC Main Campus Bldg 21 03/21/23

DEFICIENCIES:

Ground Fault after testing initiating devices, message said Speaker Chem Lab common trouble



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH#
850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 23**

INSPECTION AND TESTING FORM

DATE: March 23, 2023
 TIME: 800

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus - Bldg 23
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: EDWARDS MODEL NO. EST 3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 3
 SOFTWARE REV: 5.42
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/23/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>27</u>	<u>4</u>	MANUAL STATIONS
		ION DETECTORS
		PHOTO DETECTORS
<u>22</u>	<u>4</u>	DUCT DETECTORS
<u>34</u>	<u>4</u>	HEAT DETECTORS
<u>2</u>	<u>4</u>	WATERFLOW SWITCHES
<u>3</u>	<u>4</u>	SUPERVISORY SWITCHES
<u>32</u>	<u>4</u>	OTHER (SPECIFY) <u>HEAT/PHOTO COMBO</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		BELLS
		HORNS
		CHIMES
<u>42</u>	<u>Y</u>	STROBES
		SPEAKERS
<u>35</u>	<u>Y</u>	OTHER (SPECIFY) <u>SPEAKER/STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 13
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): ELEC RM
 Disconnecting Means Location: BREAKER
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[X]	[X]	_____
tone generator(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	[X]	[X]	[X]
(SPECIFY) <u>ELEV SHUNT</u>	[X]	[X]	[]
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[]

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUPERVISORY RESTORAL	[]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]		<u>Admin</u>	_____
MONITORING AGENCY	[X]	[]		<u>CAMPUS POLICE</u>	_____
BUILDING OCCUPANTS	[X]	[]		<u>Admin</u>	_____
OTHER (SPECIFY)	[]	[]		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/23/2023 TIME 8:00am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson/Oleg Chuprino

DATE: 3/23/2023 TIME: 0800am

SIGNATURE: Jesse Thompson/Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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Distributed by: **AFAA - P.O.Box 951807 - Lake Mary, FL 32795-1807 - (407)322-6288 - (407) 322-7488 fax**

PSC BLD 23(WSRE) - Fire Alarm Test Log	
	Alarm
001 SMOKE DET CONTROL B 2381 UNDER FLOOR	✓
002 SMOKE DETECTOR UPS BATTERY RM 23107	✓
003 SMOKE DET EDIT RM 2383 UNDER FLOOR	✓
004 SMOKE DET ROOM 2382 UNDER FLOOR	✓
005 SMOKE DET RM 2384 UNDER FLOOR	✓
006 SMOKE DET SAT REC RM 2380 UNDER FL	✓
007 SMOKE DET RM 2379 UNDER FLOOR	✓
008 SMOKE DET MSTR CTRL RM 2378 UNDER FL	✓
009 DUCT DET RETURN AHU-3 MECH RM 2347	✓
010 DUCT DET SUPPLY AHU-3 MECH RM 2347	✓
011 SMOKE DET HALL BY 2383 UNDER FLOOR	✓
012 SMOKE DET HALL BY 2377 UNDER FLOOR	✓
013 SMOKE DET COMP GRAPHIC 2376 UNDER FL	✓
014 DUCT DET SUPPLY AHU-5 MECH RM 2333E	✓
015 DUCT DET RETURN AHU-5 MECH RM 2333E	✓
016 SMOKE DET PROD CTRL RM 2385 UNDER FL	✓
017 SMOKE DET PROD AUD RM 2385B UNDR FL	✓
018 SMOKE DET RM 2386 SUB FL ENTRANCE	✓
019 SMOKE DET RM 2386 SUB FL BY RACK X	✓
020 SMOKE DET RM 2386 UNDER FL RACK 17Q	✓
021 SMOKE DET RM 2386 UNDER FL RACK 27	✓
022 SMOKE DET RM 2386 SUB FL BY RACK 12L	✓
023 SMOKE DET BRODCAST ENG 2372 UNDER FL	✓
024 SMOKE DET BRODCAST ENG RM 2374A	✓
025 HEAT DETECTOR EDIT RM 2383	✓
026 HEAT DETECTOR RM 2384	✓
027 SMOKE DET STUDIO A 1ST FL BY STAIRS	✓
028 SMOKE DET STUDIO A 1ST FL IN STAIRS	✓
029 SMOKE DET STUDIO A 1ST FL ELEV LOBBY	✓
030 SMOKE DET STUDIO A 2ND FL ELEV LOBBY	✓
031 SMOKE DET STUDIO A 2ND FL BY STAIRS	✓
032 SMOKE DET STUDIO A 2ND FL IN STAIRS	✓
033 SMOKE DET STUDIO A ELEVATOR EQUIP RM	✓
034 HEAT DET STUDIO A ELEVATOR EQUIP RM	✓
035 HEAT DET CONTROL B RM 2381	✓
036 SMOKE DETECTOR RM 23104 UNDER FLOOR	✓
037 SMOKE DETECTOR RM 23103 UNDER FLOOR	✓
038 SMOKE DETECTOR RM 23102 UNDER FLOOR	✓
039 HEAT DETECTOR OFFICE 2382	✓
040 HEAT DET CORRIDOR IN CENTRAL 2386	✓
041 HEAT DET CORRIDOR IN CENTRAL 2386	✓
042 HEAT DETECTOR EDITING RM 2375	✓
043 HEAT DETECTOR COMP GRAPHICS 2376	✓
044 HEAT DET CORRIDOR IN CENTRAL 2386	✓
045 HEAT DETECTOR MASTER CTRL RM 2377	✓
046 HEAT DETECTOR IN RM 23104	✓
047 HEAT DETECTOR IN RM 23103	✓
048 HEAT DETECTOR IN RM 23102	✓
049 HEAT DETECTOR STUDIO C 2388	✓
050 HEAT DETECTOR 2374A BY FIRE PANEL	✓

051 HEAT DETECTOR IN STORAGE 2374B	✓
052 HEAT DETECTOR MAINTENANCE LAB 2372	✓
053 HEAT DETECTOR MAINT/ENGINEER 2374	✓
054 HEAT DETECTOR OFFICE 2385B	✓
055 HEAT DETECTOR PRODUCTION CTRL 2385	✓
056 HEAT DETECTOR CENTRAL ELECT 2386	✓
057 HEAT DETECTOR CENTRAL ELECT 2386	✓
058 HEAT DETECTOR SATELLITE RECEIVE 2380	✓
059 HEAT DETECTOR RM 2379	✓
060 DUCT DET SUP CRU-2 CENTRL ELECT 2386	✓
061 DUCT DET SUP CRU-3 CENTRL ELECT 2386	✓
062 DUCT DET SUP CRU-4 CENTRL ELECT 2386	✓
063 DUCT DET SUP CRU-1 CENTRL ELECT 2386	✓
064 DUCT DET RETURN AHU-4 MECH RM 2362	✓
065 DUCT DET AHU-5 RETURN MECH RM 2333E	✓
066 DUCT DET AHU-1 SUPPLY GARAGE MEZZ	✓
067 DUCT DET AHU-1 RETURN GARAGE MEZZ	✓
068 DUCT DET AHU-2 RETURN GARAGE MEZZ	✓
069 DUCT DET AHU-2 SUPPLY GARAGE MEZZ	✓
070 SMOKE DET EDITING 2375 UNDER FLOOR	✓
071 DUCT DET AHU-4 SUPPLY MECH RM 2362	✓
072 DUCT DET AHU-6 RETURN MECH RM 2362	✓
073 DUCT DET AHU-6 SUPPLY MECH RM 2362	✓
074 DUCT DET AHU-7 SUPPLY STUDIO A MEZZ	✓
075 SMOKE DET MASTER CTRL 2377 UNDER FL	✓
076 HEAT DETECTOR BUNKER RM 23101	✓
077 HEAT DETECTOR OFFICE 2365	✓
078 HEAT DETECTOR OFFICE 2368	✓
079 HEAT DETECTOR OFFICE 2367	✓
080 HEAT DETECTOR STORAGE 2371	✓
081 HEAT DETECTOR OFFICE 2370	✓
082 DUCT DET AHU-8 RETURN STUDIO A MEZZ	✓
083 DUCT DET AHU-8 SUPPLY STUDIO A MEZZ	✓
084 DUCT DET AHU-8 RETURN STUDIO A MEZZ	✓
085 DUCT DET AHU-8 RETURN STUDIO A MEZZ	✓
086 DUCT DET AHU-7 RETURN STUDIO A MEZZ	✓
126 SPEAKER CKT FRONT LOBBY TO ENG. LAB	✓
127 SPEAKER CKT WINDHAM THRU STUDIO B.C	✓
128 SPEAKER CKT STUDIO A SOUTH 2ND FL	✓
129 SPEAKER CKT STUDIO A 1ST FL LOBBY	✓
130 SPEAKER CKT STUDIO A 2ND FL LOBBY	✓
131 SPEAKER CKT STUDIO A NORTH 1ST FL	✓
132 SPEAKER CKT STUDIO A MECH RM MEZZ	✓
133 SPEAKER CKT STUDIO A GREEN RM & MEZZ	✓
134 PULL STAT STUDIO A ABOVE GREEN RM	✓
135 PULL STAT STUDIO A 1ST FL BY STAIRS	✓
136 PULL STAT STUDIO A BY TICKET BOOTH	✓
137 PULL STAT GARAGE AREA EXIT	✓
138 PULL STAT STUDIO A GREEN ROOM	✓
139 PULL STAT STUDIO A ELEV MACHINE RM	✓
140 PULL STATION STUDIO A STAGE EXIT	✓
141 PULL STATION STUDIO A EXIT INTO HALL	✓

142 PULL STATION STUDIO A STAGE AREA	✓
143 PULL STATION EXIT BY GREEN RM 2390	✓
144 PULL STAT EXIT BY EDUCATION SERVC	✓
145 PULL STATION FRONT LOBBY EXIT	✓
146 PULL STAT HALL BY BRODCAST/GEN. MNGR	✓
147 PULL STAT EXIT BY PAINT BOOTH GARAGE	✓
148 PULL STAT STUDIO A 1ST FL RESTROOMS	✓
149 PULL STAT STUDIO A 1ST FL ENTRANCE	✓
150 PULL STAT 1ST FL EXIT STAIRS OUTSIDE	✓
151 PULL STAT STUDIO A 2ND FL STAIRWELL	✓
152 PULL STAT STUDIO A 2ND FL LOBBY 75H	✓
153 PULL STAT STUDIO A 2ND FL BY RM 74	✓
154 PULL STAT STUDIO A 2ND FL IN RM 74	✓
155 PULL STAT STUDIO A 2ND FL SPOTLIGHT	✓
156 PULL STAT STUDIO A 2ND FL IN RM 74	✓
157 PULL STAT STUDIO A 2ND FL BY RM 74	✓
158 PULL STAT STUDIO A 2ND FL SPOTLIGHT	✓
159 PULL STATION STUDIO A MEZZANINE	✓
160 PULL STATION GARAGE MEZZ BOILER RM	✓
161 HEAT DETECTORS CORRIDORS	✓
162 VISUAL CKT BOOSTER TRIP PANEL	✓
163 DOOR HOLDER/AHU SHUTDOWN STUDIO A	✓
164 DOOR HOLDER/AHU SHUTDOWN MAIN BLDG	✓
165 WALKTEST ACTIVE	✓
166 SHUTDOWN RELAY INSIDE CRU-3 2386	✓
167 DUCT DET INSIDE CRU-3 RM 2386	✓
168 SHUTDOWN RELAY INSIDE CRU-4 RM 2386	✓
169 DUCT DET INSIDE CRU-4 RM 2386	✓
170 SHUTDOWN RELAY INSIDE CRU-1 RM 2386	✓
171 DUCT DET INSIDE CRU-1 RM 2386	✓
172 SHUTDOWN RELAY STUDIO A MEZZ AHU-8	✓
173 SHUTDOWN RELAY STUDIO A MEZZ AHU-8	✓
174 HEAT DETECTORS STUDIO A MECH RM 2347	✓
175 HEAT DETECTORS STUDIO B MECH RM 2347	✓
176 TROUBLE VIKING SYSTEM MECH RM 2347	✓
177 WATERFLOW WEST MECH RM 2347	✓
178 WATERFLOW EAST MECH RM 2347	✓
179 HIGH/LOW ALARM MECH RM 2347	✓
180 2ND RISER TAMPER MECH RM 2347	✓
181 TAMPER EAST MECH RM 2347	✓
182 BACKFLOW MECH RM 2347	✓
183 POST IND-VAL OUTSIDE MECH RM 2347	✓
184 PRE ACTION TAMPER MECH RM 2347	✓
186 SMOKE DET INSIDE CRU-2 RM 2386	✓
187 SHUTDOWN RELAY INSIDE CRU-2 RM 2386	✓
188 ELEVATOR SHUNT ELECTRICAL RM 23107	✓
189 ELEVATOR POWER MONITOR ELEC RM 23107	✓
190 PRIMARY RECALL ELEVATOR EQUIP RM	✓
191 SECONDARY RECALL ELEVATOR EQUIP RM	✓
192 FIRE HAT ELEVATOR EQUIPMENT RM	✓
193 WATERFLOW BELL RELAY MECH RM	✓

DEFICIENCIES 03/23/2023	
None	

PSC Main Campus - Bldg 23 03/23/23
DEFICIENCIES:
None



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 24**

INSPECTION AND TESTING FORM

DATE: March 23, 2023
 TIME: 1400

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC BLDG 24
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: Honeywell MODEL NO. Fire-Lyte ES-200X
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 1
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/23/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>10</u>	<u>4</u>	MANUAL STATIONS
<u>18</u>	<u>4</u>	ION DETECTORS
<u>5</u>	<u>4</u>	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) <u>RELAY</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
<u>10</u>	<u>Y</u>	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 4
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): LAUNDRY RM
 Disconnecting Means Location: L #20
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]		
BUILDING OCCUPANTS	[X]	[]	ADMIN	
BUILDING MANAGEMENT	[X]	[]	ADMIN	
OTHER (SPECIFY)	[]	[]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[]	[]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	
INTERFACE EQUIPMENT	[]	[]	
LAMPS/LEDS	[X]	[X]	
FUSES	[]	[]	
PRIMARY POWER SUPPLY	[X]	[X]	
TROUBLE SIGNALS	[X]	[X]	
DISCONNECT SWITCHES	[X]	[X]	
GROUND FAULT MONITORING	[X]	[X]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]		
LOAD VOLTAGE		[X]	
DISCHARGE TEST		[]	
CHARGER TEST		[X]	
SPECIFIC GRAVITY		[]	
TRANSIENT SUPPRESSORS	[X]		
REMOTE ANNUNCIATORS	[X]	[X]	

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	
VISIBLE	[X]	[X]	
SPEAKERS	[]	[]	
VOICE CLARITY	[]	[]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	N A		TIME	COMMENTS
ON/OFF PERMISSES MONITORING:				
	YES	NO		
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/23/2023 TIME 14:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson/Oleg Chuprino

DATE: 3/23/2023 TIME: 14:00

SIGNATURE: Jesse Thompson/Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 24 - Fire Alarm Test Log	
	Alarm
1001 SMOKE ABOVE FACP	✓
1002 SMOKE INFANT ROOM	✓
1003 SMOKE INFANT ROOM	✓
1004 SMOKE 1 YEAR OLD ROOM	✓
1005 SMOKE 1 YEAR OLD ROOM	✓
1006 SMOKE OLDER 1 YEAR OLD ROOM	✓
1007 SMOKE 1 YEAR OLD ROOM 3	✓
1008 SMOKE 5 YEAR OLD ROOM	⊘
1009 SMOKE 3 YEAR OLD ROOM	✓
1010 SMOKE 3 YEAR OLD ROOM	✓
1011 SMOKE 2 YEAR OLD ROOM	✓
1012 SMOKE 2 AND 3 YEAR OLD ROOM	✓
1013 SMOKE 2 YEAR OLD ROOM	✓
1014 SMOKE 2 AND 3 YEAR OLD ROOM	✓
1015 SMOKE 2 YEAR OLD ROOM	✓
1016 SMOKE KITCHEN HALL	✓
1017 SMOKE MAIN HALL AT ENTRANCE	✓
1018 SMOKE MAIN HALL WEST END	✓
1019 PULL MAIN ENTRANCE	✓
1020 PULL KITCHEN EXIT	✓
1021 PULL REAR EXIT	✓
1022 PULL INFANT ROOM EXIT	✓
1023 PULL YOUNGER 1 YEAR OLD EXIT	✓
1024 PULL OLDER 1 YEAR OLD EXIT ROOM 3	✓
1025 PULL 5 YEAR OLD ROOM 4	✓
1026 PULL 2 YEAR OLD EXIT ROOM 7	✓
1027 PULL 3 YEAR OLD ROOM 6	✓
1028 PULL 3 YEAR OLD ROOM 5	✓
1029 HEAT KITCHEN	✓
1030 HEAT LAUNDRY ROOM	⊘
1031 HEAT MECH ROOM OUTSIDE	✓
1032 HEAT ATTIC	✓
1033 HEAT ATTIC	✓
DEFICIENCIES 03/23/2023	
Alarm System was replaced by Gulftech 08/22. Two devices are bad (see above). Manager said they were coming back to replace those.	

PSC BLDG 24 3/23/2023

DEFICIENCIES:

Alarm System was replaced by Gulftech 08/22. Two devices are bad (see above).
Manager said they were coming back to replace those.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
BUILDING 96**

INSPECTION AND TESTING FORM

DATE: March 17, 2023
 TIME: 10:30 AM

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Bldg 96
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: SIEMENS MODEL NO. FS 250
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 3
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/17/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>6</u>	<u>4</u>	MANUAL STATIONS
<u>4</u>	<u>4</u>	ION DETECTORS
_____	_____	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
<u>4</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
<u>7</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): LP
 Disconnecting Means Location: # 13
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV SHUNT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV RECALL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CAMPUS PO</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/17/2023 TIME 10:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson
DATE: 3/17/2023 TIME: 10:30am
SIGNATURE: Jesse Thompson
NAME OF OWNER OR REPRESENTATIVE: _____
DATE: _____ TIME: _____
SIGNATURE: _____

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PSC BLD 96 - Fire Alarm Test Log	
	Alarm
1001 PULL SOUTH ENTRANCE	✓
1002 PULL NORTH ENTRANCE	✓
1003 PULL EAST HALL EXIT	✓
1004 PULL WEST EXIT DOOR	✓
1005 PULL 2ND FLOOR EAST EXIT	✓
1006 PULL 2ND FLOOR WEST EXIT	✓
1007 SMOKE ABOVE FIRE PANEL	✓
1008 SMOKE 2ND FLOOR ELEVATOR LOBBY	✓
1009 SMOKE 2ND FLOOR SUPPLY RM 9661J	✓
1010 SMOKE 1ST FLOOR ELEVATOR LOBBY	✓
1011 SMOKE OUTSIDE EAST ROOM	✓
DEFICIENCIES	
None	

PSC Main Campus Bldg 96

03/17/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
CENTURY CENTER CAMPUS
BUILDING 700**

INSPECTION AND TESTING FORM

DATE: March 10, 2023
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Century Center BLDG 700
 ADDRESS: 440 E Hecker Road, Century, FL 32535
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: _____ NOTIFIER _____ MODEL NO. NSF-320
 CIRCUIT STYLES: 4, Y,B
 NO. OF CIRCUITS: 5
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/16/2020
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>5</u>	<u>4</u>	MANUAL STATIONS
<u>35</u>	<u>4</u>	ION DETECTORS
<u>1</u>	<u>4</u>	PHOTO DETECTORS
<u>12</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>6</u>	<u>Y</u>	BELLS
<u>10</u>	<u>Y</u>	HORNS
<u>30</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS 4
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): NFS-320 in Rm 702
 Disconnecting Means Location: BREAKER 46
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV SHUNT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV RECALL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	N A		TIME	COMMENTS
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>CAMPUS PC</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/10/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 3/10/2023 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD 700 CENTURY - Fire Alarm Test Log	
Devices	Alarm
1D004 HEAT S/9 MECH RM 734 BLDG 700	✓
1D005 HEAT STORAGE RM 722 RIGHT BLDG 700	✓
1D006 HEAT STORAGE RM 722 LEFT BLDG 700	✓
1D007 HEAT JANITOR STORAGE 725D BLDG 700	✓
1D008 HEAT O/S MECH RM 732 BLDG 700	✓
1D009 HEAT O/S MECH RM 725B BLDG 700	✓
1D010 HEAT BLDG 700	✓
1D011 HEAT O/S MECH RM 731 BLDG 700	✓
1D012 HEAT O/S MECH RM 730 BLDG 700	✓
1D013 HEAT O/S MECH RM 729 BLDG 700	✓
1D014 HEAT O/S MECH RM 728 BLDG 700	✓
1D015 DUCT SUPPLY O/S MECH RM 727 BLDG 700	✓
1D017 SMOKE TELECOM RM 725B BLDG 700	✓
1D017 SMOKE ELECTRIC RM 725A BLDG 700	✓
1D018 SMOKE ABOVE FACP BLDG 700	✓
1D019 SMOKE RM 711 BLDG 700	✓
1D020 SMOKE RM 709 BLDG 700	✓
1D021 HEAT O/S MECH RM 727 BLDG 7P0	✓
1D030 SMOKE RM 7701	✓
1D031 SMOKE O/S RM 7701	✓
1D032 SMOKE RM 7724	✓
1D033 SMOKE RM 7723 W	✓
1D034 SMOKE RM 7723 E	✓
1D035 SMOKE RM 7722 W	✓
1D036 SMOKE RM 7722 E	✓
1D037 SMOKE O/S RM 7721B	✓
1D038 SMOKE RM 7721	✓
1D039 SMOKE O/S BATHROOMS BY 7721	✓
1D040 SMOKE RM 7719	✓
1D041 SMOKE O/S RM 7719	✓
1D042 SMOKE RM 7720	✓
1D043 SMOKE O/S RM 7723	✓
1D044 SMOKE RM 7713 N	✓
1D045 SMOKE O/S RM 7724	✓
1D046 SMOKE O/S RM 7704	✓
1D047 SMOKE RM 7704	✓
1D048 SMOKE TOP OF RAMP BY 7719	✓
1D049 SMOKE RM 7713 S	✓
1D050 SMOKE O/S RM 7715 S	✓
1D051 SMOKE RM 7705	✓
1D052 SMOKE RM 7708	✓
1D053 SMOKE O/S RM 7705	✓
1D054 SMOKE RM 7712 N	✓
1D055 SMOKE RM 7712 S	✓
1D056 SMOKE RM 7712	✓
1D057 SMOKE RM 7709	✓
1D058 SMOKE O/S RM 7709	✓
1D059 SMOKE RM 7711	✓

1M001 PULL STATION NORTH EXIT BLDG 700	✓
1M002 PULL STATION CENTER HALLWAY BLDG 700	✓
1M003 PULL STATION SOUTH EXIT BLDG 700	✓
1M022 RELAY AHU SHUTDOWN RM 730 BLDG 700	✓
1M023 PULL STATION CORNER HALLWAY BLDG 700	✓
1M024 PULL STATION EAST EXIT BLDG 700	✓
1M025 RELAY SMOKE DUMPER RM 713 BLDG 700	✓
1M026 RELAY SMOKE DAMPER RM 712 BLDG 700	✓
1M027 RELAY SMOKE DAMPER RM 712 BLDG 700	✓
1M028 RELAY SMOKE DAMPER RM 731 BLDG 700	✓
1M029 RELAY SMOKE DAMPER RM 722 BLDG 700	✓
1M030 RELAY SMOKE DAMPER RM 722 BLDG 700	✓
1M031 RELAY SMOKE DAMPER RM 721A BLDG 700	✓
1M034 RELAY SMOKE DAMPER RM 730 BLDG 700	✓
1M035 RELAY SMOKE DAMPER RM 730 BLDG 700	✓
1M036 RELAY SMOKE DAMPER RM 730 BLDG 700	✓
DEFICIENCIES:	
One heat and one pull station in comm fault.	
HEAT (FIXED) O/S MECH	
RM 729 PULL STATION SOUTH/EAST CORR EXIT CAFE	

PSC - Century Center BLDG 700

3/10/2023

DEFICIENCIES:

One heat and one pull station in comm fault.

HEAT (FIXED) O/S MECH

RM 729 PULL STATION SOUTH/EAST CORR EXIT CAFE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PNESACOLA STATE COLLEGE
CENTURY CENTER CAMPUS
EAST HILL ACADEMY**

INSPECTION AND TESTING FORM

DATE: March 10, 2023

TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Century Center; East Hill Academy

ADDRESS: 440 E Hecker Road, Century, FL 32535

OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY

TELEPHONE 850 484 2500

MONITORING ACCOUNT REF. NO.: N/A

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

LOCAL

APPROVING AGENCY

CONTACT: N/A

TELEPHONE: _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: _____ NOTIFIER _____ MODEL NO. NSF-320

CIRCUIT STYLES: 4, Y,B

NO. OF CIRCUITS: 3

SOFTWARE REV: _____

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/16/2020

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>18</u>	<u>4</u>	MANUAL STATIONS
<u>19</u>	<u>4</u>	ION DETECTORS
<u>2</u>	<u>4</u>	PHOTO DETECTORS
<u>17</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>7</u>	<u>Y</u>	BELLS
<u>11</u>	<u>Y</u>	HORNS
<u>29</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): NFS-320 in mech room 29. Annunciator in room 102
 Disconnecting Means Location: RED SWITCH DEDICATED
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) DOOR HOLDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV SHUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV RECALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/10/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 3/10/2023 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD (old academy) CENTURY - Fire Alarm Test Log			
Buildings: Stage, Kitchen, Main office			
Devices	Test	Strobe	Horns
1D001 SMOKE ABOVE FACP MAIN OFFICE	✓	40	29
1D002 SMOKE RM 118 MAIN OFFICE	✓		
1D003 HEAT RM 124 MAIN OFFICE	✓		
1D004 HEAT MECH RM 117 MAIN OFFICE	✓		
1D005 HEAT RM 115 MAIN OFFICE	✓		
1D006 HEAT RM 114 MAIN OFFICE	✓		
1D007 HEAT RM 110 MAIN OFFICE	✓		
1D008 HEAT RM 109 MAIN OFFICE	✓		
1D009 HEAT RM 102 CLOSET MAIN OFFICE	✓		
1D010 DUCT SOUTH STAGE CAFE	✓		
1D011 DUCT NORTH STAGE CAFE	✓		
1D012 HEAT DRY STORAGE KITCHEN	✓		
1D013 HEAT BOILER RM BY FACP MAIN OFFICE	✓		
1D014 HEAT O/S ELECT RM WING 2	✓		
1D015 HEAT STORAGE RM 2 KITCHEN	✓		
1D016 HEAT STORAGE RM 3 KITCHEN	✓		
1D020 SMOKE HALLWAY BY GIRLS RESTROOM	✓		
1D021 SMOKE ROOM 1119	✓		
1D022 HEAT ROOM 1116	✓		
1D023 SMOKE ROOM 1113ADDR	✓		
1D024 SMOKE ROOM 1111	✓		
1D025 SMOKE ROOM 1108	✓		
1D026 SMOKE ROOM 1112	✓		
1D027 SMOKE OUTSIDE ROOM 118	✓		
1D028 SMOKE ROOM 1107	✓		
1D029 SMOKE ROOM 1103	✓		
1D030 SMOKE OUTSIDE ROOM 116	✓		
1D031 SMOKE ROOM 1102	✓		
1D032 SMOKE OUTSIDE ROOM 1102	✓		
1D033 SMOKE OUTSIDE ROOM 1123	✓		
1D034 SMOKE ROOM 1123	✓		
1D040 HEAT RM 001B STORAGE WING 2	✓		
1D041 HEAT RM 002B STORAGE WING 2	✓		
1D042 HEAT RM 003B STORAGE WING 2	✓		
1D043 HEAT RM 004B STORAGE WING 2	✓		
1D044 HEAT RM 005B STORAGE WING 2	✓		
1D045 HEAT RM 006B STORAGE WING 2	✓		
1D047 HEAT JANITORS CLOSET MAIN OFFICE	✓		
1M001 PULL STATION SOUTH HALL EXIT MAIN OFFICE	✓		
1M002 PULL STATION NORTH/WEST EXIT CAFE	✓		
1M003 PULL STATION NORTH/EAST EXIT CAFE	✓		
1M004 PULL STATION SOUTH/WEST CAFE	✓		
1M005 PULL STATION SOUTH/EAST EXIT CAFE	✓		
1M006 PULL STATION SOUTH/EAST CORR EXIT CAFE	⊘		
1M007 PULL STATION SOUTH/EAST STAGE CAFE	✓		
1M008 RELAY AHU SHUTDOWN S STAGE CAFE	✓		
1M009 RELAY AHU SHUTDOWN N STAGE CAFE	✓		

1M010 MONITOR PULL/SMOKE PORTABLES	✓			
1M011 CONTROL NAC POWER SUPPLY MAIN OFFICE	✓			
1M012 PULL STATION NORTH STAGE CAFE	✓			
1M013 PULL STATION KITCHEN EXIT KITCHEN	✓			
1M014 MONITOR HOOD SYSTEM KITCHEN	✓			
1M015 MONITOR HOOD SYSTEM KITCHEN	✓			
1M016 MONITOR ROOM 1116	✓			
1M020 PULL STATION EAST EXIT MAIN OFFICE	✓			
1M021 PULL STATION WEST EXIT MAIN OFFICE	✓			
1M022 PULL STATION RM 013 EXIT WING 1	✓			
1M023 PULL STATION RM 010 EXIT WING 1	✓			
1M024 PULL STATION RM 008 EXIT WING 1	✓			
1M030 PULL STATION RM 001 EXIT WING 2	✓			
1M031 PULL STATION RM 003 EXIT WING 2	✓			
1M032 PULL STATION RM 005 EXIT WING 2	✓			
DEFICIENCIES:				
2 troubles on the panel				
Program corrupted				
1M009 RELAY AHU SHUTDOWN N STAGE CAFE in trouble				

PSC - Century Center; East Hill Academy 03/10/23

DEFICIENCIES:

2 troubles on the panel

Program corrupted

1M009 RELAY AHU SHUTDOWN N STAGE CAFE in trouble



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
CENTURY CENTER CAMPUS
MEDIA BUILDING**

INSPECTION AND TESTING FORM

DATE: March 10, 2023
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Century Center Media Building
 ADDRESS: 440 E Hecker Road, Century, FL 32535
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE: 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER NOTIFIER MODEL NO. NSF-320
 CIRCUIT STYLES: 4, Y,B
 NO. OF CIRCUITS: 2
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/17/2020
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>3</u>	<u>4</u>	MANUAL STATIONS
<u>2</u>	<u>4</u>	ION DETECTORS
<u>2</u>	<u>4</u>	PHOTO DETECTORS
<u>4</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>3</u>	<u>Y</u>	BELLS
<u>1</u>	<u>Y</u>	HORNS
<u>7</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): NFS-320 in storage 811
 Disconnecting Means Location: BREAKER 5
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7.5
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) DOOR HOLDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV SHUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV RECALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Admin	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS PC	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/10/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 3/10/2023 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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Buildings: Media Center				
Panel	Devices	Test	Strobe	Horns
NOTIFIER NFS-320 in storage 811	1D005 HEAT RM 809 MEDIA CENTER	✓	8	7
	1D006 HEAT STORAGE RM 811 MEDIA CENTER	✓		
	1D007 HEAT RM 812 MEDIA CENTER	✓		
	1D008 HEAT RM 817 MEDIA CENTER	✓		
	1D009 SMOKE O/S MECH RM 820 MEDIA CENTER	✓		
	1D010 DUCT SUPPLY O/S MECH RM 820 MEDIA CENTER	✓		
	1D011 DUCT SUPPLY O/S MECH RM 820 MEDIA CENTER	✓		
	1D014 SMOKE RM 811 ABOVE FACP MEDIA CENTER	✓		
	1M001 PULL STATION SOUTH EXIT MEDIA CENTER	✓		
	1M002 PULL STATION NORTH EXIT MEDIA CENTER	✓		
	1M003 PULL STATION EAST EXIT MEDIA CENTER	✓		
	1M012 RELAY AHU SHUTDOWN RM 820 MEDIA CENTER	✓		
	1M013 RELAY AHU SHUTDOWN RM 820 MEDIA CENTER	✓		
DEFICIENCIES:				
NONE				

PSC - Century Center Media Building

03/10/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
CENTURY CENTER CAMPUS
PE BUILDING**

INSPECTION AND TESTING FORM

DATE: March 10, 2023
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Century Center PE Building
 ADDRESS: 440 E Hecker Road, Century, FL 32535
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER NOTIFIER MODEL NO. NSF-320
 CIRCUIT STYLES: 4, Y,B
 NO. OF CIRCUITS: 3
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/17/2020
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>3</u>	<u>4</u>	MANUAL STATIONS
<u>3</u>	<u>4</u>	ION DETECTORS
<u>1</u>	<u>4</u>	PHOTO DETECTORS
<u>1</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>1</u>	<u>Y</u>	BELLS
<u>5</u>	<u>Y</u>	HORNS
<u>3</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): NFS-320 in outside elec/mech room
 Disconnecting Means Location: BREAKER 35
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) DOOR HOLDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV SHUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV RECALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		CAMPUS PC	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/10/2023 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 3/10/2023 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: 3/10/2023 TIME: _____

SIGNATURE: _____

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Buildings: P.E. Building				
Panel	Devices	Test	Strobe	Horns
NOTIFIER NFS-320 in outside elec/mech room	1D003 SMOKE O/S ELECT/MECH ROOM PE BLDG	✓	8	3
	1D005 DUCT SUPPLY O/S ELECT/MECH RM PE BLDG	✓		
	1D006 HEAT O/S ELECT/MECH RM PE BLDG	✓		
	1D010 SMOKE O/S STORAGE RM PE BLDG	✓		
	1D011 SMOKE CUSTODIAL CLOSET PE BLDG	✓		
	1M001 PULL STATION BOYS LOCKER RM PE BLDG	✓		
	1M002 PULL STATION GIRLS LOCKER RM PE BLDG	✓		
	1M009 RELAY AHU SHUTDOWN PE BLDG	✓		
DEFICIENCIES:				
NONE				

PSC - Century Center PE Building 03/10/23
DEFICIENCIES:
NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
DUGOUT- 3RD BASE**

INSPECTION AND TESTING FORM

DATE: March 17, 2023
 TIME: 1130

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Dugout 3rd Base
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: _____ NOTIFIER _____ MODEL NO. SFP-400B
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 6
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/17/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>1</u>	<u>4</u>	MANUAL STATIONS
<u>1</u>	<u>4</u>	ION DETECTORS
<u>1</u>	<u>4</u>	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>3</u>	<u>Y</u>	BELLS
<u>3</u>	<u>Y</u>	HORNS
<u>1</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: _____
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): L1
 Disconnecting Means Location: #22
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7.5
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>DOOR HOLDER</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV SHUNT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) <u>ELEV RECALL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	N A		TIME	COMMENTS
ON/OFF PERMITS MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CAMPUS PC</u>	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>Admin</u>	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/17/2023 TIME 11:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/17/2023 TIME: 11:30

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD DUGOUT 3RD BASE - Fire Alarm Test Log	
	Alarm
ZONE 1 PULL IN WEIGHTROOM	✓
ZONE 2 SMOKE AT FIRE PANEL	✓
ZONE 3 HEAT AT FIRE PANEL	✓
ZONE 3 HEAT HOT WATER HEATER ROOM	✓
ZONE 4 DUCT DET HOT WATER HEATER ROOM	✓
DEFICIENCIES	
NONE	

PSC Main Campus Dugout 3rd Base 03/17/23

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2023**

PREPARED FOR

**PENSACOLA STATE COLLEGE
MAIN CAMPUS
DUGOUT – 1ST BASE**

INSPECTION AND TESTING FORM

DATE: March 17, 2023
 TIME: 1100

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC Main Campus Dugout 1st Base
 ADDRESS: 1000 College Blvd, Pensacola, FL 32504
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: _____ NOTIFIER _____ MODEL NO. SFP-400B
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: 5
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/17/2023
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>1</u>	<u>4</u>	MANUAL STATIONS
<u>1</u>	<u>4</u>	ION DETECTORS
<u>1</u>	<u>4</u>	PHOTO DETECTORS
<u>1</u>	<u>4</u>	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>1</u>	<u>Y</u>	BELLS
<u>7</u>	<u>Y</u>	HORNS
<u>1</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
_____	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBES</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): H #35
 Disconnecting Means Location: _____
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 7.5
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAMPUS POLICE	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADMIN	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
tone GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) DOOR HOLDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV SHUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) ELEV RECALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL PROCEDURES: _____

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		CAMPUS PC	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Admin	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/17/2023 TIME 11:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Jesse Thompson

DATE: 3/17/2023 TIME: 11:00

SIGNATURE: Jesse Thompson

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC BLD DUGOUT 1ST BASE - Fire Alarm Test Log	
	Alarm
ZONE 1 PULL IN WEIGHTROOM	✓
ZONE 2 SMOKE AT FIRE PANEL	✓
ZONE 2 HEAT AT FIRE PANEL	✓
ZONE 3 DUCT DET AT FIRE PANEL	✓
DEFICIENCIES	
None	

PSC Main Campus Dugout 1st Base 03/17/23

DEFICIENCIES:

None

Private Fire Service Mains

Generated by: BuildingReports.com

Building: PSC HYDRANTS, MILTON CAMPUS

Sprinkler piping and its appurtenances on private property typically between a source of water and the base of the system riser for water-based fire protection systems.

Devices

Fire Hydrant

Location	Mfr	Model	Type	Position	Size	O K	ScanID
BLDG 4300 HYDRANT # 43			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	17454980
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against press	04/04/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
BLDG 4400 HYDRANT # 44			Dry Barrel/Ground	Closed	4"	<input checked="" type="checkbox"/>	17454004
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against press	04/04/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
BLDG 4800 HYDRANT # 42			Dry Barrel/Ground	Closed	4"	<input checked="" type="checkbox"/>	17454003
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/04/2018	

Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: PSC HYDRANTS, SANTA ROSA CAMPUS

Sprinkler piping and its appurtenances on private property typically between a source of water and the base of the system riser for water-based fire protection systems.

Devices

Fire Hydrant

Location	Mfr	Model	Type	Position	Size	O K	ScanID
FRONT OF BLDG			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	22058760
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
1000 gpm/3786 lpm	2@2-1/2" and 1@4"	NA	NA	NA	Closed against pressure	04/09/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
SE CORNER			Dry Barrel/Ground	Closed	2.5"	<input checked="" type="checkbox"/>	22058759
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2 1/2	NA	NA	NA	Closed against pressure	04/09/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
NW CORNER			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	22058761
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"	NA	NA	NA	Closed against pressure	04/09/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
MAIN ENTRANCE			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	22058762
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"	NA	NA	NA	Closed against pressure	04/09/2018	

Private Fire Service Mains

Generated by: BuildingReports.com

Building: PSC HYDRANTS, WARRINGTON
CAMPUS

Sprinkler piping and its appurtenances on private property typically between a source of water and the base of the system riser for water-based fire protection systems.

Devices

Fire Hydrant

Location	Mfr	Model	Type	Position	Size	O K	ScanID
BUILDING 3100 HYDRANT # 3			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	17204135
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
1000 gpm/3786 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/07/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
BUILDING 3400 HYDRANT # 2			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	12095820
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
1000 gpm/3786 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/07/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
BUILDING 3700 HYDRANT # 1			Dry Barrel/Ground	Closed	6"	<input checked="" type="checkbox"/>	12095802
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
1000 gpm/3786 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/07/2018	

Private Fire Service Mains

Generated by: BuildingReports.com

Building: PSC HYDRANTS, MAIN CAMPUS							
<i>Sprinkler piping and its appurtenances on private property typically between a source of water and the base of the system riser for water-based fire protection systems.</i>							
Devices							
Fire Hydrant							
Location	Mfr	Model	Type	Position	Size	O K	ScanID
BETWEEN BUILDINGS 10 & 11	Anniston		Dry Barrel/Ground	Closed	5.25"	<input checked="" type="checkbox"/>	22058937
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
# 14 AT BUILDING 14	Anniston		Dry Barrel/Ground	Closed	5.25"	<input checked="" type="checkbox"/>	17204677
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
# 15 FRONT OF BUILDING 7	Anniston		Dry Barrel/Ground	Closed	5.25"	<input checked="" type="checkbox"/>	31900335
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
# 17 SE CORNER OF BUILDING 17	Kennedy		Dry Barrel/Ground	Closed	5.25"	<input checked="" type="checkbox"/>	31900334
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2"				Closed against pressure	04/01/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
# 21 BEHND BUILDINGS 17, IN LANDSCAPE	Kennedy		Dry Barrel/Ground	Closed	4.5"	<input checked="" type="checkbox"/>	17204680
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date	
500 gpm/1893 lpm	2@2-1/2"				Closed against pressure	04/01/2018	
Location	Mfr	Model	Type	Position	Size	O K	ScanID
#1 BEHND BUILDING 20	MH	455751	Dry	Closed	5.25"	<input checked="" type="checkbox"/>	17204669

				Barrel/Ground					
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#18 BETWEEN BUILDINGS 18 & 12	MH	455751 18Y7	Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204681	
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#1A SE SIDE OF BUILDING 1	MH	455751	Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204670	
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#1 B NE SIDE OF BUILDING 1	MH	455751	Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204676	
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#3 FRONT OF BUILDING 3	MH	455751	Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204668	
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#4 BETWEEN BUILDINGS 6 & 4	Mueller		Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204672	
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#4A WEST SIDE OF BUILDING 4	Mueller		Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204671	
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date			
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018			
Location	Mfr	Model	Type		Position	Size	O K	ScanID	
#5 WEST SIDE OF BUILDING 5 IN LANDSCAPE	Mueller		Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204674	

Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date		
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018		
Location	Mfr	Model	Type		Position	Size	O K <input checked="" type="checkbox"/>	ScanID
#7 SE CORNER OF BUILDING 7	Mueller		Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204682
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date		
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018		
Location	Mfr	Model	Type		Position	Size	O K <input checked="" type="checkbox"/>	ScanID
#7A SE CORNER OF BUILDING 8	Mueller		Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204667
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date		
500 gpm/1893 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018		
Location	Mfr	Model	Type		Position	Size	O K <input checked="" type="checkbox"/>	ScanID
#8 WEST SIDE OF BUILDING 8	MH	455751	Dry Barrel/Ground		Closed	5.25"	<input checked="" type="checkbox"/>	17204675
Description	Orifice	Flow Rate	Static	Residual	Valve Type	Flush Test Date		
1000 gpm/3786 lpm	2@2-1/2" and 1@4"				Closed against pressure	04/01/2018		

Gulftech Fire & Security

P O Box 1020
Defuniak Springs, FL 32435
850-333-7585

*Paid by
Maintenance*



Invoice

Bill To
Pensacola State College 1000 College Blvd Pensacola FL 32504

Invoice #
10669E
Date
9/9/2022
P.O. No.
0000003073

Quantity	Description	Rate	Amount
	PSC Culinary Arts - 12 year upgrade of Ansul R102 System; Hyrdo Test of (6) 3 gallon Ansul system tanks; Replacement of 20.5 gallons of ansulex fire chemical; Replacement of all actuation hoses; Replacement of all Ansul system cartridges; includes all Material and Labor. Location: PSC Culinary Arts Pensacola FL		
		Total	



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH#

850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2021**

PREPARED FOR

**Pensacola State College
DOWNTOWN CAMPUS**

INSPECTION AND TESTING FORM

DATE: March 9, 2021
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PENSACOLA STATE COLLEGE
 ADDRESS: DOWNTOWN CAMPUS
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: CAMPUS SECURITY
 TELEPHONE: 850 484 2500
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: N/A
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

LOCAL

PANEL MANUFACTURER: SIEMENS MODEL NO. FS 250
 CIRCUIT STYLES: B,4, Y
 NO. OF CIRCUITS: 6
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 2/1/2020
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>10</u>	<u>4</u>	MANUAL STATIONS
<u>15</u>	<u>4</u>	ION DETECTORS
<u>5</u>	<u>4</u>	PHOTO DETECTORS
<u>4</u>	_____	DUCT DETECTORS
<u>7</u>	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
<u>8</u>	<u>Y</u>	CHIMES
_____	_____	STROBES
<u>18</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) <u>HORN/STROBE</u>

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS 6
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF		CIRCUIT STYLE	
_____	N A	_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): LAN EQUIP RM
 Disconnecting Means Location: BREAKER 22
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 12
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]		
BUILDING OCCUPANTS	[X]	[]	ADMIN	
BUILDING MANAGEMENT	[X]	[]	CAMPUS POLICE	
OTHER (SPECIFY)	[]	[]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[]	[]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	
INTERFACE EQUIPMENT	[X]	[X]	
LAMPS/LEDS	[X]	[X]	
FUSES	[X]	[]	
PRIMARY POWER SUPPLY	[X]	[X]	
TROUBLE SIGNALS	[X]	[X]	
DISCONNECT SWITCHES	[X]	[X]	
GROUND FAULT MONITORING	[X]	[X]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]		
LOAD VOLTAGE		[X]	
DISCHARGE TEST		[]	
CHARGER TEST		[X]	
SPECIFIC GRAVITY		[]	
TRANSIENT SUPPRESSORS	[X]		
REMOTE ANNUNCIATORS	[X]	[X]	

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	
VISIBLE	[X]	[X]	
SPEAKERS	[]	[]	
VOICE CLARITY	[]	[]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[X]	[X]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>ELEV RECALL</u>	[X]	[X]	[X]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) <u>ELEV SHUNT</u>	[X]	[X]	[X]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[X]	[]	_____	_____
SUPERVISORY SIGNAL	[X]	[]	_____	_____
SUPERVISORY RESTORAL	[X]	[]	_____	_____

	IS COMPLETE	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:					
BUILDING MANAGEMENT	[X]	[]	[]	Admin	_____
MONITORING AGENCY	[X]	[]	[]	CAMPUS PC	_____
BUILDING OCCUPANTS	[X]	[]	[]	Admin	_____
OTHER (SPECIFY)	[]	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/9/2021 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Shan Redito/Oleg Chuprino
DATE: 3/9/2021 TIME: _____
SIGNATURE: Shan Redito/Oleg Chuprino
NAME OF OWNER OR REPRESENTATIVE: _____
DATE: _____ TIME: _____
SIGNATURE: _____

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PSC Downtown Center		
Panel	Device	Alarm
Siemens FS-250 at main lobby	1001 BLDG. FIRE PUMP	✓
	1002 1ST FLOOR SPRINKLER	✓
	1003 2ND FLOOR SPRINKLER	✓
	1004 3RD FLOOR SPRINKLER	✓
	1005 4TH FLOOR SPRINKLER	✓
	1006 AC AHU SHUTDOWN RELAY MAIN PANEL	✓
	1007 MAIN ELEVATOR RECALL ELEVATOR PENTHO	✓
	1008 ALT ELEVATOR RECALL ELEVATOR PENTHOU	✓
	1010 SMOKE DETECTOR 1ST FL PUMP ROOM	✓
	1011 SMOKE DETECTOR 1ST FL ELECTRICAL RM	✓
	1012 SMOKE DETECTOR 1ST FL TELEPHONE RM	✓
	1013 SMOKE DETECTOR 1ST FL ELEV LOBBY	See deficiencies
	1014 SMOKE DETECTOR 2ND FL TELEPHONE RM	See deficiencies
	1015 SMOKE DETECTOR 2ND FL JAN CLOSET	✓
	1016 DUCT DETECTOR 2ND FL MECH RM	✓
	1017 DUCT DETECTOR 2ND FL MECH RM	✓
	1018 SMOKE DETECTOR 2ND FL ELEV LOBBY	See deficiencies
	1019 SMOKE DETECTOR 3RD FL ELEV LOBBY	See deficiencies
	1020 SMOKE DETECTOR 3RD FL MECH ROOM	See deficiencies
	1021 DUCT DETECTOR 3RD FL MECH ROOM	✓
	1022 DUCT DETECTOR 3RD FL MECH ROOM	✓
	1023 DUCT DETECTOR 4TH FL MECH ROOM	✓
	1024 SMOKE DETECTOR 4TH FL COMP ROOM 410	See deficiencies
	1025 SMOKE DETECTOR 4TH FL COMP ROOM 411	See deficiencies
	1026 SMOKE DETECTOR 4TH FL COMP ROOM 409	See deficiencies
	1027 SMOKE DETECTOR 4TH FL COMP ROOM 407	See deficiencies
	1028 SMOKE DETECTOR 4TH FL COMP ROOM 404	See deficiencies
	1029 SMOKE DETECTOR 4TH FL ELEV LOBBY	See deficiencies
	1030 SMOKE DETECTOR ELEV PENTHOUSE	✓
	1031 PULL STATION 1ST FL LIBRARY EXIT	✓
	1032 PULL STATION 1ST FL CLASSRM EXIT	✓
	1033 PULL STATION 1ST FL REAR EXIT	✓
1034 PULL STATION 1ST FL FRONT EXIT	✓	
1035 PULL STATION 2ND FL WEST EXIT	✓	
1036 PULL STATION 2ND FL ELEV LOBBY	✓	
1037 PULL STATION 3RD FL WEST EXIT	✓	
1038 PULL STATION 3RD FL ELEV LOBBY	✓	
1039 PULL STATION 4TH FL WEST EXIT	✓	
1040 PULL STATION 4TH FL ELEV LOBBY	✓	
1041 4TH FLOOR RM 401E AHU RELAY	✓	
1050 BACKFLOW PUMP ROOM	✓	
1051 MAIN TAMPER PUMP ROOM	✓	
1052 FIRE PUMP POWER LOSS	✓	
Deficiencies:		

	<p>The building is currently undergoing a complete remodel. During the inspection we found a some of devices were disabled due to construction. We will leave these devices disabled for now as enabling them will interfere with the integrity of the device itself and may cause them to malfunction. Every device other than the ones disabled have been tested.</p>	
--	---	--

PSC Downtown Campus 03/09/21

DEFICIENCIES:

Disconnected Devices due to Remodel.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

**FIRE ALARM INSPECTION REPORT
2021**

PREPARED FOR

**Pensacola State College
MILTON CAMPUS**

INSPECTION AND TESTING FORM

DATE: April 6, 2021
 TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Milton Campus
 ADDRESS: 5988 Highway 90, Milton, FL 32570
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Edwards MODEL NO. EST3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: _____
 SOFTWARE REV: _____
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/6/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>69</u>	<u>4</u>	MANUAL STATIONS
<u>131</u>	<u>4</u>	ION DETECTORS
<u>27</u>	<u>4</u>	PHOTO DETECTORS
<u>6</u>	<u>4</u>	DUCT DETECTORS
<u>1</u>	<u>4</u>	HEAT DETECTORS
<u>15</u>	<u>4</u>	WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY) <u>Relay</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>30</u>	<u>Y</u>	BELLS
<u>150</u>	<u>Y</u>	HORNS
<u>125</u>		CHIMES
		STROBES
		SPEAKERS
		OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:
 Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): _____
 Disconnecting Means Location: _____
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: X 24 60
 _____ Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]		
BUILDING OCCUPANTS	[X]	[]	STAFF	
BUILDING MANAGEMENT	[X]	[]	ADMIN	
OTHER (SPECIFY)	[]	[]		
AHU (NOTIFIED) OF ANY IMPAIRMENT:	[]	[]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	
INTERFACE EQUIPMENT	[X]	[X]	
LAMPS/LEDS	[X]	[X]	
FUSES	[X]	[X]	
PRIMARY POWER SUPPLY	[X]	[X]	
TROUBLE SIGNALS	[X]	[X]	
DISCONNECT SWITCHES	[X]	[X]	
GROUND FAULT MONITORING	[]	[]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]		
LOAD VOLTAGE		[]	
DISCHARGE TEST		[]	
CHARGER TEST		[]	
SPECIFIC GRAVITY		[]	
TRANSIENT SUPPRESSORS	[]		
REMOTE ANNUNCIATORS	[X]	[X]	

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	
VISIBLE	[X]	[X]	
SPEAKERS	[]	[]	
VOICE CLARITY	[]	[]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[]	[]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	[X]	[X]	[X]
(SPECIFY) Door release	[X]	[X]	[X]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[]	[]	_____	_____
ALARM RESTORAL	[]	[]	_____	_____
TROUBLE SIGNAL	[]	[]	_____	_____
TROUBLE RESTORAL	[]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUERVISORY RESTORAL	[]	[]	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
MONITORING AGENCY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	STAFF	_____
OTHER (SPECIFY)	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 4/6/2021 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Shan Redito/Oleg Chuprino

DATE: 4/6/2021 TIME: _____

SIGNATURE: Shan Redito/Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PANEL	PSC MILTON CAMPUS TEST LOG	ALARM
Edwards EST-3 FACP #7 in Mech Rm 4004E	Building 4000	
	001 SMOKE DET MECH RM 4004E BLD 4000	✓
	002 DUCT DET RETURN MECH 4004E BLD 4000	✓
	003 DUCT DET SUPPLY MECH 4004E BLD 4000	✓
	004 HEAT ELEV EQUIP RM 4005E BLD 4000	✓
	005 SMOKE ELEV EQUIP RM 4005E BLD 4000	✓
	006 DUCT DET SUP 2ND FL MECH RM 4031E	✓
	007 DUCT DET RET 2ND FL MECH RM 431E	✓
	008 SMOKE AT DOOR 2ND FL BLD 4000	✓
	009 SMOKE AT SMOKE DOOR 2ND FL BLD 4000	✓
	010 SMOKE AT SMOKE DOOR 2ND FL BLD 4000	✓
	011 SMOKE AT SMOKE DOOR 2ND FL BLD 4000	✓
	012 SMOKE AT SMOKE DOOR 2ND FL BLD 4000	✓
	013 SMOKE AT SMOKE DOOR 2ND FL BLD 4000	✓
	014 HEAT DET ELEVATOR HOIST BLD 4000	✓
	015 HEAT DET ELEVATOR PIT BLD 4000	✓
	126 SHUTDOWN RELAY MECH 4004E BLD 4000	✓
	127 FLOW VALVE MECH RM 4004E BLD 4000	✓
	128 TAMPER VALVE MECH RM 4004E BLD 4000	✓
	129 PULL HALL EXIT BY RM 4021 BLD 4000	✓
	130 PULL GYM EXIT BY 4001A BLD 4000	✓
	131 PULL IN GYM FRONT ENTRANCE BLD 4000	✓
	132 PULL MAIN ENTRANCE 4025 BLD 4000	✓
	133 WATER FLOW SPRINKLER RM BLD 4000	✓
	134 TAMPER VALVE SPRINKLER RM BLD 4000	✓
	135 PULL HALL EXIT BY RM 4013 BLD 4000	✓
	136 PULL EXIT DOOR FITNESS RM BLD 4000	✓
	137 PULL 2ND FLR STAIRWELL EXIT BLD 4000	✓
	138 SPEAKER CIRCUIT SEC FL 4000	✓
	139 SHUTDOWN RELAY 2ND FLR MECH BLD 4000	✓
	140 PULL 2ND FLR STAIRWELL EXIT BLD 4000	✓
	141 PULL 2ND FLR STAIRWELL EXIT BLD 4000	✓
	143 ELEVATOR SHUNT TRIP BLD 4000	✓
144 SPEAKER CIRCUIT GYM & CLASSES 4000	✓	
145 MASS NOTIFY STROBE CIR GYM 4000	✓	
146 MASS NOTIFY STROBE CIR CLASSES 4000	✓	
147 SPEAKER CIR OFFICE & FITNESS 4000	✓	
148 FIRE STROBE CIR SEC FL 4000	✓	
149 FIRE STROBE CIR CLASSES 4000	✓	
150 SPARE BUILDING 4000	✓	
151 SPARE BUILDING 4000	✓	
152 SPARE CIRCUIT BUILDING 4000	✓	
153 FIRE STROBE CIR FITNESS 4000	✓	
154 MASS CIRCUIT SEC FL 4000	✓	
155 MASS CIRCUIT OFFICE AREA 4000	✓	
156 DOOR HOLDER RELAY 2ND FLR BLD 4000	✓	
157 RISER POWER OFF POWER SUPPLY	✓	
158 RISER POWER OFF BACKUP POWER SUPPLY	✓	
163 MASS CIR FITNESS 4000	✓	

	164 SPARE BUILDING 4000	✓
	165 SPARE BUILDING 4000	✓
	166 FIRE STROBE CIR GYM 4000	✓
	167 SPARE CIRCUIT BUILDING 4000	✓
	168 FIRE STROBE CIR OFFICE 4000	✓
	169 SPARE CIRCUIT BUILDING 4000	✓
	170 SPARE CIRCUIT BUILDING 4000	✓
	171 SPARE CIRCUIT BUILDING 4000	✓
	Building 4100	
Edwards EST-3 Panel #1 in outside Mech room 105E	001 SMOKE DET MECH RM 4105	✓
	002 DUCT DETECTOR SUPPLY MECH RM 4105	✓
	003 DUCT DETECTOR RETURN MECH RM 4105	✓
	004 SMOKE DET CORRIDOR 4101 BY RESTROOMS	✓
	005 SMOKE DETECTOR ELECTRICAL RM 4101-E	✓
	006 SMOKE DETECTOR JANITOR CLOSET 4101-J	✓
	007 SMOKE DET LOBBY 4101-L BY LIBRARY	✓
	008 SMOKE DETECTOR LOBBY 4101-L BY 4103	✓
	009 SMOKE DETECTOR COMPUTER LAB 4103	✓
	010 SMOKE DET COMPUTER LAB CLOSET 4103-X	✓
	011 SMOKE DET VOCATION REHAB 4104	✓
	012 SMOKE DET VOCATION REHAB 4104-X	✓
	013 SMOKE DETECTOR PHOTO COPY RM 4118	✓
	014 SMOKE DET MEDIA CENTER LOBBY 4110	✓
	015 SMOKE DET 4111 MEDIA CENTER BY 4112	✓
	016 SMOKE DET MEDIA CENTER 4111 BY 4114	✓
	017 SMOKE DETECTOR BREAK RM 4115	✓
	018 SMOKE DETECTOR MEDIA CENTER 4114	✓
	019 SMOKE DETECTOR PREP/WORK 4116	✓
	020 SMOKE DET MEDIA 4111 FRONT DESK	✓
	021 SMOKE DET LIBRARY 4110 FRONT STACKS	✓
	022 SMOKE DET LIBRARY 4110 CENTRAL STACKS	✓
	023 SMOKE DET LIBRARY 4110 BACK STACKS	✓
	024 SMOKE DETECTOR MECH RM 4123	✓
	025 DUCT DETECTOR SUPPLY MECH RM 4123	✓
	026 DUCT DETECTOR RETURN MECH RM 4123	✓
	126 SHUTDOWN RELAY MECH RM 4105	✓
	127 PULL STATION CORRIDOR 4101	✓
	128 PULL STATION LOBBY 4101	✓
	129 PULL STATION MEDIA CENTER 4111	✓
	130 SHUTDOWN RELAY MECH RM 4123	✓
	131 PULL STATION PREP/WORK 4116	✓
	132 PULL STATION LIBRARY 4110 BY 4122	✓
	133 MASS NOTIFY STROBE CIRCUIT 4100	✓
	134 MASS NOTIFY CIRCUIT STROBE 4100	✓
	135 FIRE STROBE CIRCUIT 4100	✓
	136 FIRE STROBE CIRCUIT 4100	✓
	137 SPEAKER CIRCUIT 4100	✓
	138 SPEAKER CIRCUIT 4100	✓
139 RISER POWER FOR MODULE BOARD 4100	✓	
	Building 4200	

Edwards EST-3
FACP #2 in
outside Mech
Room

001 SMOKE DET FIRE ALARM MECH RM 4224F	✓
002 SMOKE DETECTOR MECH RM 4224E	✓
003 DUCT DETECTOR RETURN MECH RM 4224E	✓
004 DUCT DETECTOR SUPPLY MECH RM 4224E	✓
005 SMOKE DETECTOR HALL BY OFFICE 4220	✓
006 SMOKE DETECTOR COMMUNICATION 4223	✓
007 SMOKE DETECTOR STORAGE 4213J	✓
008 SMOKE DETECTOR HALL BY OFFICE 4225	✓
009 SMOKE DETECTOR ELECTRICAL RM 4213E	✓
010 SMOKE DETECTOR HALL BY OFFICE 4228	✓
011 SMOKE DETECTOR CENTER AREA OF 4213	✓
012 SMOKE DETECTOR HALL BY OFFICE 4218	✓
013 SMOKE DETECTOR RECEPTION AREA 4211	✓
014 SMOKE DETECTOR RECEPTION AREA 4211	✓
015 SMOKE DETECTOR LOBBY 4201	✓
016 SMOKE DETECTOR LOBBY 4201	✓
017 SMOKE DETECTOR LOBBY 4201H	✓
018 SMOKE DETECTOR OFFICE 4209C	✓
019 SMOKE DETECTOR HALL BY OFFICE 4208	✓
020 SMOKE DETECTOR CLOSET 4202M	✓
021 SMOKE DETECTOR CLOSET 4202J	✓
022 SMOKE DETECTOR CLOSET 4202X	✓
023 SMOKE DETECTOR RECEPTION AREA 4210	✓
024 SMOKE DETECTOR TESTING AREA 4204	✓
025 SMOKE DETECTOR RECEPTION AREA 4202	✓
026 SMOKE DETECTOR CLOSET 4240J	✓
027 SMOKE DETECTOR CLOSET 4240E	✓
028 SMOKE DETECTOR OFFICE 4244	✓
029 SMOKE DETECTOR MECH RM 4245	✓
030 DUCT DETECTOR SUPPLY MECH RM 4245	✓
031 DUCT DETECTOR RETURN MECH RM 4245	✓
032 SMOKE DETECTOR STORAGE RM 4248	✓
033 SMOKE DETECTOR STORE BACKROOM 4243	✓
034 SMOKE DETECTOR VENDING MACHINE 4241A	✓
035 SMOKE DET LOBBY MULTI-PURPOSE 4240	✓
126 SHUTDOWN RELAY MECH RM 4224E	✓
127 PULL STATION EXIT NEAR OFFICE 4221	✓
128 PULL STAT EXIT NEAR OFFICE 4225	✓
129 PULL STATION LOBBY ENTRANCE BY 4211	✓
130 PULL STATION LOBBY ENTRANCE BY 4202	✓
131 PULL STATION EXIT LOBBY 4201H	✓
132 PULL STATION EXIT NEAR OFFICE 4208	✓
133 SHUTDOWN RELAY MECH RM 4245	✓
134 PULL STATION MULTI-PURPOSE EXIT 4240	✓
135 PULL STATION MULTI-PURPOSE EXIT 4240	✓
136 MASS NOTIFY STROBE CIRCUIT BLD 4200	✓
137 MASS NOTIFY STROBE CIRCUIT BLD 4200	✓
138 FIRE STROBE CIRCUIT BLDG 4200	✓
139 FIRE STROBE CIRCUIT BLDG 4200	✓
140 FIRE STROBE CIRCUIT BLD 4200	✓

	141 SPEAKER CIRCUIT BLDG 4200	✓
	142 SPEAKER CIRCUIT BLDG 4200	✓
	143 RISER POWER FOR MODULE BOARD 4200	✓
	144 HEAT DET STORAGE BELOW BACK PORCH 4200	✓
	12SW/24LED_4200	✓
	MASS NOTIFICATION SWITCH	✓
	P2_SW_2*ALL CALL BUILDING 4100	✓
	P2_SW_3*ALL CALL BUILDING 4200	✓
	P2_SW_4*ALL CALL BUILDING 4300	✓
	P2_SW_5*ALL CALL BUILDING 4400	✓
	P2_SW_6*ALL CALL BUILDING 4500	✓
	P2_SW_7*ALL CALL BUILDING 4600	✓
	P2_SW_8*ALL CALL BUILDING 4700	✓
	P2_SW_9*ALL CALL BUILDING 4800	✓
	P2_SW_10*SPARE SWITCH	✓
	P2_SW_11*SPARE SWITCH	✓
	P2_SW_12*WALTEST ACTIVE	✓
	Building 4300	
Edwards EST-3 FACP #3 in outside Mech Rm	001 SMOKE DET MECH RM 4304E BLD 4300	⊘
	002 DUCT DET SUP MECH RM 4304E BLD 4300	⊘
	003 DUCT DET RET MECH RM 4304E BLD 4300	⊘
	004 SMOKE DET CLASSROOM 4314 BLDG 4300	⊘
	005 DUCT DET SUP MECH RM 4313A BLD 4300	⊘
	006 DUCT DET RET MECH RM 4313A BLD 4300	⊘
	007 SMOKE DET STORAGE RM 4313 BLD 4300	⊘
	008 SMOKE DET MECH RM 4313A BLD 4300	⊘
	009 SMOKE DET CUSTODIAL 4310 BLD 4300	⊘
	010 SMOKE DET STORAGE 4307A BLD 4300	⊘
	011 SMOKE DET 4 MEZZANINE BLD 4300	⊘
	012 SMOKE DET 3 MEZZANINE BLD 4300	⊘
	013 SMOKE DET 2 MEZZANINE BLD 4300	⊘
	014 SMOKE DET 1 MEZZANINE BLD 4300	⊘
	015 SMOKE DET ELEC RM 4305E BLD 4300	⊘
	016 SMOKE DET SALON STORAGE 4318 BLD 4300	⊘
	017 SMOKE DETECTOR SALON 4317 BLD 4300	⊘
	018 SMOKE DET SALON STORAGE 4319 BLD 4300	⊘
	126 SHUTDOWN RELAY MECH 4304E BLD 4300	⊘
	127 PULL STATION CLASSROOM 4303 BLD 4300	⊘
	128 PULL STATION CLASSROOM 4302 BLD 4300	⊘
	129 PULL STATION CLASSROOM 4301 BLD 4300	⊘
	130 PULL IN HALL BY RM 4301 BLD 4300	⊘
	131 PULL STATION CLASSROOM 4317 BLD 4300	⊘
	132 PULL STATION CLASSROOM 4316 BLD 4300	⊘
	133 PULL STATION CLASSROOM 4315 BLD 4300	⊘
134 PULL STATION CLASSROOM 4314 BLD 4300	⊘	
135 SHUTDOWN RELAY MECH 4313A BLD 4300	⊘	
136 PULL IN HALL BY RM 4309 BLD 4300	⊘	
137 PULL STATION CLASSROOM 4309 BLD 4300	⊘	
138 PULL STATION CLASSROOM 4308 BLD 4300	⊘	

	139 PULL STATION CLASSROOM 4306 BLD 4300	⊘
	140 MASS NOTIFICATION STROBE BLD 4300	⊘
	141 MASS NOTIFICATION STROBE BLD 4300	⊘
	142 FIRE STROBE BLD 4300	⊘
	143 FIRE STROBE BLD 4300	⊘
	144 SPEAKER CIRCUIT BLD 4300	⊘
	145 SPEAKER CIRCUIT BLD 4300	⊘
	146 RISER POWER TO MODULE BOARD 4300	⊘
	Building 4400	
Edwards EST-3 FACP #4 in RM 4402	001 SMOKE DET STORAGE 4402 BLD 4400	✓
	002 SMOKE DET STORAGE 4414 BLD 4400	✓
	003 SMOKE DET MECH RM 4415E BLD 4400	✓
	004 DUCT DET SUP MECH RM 4415E BLD 4400	✓
	005 DUCT DET RET HALL 4417H BLD 4400	✓
	006 SMOKE DET STORAGE 4412 BLD 4400	✓
	007 SMOKE DET ELEC RM 4409E BLD 4400	✓
	008 SMOKE DET CUSTODIAL 4408J BLD 4400	✓
	009 SMOKE DETECTOR MEZZANINE BDL 4400	✓
	010 SMOKE DETECTOR MEZZANINE BLD 4400	✓
	011 SMOKE DETECTOR MEZZANINE BLD 4400	✓
	126 PULL HALL EXIT BY RM 4401 BLD 4400	✓
	127 PULL STATION ROOM 4416 BLD 4400	✓
	128 SHUTDOWN RELAY MECH 4415E BLD 4400	✓
	129 PULL STATION ROOM 4413 BLD 4400	✓
	130 PULL STATION ROOM BLD 4400	✓
	131 PULL HALL EXIT BY RM 4411 BLD 4400	✓
	132 PULL STATION ROOM 4405 BLD 4400	✓
	133 PULL STATION ROOM 4404 BLD 4400	✓
	134 PULL STATION ROOM 4403 BLD 4400	✓
135 PULL STATION ROOM 4401 BLD 4400	✓	
136 MASS NOTIFY CIRCUIT BLD 4400	✓	
138 MASS NOTIFY CIRCUIT BLD 4400	✓	
140 FIRE STROBE CIRCUIT BLD 4400	✓	
142 FIRE STROBE CIRCUIT BLD 4400	✓	
144 SPEAKER CIRCUIT BLD 4400	✓	
146 SPEAKER CIRCUIT BLD 4400	✓	
148 RISER POWER FOR MODULE BOARD 4400	✓	
	Building 4600	
Edwards EST-3 FACP #8 in the garage area	001 SMOKE DET LOBBY BLDG 4600	⊘
	002 SMOKE DET BREAK ROOM BLDG 4600	⊘
	003 SMOKE DET LAUNDRY ROOM BLDG 4600	⊘
	004 SMOKE DET STORAGE BLDG 4600	⊘
	005 SMOKE DET ELECTRICAL ROOM BLDG 4600	⊘
	006 SMOKE DET GAR BY ELE RM BLDG 4600	⊘
	007 SMOKE DET BY GAR DOOR BLDG 4600	⊘
	126 PULL STATION EXIT BY OFFICE BLDG 4600	⊘
	127 PULL STAT EXIT BY STORAGE BLDG 4600	⊘
	128 MASS NOTIFY STROBE CIRCUIT 4600	⊘
	129 FIRE STROBE CIRCUIT 4600	⊘
	130 SPEAKER CIRCUIT 4600	⊘

	131 RISER POWER BLDG 4600	⊘
	P8_SPARE BLD 4600	⊘
	Building 4800	
	001 SMOKE DET STORAGE 4807B BLD 4800	⊘
	002 SMOKE DET STORAGE 4807 BLD 4800	⊘
	003 SMOKE DET STORAGE 4809X BLD 4800	⊘
	004 SMOKE DET STORAGE 4808J BLD 4800	⊘
	005 DUCT DET SUP MECH RM 4826 BLD 4800	⊘
	006 DUCT DET MECH RM 4826 BLD 4800	⊘
	007 SMOKE DETECTOR MECH RM 4826 BLD 4800	⊘
	008 SMOKE DETECTOR STORAGE 4810 BLD 4800	⊘
	009 SMOKE DETECTOR STORAGE 4811X BLD 4800	⊘
	010 SMOKE DETECTOR STORAGE 4822X BLD 4800	⊘
	011 SMOKE DETECTOR STORAGE 4821 BLD 4800	⊘
	012 SMOKE DETECTOR STORAGE 4819 BLD 4800	⊘
	013 SMOKE DETECTOR STORAGE 4820X BLD 4800	⊘
	014 DUCT DET SUP MECH RM 4827 BLD 4800	⊘
	015 DUCT DET RET MECH RM 4827 BLD 4800	⊘
	016 SMOKE DETECTOR MECH RM 4827 BLD 4800	⊘
	017 SMOKE DETECTOR STORAGE 4817A BLD 4800	⊘
	018 SMOKE DETECTOR STORAGE 4817C BLD 4800	⊘
	019 SMOKE DETECTOR STORAGE 4817D BLD 4800	⊘
	020 SMOKE DET STORAGE RM 4815B BLD 4800	⊘
	021 SMOKE DET STORAGE 4815C BLD 4800	⊘
	022 DUCT DET SUP MECH RM 4824 BLD 4800	⊘
	023 DUCT DET RET MECH RM 4824 BLD 4800	⊘
	024 SMOKE DETECTOR MECH RM 4824 BLD 4800	⊘
	025 SMOKE DET STORAGE RM 4805A BLD 4800	⊘
	026 SMOKE DET ELEC RM 4804E BLD 4800	⊘
	027 SMOKE DETECTOR STORAGE 4805 BLD 4800	⊘
Edwards EST-3	028 SMOKE DET STORAGE 4815A BLD 4800	⊘
FACP #5 in	126 PULL HALL BY ROOM 4806 BLD 4800	⊘
Comm Rm	127 PULL STATION CLASSROOM 4807 BLD 4800	⊘
4821	128 SHUTDOWN RELAY MECH RM 4826 BLD 4800	⊘
	129 PULL STATION CLASSROOM 4809 BLD 4800	⊘
	130 PULL STATION CLASSROOM 4811 BLD 4800	⊘
	131 PULL STATION LOBBY 4801 BLD 4800	⊘
	132 PULL STATION LOBBY 4801 BLD 4800	⊘
	133 PULL STATION CLASSROOM 4822 BLD 4800	⊘
	134 PULL STATION CLASSROOM 4820 BLD 4800	⊘
	135 SHUTDOWN RELAY MECH RM 4827 BLD 4800	⊘
	136 PULL STATION CLASSROOM 4817 BLD 4800	⊘
	137 PULL STATION CLASSROOM 4816 BLD 4800	⊘
	138 PULL IN HALL BY ROOM 4815 BLD 4800	⊘
	139 HEAT DET STORAGE RM 4823 BLD 4800	⊘
	140 PULL STATION CLASSROOM 4815 BLD 4800	⊘
	141 SHUTDOWN RELAY MECH RM 4824 BLD 4800	⊘
	142 PULL STATION CLASSROOM 4814 BLD 4800	⊘
	143 PULL STATION CLASSROOM 4813 BLD 4800	⊘
	144 PULL IN LOBBY BY RESTROOMS BLD 4800	⊘

	145 PULL STATION CLASSROOM 4804 BLD 4800	⊘
	146 HEAT DET STORAGE RM 4825 BLD 4800	⊘
	147 PULL STATION CLASSROOM 4806 BLD 4800	⊘
	148 MASS NOTIFICATION STROBE BLD 4800	⊘
	149 MASS NOTIFICATION STROBE BLD 4800	⊘
	150 MASS NOTIFICATION STROBE BLD 4800	⊘
	151 FIRE STROBE CIRCUIT BLD 4800	⊘
	152 FIRE STROBE CIRCUIT BLD 4800	⊘
	153 FIRE STROBE CIRCUIT BLD 4800	⊘
	154 SPEAKER CIRCUIT BLD 4800	⊘
	155 SPEAKER CIRCUIT BLD 4800	⊘
	156 DOOR HOLDER RELAY BLD 4800	⊘
	Building 4900	
Edwards EST-3 FACP #6 at middle hallway behind reception	001 SMOKE DET FIRE PANEL 4924 BLD 4900	⊘
	002 SMOKE DET COMM ROOM 4913 BLD 4900	⊘
	003 SMOKE DET JANITORIAL 4915J BLD 4900	⊘
	004 SMOKE DET ELECTRICAL 4915E BLD 4900	⊘
	005 SMOKE DET MECH RM 4902E BLD 4900	⊘
	006 SMOKE DET STORAGE RM 4902A BLD 4900	⊘
	007 DUCT DET SUP1 MECH RM 4902E BLD 4900	⊘
	008 DUCT DET SUP2 MECH RM 4902E BLD 4900	⊘
	009 DUCT DET RET MECH RM 4902E BLD 4900	⊘
	126 PULL IN HALL BY OFFICE 4911 BLD 4900	⊘
	127 PULL IN HALL BY OFFICE 4916 BLD 4900	⊘
	128 PULL STATION LOBBY 4901L BLD 4900	⊘
	129 PULL CONFERENCE RM 4902 BLD 4900	⊘
	130 PULL CONFERENCE RM 4902 BLD 4900	⊘
		131 SHUTDOWN RELAY MECH RM 4902E BLD 4900
	132 MASS NOTIFICATION STROBE BLD 4900	⊘
	133 FIRE STROBE CIRCUIT BLD 4900	⊘
	134 SPEAKER CIRCUIT BLD 4900	⊘
	135 RISER POWER FOR MODULE BOARD 4900	⊘
	Building Racquetball/4000	
Edwards iO64 Stand-alone	1-2 SMOKE DETECTOR ROOM 4034E	✓
	1-3 SMOKE DETECTOR ROOM 4033E	✓
	1-1 SMOKE DETECTOR ROOM 4042	✓
	Building 4500	
Edwards iO64 Stand-alone	SMOKE DETECTOR ROOM 4506E (FACP)	✓
	SMOKE DETECTOR JANITOR CLOSET	✓
	SMOKE DETECTOR ROOM 4508	✓
	SMOKE DETECTOR ROOM 4503	✓
	SMOKE DETECTOR ROOM 4501	✓
	SMOKE DETECTOR ROOM 4502	✓
	Building 4700	
Edwards iO64 Stand-alone	PULL STATION CLASSROOM	✓
	PULL STATION OFFICE	✓
	SMOKE DETECTOR ABOVE FACP	✓
	SMOKE DETECTOR STORAGE CLOSET	✓
	SMOKE DETECTOR A/C CLOSET NORTH	✓

DEFICIENCIES:

Building 4200 FACP #2. 9 troubles on the panel. Ground fault, Communication fault with panels 1,3,4,5,6,7,8. Device 147 SPEAKER CIRCUIT BLDG 4200 got the ground fault

Building 4100 FACP #1. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4400 FACP #4. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4300 FACP #3. 140 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4000 FACP #7. 9 troubles on the panel. 07050620Demux Audio Input, 07040620Demux Audio Input and communication fault with next panels: 1, 2, 3, 4, 5, 6, 8. Device 007 DUCT DET RET 2ND FL MECH RM 431E is not installed into the red duct housing because the A/C unit needs to be fixed first. This device ignoring the walk test also.

Building 4500 Stand alone panel. One trouble on the panel Device SMOKE DETECTOR JANITOR CLOSET BASE TYPE MISTMATCH

Building 4600 FACP #8. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4800 FACP #5. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4800 FACP #6. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

PSC MILTON CAMPUS 4/6/2021

DEFICIENCIES:

Building 4200 FACP #2. 9 troubles on the panel. Ground fault, Communication fault with panels 1,3,4,5,6,7,8. Device 147

SPEAKER CIRCUIT BLDG 4200 got the ground fault

Building 4100 FACP #1. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4400 FACP #4. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4300 FACP #3. 140 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4000 FACP #7. 9 troubles on the panel.

07050620Demux Audio Input, 07040620Demux Audio Input

Building 4500 Stand alone panel. One trouble on the panel

Device SMOKE DETECTOR JANITOR CLOSET BASE TYPE
MISMATCHED

Building 4600 FACP #8. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4800 FACP #5. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900

Building 4800 FACP #6. 141 troubles on the panel. All troubles from buildings 4300, 4600, 4800 and 4900



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2021

PREPARED FOR

Pensacola State College
Warrington Campus
Buildings 3000 and 3200

INSPECTION AND TESTING FORM

DATE: April 4, 2021

TIME: _____

SERVICE ORGANIZATION



218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Warrington BLDG 3000 & 3200
 ADDRESS: 5555 W. Highway 98, Pensacola, FL 32507
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 2021 _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Pyrotechnics MODEL NO. _____
 CIRCUIT STYLES: _____
 NO. OF CIRCUITS: _____
 SOFTWARE REV: N/A
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/4/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	MANUAL STATIONS
_____	_____	ION DETECTORS
_____	_____	PHOTO DETECTORS
_____	_____	DUCT DETECTORS
_____	_____	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>26</u>	_____	STROBES
<u>27</u>	_____	SPEAKERS
_____	_____	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	2021 _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): PXL in outside mech RM 3211E
 Disconnecting Means Location: _____
- b. Secondary (Standby):
X Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: X 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENT:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2021 _____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LOAD VOLTAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[]	[]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	[X]	[X]	[X]
(SPECIFY) Door release	[X]	[X]	[X]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	2021 []
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	N A		TIME	COMMENTS
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUERVISORY RESTORAL	[]	[]	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE	YES	NO	WHO	TIME
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
MONITORING AGENCY	[]	[]	_____	_____
BUILDING OCCUPANTS	[]	[]	_____	_____
OTHER (SPECIFY)	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 04/04/21 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 04/04/21 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Warrington Campus	Alarm
Building 3000/3200	
ZN 1 BLD 3000 PS DSD	⊗
ZN 2 CLASS RM PULLS	⊗
ZN 3 CLASS WING HEAT	⊗
ZN 4 CLASS WING DSDS	⊗
ZN 5 RM3201J HEAT DET	⊗
ZN 6 PULLS 1ST FLOUR	⊗
ZN 7 3211E SD DSDS	⊗
ZN 8 2ND FLOOR PULL	⊗
ZONE 9	⊗
ZN 10 VET TECH PULLS	⊗
ZN 11 VET TECH HEATS	⊗
ZONE 12	⊗

DEFICIENCIES:

On the fire alarm panel screen doesn't show anything. All LED Is blinking. I found two mechanically damaged parts on the board inside of the panel. This panel needs to be fixed first, then inspection could be possible.

PSC WARRINGTON BLDG 3000 & 3200 04/04/21

DEFICIENCIES:

On the fire alarm panel screen doesn't show anything. All LED Is blinking. I found two mechanically damaged parts on the board inside of the panel. This panel needs

2021



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2021

PREPARED FOR

Pensacola State College
Warrington Campus
Building 3100

INSPECTION AND TESTING FORM

DATE: April 4, 2021
 TIME: _____

SERVICE ORGANIZATION


IVANCO INC
 YOUR PARTNER IN SAFETY
 218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Warrington BLDG 3100
 ADDRESS: 5555 W. Highway 98, Pensacola, FL 32507
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Pyrotechnics MODEL NO. _____
 CIRCUIT STYLES: 4,Y
 NO. OF CIRCUITS: 5
 SOFTWARE REV: N/A
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/4/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>10</u>	<u>4</u>	MANUAL STATIONS
<u>4</u>	<u>4</u>	ION DETECTORS
<u>7</u>	<u>4</u>	PHOTO DETECTORS
<u>1</u>	<u>4</u>	DUCT DETECTORS
<u>1</u>	<u>4</u>	HEAT DETECTORS
<u>2</u>	<u>4</u>	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>41</u>	<u>Y</u>	STROBES
<u>54</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): 4010 in mech RM 3119
 Disconnecting Means Location: _____
- b. Secondary (Standby):
 Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	STAFF	_____
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
OTHER (SPECIFY)	[]	[]	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENT:	[]	[]	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	_____
INTERFACE EQUIPMENT	[X]	[X]	_____
LAMPS/LEDS	[X]	[X]	_____
FUSES	[X]	[X]	_____
PRIMARY POWER SUPPLY	[X]	[X]	_____
TROUBLE SIGNALS	[X]	[X]	_____
DISCONNECT SWITCHES	[X]	[X]	_____
GROUND FAULT MONITORING	[]	[]	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]	[X]	_____
LOAD VOLTAGE	[X]	[X]	_____
DISCHARGE TEST		[]	_____
CHARGER TEST	[X]	[X]	_____
SPECIFIC GRAVITY		[]	_____

TRANSIENT SUPPRESSORS

[]

REMOTE ANNUNCIATORS

[X]

[X]

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	_____
VISIBLE	[X]	[X]	_____
SPEAKERS	[]	[]	_____
VOICE CLARITY	[]	[]	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) Door release	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 04/04/21 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 04/04/21 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Warrington Campus	Alarm
Building 3100	
M1-1 PULL STATION NORTH WEST EXIT	✓
M1-2 PULL STATION WEST EXIT	✓
M1-3 SMOKE DETECTOR ABOVE FACP	✓
M1-4 PULL STATION DENTAL LAB EXIT	✓
M1-5 PULL STATION MAIN ENTRANCE	✓
M1-6 DUCT DET RETURN AHU CLOSET	✓
M1-7 DUCT DETECTOR SUPPLY AHU CLOSET	✓
M1-8 DUCT DETECTOR RETURN AHU CLOSET	✓
M1-9 DUCT DETECTOR SUPPLY AHU CLOSET	✓
M1-10 SMOKE DETECTOR ELEVATOR LOBBY	✓
M1-11 PULL STATION MAIN HALL REAR EXIT	✓
M1-12 PULL STATION 2ND FL COMPUTER LAB	✓
M1-13 PULL STAT 2ND FL CLASSROOM HALLWAY	✓
M1-14 PULL STATION 2ND FL EAST EXIT	✓
M1-15 SMOKE DETECTOR 2ND ELEVATOR LOBBY	✓
M1-16 SMOKE DETECTOR ELEVATOR SHAFT	✓
M1-17 HEAT DETECTOR ELEVATOR SHAFT	✓
M1-18 DUCT DETECTOR AHU 2ND FL HALL	✓
M1-19 DUCT DETECTOR AHU 2ND FLOOR HALL	✓
M1-20 PULL STATION 2ND FL WEST EXIT	✓
M1-22 SPRINKLER MONITOR RISER RM	✓
44009A POINT LABEL	✓
DUCT DETECTOR AHU PENTHOUSE	✓
PULL STATION 1ST FLOOR REAR EXIT	✓

DEFICIENCIES:

NONE

PSC WARRINGTON BLDG 3100

04/04/21

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2021

PREPARED FOR

Pensacola State College
Warrington Campus
Buildings 3300 & 3400

INSPECTION AND TESTING FORM

DATE: April 4, 2021
 TIME: _____

SERVICE ORGANIZATION



IVANCO INC
 YOUR PARTNER IN SAFETY
 218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Warrington LDG 3300 & 3400
 ADDRESS: 5555 W. Highway 98, Pensacola, FL 32507
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Siemens MODEL NO. FS-250
 CIRCUIT STYLES: 4,Y
 NO. OF CIRCUITS: 5
 SOFTWARE REV: 6.1
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/4/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	DESCRIPTION
<u>6</u>	<u>4</u>	MANUAL STATIONS
<u>8</u>	<u>4</u>	ION DETECTORS
<u>6</u>	<u>4</u>	PHOTO DETECTORS
<u>1</u>	<u>4</u>	DUCT DETECTORS
<u>1</u>	<u>4</u>	HEAT DETECTORS
<u>1</u>	<u>4</u>	WATERFLOW SWITCHES
<u>2</u>	<u>4</u>	SUPERVISORY SWITCHES
		OTHER (SPECIFY) <u>Relay</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	DESCRIPTION
		BELLS
		HORNS
		CHIMES
<u>45</u>	<u>Y</u>	STROBES
<u>39</u>	<u>Y</u>	SPEAKERS
		OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): Mech/Elec RM 3404E Annunciator in RM 3301 building 3300
 Disconnecting Means Location: _____
- b. Secondary (Standby):
 Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	STAFF	_____
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
OTHER (SPECIFY)	[]	[]	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENT:	[]	[]	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	_____
INTERFACE EQUIPMENT	[X]	[X]	_____
LAMPS/LEDS	[X]	[X]	_____
FUSES	[X]	[X]	_____
PRIMARY POWER SUPPLY	[X]	[X]	_____
TROUBLE SIGNALS	[X]	[X]	_____
DISCONNECT SWITCHES	[X]	[X]	_____
GROUND FAULT MONITORING	[]	[]	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]	[X]	_____
LOAD VOLTAGE	[X]	[X]	_____
DISCHARGE TEST		[]	_____
CHARGER TEST	[X]	[X]	_____
SPECIFIC GRAVITY		[]	_____

TRANSIENT SUPPRESSORS

[]

REMOTE ANNUNCIATORS

[X]

[X]

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	_____
VISIBLE	[X]	[X]	_____
SPEAKERS	[]	[]	_____
VOICE CLARITY	[]	[]	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	[]	[]	_____
PHONE JACKS	[]	[]	_____
OFF-HOOK INDICATOR	[]	[]	_____
AMPLIFIER(S)	[]	[]	_____
TONE GENERATOR(S)	[]	[]	_____
CALL IN SIGNAL	[]	[]	_____
SYSTEM PERFORMANCE	[]	[]	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) <u>AHU shutdown</u>	[X]	[X]	[X]
(SPECIFY) <u>Door release</u>	[X]	[X]	[X]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	[X]	[]	_____	_____
ALARM RESTORAL	[X]	[]	_____	_____
TROUBLE SIGNAL	[X]	[]	_____	_____
TROUBLE RESTORAL	[]	[]	_____	_____
SUPERVISORY SIGNAL	[]	[]	_____	_____
SUERVISORY RESTORAL	[]	[]	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	[X]	[]	<u>STAFF</u>	_____
MONITORING AGENCY	[]	[]	_____	_____
BUILDING OCCUPANTS	[]	[]	_____	_____
OTHER (SPECIFY)	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 04/04/21 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 04/04/21

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Warrington Campus	Alarm
Building 3300/3400	
1001 PULL STATION BLDG 3300	✓
1002 DUCT DET BLDG 3300	✓
1003 DUCT DET BLDG 3300	✓
1004 SMOKE DET LOBBY BLDG 3300	✓
1010 AHU RELAY BLDG 3300	✓
1101 PULL STATION 1ST FLR EAST	✓
1102 PULL STATION 1ST FLR WEST	✓
1103 PULL STATION 1ST FLR NORTH	✓
1104 1ST FLR HALLWAY	✓
1105 SMOKE DET 1ST FLR ELEV RM	✓
1106 SMOKE DET ABOVE FACP	✓
1107 HEAT DETECTOR ELEV PIT SHUNT CNT	✓
1110 DUCT DET OUTSIDE MECH RM	✓
1111 DUCT DET OUTSIDE MECH RM	✓
1112 FLOW OUT MECH RM	✓
1113 TAMPER OUT MECH RM	✓
1120 AHU SHUTDOWN OUTSIDE MECH RM	✓
1121 GAS RELAY BLDG 3400	✓
1201 PULL STATION 2ND FLR EAST	✓
1202 PULL STATION 2ND FLR WEST	✓
1203 PULL STATION 2ND FLR NORTH	✓
1204 DUCT DET 2ND FLR MECH RM	✓
1205 DUCT DET 2ND FLR MECH RM	✓
1206 SMOKE DET 2ND FLR HALL	✓
1207 HEAT DET TOP OF SFT 2ND FLR ELEV	✓
1210 AHU SHUTDOWN 2ND FLR MECH RM	✓
1211 SMOKE DET 2ND FLR ELEC RM	✓
1212 SMOKE DET 2ND FLR MECH RM	⊘
1213 HEAT DET 2ND FLR JANITOR	✓
1214 SMOKE DET 1ST FLR CUSTODIAL RM	✓

DEFICIENCIES:

Building 3300 was damaged by water and now remodeling almost finished. It could be a reason of the trouble: 1017 Not Programed. Second trouble on the panel is 2nd FLR. Mech. Rm. smoke DET. 1212 NoRespons

PSC WARRINGTON BLDG 3300 & 3400

04/04/21

DEFICIENCIES:

Building 3300 was damaged by water and now remodeling almost finished. It could be a reason of the trouble: 1017 Not Programed.

Second trouble on the panel is 2nd FLR.

Mech. Rm. smoke DET. 1212 No Response.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2021

PREPARED FOR

Pensacola State College
Warrington Campus
Building 3500

INSPECTION AND TESTING FORM

DATE: April 4, 2021
 TIME: _____

SERVICE ORGANIZATION


IVANCO INC
 YOUR PARTNER IN SAFETY
 218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Warrington BLDF 3500
 ADDRESS: 5555 W. Highway 98, Pensacola, FL 32507
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Firelite MODEL NO. _____
 CIRCUIT STYLES: 4,Y
 NO. OF CIRCUITS: 5
 SOFTWARE REV: N/A
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/4/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>3</u>	<u>4</u>	MANUAL STATIONS
_____	_____	ION DETECTORS
_____	_____	PHOTO DETECTORS
<u>2</u>	<u>4</u>	DUCT DETECTORS
<u>1</u>	<u>4</u>	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
_____	_____	OTHER (SPECIFY) <u>Relay</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>6</u>	<u>Y</u>	STROBES
<u>6</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 2
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): MS-4 in Room 3511-E
 Disconnecting Means Location: _____
- b. Secondary (Standby):
 Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	STAFF	_____
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
OTHER (SPECIFY)	[]	[]	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENT:	[]	[]	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	_____
INTERFACE EQUIPMENT	[X]	[X]	_____
LAMPS/LEDS	[X]	[X]	_____
FUSES	[X]	[X]	_____
PRIMARY POWER SUPPLY	[X]	[X]	_____
TROUBLE SIGNALS	[X]	[X]	_____
DISCONNECT SWITCHES	[X]	[X]	_____
GROUND FAULT MONITORING	[]	[]	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]	[X]	_____
LOAD VOLTAGE	[X]	[X]	_____
DISCHARGE TEST		[]	_____
CHARGER TEST	[X]	[X]	_____
SPECIFIC GRAVITY		[]	_____

TRANSIENT SUPPRESSORS

[]

REMOTE ANNUNCIATORS

[X]

[X]

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	_____
VISIBLE	[X]	[X]	_____
SPEAKERS	[]	[]	_____
VOICE CLARITY	[]	[]	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) Door release	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 04/04/21 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 04/04/21 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Warrington Campus	Alarm
Building 3500	
HEAT DETECTOR ABOVE FACP RM 3511-E	✓
PULL STATION MAIN ENTRANCE	✓
PULL STATION NORTH EXIT	✓
PULL STATION NORTH EXIT STORAGE	✓
DUCT DETECTOR OUTSIDE MECH RM	✓
DUCT DETECTOR OUTSIDE MECH RM	✓

DEFICIENCIES:

NONE

PSC WARRINGTON BLDG 3500

04/04/21

DEFICIENCIES:

NONE



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2021

PREPARED FOR

Pensacola State College
Warrington Campus
Building 3600

INSPECTION AND TESTING FORM

DATE: April 4, 2021
 TIME: _____

SERVICE ORGANIZATION



IVANCO INC
 YOUR PARTNER IN SAFETY
 218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Warrington BLDG 3600
 ADDRESS: 5555 W. Highway 98, Pensacola, FL 32507
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Edwards MODEL NO. EST 3
 CIRCUIT STYLES: 4, Y
 NO. OF CIRCUITS: _____
 SOFTWARE REV: N/A
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/4/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>10</u>	<u>4</u>	MANUAL STATIONS
_____	_____	ION DETECTORS
_____	_____	PHOTO DETECTORS
<u>2</u>	<u>4</u>	DUCT DETECTORS
<u>78</u>	<u>4</u>	HEAT DETECTORS
_____	_____	WATERFLOW SWITCHES
_____	_____	SUPERVISORY SWITCHES
<u>2</u>	<u>4</u>	OTHER (SPECIFY) <u>Relay</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BELLS
_____	_____	HORNS
_____	_____	CHIMES
<u>21</u>	<u>Y</u>	STROBES
<u>45</u>	<u>Y</u>	SPEAKERS
_____	_____	OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 1
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): FACP 1 in ELECTRICAL RM 3609E
 Disconnecting Means Location: _____
- b. Secondary (Standby):
 Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 - _____ Emergency system described in NFPA 70, Article 700
 - _____ Legally required standby described in NFPA 70, Article 701
 - _____ Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	STAFF	_____
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
OTHER (SPECIFY)	[]	[]	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENT:	[]	[]	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	_____
INTERFACE EQUIPMENT	[X]	[X]	_____
LAMPS/LEDS	[X]	[X]	_____
FUSES	[X]	[X]	_____
PRIMARY POWER SUPPLY	[X]	[X]	_____
TROUBLE SIGNALS	[X]	[X]	_____
DISCONNECT SWITCHES	[X]	[X]	_____
GROUND FAULT MONITORING	[]	[]	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]	[X]	_____
LOAD VOLTAGE	[X]	[X]	_____
DISCHARGE TEST		[]	_____
CHARGER TEST	[X]	[X]	_____
SPECIFIC GRAVITY		[]	_____

TRANSIENT SUPPRESSORS

[]

REMOTE ANNUNCIATORS

[X]

[X]

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	_____
VISIBLE	[X]	[X]	_____
SPEAKERS	[]	[]	_____
VOICE CLARITY	[]	[]	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) Door release	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 04/04/21 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 04/04/21 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Warrington Campus	Alarm
Building 3600	
001 SMOKE DET IN ELEC/COMM RM 3609E	✓
003 HEAT DET IN LOBBY 3601 BY BKSTRE	✓
003 HEAT DET IN LOBBY BY ELEC RM 3609E	✓
004 HEAT DET IN HALL BY SOCIAL EATING AREA RM 3601	✓
005 HEAT DET IN WIFI AREA BY RM 3607	✓
006 DUCT DET IN MECH RM 3610N	✓
007 HEAT DET IN MECHANICAL ROOM 3610N	✓
008 HEAT DET IN OUTSIDE ELEC ROOM	✓
009 HEAT DET IN VENDING RM 3603	✓
011 HEAT DET IN SUBWAY RM 3607	✓
	✓
013 HEAT DET IN WOMANS RESTROOM 3606	✓
015 HEAT DET IN JANITOR CLOSET 3604	✓
016 HEAT DET IN MENS RESTROOM 3605	✓
017 HEAT DET IN HALL BY SOCIAL EATING AREA RM 3601	✓
018 HEAT DET IN LOBBY ENTRANCE BY HALLWAY 3601	✓
019 HEAT DET IN OFFICE 3613	✓
020 HEAT DET IN OFFICE 3614	✓
021 HEAT DET IN OFFICE 3615	✓
022 HEAT DET IN OFFICE 3616	✓
023 HEAT DET IN STORAGE RM 3617	✓
024 HEAT DET BY WORKROOM 3618	✓
025 HEAT DET IN DIRECTOR RM 3619	✓
026 HEAT DET IN ADMIN/REG AREA 3612	✓
027 HEAT DET IN STORAGE RM 3624	✓
028 HEAT DET IN STORAGE RM 3626	✓
029 HEAT DET BY OFFICE 3622	✓
030 HEAT DET IN CAREER CENTER 3625	✓
031 HEAT DET IN BREAK ROOM 3628	✓
032 HEAT DET IN MECHANICAL ROOM 3662M	✓
033 DUCT DET IN MECHANICAL RM 3662M (AHU-2)	✓
034 HEAT DET IN CONFERENCE RM 3627	✓
035 HEAT DET IN WAREHOUSE BY OFFICE 3661	✓
036 HEAT DET IN WAREHOUSE OFFICE 3661	✓
037 HEAT DET IN CAMPUS WAREHOUSE 3660	✓
038 HEAT DET IN CAMPUS WAREHOUSE 3660	✓
039 HEAT DET IN CAMPUS WAREHOUSE 3660	✓
040 HEAT DET IN COMM RM 3659E	✓
041 HEAT DET IN WAREHOUSE BOOKSTORE 3663	✓
042 HEAT DET IN WAREHOUSE BOOKSTORE 3663	✓
043 HEAT DET IN CAMPUS RECEIVING 3651	✓
044 HEAT DET IN CAMPUS RECEIVING 3651	✓
045 HEAT DET IN CAMPUS RECEIVING 3651	✓
046 HEAT DET IN BREAKROOM 3655	✓
047 HEAT DET IN DRESSING RM 2 IN BOOKSTORE	✓
048 HEAT DET IN DRESSING RM 1 IN BOOKSTORE	✓

049 HEAT DET IN BATHROOM 3654	✓
050 HEAT DET BY RESTROOM 3654	✓
051 HEAT DET IN BOOKSTORE 3653	✓
052 HEAT DET IN BOOKSTORE 3653	✓
053 HEAT DET IN TEXTBOOK INFORMATION CENTER 3653	✓
054 HEAT DET NEAR CHEKOUT IN BKSTR 3653	✓
055 HEAT DET IN BOOKSTORE RM 3653	✓
056 HEAT DET IN STUDENT GATHERING BY 3650	✓
057 HEAT DET IN STUDENT GATHERING BY 3645	✓
058 HEAT DET IN STUDENT GATHERING ENTRANCE BY 3612	✓
059 HEAT DET IN STUDENT GATHERING BY 3612	✓
060 HEAT DET IN STUDENT GATHERING BY 3625	✓
061 HEAT DET IN STUDENT GATHERING BY 3644	✓
062 HEAT DET IN STUDENT GATHERING AREA BY 3639	✓
063 HEAT DET IN HALL BY SGA KITCHEN 3634	✓
064 HEAT DET IN STUDENT GATHERING AREA BY 3631	✓
065 HEAT DET IN HALL BY RESTROOMS 3629	✓
066 HEAT DET IN MENS RESTROOM 3630	✓
067 HEAT DET IN WOMENS RESTROOM 3629	✓
068 HEAT DET IN SGA OFFICE 3631	✓
069 HEAT DET IN STORAGE RM 3632	✓
070 HEAT DET IN SGA KITCHEN 3634	✓
071 HEAT DET OFFICE RM 3657	✓
072 HEAT DET IN EOC OFFICE 3635	✓
073 HEAT DET IN HPOG OFFICE 3636	✓
074 HEAT DET IN OFFICE RM 3656	✓
075 HEAT DET IN STORAGE RM 3638	✓
076 HEAT DET IN CC OFFICE 3637	✓
077 HEAT DET IN STORAGE RM 3641	✓
078 HEAT DET IN HPOG OFFICE 3640	✓
076 HEAT DET IN HPOG OFFICE 3642	✓
080 HEAT DET IN VA OFFICE 3646	✓
081 HEAT DET IN FA OFFICE 3648	✓
082 HEAT DET FINANCIAL AID 3647	✓
083 HEAT DET IN STORAGE RM 3649	✓
085 HEAT DET IN CASHIERS RM 3650	✓
126 PULL STATION IN LOBBY BY ELEC RM 3609E	✓
127 CONTROL RELAY IN MECH RM 3610N	✓
	✓
129 PULL STAT IN LOBBY ENTRANCE BY HALLWAY 3601	✓
130 PULL STATION IN ADMIN/REG AREA 3612	✓
131 PULL STATION IN HALL BY BREAKRM 3628	✓
132 CONTROL RELAY IN MECHANICAL RM 3662M	✓
133 PULL STAT IN WAREHOUSE BY OFFICE 3661	✓
134 PULL STATION IN WAREHOUSE BKSTR 3663	✓
135 PULL STATION IN CAMPUS RECEIVING 3651	✓
136 PULL STATION IN CAMPUS RECEIVING 3651	✓
137 PULL STATION IN BOOKSTORE 3653	✓
138 PULL STATION IN BOOKSTORE RM 3653	✓

001 VISUAL CIRCUIT 1	✓
002 VISUAL CIRCUIT 2	✓
003 SPARE MONITOR ZONE	✓
004 SPARE MONITOR ZONE	✓
005 VISUAL CIRCUIT 3	✓
006 BOOSTER TRIP	✓
007 SPARE MONITOR ZONE	✓
008 SPARE MONITOR ZONE	✓

DEFICIENCIES:

All labels are wrong, it needs to be updated in the database.

PSC WARRINGTON CAMPUS BLDG 3600 04/04/21

DEFICIENCIES:

All labels are wrong, it needs to be updated in the database.



OFFICE PARK – SUITE 500
218 GREEN ACRES ROAD
FT. WALTON BEACH, FL 32547

PH# 850-862-9001
FL CERT. EF0001094

FIRE ALARM INSPECTION REPORT 2021

PREPARED FOR

Pensacola State College
Warrington Campus
Building 3700

INSPECTION AND TESTING FORM

DATE: April 4, 2021
 TIME: _____

SERVICE ORGANIZATION



IVANCO INC
 YOUR PARTNER IN SAFETY
 218 Green Acres Road, Suite 500 Phone: 850-862-9001
 Ft. Walton Beach, FL 32547
 FL CERT. EF0001094

PROPERTY NAME (USER)

NAME: PSC - Warrington BLDG 3700
 ADDRESS: 5555 W. Highway 98, Pensacola, FL 32507
 OWNER CONTACT: _____

MONITORING ENTITY

CONTACT: _____
 TELEPHONE: _____
 MONITORING ACCOUNT REF. NO.: N/A

APPROVING AGENCY

CONTACT: _____
 TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other Local

SERVICE

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other (Specify)

PANEL MANUFACTURER: Notifier MODEL NO. AFP 300
 CIRCUIT STYLES: 4,Y
 NO. OF CIRCUITS: 9
 SOFTWARE REV: 3.62
 LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 4/4/2021
 LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM INITATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>14</u>	<u>4</u>	MANUAL STATIONS
<u>9</u>	<u>4</u>	ION DETECTORS
<u>7</u>	<u>4</u>	PHOTO DETECTORS
<u>2</u>	<u>4</u>	DUCT DETECTORS
<u>1</u>	<u>4</u>	HEAT DETECTORS
<u>3</u>	<u>4</u>	WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY) <u>Relay</u>

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>69</u>	<u>Y</u>	BELLS
<u>83</u>	<u>Y</u>	HORNS
		CHIMES
		STROBES
		SPEAKERS
		OTHER (SPECIFY) _____

NO. OF ALARM NOTIFICATION APPLIANCE CIRCUITS: 8
 ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	N A	CIRCUIT STYLE	
_____		_____	BUILDING TEMP
_____		_____	SITE WATER TEMP
_____		_____	SITE WATER LEVEL
_____		_____	FIRE PUMP POWER
_____		_____	FIRE PUMP RUNNING
_____		_____	FIRE PUMP AUTO POSITION
_____		_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____		_____	GENERATOR IN AUTO POSITION
_____		_____	GENERATOR OR CONTROLLER TROUBLE
_____		_____	SWITCH TRANSFER
_____		_____	GENERATOR ENGINE RUNNING
_____		_____	OTHER: (SPECIFY) _____

SIGNALING LINE CIRCUITS

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

Quantity 1 Style(s) 4

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120, Amps 20
 Overcurrent Protection: Protection: Type BREAKER Amps 20
 Location (Panel Number): AFP-300 in main Hallway by Dean office
 Disconnecting Means Location: _____
- b. Secondary (Standby):
 Storage Battery: Amp-Hr Rating 18AH
 Calculated capacity to operate system in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify) _____

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70 Article 702 which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATION ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	[]	[]	_____	_____
BUILDING OCCUPANTS	[X]	[]	STAFF	_____
BUILDING MANAGEMENT	[X]	[]	STAFF	_____
OTHER (SPECIFY)	[]	[]	_____	_____
AHU (NOTIFIED) OF ANY IMPAIRMENT:	[]	[]	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	_____
INTERFACE EQUIPMENT	[X]	[X]	_____
LAMPS/LEDS	[X]	[X]	_____
FUSES	[X]	[X]	_____
PRIMARY POWER SUPPLY	[X]	[X]	_____
TROUBLE SIGNALS	[X]	[X]	_____
DISCONNECT SWITCHES	[X]	[X]	_____
GROUND FAULT MONITORING	[]	[]	_____

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]	[X]	_____
LOAD VOLTAGE	[X]	[X]	_____
DISCHARGE TEST		[]	_____
CHARGER TEST	[X]	[X]	_____
SPECIFIC GRAVITY		[]	_____

TRANSIENT SUPPRESSORS

[]

REMOTE ANNUNCIATORS

[X]

[X]

NOTIFICATION APPLIANCES

AUDIBLE	[X]	[X]	_____
VISIBLE	[X]	[X]	_____
SPEAKERS	[]	[]	_____
VOICE CLARITY	[]	[]	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]
_____	_____	[]	[]	_____	_____	[]	[]

COMMENTS: SEE ATTACHED TEST LOG

	VISUAL	FUNCTION	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
		N A	
PHONE SETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) AHU shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) Door release	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PROCEDURES: _____			

COMMENTS: SEE ATTACHED TEST LOG

	YES	NO	TIME	COMMENTS
N A				
ON/OFF PERMISSES MONITORING:				
ALARM SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	YES	NO	WHO	TIME
NOTIFICATIONS THAT TESTING:				
IS COMPLETE				
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	_____
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY: See Attached Test Log

SYSTEM RESTORED TO NORMAL OPERATION: DATE 04/04/21 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDRDS.

NAME OF INSPECTOR: Oleg Chuprino

DATE: 04/04/21 TIME: _____

SIGNATURE: Oleg Chuprino

NAME OF OWNER OR REPRESENTATIVE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

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PSC Warrington Campus	Alarm
Building 3700	
D101 SMOKE DET ABOVE FACP	✓
D102 SMOKE DET WEST ELEV LOBBY	✓
D103 SMOKE DET WEST ELEV MACHINE RM	✓
D104 HEAT DET WEST ELEV MACHINE RM	✓
D105 DUCT DET AHU 2 SUPPLY	✓
D106 DUCT DET AHU 2 RETURN	✓
D107 HEAT DET EAST ELEV MACHINE RM	✓
D108 SMOKE DET EAST ELEV MACHINE RM	✓
D109 SMOKE DET EAST ELEV LOBBY	✓
D120 DUCT DET AHU 1 SUPPLY	✓
D121 DUCT DET AHU 1 RETURN	✓
D122 SMOKE DET WEST ELEV LOBBY	✓
D123 SMOKE DET WEST ELEV SHAFT	✓
D125 DUCT DET AHU 3 SUPPLY	✓
D126 DUCT DET AHU 3 RETURN	✓
D127 DUCT DET OAU SUPPLY	✓
D128 SMOKE DET EAST ELEV LOBBY	✓
D129 SMOKE DET EAST ELEV LOBBY	✓
M101 PULL STATION SOUTH WEST EXIT	✓
M102 PULL STATION WEST STAIRWAY EXIT	✓
M103 PULL STATION MAIN HALL WEST	✓
M104 PULL STATION HOME RECUE EXIT	✓
M105 PULL STATION NORTH STAIRWAY EXIT	✓
M106 PULL STATION PARAMEDIC LAB EXIT	✓
M107 PULL STATION MAIN HALL EAST	✓
M108 PULL STATION EAST STAIRWAY	✓
M109 PULL STATION EAST ELEV LOBBY	✓
M110 PULL STATION NURSE'S LAB EXIT	✓
M111 PULL STATION NURSE'S LAB NORT EXIT	✓
M112 PULL STATION EAST HALL NORTH EXIT	✓
M121 PULL STATION WEST STAIRWAY EXIT	✓
M122 PULL STATION EAST STAIRWAY EXIT	✓
M140 SPRINKLER FLOW	✓
M141 SPRINKLER RISER RM	✓
M142 SOUTH PIV O/S	✓
M146 RELAY OAU 1 S/D	✓
M147 RELAY AHU 3 S/D	✓
M148 RELAY AHU 1 S/D	✓
M149 RELAY AHU 2 S/D	✓
M150 RELAY PRI.RECALL ELEV	✓
M151 RELAY ALT RECALL ELEV	✓
M152 RELAY EAST HAT ELEV SHAFT	✓
M153 RELAY DO NOT USE EAST ELEV	✓
M154 RELAY PRIMARY RECALL WEST ELEV	✓
M155 RELAY ALT RECAL WEST EAST ELEV	✓
M156 RELAY WEST ELEV HAT LIGHT	✓
M157 RELAY DO NOT USE WEST ELEV	✓
M158 RELAY EAST ELEV SHUTDOWN	✓

M159 RELAY WEST ELEV SHUTDOWN	✓
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DEFICIENCIES:

NONE

PSC WARRINGTON CAMPUS
DEFICIENCIES:
NONE

04/04/21