

# Fire Alarm Inspection Report

This form is to be completed by the system inspection and testing contractor at the time of the system test. It shall be permitted to modify this form as needed to provide a more complete and/or accurate record. Insert N/A in all unused lines. Attach additional sheets, data, or calculation as needed to provide a complete record.

1. Property Information						
Property Name:	Lincoln Station 2			Sprinkled:	No	
Property Address:	700 Bitner Rd. Park City, Ut. 84098					
Inspection Date:	Aug 16, 2022	Time:	9:00 AM	Compliant / Deficient:	COMPLIANT	
	Initial/ Acceptance	Annual	Semiannual	Quarterly	Monthly	Weekly
Inspection Type:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspection & Testing Contractor						
Company Name:	Fire Suppression Services					
Company Address:	3802 S. 2300 E. Millcreek, Ut. 84109					
Company Phone:	801-277-6464					
3. Central Station Monitoring Information						
Monitoring Company:	Not Monitored					
Company Phone:	N/A					
Monitoring Account #:	N/A					
Transmission Format:	N/A					
Entity Alarms Are Retransmitted:	N/A			Phone:	N/A	
4. Notifications Made Prior To Testing						
Monitoring Organiztion:	Contact:	N/A		Time:	N/A	
Building Management:	Contact:	Vincent Criscione		Time:	8:00 AM	
Building Occupants:	Contact:	N/A		Time:	N/A	
Authority Having Jurisdiction:	Contact:	N/A		Time:	N/A	
5. Description of System Or Service						
5.1 Control Panel(s)						
Manufacturer:	Honeywell		Model:	Vista-20	Quantity:	1
Location:	Fire Alarm Panel Room/ Break Room					
Means Of Transmission:	N/A		Primary Line Connected To Panel:		N/A	
Primary (Main) Power:	N/A		Secondary Line Connected To Panel:		N/A	
Over Current Protection Type:	Circuit Breaker	Disconnect Location:		N/A	Amps:	20
Secondary Power:	Battery	Standby Mode (Hours):		24	Alarm (Minutes):	5
5.2 Remote Power Panel(s)						
Manufacturer:	N/A		Model:	N/A	Quantity:	N/A
Location(s):	N/A					
Over Current Protection Type:	N/A	Disconnect Location:		N/A	Amps:	N/A
Secondary Power:	N/A	Standby Mode (Hours):		N/A	Alarm (Minutes):	N/A
Manufacturer:	N/A		Model:	N/A	Quantity:	N/A
Location(s):	N/A					
Over Current Protection Type:	N/A	Disconnect Location:		N/A	Amps:	N/A
Secondary Power:	N/A	Standby Mode (Hours):		N/A	Alarm (Minutes):	N/A
5.3 Annunciator(s)						
Manufacturer:	Honeywell			Model:	N/A	
Annunciator Location(s):	Next to Panel			Quantity:	1	

6. Testing Results						
6.1 Control Panel And Related Equipment						
Description	Visual Inspection (Pass) (Fail)		Functional Test (Pass) (Fail)		N/A	Comments
Control Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Ground-fault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Local annunciator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Remote annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
6.2 Secondary Power						
Description	Visual Inspection (Pass) (Fail)		Functional Test (Pass) (Fail)		N/A	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Load Voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Discharge Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Charger Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Remote Panel Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
6.3 Auxiliary Functions						
Description	Visual Inspection (Pass) (Fail)		Functional Test (Pass) (Fail)		N/A	Comments
Door Releasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door Unlocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator Recall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator Shunt Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
HVAC Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
6.4 Supervising Station Signal Receipts						
Description	Yes	No	N/A	Time	Comments	
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A			
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A			
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A			
Trouble Restore	<input type="checkbox"/>	<input type="checkbox"/>	N/A			
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A			
Supervisory Restore	<input type="checkbox"/>	<input type="checkbox"/>	N/A			

6. Testing Results (Continued)							
6.5 Public Emergency Alarm Reporting System							
Description	Yes	No	N/A	Time	Comments		
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A				
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A				
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A				
Trouble Restore	<input type="checkbox"/>	<input type="checkbox"/>	N/A				
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A				
Supervisory Restore	<input type="checkbox"/>	<input type="checkbox"/>	N/A				
6.6 Alarm & Supervisory Alarm Initiating Device (Supplementary Sheet Attached)				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
6.7 Notification Appliances (Supplementary Sheet Attached)				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
6.8 Interface Equipment (Supplementary Sheet Attached)				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
7. Notifications That Testing Is Complete					Comments		
Monitoring Organization:	N/A		Time:	N/A			
Building Management:	Vincent Criscione		Time:	11:00 AM			
Building Occupants:	N/A		Time:	N/A			
Authority Having Jurisdiction:	N/A		Time:	N/A			
Other (Specify)	N/A		Time:	N/A			
8. Device Counts							
Alarm Devices	Quantity	N/A	Notification Devices	Quantity	N/A		
FACP	1		Bells	0	N/A		
Power Supply/ Booster	0	N/A	Horns	0	N/A		
Annunciator	0	N/A	Horn/Strobes	0	N/A		
Photo Smoke Detectors	2		Strobes	0	N/A		
Ion Smoke Detectors	0	N/A	Low Frequency Horns	0	N/A		
Photo Smoke/ CO Detectors	0	N/A	Low Frequency Horn/Strobes	0	N/A		
Multi Criteria Detector	0	N/A	Speakers	0	N/A		
Heat Detectors	0	N/A	Speaker/Strobes	0	N/A		
Duct Detectors	0	N/A	Sounder Bases	0	N/A		
Tamper Valves	0	N/A			N/A		
Water Flow Switches	0	N/A	Other Devices (Specify)				
Temperature Switches	0	N/A			N/A		
Pull Stations	0	N/A			N/A		
Photo Smoke/ Heat Detectors	0	N/A			N/A		
CO Detector	0	N/A			N/A		
Pressure Switches	0	N/A			N/A		
Sync Modules	0	N/A			N/A		
Monitor Modules	0	N/A			N/A		
Control Relays	0	N/A			N/A		

## 11. System Restored To Normal Operation

<b>Date:</b>	<b>Aug 16, 2022</b>	<b>Time:</b>	<b>11:00 AM</b>
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12. Inspection Report Notes, Comments & Recommendations									
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### 13. Certification

<b>Signature:</b>		<b>Printed Name:</b>	<b>Zach Hagblom</b>	<b>Date:</b>	<b>Aug 16, 2022</b>
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<b>Organization:</b>	<b>Fire Suppression Services</b>	<b>Title:</b>	<b>FA Technician</b>	<b>Phone:</b>	<b>801-793-8937</b>
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<b>Qualifications:</b>	<b>AE-248</b>
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#### 14. Defects Or Malfunctions Not Corrected At Conclusion of System Inspection

[illegible]

## 15. Acceptance by Owner or Owner's Representative

<b>Signature:</b>	<b>Not Available to Sign</b>	<b>Printed Name:</b>	<b>Vincent Criscione</b>	<b>Date:</b>	<b>Aug 16, 2022</b>
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<b>Organization:</b>	<b>Crisco Development</b>	<b>Title:</b>	<b>Owner</b>	<b>Phone:</b>	<b>435-640-9950</b>
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Backup Battery Inspection						
Location:	FACP					
Type:	Sealed Lead Acid					
Nominal Voltage:	12					
Amp/Hour Rating:	8					
Quantity:	1					
Comments			Pass	Fail	N/A	Notes
Visual Inspection:	New		<input checked="" type="checkbox"/>	<input type="checkbox"/>		Installed 08/16/2022
Voltage Reading:	New	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Amp/Hour Reading:	New	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Location:	N/A					
Type:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	N/A					
Quantity:	N/A					
Comments			Pass	Fail	N/A	Notes
Visual Inspection:	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Voltage Reading:	N/A	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Amp/Hour Reading:	N/A	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Location:	N/A					
Type:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	N/A					
Quantity:	N/A					
Comments			Pass	Fail	N/A	Notes
Visual Inspection:	N/A		<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Voltage Reading:	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Amp/Hour Reading:	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Location:	N/A					
Type:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	N/A					
Quantity:	N/A					
Comments			Pass	Fail	N/A	Notes
Visual Inspection:	N/A		<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Voltage Reading:	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Amp/Hour Reading:	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Location:	N/A					
Type:	N/A					
Nominal Voltage:	N/A					
Amp/Hour Rating:	N/A					
Quantity:	N/A					
Comments			Pass	Fail	N/A	Notes
Visual Inspection:	N/A		<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Voltage Reading:	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Amp/Hour Reading:	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

## 6.6 Supplementary Initiating Device Test Results

[illegible]

## 6.7 Supplementary Notification Appliance Test Results

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