



**Data Service Center**

168 S. Dupont Highway  
New Castle, DE 19720  
www.dataservice.org

Phone: (302) 504-7200  
Fax: (302) 504-7201  
Helpdesk: (302) 504-7222

**CENTRAL BIDDING DEPARTMENT**

**ADDENDUM No. 1**

**Fire Alarm Signaling Systems and Sprinkler Systems – Testing & Inspection – BID #4-14-45**  
**Colonial School District**

Date of Addendum: May 1, 2014

OPENING DATE: **May 14, 2014 at 2:00 PM**

To all prospective bidders under the specifications and contract documents described above, this Addendum to BID is being issued to:

**To post the most recent annual sprinkler and fire alarm inspection reports for the Colonial School District, as requested by a prospective vendor.**



DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Carrie Downie Elementary Owner/Contact: Rick Bryson  
Address/City: 1201 Delaware St City: New Castle State: DE Phone Number: 302-358-1356  
Zip: 19720

**PROPERTY OWNER**

Owner: Colonial School District Address: \_\_\_\_\_

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc. FAL #: 0252  
Technician's Name: Ehart Date: 8-12-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Bld System Panel Location: Maint Room  
System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: Notifier

MODEL NUMBER: NFS 640

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7620 ☐ 7624 ☐ 7628  
☐ 7621 ☐ 7625 ☐ 7629  
☐ 7622 ☐ 7626 ☐ 7630  
☐ 7623 ☐ 7627 ☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☐ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

NO DEFICIENCIES NOTED

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
**FIRE ALARM SYSTEM**  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-12-13

Protected Property				Inspection Company			
Name:	Carrie Downie Elementary			Name:	Anaconda Protective Concepts, inc.		
Address:	1201 Delaware St			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	Colonial School District		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

System ID:	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, make and model of DACT installed: Security Instruments	
If yes, provide name, location, and phone number of monitoring company: 998-2261	

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12 v 55 amp	Tested OK?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:	
Generator Tests completed by: <input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)			

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)	

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	34	34	0	
Heat Detectors	4	4	0	
Smoke Detectors	63	63	0	
Duct Detectors	1	1	0	
Water Flow Devices				
Other				

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	52	52	0	
Chimes				
Speakers				
Remote Annunciators	2	2	0	
Visual Signals				
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	Notifier	Model #	NFS640	System ID	Bld System
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises					
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Colonial S D Carrie Downie	
Address:	1201 Delaware St	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-12-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Recommend Sensitivity Testing
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	(4) 12 v 55 amp Batteries amp tested 100%
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	No Deficiencies Noted
4.	<input type="checkbox"/> C <input type="checkbox"/> D	
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: CASTLE HILLS ELEMENTARY

Owner/Contact: RICK BRYSON

Address/City: 502 MOORES LANE City: NEW CASTLE State: DE  
Zip: 19720

Phone Number: (302) 358-1356

**PROPERTY OWNER**

Owner: COLONIAL SCHOOL DISTRICT

Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.

FAL #: 0252

Technician's Name: ROBERT EHART

Date: 8-12-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS  
(302) 998-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD

Panel Location: MAINT. ROOM

System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: NOTIFIER

MODEL NUMBER: NFS 640E

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- ☐ 7620 ☐ 7624 ☐ 7628  
☐ 7621 ☐ 7625 ☐ 7629  
☐ 7622 ☐ 7626 ☐ 7630  
☒ 7623 ☐ 7627 ☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

STROBES NOT IN SYNC

SMOKE DET IN MAIN OFFICE CLOSET TOO CLOSE TO DIFFUSER

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
**FIRE ALARM SYSTEM**  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |





## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-12-13

Protected Property				Inspection Company			
Name:	CASTLE HILLS ELEMENTARY			Name:	Anaconda Protective Concepts, inc.		
Address:	502 MOORES LANE			Address:	1520 Porter Road		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	(302) 358-1356			Phone:	302.834.1125		

### System Owner

Name:	SAME AS ABOVE		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	MAIN BLD		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: SECURITY INSTRUMENTS
If yes, provide name, location, and phone number of monitoring company: SECURITY INSTRUMENTS (302) 998-2261

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: (2) 12V 26A/H	Tested OK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	14	14	1	SEE NOTES
Heat Detectors	1	1	0	
Smoke Detectors	51	51	0	
Duct Detectors				
Water Flow Devices				
Other				

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells	19	19	0	
Horn/strobes				
Chimes				
Speakers				
Remote Annunciators				
Visual Signals	73	73	0	
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	NOTIFIER	Model #	640E	System ID	MAIN BLD
Type	<input checked="" type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	CASTLE HILLS ELEMENTARY DD25204	
Address:	502 MOORES LANE	
City:	NEW CASTLE	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-12-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	SMOKE DETECTOR IN MAIN OFFICE SUPPLY ROOM TOO CLOSE TO AC UNIT
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	STROBES NOT IN SYNC
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	RECOMMEND SENSITIVITY TESTING ON DEVICES
4.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	(21) CLASSROOM EXITS DO NOT HAVE PULL STATIONS
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: CASTLE HILLS ELEMENTARY

Contact: RICK BRYSON

Address/City: 502 MOORES LANE City: NEW CASTLE  
State: DE Zip: 19720

Phone Number: (302) 358-1356

**PROPERTY OWNER**

Owner: COLONIAL SCHOOL DISTRICT

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-12-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS

(302) 998-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD #1

Control Location: JANITORS CLOSET

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1589 A

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☒ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☐ 7738  
☒ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

NO SPARE HEAD BOX, HEADS OR WRENCH

WATER GAUGE OUT OF DATE

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-12-13

Protected Property				Inspection Company			
Name:	CASTLE HILL ELEMENTARY Wet #1			Name:	Anaconda Protective Concepts, inc.		
Address:	502 MOORES LANE			Address:	1520 Porter Road.		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	(302) 358-1356			Phone:	302.834.1125		
System Owner							
Name:	SAME AS ABOVE						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	MAIN BLD #1						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

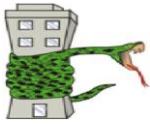
General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: None	Model:	Size:	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?				Static: Residual:		
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

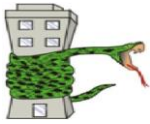


## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	CASTLE HILL ELEMENTARY Wet #1		DD25204
Address:	502 MOORES LANE		
City:	NEW CASTLE	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-12-13(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	NO SPARE HEAD BOX. NO SPARE HEADS. 155 DEGREE SR PENDENT HEADS NEEDED. NO HEAD WRENCH.	
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	PRESSURE GAUGE DATED 2005. OUT OF DATE AND NEEDS TO BE REPLACED OR RECALIBRATED. (WATER GAUGE)	
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: CASTLE HILLS ELEMENTARY

Contact: RICK BRYSON

Address/City: 502 MOORES LANE City: NEW CASTLE  
State: DE Zip: 19720

Phone Number: (302) 358-1356

**PROPERTY OWNER**

Owner: COLONIAL SCHOOL DISTRICT

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-12-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS

(302) 998-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD #2

Control Location: Janitors Closet

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1589 A

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☐ 7738  
☒ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

No Spare Head Box, and No Spare Head w/Wrench.

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-12-13

Protected Property				Inspection Company			
Name:	CASTLE HILL ELEMENTARY Wet #2			Name:	Anaconda Protective Concepts, inc.		
Address:	502 MOORES LANE			Address:	1520 Porter Road.		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	(302) 358-1356			Phone:	302.834.1125		
System Owner							
Name:	SAME AS ABOVE						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robet Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	MAIN BLD #2						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard   Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3   Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: None	Model:	Size:	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?				Static: Residual:		
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Protected Property:			
Name:	CASTLE HILL ELEMENTARY Wet #2		DD25204
Address:	502 MOORES LANE		
City:	NEW CASTLE	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-12-13(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No spare head box. No spare heads. 155 Degree SR Pendent. No Head Wrench.	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: CASTLE HILLS ELEMENTARY

Contact: RICK BRYSON

Address/City: 502 MOORES LANE City: NEW CASTLE  
State: DE Zip: 19720

Phone Number: (302) 358-1356

**PROPERTY OWNER**

Owner: COLONIAL SCHOOL DISTRICT

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-12-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS

(302) 998-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD #3

Control Location: Janitors Closet

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1589 A

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- |                               |                               |                               |                                          |                               |
|-------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------|
| <input type="checkbox"/> 7720 | <input type="checkbox"/> 7724 | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732            | <input type="checkbox"/> 7736 |
| <input type="checkbox"/> 7721 | <input type="checkbox"/> 7725 | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733            | <input type="checkbox"/> 7737 |
| <input type="checkbox"/> 7722 | <input type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734            | <input type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723 | <input type="checkbox"/> 7727 | <input type="checkbox"/> 7731 | <input checked="" type="checkbox"/> 7735 |                               |

**COMMENTS/DEFICIENCY DESCRIPTION**

No Spare Head Box, and No Spare Head w/Wrench.

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_





**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-12-13

Protected Property				Inspection Company			
Name:	CASTLE HILL ELEMENTARY Wet #3			Name:	Anaconda Protective Concepts, inc.		
Address:	502 MOORES LANE			Address:	1520 Porter Road.		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	(302) 358-1356			Phone:	302.834.1125		
System Owner							
Name:	SAME AS ABOVE						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	MAIN BLD #2						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: None	Model:	Size:	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?				Static: 50    Residual: 35		
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Protected Property:			
Name:	CASTLE HILL ELEMENTARY Wet #3		DD25204
Address:	502 MOORES LANE		
City:	NEW CASTLE	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-12-13(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No spare head box. No spare heads. 155 Degree SR Pendent. No Head Wrench.	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Colonial S.D Colwyck/leach Middle Owner/Contact: Rick Bryson  
Address/City: 12 Landers Ln City: New Castle State: DE Zip: Phone Number: 302-358-1356  
19720

**PROPERTY OWNER**

Owner: Same As Above Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc. FAL #: 0252  
Technician's Name: Ehart Date: 8-8-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Bld System Panel Location: Network room Leach Bld  
System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: Notifier

MODEL NUMBER: NFS 640

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- ☐ 7620 ☐ 7624 ☐ 7628  
☐ 7621 ☐ 7625 ☐ 7629  
☐ 7622 ☐ 7626 ☐ 7630  
☒ 7623 ☐ 7627 ☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

1 S/D too close to defusers

S/D hanging from ceiling

S/D covered in pool closet

**FOR INTERNAL USE ONLY:**

Data Entry Date: Date Received By T.S. Manager: FM Assigned: Date FM Assigned: Date Inspected:

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: ☐ MAJOR DEFICIENCIES VERIFIED:  
DATE NOV ISSUED: COMPLIANCE DATE: 1<sup>ST</sup> EXTENSION DATE: 2<sup>ND</sup> EXTENSION & APPROVAL DATE:  
DATE OF COMPLIANCE: DATE FORWARDED TO T.S. MANAGER: DATE FORWARDED TO OPERATIONS: BY

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-8-13

Protected Property				Inspection Company			
Name:	Colonial S.D. Colwyk / Leach Middle			Name:	Anaconda Protective Concepts, inc.		
Address:	12 Landers Lane			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	10720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

### System Owner

Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
---------------	------------------------------------	-----------------	------

*The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.*

Technician Name:	Ehart	Title:	Inspector
------------------	-------	--------	-----------

### Type of Fire Alarm System

<b>System ID:</b>	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Notifier
If yes, provide name, location, and phone number of monitoring company: Security Instruments

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 55 A	Tested OK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------



### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	22	22	0	
Heat Detectors	7	7	0	
Smoke Detectors	141	141	4	See Notes
Duct Detectors	8	8	0	
Water Flow Devices				
Other Fire Doors	2	2	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	124	124	0	See Notes
Chimes				
Speakers				
Remote Annunciators	3	3	0	
Visual Signals	48	48	0	
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

<b>Manufacturer</b>	<b>Notifier</b>	<b>Model #</b>	<b>NFS 640</b>	<b>System ID</b>	<b>Bld System</b>
<b>Type</b>	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Multiplex	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Other (Specify)	
<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Colonial S.D Colwyk/Leach Middle DD30409	
Address:	12 Landers Ln	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1256	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D 2D043 Rm 12 office too close to diffuser
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D in maint shop not labeled
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D in closet next to lunch room not labeled
4.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Colwyk section H/S not in sync
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Colonial S.D Colwyck/Leach Middle

Contact: Rick Bryson

Address/City: 12 Landers Ln City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-8-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Closet System

Control Location: Closets

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- |                               |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 7720 | <input type="checkbox"/> 7724 | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732 | <input type="checkbox"/> 7736 |
| <input type="checkbox"/> 7721 | <input type="checkbox"/> 7725 | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733 | <input type="checkbox"/> 7737 |
| <input type="checkbox"/> 7722 | <input type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734 | <input type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723 | <input type="checkbox"/> 7727 | <input type="checkbox"/> 7731 | <input type="checkbox"/> 7735 |                               |

**COMMENTS/DEFICIENCY DESCRIPTION**

No Deficiencies Noted

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-8-13

Protected Property				Inspection Company			
Name:	Colonial S.D Colwyck/Leach Middle			Name:	Anaconda Protective Concepts, inc.		
Address:	12 Landers Ln			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	10720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Closet Systems						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: None	Model:	Size:	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are all valves in the proper position and identified?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?	Static: N/A Residual:					
12. Are the results comparable to results from last year?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Did the electric alarm test O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Protected Property:			
Name:	Colonial S.D. Colwyck/Leach Middle    8-8-13    DD25204		
Address:	12 Landers Ln		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other    (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	This is a closet system with 3 heads off domestic Water no valves or shut offs. No alarm valve no guages or ITV on system.	
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Leach Closet by elevator has a spare head box in custodial closet. Head box is full and has spare head wrench above box.	
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart    WBC 2077

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: HARRY O. EISENBERG ELEMENTARY

Owner/Contact: RICK BRYSON

Address/City: 27 LANDERS LANE City: NEW CASTLE State: DE  
Zip: 19720

Phone Number: (302) 358-1356

**PROPERTY OWNER**

Owner: COLONIAL SCHOOL DISTRICT

Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.

FAL #: 0252

Technician's Name: BRIAN WILKINSON

Date: 8-8-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS  
1-800-244-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD

Panel Location: TEACHER STORAGE ROOM

System Type: ☒ Central Station Monitored  
☐ Proprietary

☐ Remote Station Monitored  
☐ Local Alarm Only

☐ Dialer

PANEL MANUFACTURER: NOTIFIER

MODEL NUMBER: 3030

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7620 ☐ 7624  
☐ 7621 ☐ 7625  
☐ 7622 ☐ 7626  
☐ 7623 ☒ 7627

- ☐ 7628  
☐ 7629  
☐ 7630  
☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

1 D/D Not Sending Signal To FACP  
Speaker Strobe Not Mounted Properly

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND

☐ MAJOR DEFICIENCIES FOUND:

☐ MAJOR DEFICIENCIES VERIFIED:

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-8-13

Protected Property				Inspection Company			
Name:	HARRY O. EISENBERG ELEM.			Name:	Anaconda Protective Concepts, inc.		
Address:	27 LANDER LANE			Address:	1520 Porter Road		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	(302) 358-1356			Phone:	302.834.1125		

System Owner			
Name:	COLONIAL SCHOOL DISTRICT		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The licensed fire protection provider certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	ROBERT EHART	Title:	INSPECTOR

### Type of Fire Alarm System

<b>System ID:</b>	MAIN BLD		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed:
If yes, provide name, location, and phone number of monitoring company: SECURITY INSTRUMENTS 1-800-244-2261

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 55 A/H	Tested OK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	41	41	10	SEE NOTES
Heat Detectors	27	27	0	
Smoke Detectors	80	80	1	SEE NOTES
Duct Detectors				
Water Flow Devices				
Other BEAM DETECT.	6	6	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	80	80	0	
Chimes				
Speaker/strobes	11	11	0	
Remote Annunciators	1	1	0	
Visual Signals	17	17	0	
Other DOOR HOLDERS	8	8	0	

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	NOTIFIER	Model #	3030	System ID	MAIN BLD
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs					
Fuses					
Trouble Signals					
Zone Disable					
Supervisory Signals					
Ground Fault					
Transmit Off Premises					
Other					
Are all devices uniquely identified where applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	HARRY O. EISENBERG ELEMENTARY DD25204	
Address:	27 LANDERS LANE	
City:	NEW CASTLE	State: DE Zip: 19720
Phone:	(302)-429-4074	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-8-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D Main Entrance. Missing Outer Ring. Not Labeled
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Speaker Strobe S2-8 2 <sup>nd</sup> FI Room 36 Not Mounted Properly
3.	<input type="checkbox"/> C <input type="checkbox"/> D	
4.	<input type="checkbox"/> C <input type="checkbox"/> D	
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

ROBERT EHART

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: George Read Middle School

Contact: Rick Bryson

Address/City: 314 Basin Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-20-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Inst

**SYSTEM INFORMATION**

System ID Number: Maint Shop

Control Location: Maint Office

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 STAR

#2

#3

Model: #1E

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- |                                          |                                          |                               |                                          |                               |
|------------------------------------------|------------------------------------------|-------------------------------|------------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> 7720 | <input type="checkbox"/> 7724            | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732            | <input type="checkbox"/> 7736 |
| <input type="checkbox"/> 7721            | <input type="checkbox"/> 7725            | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733            | <input type="checkbox"/> 7737 |
| <input type="checkbox"/> 7722            | <input checked="" type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734            | <input type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723            | <input type="checkbox"/> 7727            | <input type="checkbox"/> 7731 | <input checked="" type="checkbox"/> 7735 |                               |

**COMMENTS/DEFICIENCY DESCRIPTION**

No Spare Head Box

Flow Switch did not activate FACP

Gauge old

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-20-13

Protected Property				Inspection Company			
Name:	George Read			Name:	Anaconda Protective Concepts, inc.		
Address:	314 Basin Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Bld System						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

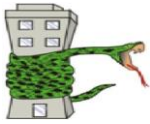




## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

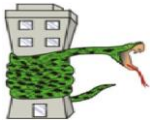
<b>Valves</b>	<b>Make: None</b>	<b>Model:</b>	<b>Size: 1</b>			
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Are all control valves locked, sealed, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Did the alarm check valve(s) pass internal inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Water Supply</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>			
11. What are the water flow test and pressure results?	Static: 40    Residual: 10					
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13. Are all FDCs visible, accessible, and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14. Are all FDCs equipped with listed caps or plugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
15. Are all FDCs identified with signs or plaques?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Sprinkler &amp; Piping</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>			
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Are the remote pull releases unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Alarms</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>			
26. Did the water motor gong test O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
27. Did the electric alarm test O.K.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Dry Pipe Systems</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>			
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>			
39. Are all sprinklers free of corrosion, paint and physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41. Is all piping free of corrosion and free of any external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced? 2005	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Protected Property:		
Name:	George Read Middle School	DD25204
Address:	314 Basin Rd	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-20-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	These Are Single Head Closet Systems Off Of Domestic Water. 1 W/F Each, 2 Systems Total. One In Closet By Music Room One In Closet By Lunch Room
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	W/F Did Not Send Signal To FACP Or Ring Electric Bell
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	1 Water Gauge Old 2005
4.	<input type="checkbox"/> C <input type="checkbox"/> D	
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment



**DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection**    ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: George Read Middle School      Owner/Contact: Rick Bryson  
Address/City: 314 Basin Rd    City: New Castle    State: DE    Zip:      Phone Number: 302-358-1356  
19720

**PROPERTY OWNER**

Owner: Same As Above      Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.      FAL #: 0252  
Technician's Name: Ehart      Date: 8-20-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site?    ☒ Yes    ☐ No

If yes, provide name, location and phone # of monitoring station: Security Inst

**SYSTEM INFORMATION**

System ID Number: Bld System      Panel Location: Maint Office  
System Type:    ☒ Central Station Monitored    ☐ Remote Station Monitored  
                         ☐ Proprietary    ☐ Local Alarm Only    ☐ Dialer

PANEL MANUFACTURER: Edwards

MODEL NUMBER: IRC3

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒      CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired
- ☐ 7602 – Unprotected Residential Corridors
- ☐ 7603 – FACP in ALARM / TROUBLE
- ☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed
- ☐ 7606 – More than 10% of Sounding Devices Failed
- ☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐      CHECKED BELOW ☒

- |                                          |                               |                                          |                                          |                               |
|------------------------------------------|-------------------------------|------------------------------------------|------------------------------------------|-------------------------------|
| <input type="checkbox"/> 7620            | <input type="checkbox"/> 7624 | <input type="checkbox"/> 7628            | <input checked="" type="checkbox"/> 7632 | <input type="checkbox"/> 7636 |
| <input type="checkbox"/> 7621            | <input type="checkbox"/> 7625 | <input type="checkbox"/> 7629            | <input type="checkbox"/> 7633            | <input type="checkbox"/> 7637 |
| <input checked="" type="checkbox"/> 7622 | <input type="checkbox"/> 7626 | <input type="checkbox"/> 7630            | <input checked="" type="checkbox"/> 7634 | <input type="checkbox"/> 7638 |
| <input type="checkbox"/> 7623            | <input type="checkbox"/> 7627 | <input checked="" type="checkbox"/> 7631 | <input type="checkbox"/> 7635            | <input type="checkbox"/> 7639 |

**COMMENTS/DEFICIENCY DESCRIPTION**

Bells in Hall around Gym Not Functioning      2 Pull Stations Obstructed By Case  
S/D's not mounted properly      1 Pull has Stripped Cylinder  
3 S/D's Missing Outer Rings

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND**    ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_    ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-20-13

Protected Property				Inspection Company			
Name:	George Read Middle School			Name:	Anaconda Protective Concepts, inc.		
Address:	314 Basin Rd			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Edwards
If yes, provide name, location, and phone number of monitoring company: Security Inst

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 26 Amp	Tested OK?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:	
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)		

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	15	15	3	See Notes
Heat Detectors	8	8	0	
Smoke Detectors	54	54	2	See Notes
Duct Detectors				
Water Flow Devices	6	6	0	
Other				

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells	33	33	9	See Notes
Horn/strobes				
Chimes				
Speakers				
Remote Annunciators				
Visual Signals	107	107	10	
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve	1	1	0	
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	Edwards	Model #	IRC-3	System ID	Bld System
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



# **Fire Alarm System Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

## INSPECTION DEFICIENCY COMMENTS

Protected Property:		
Name:	George Read Middle School    8-20-13    DD25204	
Address:	314 Basin Rd	
City:	New Castle	State: DE    Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other    (Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Circuit #8 Not Locked Out
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Cube relay for Bell/Strobe found disconnected (FACP was Not in trouble
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Recommend Sensitivity Testing
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D in boy locker room Missing outer ring, Hallway by E-2 no #'s on devices
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Hallway By E1 S/D missing outer ring
6.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	P/S at either end of N wing Not testable, Cover Device Prevents access to Key hole. P/S by rm M6 box too big unable to test
7.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Bell/Strobe Not working in maint hall #99 ,96, In boiler room #95, Hall By Nurses Office #?, Strobe in boys rm by nurses office, Boys rm by classrm M-6, Bell hall at Asst Principal office, Bell 109 By gym, Bell/Strobe #37 hall by rm W3, Bell / Strobe #33 By Rm W1, Bell/Strobe #17 By Janitor Closet, Bell/Strobe By Main Office, Strobe in Boys and Girl Bathroom By Rm W2, Bell/strobe hall By Rm A1, Bell/strobe #53 main hall All devices not working
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Gunning Bedford School

Owner/Contact: Rick Bryson

Address/City: 801 Cox Neck Rd. City: New Castle State: DE  
Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, Inc.

FAL #: 0252

Technician's Name: Randy Hatton

Date: 8-22-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Building System

Panel Location: Mechanical Room

System Type: ☒ Central Station Monitored  
☐ Proprietary

☐ Remote Station Monitored  
☐ Local Alarm Only

☒ Dialer

PANEL MANUFACTURER: Notifier

MODEL NUMBER: AFP 640

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7620 ☐ 7624 ☐ 7628  
☐ 7621 ☐ 7625 ☐ 7629  
☐ 7622 ☐ 7626 ☐ 7630  
☒ 7623 ☐ 7627 ☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☐ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

7623- S/D Too Close To Diffuser In Library Office And Band Room Bathroom

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND

☐ MAJOR DEFICIENCIES FOUND:

☐ MAJOR DEFICIENCIES VERIFIED:

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-22-13

Protected Property				Inspection Company			
Name:	Gunning Bedford School			Name:	Anaconda Protective Concepts, inc.		
Address:	801 Cox Neck Rd.			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE.	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

### System Owner

Name:	Colonial School District		
Address:			
City:	New Castle		
State:	DE.	Zip:	19720

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
---------------	------------------------------------	-----------------	------

*The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.*

Technician Name:	Randy Hatton	Title:	Inspector
------------------	--------------	--------	-----------

### Type of Fire Alarm System

<b>System ID:</b>	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: FCPS 24F
If yes, provide name, location, and phone number of monitoring company: Security Instruments

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 55	Tested OK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by: <input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)		

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	40	40	0	
Heat Detectors	10	10	0	
Smoke Detectors	149	149	2	See Notes
Duct Detectors	3	3	0	
Water Flow Devices	2	2	0	
Other Beam Det.	6	6	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	105	105	2	
Chimes				
Speakers	3	3	0	
Remote Annunciators	3	3	0	
Visual Signals	21	21	0	
Other fire doors	13	13	0	

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve	4	4	0	
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

<b>Manufacturer</b>	<b>Notifier</b>	<b>Model #</b>	<b>AFP-640</b>	<b>System ID</b>	<b>Bld System</b>
<b>Type</b>	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Multiplex	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Other (Specify)	
<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Gunning Bedford School      8-22-13      DD25204	
Address:	801 Cox Neck Rd.	
City:	New Castle	State: DE.      Zip: 19720
Phone:	(302)-358--1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other      (Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Library Office S/D Too Close To Diffuser, S/D In Band Room Bathroom Too Close To Diffuser
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	All Batteries Tested 100 %
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	No Visual In Nurses Office Bathroom X1, Main Office X2
4.	<input type="checkbox"/> C <input type="checkbox"/> D	
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Randy Hatton

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Gunning Bedford School

Contact: Rick Bryson

Address/City: 801 Cox Neck Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Randy Hatton

WBC CERT#2016

Date: 8-22-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Building System #1

Control Location: Riser Room Outside Access

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 TYCO

#2

#3

Model: #13535

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☐ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

No Deficiencies Noted

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-22-13

Protected Property				Inspection Company			
Name:	Gunning Bedford School			Name:	Anaconda Protective Concepts, inc.		
Address:	801 Cox Neck Rd.			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE.	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Colonial School District						
Address:							
City:	New Castle						
State:	DE.			Zip:	19720		
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Randy Hatton WBC 2016			Title:	Inspector		
Fire Suppression System Type							
System ID:	Bld System #1						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



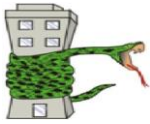


**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves <b>Make: Victaulic   Model: 717R   Size: 4</b>	Yes	No	N/A
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supply	Yes	No	N/A
11. What are the water flow test and pressure results?	Static: 65   Residual: 55		
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sprinkler & Piping	Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms	Yes	No	N/A
26. Did the water motor gong test O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems	Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspections	Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Gunning Bedford School System #1      8-22-13      DD25204		
Address:	801 Cox Neck Rd.		
City:	New Castle	State: DE.	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other      (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	No Deficiencies Noted	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Randy Hatton   WBC 2016  
Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: Gunning Bedford School

Contact: Rick Bryson

Address/City: 801 Cox Neck Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address: \_\_\_\_\_

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Randy Hatton

WBC CERT#2016

Date: 8-22-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Building System #2

Control Location: Riser Closet outside

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1TYCO

#2

#3

Model: #13535

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☐ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

No Deficiencies Noted

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

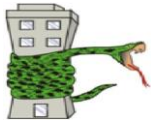
1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-22-13

Protected Property				Inspection Company			
Name:	Gunning Bedford School System #2			Name:	Anaconda Protective Concepts, inc.		
Address:	801 Cox Neck Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE.	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Colonial School District						
Address:							
City:	New Castle						
State:	DE.			Zip:	19720		
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Randy Hatton WBC 2016			Title:	Inspector		
Fire Suppression System Type							
System ID:	Bld System #2						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



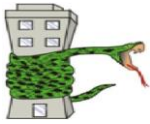
**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves      Make: Victaulic   Model: 717R   Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Supply	Yes	No	N/A
11. What are the water flow test and pressure results?	Static: 65   Residual: 55		
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sprinkler & Piping	Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarms	Yes	No	N/A
26. Did the water motor gong test O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems	Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspections	Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



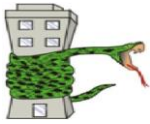


## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Gunning Bedford School System #2      8-22-13      DD25204		
Address:	801 Cox Neck Rd		
City:	New Castle	State: DE.	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other      (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	No Deficiencies Noted	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Randy Hatton    WBC 2016  
Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Calvin McCullough Middle School

Contact: Rick Bryson

Address/City: 20 Chase Ave City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-5-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Inst

**SYSTEM INFORMATION**

System ID Number: Lunch room System

Control Location: Basement Boiler room

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1M-01

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7720 ☐ 7724 ☐ 7728  
☒ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☒ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

control Valves X2 Not locked out or tampered,  
Backflow devices not tagged as being inspected ann  
T on water gauge Corroded

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-5-13

Protected Property				Inspection Company			
Name:	Calvin McCullough Middle School			Name:	Anaconda Protective Concepts, inc.		
Address:	20 Chase Ave			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Lunch room System						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

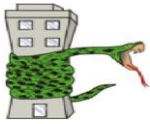
General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

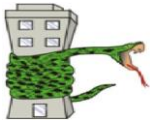
Valves	Yes	No	N/A
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?	Static: 55    Residual: 35		
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced? 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Protected Property:		
Name:	Calvin McCullough Middle School DD25204	
Address:	20 Chase Ave	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-5-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Backflow preventers not tagged as being tested annually
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	T for Water gauge rusted
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Record Of 5 year Inspections
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Escutcheons missing in kitchen x1 and in ITV closet in the kitchen x1, Lunch room x6. 2 located in hall at rear entrance to lunch room. Outer ring pendent 155 QR Chrome
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	6 Loaded heads in lunch room servicing line. chrome pendant 155 QR style
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	No key found for elevtor Recall did operater but unable to reset. Maint personel said they had the key but after trip when they went to get key it was the wrong one.

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Calvin McCullough Middle School Owner/Contact: Rick Bryson  
Address/City: 20 Chase Ave City: New Castle State: DE Zip: Phone Number: 302-358-1356  
19720

**PROPERTY OWNER**

Owner: Same As Above Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc. FAL #: 0252  
Technician's Name: Ehart Date: 8-5-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Inst

**SYSTEM INFORMATION**

System ID Number: Bld System Panel Location: Maint Room  
System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: Notifier

MODEL NUMBER: AFC-600

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- ☒ 7620 ☒ 7624  
☐ 7621 ☐ 7625  
☐ 7622 ☐ 7626  
☐ 7623 ☐ 7627

- ☐ 7628  
☐ 7629  
☐ 7630  
☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

S/D not monted properly FACP Batteries Failed Amp Test  
Horn Strobe Blocked  
5 S/D Did Not Send Signal To FACP

**FOR INTERNAL USE ONLY:**

Data Entry Date: Date Received By T.S. Manager: FM Assigned: Date FM Assigned: Date Inspected:

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: ☐ MAJOR DEFICIENCIES VERIFIED:  
DATE NOV ISSUED: COMPLIANCE DATE: 1<sup>ST</sup> EXTENSION DATE: 2<sup>ND</sup> EXTENSION & APPROVAL DATE:  
DATE OF COMPLIANCE: DATE FORWARDED TO T.S. MANAGER: DATE FORWARDED TO OPERATIONS: BY

DOC. #75-01-04-01-01





**DELAWARE STATE FIRE MARSHAL**  
**FIRE ALARM SYSTEM**  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-5-13

Protected Property				Inspection Company			
Name:	Calvin McCullough Middle School			Name:	Anaconda Protective Concepts, inc.		
Address:	20 Chase Ave			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Notifier
If yes, provide name, location, and phone number of monitoring company: Security Inst

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 55 amp	Tested OK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	27	27	1	
Heat Detectors	17	17	0	
Smoke Detectors	90	90	4	
Duct Detectors	6	6	0	
Water Flow Devices	1	1	0	
Other fire doors	16	16	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	52	52	0	
Chimes				
Speakers				
Remote Annunciators				
Visual Signals	35	35	0	
Other Beam Detector	2	2	0	

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

<b>Manufacturer</b>	<b>Notifier</b>	<b>Model #</b>	<b>AFC-600</b>	<b>System ID</b>	<b>Bld System</b>
<b>Type</b>	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Multiplex	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Other (Specify)	
<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Calvin McCullough Middle School DD25204	
Address:	20 Chase Ave	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	2 12 v 55 amp batteries load tested. failed #1 at 10 %, #2 no reading
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	H/S blocked by cart in kitchen
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Some rooms not accessible. No Keys
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Second FI S/D 2D99 outside classroom 205 did not activate
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D 2D099 in hall by room 205, 2D020 Hall By computer room, 2D063 hall by Room 221 not mounted properly.
6.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D 1D047 By Gym office Not mounted properly
7.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D did not send signal to FACP: 1D071 Room above FACP, 1D060 Hall by band Room, 1D093 Lunch room elec closet, 1D081 hall at entrance by rear office exit.
8.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	P/S in gym not labeled its is (1D011)
9.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D in janitors closet not labeled. Outer ring missinng. Hall By office
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: NEW CASTLE MIDDLE SCHOOL

Owner/Contact: RICK BRYSON

Address/City: 903 DELAWARE ST City: NEW CASTLE State: DE  
Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: SAME AS ABOVE

Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.

FAL #: 0252

Technician's Name: Ehart

Date: 8-9-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS  
(302) 998-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD

Panel Location: BASEMENT GENERATOR RM

System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: NOTIFIER

MODEL NUMBER: NFS-640

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- ☐ 7620 ☐ 7624 ☐ 7628  
☐ 7621 ☐ 7625 ☐ 7629  
☐ 7622 ☐ 7626 ☐ 7630  
☒ 7623 ☐ 7627 ☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☒ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

H/S IN AUDITORIUM LOBBY NOT SOUNDING

2 S/D IN LIBRARY TOO CLOSE TO AIR CONDITIONER

S/D IN LUNCH ROOM NOT MOUNTED PROP. FIRE DOORS NOT CLOSING PROPERLY

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-9-13

Protected Property				Inspection Company			
Name:	NEW CASTLE MIDDLE SCHOOL			Name:	Anaconda Protective Concepts, inc.		
Address:	903 DELAWARE ST			Address:	1520 Porter Road		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	COLONIAL SCHOOL DISTRICT		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	MAIN BLD		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Notifier
If yes, provide name, location, and phone number of monitoring company: SECURITY INSTRUMENTS (302) 998-2261

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12V 26A/H	Tested OK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	26	26	0	
Heat Detectors				
Smoke Detectors	89	89	0	
Duct Detectors				
Water Flow Devices				
Other BEAM DET.	3	3	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	75	75	1	See Notes
Chimes				
Speakers	4	4	0	
Remote Annunciators	1	1	0	
Visual Signals	21	21	0	
Other FIRE DOOR	3	3	1	See Notes

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	NOTIFIER	Model #	NFS-640	System ID	MAIN BLD
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					





**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	NEW CASTLE MIDDLE SCHOOL DD25204	
Address:	903 DELAWARE ST	
City:	NEW CASTLE	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-9-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	H/S S9-5 IN AUDITORIUM ENTRANCE NOT SOUNDING OR FLASHING
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D L1-D46 NOT MOUNTED PROPERLY (1 <sup>ST</sup> FL ELEV. RAMP CORRIDOR) 2 S/D IN LIBRARY TOO CLOSE TO AIR CONDITIONER. (L1-D55 AND L1-D62)
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	HORNS IN LUNCH ROOM GYM AND AUDITORIUM SOUNDING DIFFERENT FROM REST OF SCHOOL
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D L2D05 NOT PROPERLY MOUNTED
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D L1D46 BASEMENT BY ELEVATOR NOT PROPERLY MOUNTED
6.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	FIRE DOORS BETWEEN AUDITORIUM AND LUNCH ROOM DID NOT CLOSE TIGHT, FIRE DOORS ANT MAIN OFFICE DID NT CLOSE TIGHT
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: NEW CASTLE MIDDLE SCHOOL

Contact: RICK BRYSON

Address/City: 903 DELAWARE ST City: NEW CASTLE  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: COLONIAL SCHOOL DISTRICT

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-9-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: SECURITY INSTRUMENTS

(302) 998-2261

**SYSTEM INFORMATION**

System ID Number: MAIN BLD

Control Location: BASEMENT

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 CENTRAL

#2

#3

Model: #1 CSC

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq 10$  heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- |                                          |                                          |                                          |                               |                                          |
|------------------------------------------|------------------------------------------|------------------------------------------|-------------------------------|------------------------------------------|
| <input type="checkbox"/> 7720            | <input type="checkbox"/> 7724            | <input type="checkbox"/> 7728            | <input type="checkbox"/> 7732 | <input type="checkbox"/> 7736            |
| <input checked="" type="checkbox"/> 7721 | <input type="checkbox"/> 7725            | <input type="checkbox"/> 7729            | <input type="checkbox"/> 7733 | <input type="checkbox"/> 7737            |
| <input type="checkbox"/> 7722            | <input checked="" type="checkbox"/> 7726 | <input checked="" type="checkbox"/> 7730 | <input type="checkbox"/> 7734 | <input checked="" type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723            | <input type="checkbox"/> 7727            | <input type="checkbox"/> 7731            | <input type="checkbox"/> 7735 |                                          |

**COMMENTS/DEFICIENCY DESCRIPTION**

1 TAMPER DID NOT SEND SIGNAL TO FACP NEED 3 CONTROL VALVE SIGNS NO RECORD OF 5YR INSP.

4" OS&Y HEAVILY RUSTED NO RECORD OF INSPECTION ON BACKFLOW 4" AND 3/4"

3 4" OS&Y NOT SUPERVISED OR CHAINED ITV NOT REDUCED OR LABELED NO AUX DRAIN SIGN

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-9-13

Protected Property				Inspection Company			
Name:	NEW CASTLE MIDDLE SCHOOL			Name:	Anaconda Protective Concepts, inc.		
Address:	903 DELAWARE ST			Address:	1520 Porter Road.		
City:	NEW CASTLE			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	RICK BRYSON			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	SAME AS ABOVE						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	MAIN BLD						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

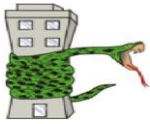
General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: GEM Model: 175 MODEL A Size: 4"			Yes	No	N/A
7. Are all main control valves open and in good condition?		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?		<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Supply				Yes	No	N/A
11. What are the water flow test and pressure results?	Static: Residual:					
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sprinkler & Piping				Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarms				Yes	No	N/A
26. Did the water motor gong test O.K.?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems				Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Annual Inspections				Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	NEW CASTLE MIDDLE SCHOOL      DD25204		
Address:	903 DELAWARE ST		
City:	NEW CASTLE	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-9-13(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	1 TAMPER ON OS&Y DID NOT SEND SIGNAL TO FACP	
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	4" OS&Y HEAVILY RUSTED	
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	(2) 4" OS&Y NOT SUPERVISED OR CHAINED	
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	NEED 3 CONTROL VALVE SIGNS	
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	NO RECORD OF INSPECTION ON BACKFLOW 4" AND 3/4"	
6.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	NO RECORD OF 5 YEAR INSPECTION ON SYSTEM	
7.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	ITV NOT REDUCED	
8.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	ITV NOT LABELED	
9.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	MAIN DRAIN REDUCED TO 1 INCH	
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart    WBC 2077

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Pleasantville Elementary Owner/Contact: Rick Bryson  
Address/City: 16 Pleasant Place City: New Castle State: Phone Number: 302-358-1356  
DE Zip: 19720

**PROPERTY OWNER**

Owner: Same As Above Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc. FAL #: 0252  
Technician's Name: Ehart Date: 8-21-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments  
998-2261

**SYSTEM INFORMATION**

System ID Number: Pleasantville Panel Location: Facility Room  
System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: Notifier MODEL NUMBER: AFP-400

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- ☐ 7620 ☒ 7624  
☐ 7621 ☐ 7625  
☐ 7622 ☐ 7626  
☐ 7623 ☐ 7627

- ☐ 7628  
☐ 7629  
☐ 7630  
☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☐ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

1 Pull Station In Gym Broken And Not Connected To FACP  
There Are Old H/D That Are Not Connected To FACP

**FOR INTERNAL USE ONLY:**

Data Entry Date: Date Received By T.S. Manager: FM Assigned: Date FM Assigned: Date Inspected:

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: ☐ MAJOR DEFICIENCIES VERIFIED:  
DATE NOV ISSUED: COMPLIANCE DATE: 1<sup>ST</sup> EXTENSION DATE: 2<sup>ND</sup> EXTENSION & APPROVAL DATE:  
DATE OF COMPLIANCE: DATE FORWARDED TO T.S. MANAGER: DATE FORWARDED TO OPERATIONS: BY

DOC. #75-01-04-01-01





**DELAWARE STATE FIRE MARSHAL**  
**FIRE ALARM SYSTEM**  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-21-13

Protected Property				Inspection Company			
Name:	Colonial S D Pleasantville Elem			Name:	Anaconda Protective Concepts, inc.		
Address:	16 Pleasant Place			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	Pleasantville		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Notifier
If yes, provide name, location, and phone number of monitoring company: Security Inst

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 55 Amp	Tested OK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	27	27	0	
Heat Detectors	6	6	0	
Smoke Detectors	60	60	0	
Duct Detectors	2	2	0	
Water Flow Devices				
Other				

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	69	69	0	
Chimes				
Speakers				
Remote Annunciators	1	1	0	
Visual Signals	55	55	0	
Other CO2 System	1	1	0	

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	Notifier	Model #	AFP-400	System ID	Pleasantville
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	All	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Colonial S D Pleasantville Elementary DD25204	
Address:	16 Pleasant Place	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-21-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	(2) 12v 55 amp Batteries Dated 2010, Both Tested At 100%
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	There is a 4 cyclinder C02 system covering the fuel tank. 2 H/D 2 manual dump switches. Inspected with Ann FACP
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	There are Heat detectors (old Bell Style) Not Connected to FACP in closet s in room 32, 30 & Poss in Closets for Rm 31 & 33 Unable to access to verify.
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Old P/S in Gym Broken and not connected to FACP
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
SPECIAL HAZARD FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Colonial SD Pleasantville Elem Owner/Contact: Rich Bryson

16 Pleasant place New Castle State:DE Zip:

Address/City: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS FSL #: 0163

Technician's Name: Ehart

Date: 8-21-13

**SPECIAL HAZARD FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Inst

**SYSTEM INFORMATION**

System ID Number: Pleasantville CO2 Location: Tank Storage

System Type: ☐ Halon ☐ FM-200 ☐ Dry Chemical ☐ Foam  
☒ Carbon Dioxide ☐ Inergen ☐ FE-13 ☐ Other

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7901 - System Out-of-Service / Impaired
- ☐ 7902 - Closed Control Valves
- ☐ 7903 - FACP in ALARM / TROUBLE
- ☐ 7904 - More than 10% of Initiating Devices Failed
- ☐ 7905 - Loss of Primary Agent Supply or Expellant Pressure in "Red" Zone

- ☐ 7906 - Protected Area Concentration Compromised (Doors Lacking Self-Closure / Sweeps; Auxiliary Function Failure)
- ☐ 7907 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7920 Agent Tank Overdue Hydro Test
- ☐ 7921 Agent Hoses Overdue Hydro Test
- ☐ 7922 Agent Hoses Damaged
- ☐ 7923 Manual Release / Abort Switches Obstructed
- ☐ 7924 Manual Release / Abort Switches Missing / Damaged

- ☐ 7925 Protected Area Lacking Notification (Audible or Visual Devices)
- ☐ 7926 Battery or Secondary Power Deficiency
- ☐ 7927 System not Interconnected to FAS
- ☒ 7928 Other

**COMMENTS/DEFICIENCY DESCRIPTION**

No Keys To Reset Manual Dump

**FOR INTERNAL USE ONLY:**

Data Entry Date: Date Received By T.S. Manager: FM Assigned: Date FM Assigned: Date Inspected:

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: ☐ MAJOR DEFICIENCIES VERIFIED:  
DATE NOV ISSUED: COMPLIANCE DATE: 1<sup>ST</sup> EXTENSION DATE: 2<sup>ND</sup> EXTENSION & APPROVAL DATE:  
DATE OF COMPLIANCE: DATE FORWARDED TO T.S. MANAGER: DATE FORWARDED TO OPERATIONS: BY

DOC. #75-01-04-01-04



## Special Hazard Certificate of Inspection

1520 Porter Road  
Bear, DE 19709

Contract Number: DD24204  
Date of Inspection: 8-21-13

Protected Property				Inspection Company			
Name:	Colonial S D Pleasantville Elem			Name:	Anaconda Protective Concepts		
Address:	16 Pleasant Place			Address:	1520 Porter Rd		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19801
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	Same		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts	License Number:	FSL-0163
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

System ID:	Pleasantville CO2		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, make and model of DACT installed: Notifier	
If yes, provide name, location, and phone number of monitoring company: Security Inst	

### Power Supply System

Primary:	Dedicated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 7 amp		Tested OK?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:		Tested OK?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Fueled by:		Storage Capacity:	
Generator Tests completed by:		<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)		

### Alarm Initiating Devices

Device	Total	Tested	Deficiencies	Remarks
Manual Pull Stations	2	0	0	No Keys to reset manual Dumps
Heat Detectors	2	2	0	
Smoke Detectors				
Duct Detectors				
Water Flow Devices				
Pneumatic Devices	1	1	0	
Releasing Devices	2	2	0	
Other				



## Special Hazard Certificate of Inspection

1520 Porter road  
Bear, DE 19709

### Alarm Indicating Devices

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Bells				
Horns	5	5	0	
Chimes				
Speakers				
Remote Annunciators				
Visual Signals				
Other				

### Supervisory Initiating Devices

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Ext. Agent Level				
Expellant Gas Level				
Fire Pump				
Other				

### Control Unit

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Lamps & LEDs	All	All	0	
Fuses	All	All	0	
Trouble Signals	All	All	0	
Zone Disable	All	All	0	
Supervisory Signals	All	All	0	
Ground Fault	All	All	0	
Transmit Off Premises	1	1	0	
Other				

### Extinguishing Agents and Expellant Gas

<i>Device</i>	<i>Total</i>	<i>Tested</i>	<i>Deficiencies</i>	<i>Remarks</i>
Agent Storage Tank	4	4	0	
Releasing Valve				
Water Supply				
Other				

### Additional System Questions

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is the hazard the same as last inspection?	X		
Inspection of enclosure indicates NO new penetrations.	x		
If there are new penetrations, are they properly sealed?	x		
Are all cylinders free of damage and defects?	x		
Are all system components securely fastened?	x		
Are all discharge nozzles clean & properly installed?	x		
Are the proper warning signs in place and visible?	x		
Are the system manual pull stations visibly different from the building alarm system pull stations?	x		
Did all auxiliary functions test O.K.?			x
Date of last hydrostatic test or date of cylinder manufacture:	8-02		



## Special Hazard Certificate of Inspection

1520 Porter Road  
Bear, DE 19709

### INSPECTION DEFICIENCY COMMENTS

Protected Property:		
Name:	Colonial SD Pleasantville Elementary DD25204	
Address:	16 Pleasant Place	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-21-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	This System Covers An 8,000 Gallon Fuel Tank
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	2 Tank System, With 2 Spare Bottles. Bottles Hydro Tested 8/02
3.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Bottles Are 100 Lb Agent, All Full
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Keys To Reset Manual Dumps
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: Southern Elementary School

Contact: Rick Bryson

Address/City: 795 Cox Neck Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Randy Hatton

WBC CERT#2016

Date: 8-23-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: System #4 Dry

Control Location: Riser Closet Green wing

System Type: ☐ Wet Sprinkler  
☐ Pre-Action

☒ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1M-02

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- |                               |                               |                               |                               |                                          |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------------|
| <input type="checkbox"/> 7720 | <input type="checkbox"/> 7724 | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732 | <input type="checkbox"/> 7736            |
| <input type="checkbox"/> 7721 | <input type="checkbox"/> 7725 | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733 | <input type="checkbox"/> 7737            |
| <input type="checkbox"/> 7722 | <input type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734 | <input checked="" type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723 | <input type="checkbox"/> 7727 | <input type="checkbox"/> 7731 | <input type="checkbox"/> 7735 |                                          |

**COMMENTS/DEFICIENCY DESCRIPTION**

NO RECORD OF 5 YEAR INSPECTIONS

NO RECORD OF 3 YEAR FULL FLOWS

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-23-13

Protected Property				Inspection Company			
Name:	Southern Elementary Sys #4 Dry			Name:	Anaconda Protective Concepts, inc.		
Address:	795 Cox Neck Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:				Zip:			
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Randy Hatton WBC 2016			Title:	Inspector		
Fire Suppression System Type							
System ID:	Dry System #4						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

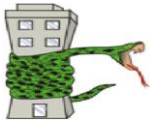
General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

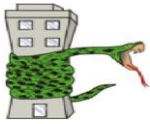
Valves	Make: Viking	Model: Easy Riser	Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?	Static: 60    Residual: 50					
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure: 35 psi      Initial Water Pressure: 65 psi Tripping Air Pressure: 10 psi      Tripping Time: 15 seconds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:      psi      Initial Water Pressure:      psi Tripping Air Pressure:      psi      Tripping Time:      seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:      seconds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:      psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Southern Elementary Dry System		8-23-13 DD25204
Address:	795 Cox Neck Rd		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-357-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Compressor on 20 off 35	
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Record of 3 year Full Flow	
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Record of 5 Year Inspections	
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Randy Hatton WBC 2016

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Southern Elementary School

Contact: Rick Bryson

Address/City: 795 Cox Neck Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Randy Hatton

WBC CERT#2016

Date: 8-23-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Wet System # 2

Control Location: Riser Closet Green wing

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1M-02

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- |                               |                               |                               |                               |                                          |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------------|
| <input type="checkbox"/> 7720 | <input type="checkbox"/> 7724 | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732 | <input type="checkbox"/> 7736            |
| <input type="checkbox"/> 7721 | <input type="checkbox"/> 7725 | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733 | <input type="checkbox"/> 7737            |
| <input type="checkbox"/> 7722 | <input type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734 | <input checked="" type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723 | <input type="checkbox"/> 7727 | <input type="checkbox"/> 7731 | <input type="checkbox"/> 7735 |                                          |

**COMMENTS/DEFICIENCY DESCRIPTION**

NO RECORD OF 5 YEAR INSPECTIONS

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_





**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other





## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-23-13

Protected Property				Inspection Company			
Name:	Southern Elementary			Name:	Anaconda Protective Concepts, inc.		
Address:	795 Cox Neck Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Randy Hatton WBC 2016			Title:	Inspector		
Fire Suppression System Type							
System ID:	Wet System #2						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

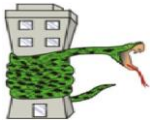


**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

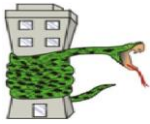
Valves	Make: Viking	Model: Easy Riser	Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?	Static: 60    Residual: 50					
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Southern Elementary Wet #2 Spk		8-23-13 DD25204
Address:	795 Coxneck Rd		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-357-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Record Of 5 Year Inspections	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Randy Hatton WBC 2016  
Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: Southern Elementary School

Contact: Rick Bryson

Address/City: 795 Cox Neck Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same As Above

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Randy Hatton

WBC CERT#2016

Date: 8-23-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Wet System #3

Control Location: Riser Closet Green wing

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1M-02

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☒ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

NO RECORD OF 5 YEAR INSPECTIONS

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-23-13

Protected Property				Inspection Company			
Name:	Southern Elementary			Name:	Anaconda Protective Concepts, inc.		
Address:	795 Cox Neck Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Randy Hatton WBC 2016			Title:	Inspector		
Fire Suppression System Type							
System ID:	Wet System #3						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





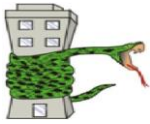
**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: Viking	Model: Easy Riser	Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?				Static: 60    Residual: 50		
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

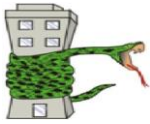




## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Southern Elementary Wet #3 Spk		8-23-13 DD25204
Address:	795 Cox Neck Rd		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-357-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Record Of 5 Year Inspections	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Randy Hatton WBC 2016  
Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Southern Elementary School

Contact: Rick Bryson

Address/City: 795 Cox Neck Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Randy Hatton

WBC CERT#2016

Date: 8-23-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Wet System #1

Control Location: Riser Closet Green wing

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2

#3

Model: #1 M-02

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☒ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

NO RECORD OF 5 YEAR INSPECTIONS

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-23-13

Protected Property				Inspection Company			
Name:	Southern Elementary Wet #1			Name:	Anaconda Protective Concepts, inc.		
Address:	795 Cox Neck Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Randy Hatton WBC 2016			Title:	Inspector		
Fire Suppression System Type							
System ID:	Wet System #1						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

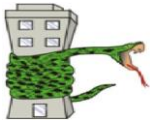
General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

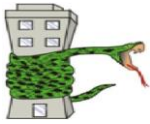
Valves <b>Make: Viking    Model: Easy Riser    Size: 4</b>	Yes	No	N/A
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Supply	Yes	No	N/A
11. What are the water flow test and pressure results?	Static: 60    Residual: 50		
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sprinkler & Piping	Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarms	Yes	No	N/A
26. Did the water motor gong test O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems	Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspections	Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Southern Elementary Wet #1 Spk		8-23-13 DD25204
Address:	795 Cox Neck Rd		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-357-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Record Of 5 Year Inspections	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Randy Hatton WBC 2016  
Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wallace Wallin

Owner/Contact: Rick Bryson

Address/City: 701 Basin Rd City: New Castle State: DE Zip: 19720 Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same As Above

Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.

FAL #: 0252

Technician's Name: Ehart

Date: 8-20-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☐ Yes ☒ No

If yes, provide name, location and phone # of monitoring station:

**SYSTEM INFORMATION**

System ID Number: Bld System

Panel Location: Boiler Room

System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: Standard

MODEL NUMBER:

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- |                               |                               |                               |                               |                                          |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------------|
| <input type="checkbox"/> 7620 | <input type="checkbox"/> 7624 | <input type="checkbox"/> 7628 | <input type="checkbox"/> 7632 | <input type="checkbox"/> 7636            |
| <input type="checkbox"/> 7621 | <input type="checkbox"/> 7625 | <input type="checkbox"/> 7629 | <input type="checkbox"/> 7633 | <input type="checkbox"/> 7637            |
| <input type="checkbox"/> 7622 | <input type="checkbox"/> 7626 | <input type="checkbox"/> 7630 | <input type="checkbox"/> 7634 | <input type="checkbox"/> 7638            |
| <input type="checkbox"/> 7623 | <input type="checkbox"/> 7627 | <input type="checkbox"/> 7631 | <input type="checkbox"/> 7635 | <input checked="" type="checkbox"/> 7639 |

**COMMENTS/DEFICIENCY DESCRIPTION**

2 Heats Over 15 Years Old

Power Supply Circuit Not Locked Out

**FOR INTERNAL USE ONLY:**

Data Entry Date: Date Received By T.S. Manager: FM Assigned: Date FM Assigned: Date Inspected:

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: ☐ MAJOR DEFICIENCIES VERIFIED:  
DATE NOV ISSUED: COMPLIANCE DATE: 1<sup>ST</sup> EXTENSION DATE: 2<sup>ND</sup> EXTENSION & APPROVAL DATE:  
DATE OF COMPLIANCE: DATE FORWARDED TO T.S. MANAGER: DATE FORWARDED TO OPERATIONS: BY

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-20-13

Protected Property				Inspection Company			
Name:	Wallace Wallin			Name:	Anaconda Protective Concepts, inc.		
Address:	701 Basin Rd			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

System Owner			
Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

System ID:	Bld System		
<input checked="" type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, make and model of DACT installed:	
If yes, provide name, location, and phone number of monitoring company:	

### Power Supply System

Primary:	Dedicated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating:		Tested OK?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Engine Driven Generator Rating:		Tested OK?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:		Storage Capacity:	
Generator Tests completed by:		<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)		

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)	

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	6	6	0	
Heat Detectors	2	2	2	See Notes
Smoke Detectors				
Duct Detectors				
Water Flow Devices	1	1	0	
Other				

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells	5	5	0	
Horn/strobes				
Chimes				
Speakers				
Remote Annunciators				
Visual Signals				
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	Standard	Model #	Unknown	System ID	Bld System
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Wallace Wallin	
Address:	701 Basin Rd	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-20-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	2 Exit from Building do not have P/S: Room 113 Faculty room & Room 105
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Shut off for Power Supply Not Locked Out
3.	<input type="checkbox"/> C <input type="checkbox"/> D	
4.	<input type="checkbox"/> C <input type="checkbox"/> D	
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
**CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection** ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: Wallace Wallin

Contact: Rick Bryson

Address/City: 701 Basin Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-20-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☐ Yes ☒ No

If yes, provide name, location and phone # of monitoring station: \_\_\_\_\_

**SYSTEM INFORMATION**

System ID Number: Maint Shop

Control Location: Boiler room

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 STAR

#2

#3

Model: #1E

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- |                               |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 7720 | <input type="checkbox"/> 7724 | <input type="checkbox"/> 7728 | <input type="checkbox"/> 7732 | <input type="checkbox"/> 7736 |
| <input type="checkbox"/> 7721 | <input type="checkbox"/> 7725 | <input type="checkbox"/> 7729 | <input type="checkbox"/> 7733 | <input type="checkbox"/> 7737 |
| <input type="checkbox"/> 7722 | <input type="checkbox"/> 7726 | <input type="checkbox"/> 7730 | <input type="checkbox"/> 7734 | <input type="checkbox"/> 7738 |
| <input type="checkbox"/> 7723 | <input type="checkbox"/> 7727 | <input type="checkbox"/> 7731 | <input type="checkbox"/> 7735 |                               |

**COMMENTS/DEFICIENCY DESCRIPTION**

No Deficiencies Noted

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND** ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-20-13

Protected Property				Inspection Company			
Name:	Wallace Wallin			Name:	Anaconda Protective Concepts, inc.		
Address:	701 Basin Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Bld System						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: Star	Model: D	Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supply				Yes	No	N/A
11. What are the water flow test and pressure results?				Static: 55    Residual: 25		
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sprinkler & Piping				Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms				Yes	No	N/A
26. Did the water motor gong test O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Did the electric alarm test O.K.?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems				Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspections				Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced? 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Protected Property:			
Name:	Wallace Wallin		
Address:	701 Basin Rd		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-20-13(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	No Deficiencies Noted	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wilbur Elementary School

Owner/Contact: Rick Bryson

Address/City: 4050 Wrangle Hill Rd City: New Castle State: DE  
Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same As Above

Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.

FAL #: 0252

Technician's Name: Ehart

Date: 8-21-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Bld System

Panel Location: Boiler room

System Type: ☒ Central Station Monitored  
☐ Proprietary

☐ Remote Station Monitored  
☐ Local Alarm Only

☐ Dialer

PANEL MANUFACTURER: Siemens

MODEL NUMBER: Fire Finder

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☒ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☒ 7620 ☐ 7624 ☐ 7628  
☐ 7621 ☐ 7625 ☐ 7629  
☐ 7622 ☐ 7626 ☐ 7630  
☐ 7623 ☐ 7627 ☐ 7631

- ☐ 7632 ☐ 7636  
☐ 7633 ☐ 7637  
☒ 7634 ☐ 7638  
☐ 7635 ☒ 7639

**COMMENTS/DEFICIENCY DESCRIPTION**

H/S Hanging By Wires

Batteries Tested Bad In NAC Panels

Blue / Yellow Gym Speakers Not Functioning

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND

☐ MAJOR DEFICIENCIES FOUND:

☐ MAJOR DEFICIENCIES VERIFIED:

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-21-13

Protected Property				Inspection Company			
Name:	Wilbur Elem School			Name:	Anaconda Protective Concepts, inc.		
Address:	4050 Wrangle Hill Rd			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

### System Owner

Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Silent Knight
If yes, provide name, location, and phone number of monitoring company: Security Inst

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 32A	Tested OK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	25	25	0	
Heat Detectors				
Smoke Detectors	12	12	0	
Duct Detectors	7	7	0	
Water Flow Devices				
Other Fire Doors	10	10	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	71	71	0	
Chimes				
Speakers	41	41	6	See Notes
Remote Annunciators	1	1	0	
Visual Signals	44	44	0	
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	Siemans	Model #	Fire finder	System ID	Bld System
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Wilbur Elementary School DD 25204	
Address:	4050 Wrangle Hill Rd	
City:	New Castle	State: DE Zip: 10720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-21-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	H/S In Maint. Shop Bathroom Hanging By Wires
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Orange (2) 12v 7 Amp Batteries Tested At 60%
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Yellow Elect Closet Has 2 Batteries 12v 7 Amp Tested At 70 % & 20%
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Blue/ Yellow Gym Speakers Not Working
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	(1) 12v 32 amp Battery Failed Load test in FACP #1 70% #2 80%. New 5/13
6.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	NAC Panels Located Elect Closets In All Color Areas 4 Total
7.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	There Are 2 M/P And 2 H/S In Maint Garage
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wilbur Elementry School

Contact: Rick Bryson

Address/City: 4050 Wrangle Hill Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-21-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Wet System 1

Control Location: Riser room Green Wing

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2 VIKING

#3

Model: #1 M08

#2 M07

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☒

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7720 ☒ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☒ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

Backflow Preventers Not Tested Annually

2 Painted Heads In Library

2 Escutcheons Missing In Orange Area Maint. Closet

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-21-13

Protected Property				Inspection Company			
Name:	Wilbur Elem School			Name:	Anaconda Protective Concepts, inc.		
Address:	4050 Wrangle Hill Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Wet Spk System #1						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

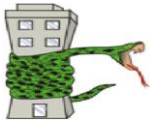


**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

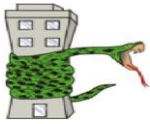
Valves	Make: Viking	Model: Easy riser	Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Water Supply</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
11. What are the water flow test and pressure results?	Static: 50    Residual: 45					
12. Are the results comparable to results from last year?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sprinkler &amp; Piping</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
18. Are all sprinklers in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Alarms</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Did the water motor gong test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe Systems</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
29. Are all dry pipe valves in service and in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Inspections</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>
39. Are all sprinklers free of corrosion, paint and physical damage?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. Is all piping properly aligned?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced? 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:		
Name:	Wilbur Elem School Wet System #1 DD25204	
Address:	4050 Wrangle Hill Rd	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-21-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Backflow preventers not tested annually. (1) 4in and (1) 3/4 in
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Signs of leaking in the following heads: Boys Bathroom Across from Rm 5 in yellow section, Bathroom in room 346
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Escutcheons missing in janitors closet by bathrooms in orange area & in conference room M2. 1 QR 155 White pendent head each
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	2 Painted Heads In Library. 155 degree QR Pendent
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	ITV located in Maint Room rear corner, Yellow Rm 14 in ceiling, Orange 13 In ceiling

Robert Ehart WBC2077  
Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wilbur Elementary School

Contact: Rick Bryson

Address/City: 4050 Wrangle Hill Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-21-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Wet System 2

Control Location: Riser room Green Wing

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2 VIKING

#3

Model: #1 M08

#2 M07

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☒

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☒ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

No Deficiencies Noted

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_





**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7723</u>	-	Standpipe Deficiency	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7738</u>	-	Other
<u>7729</u>	-	Pipe / Pipe hanger deficiency			





## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-21-13

Protected Property				Inspection Company			
Name:	Wilbur Elem School			Name:	Anaconda Protective Concepts, inc.		
Address:	4050 Wrangle Hill Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Wet Spk System #2						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

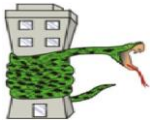


**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves	Make: Viking	Model: Easy riser	Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Supply	Yes	No	N/A			
11. What are the water flow test and pressure results?	Static: 50    Residual: 45					
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sprinkler & Piping	Yes	No	N/A			
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alarms	Yes	No	N/A			
26. Did the water motor gong test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dry Pipe Systems	Yes	No	N/A			
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Annual Inspections	Yes	No	N/A			
39. Are all sprinklers free of corrosion, paint and physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
41. Is all piping free of corrosion and free of any external loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
42. Is all piping properly aligned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced? 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Protected Property:			
Name:	Wilbur Elementary School Wet System #2		DD25204
Address:	4050 Wrangle Hill Rd		
City:	New Castle	State: de	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-21-13(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	See System #1 for Walkthrough Deficiencies noted	
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	ITV located in Maint Room rear corner, Yellow Rm 14 in ceiling, Orange 13 In ceiling	

Robert Ehart      WBC2077  
 Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wilbur Elementry School

Contact: Rick Bryson

Address/City: 4050 Wrangle Hill Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-21-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Wet System 3

Control Location: Riser room Green Wing

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 VIKING

#2 VIKING

#3

Model: #1 M08

#2 M07

#3

Are heads subject to recall?: #1 Y ☐ / N ☒

#2 Y ☐ / N ☒

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired  
☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)  
☐ 7703-Closed Control Valves  
☐ 7704-Dry Pipe System Tripped  
☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative  
☐ 7707 - Improper Design (Storage Occupancies Only)  
☐ 7708 - Quick Opening Device Inoperative  
☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7720 ☐ 7724 ☐ 7728  
☐ 7721 ☐ 7725 ☐ 7729  
☐ 7722 ☐ 7726 ☐ 7730  
☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736  
☐ 7733 ☐ 7737  
☐ 7734 ☐ 7738  
☐ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

No Deficiencies Noted

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-21-13

Protected Property				Inspection Company			
Name:	Wilbur Elem School			Name:	Anaconda Protective Concepts, inc.		
Address:	4050 Wrangle Hill Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robert Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Wet Spk System #3						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





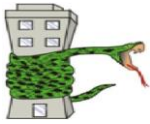
**ANACONDA**  
PROTECTIVE CONCEPTS

## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

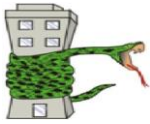
Valves <b>Make: Viking Model: Easy riser Size: 4</b>	Yes	No	N/A
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Supply	Yes	No	N/A
11. What are the water flow test and pressure results?	Static: 50    Residual: 45		
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler & Piping	Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarms	Yes	No	N/A
26. Did the water motor gong test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems	Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspections	Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. Is all piping properly aligned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





## Fire Suppression Certificate of Inspection

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:       psi           Tripping Time:                   seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ANACONDA**  
PROTECTIVE CONCEPTS

**Fire Suppression  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

Protected Property:		
Name:	Wilbur Elem School Wet System #3 DD25204	
Address:	4050 Wrangle Hill Rd	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-21-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	See System #1 for Walk through Def noted
2.	<input type="checkbox"/> C <input type="checkbox"/> D	
3.	<input type="checkbox"/> C <input type="checkbox"/> D	
4.	<input type="checkbox"/> C <input type="checkbox"/> D	
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	ITV located in Maint Room rear corner, Yellow Rm 14 in ceiling, Orange 13 In ceiling

Robert Ehart      WBC2077  
Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
STANDPIPE SYSTEMS  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection

☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wilbur Elem School

Owner/Contact: Rick Bryson

Address/City: 4050 Wrangler Hill Rd. Bear, DE 19701

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Same

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-21-13

**STANDPIPE FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Bld Stand Pipe System

Location: Riser Closet in green wing

System Type: ☒ Wet Standpipe

☐ Dry Standpipe

☐ Other

Operation: ☐ Manual

☐ Semi-Automatic

☐ Automatic

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

**HOSE CONNECTIONS**

- ☐ 7501 – Visible Obstructions
- ☐ 7502 – Fire Hose Connection Damaged
- ☐ 7503 – Valve Handles Missing
- ☐ 7504 – Valve Leaking

**PIPING**

- ☐ 7505 – Damaged Piping

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

**HOSE CONNECTIONS**

- ☐ 7550 – Cap Missing
- ☐ 7551 – Cap Gasket Missing or Deteriorated
- ☐ 7552 – Restricting Device Missing
- ☐ 7553 – Manual, Semi-Automatic or Dry-Standpipe—Valve Does Not Operate Smoothly

**PIPING**

- ☐ 7554 – Control Valves Damaged
- ☐ 7555 – Missing or Damaged Pipe Support Devices
- ☐ 7556 – Damaged Supervisory Devices

**HOSE**

- ☐ 7557 – Hose Missing
- ☐ 7558 – Hose Damaged or In Poor Condition

**HOSE NOZZLE**

- ☐ 7559 – Hose Nozzle Missing
- ☐ 7560 – Gasket Missing or Deteriorated
- ☐ 7561 – Nozzle Does Not Operate Smoothly

**CABINET**

- ☐ 7506 – Visible Obstructions

**HOSE STORAGE DEVICE**

- ☐ 7507 – Obstruction
- ☐ 7508 – Other (Comment Below)

**HOSE STORAGE DEVICE**

- ☐ 7562 – Difficult to Operate
- ☐ 7563 – Damaged
- ☐ 7564 – Hose Improperly Racked or Rolled
- ☐ 7565 – Nozzle Clip In Place and Nozzle Correctly Contained
- ☐ 7566 – If Exposed In Cabinet, Will Hose Rack Swing Out At Least 90 Degrees?

**CABINET**

- ☐ 7567 – Difficult to Open
- ☐ 7568 – Cabinet Door Will Not Open Fully
- ☐ 7569 – Door Glazing Cracked or Broken
- ☐ 7570 – If Cabinet Is Break-Glass Type, Is Lock Functioning Properly?
- ☐ 7571 – Glass Break Device Is Missing or Not Attached
- ☐ 7572 – Not Properly Identified As Containing Fire Equipment
- ☐ 7573 – All Valves, Hose, Nozzles, Fire Extinguishers, etc., Easily Accessible

**COMMENTS/DEFICIENCY DESCRIPTION**

NO DEFICIENCIES NOTED

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

# Standpipe System Certificate of Inspection

## STANDPIPE AND HOSE SYSTEMS

### GENERAL INFORMATION

Date: 8-21-13  
Inspector: Ehart

<b><u>GENERAL</u></b>	
System designation: Bld Stand Pipe system	
Building:	Wilbur Elem School
Street:	4050 Wrangle Hill Rd
City, State, Zip	Bear, DE 19701
Riser Closet green wing	
Location of control valve:	
Type of System:	<input checked="" type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
Length of hose provided (feet)	<input checked="" type="checkbox"/> None <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100
Type of hose	<input type="checkbox"/> Rubber Lined <input type="checkbox"/> Unlined
<i>(If unlined hose is presently installed, it may remain in use. However, when it requires replacement only lined hose should be used in accordance with NFPA 14, "Standpipe Systems".)</i>	
Shut-off nozzles provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pressure regulating devices provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If "no", nozzles should be replaced with shut-off type in accordance with NFPA 14, "Standpipe Systems".)</i>	
Type of regulating devices	
How are valves supervised? <input type="checkbox"/> Sealed <input type="checkbox"/> Locked <input checked="" type="checkbox"/> Tamper Switch	
Are valves identified with signs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WATER SUPPLY (See Chapter 8)</b>	
When was last water supply test made? <u>8-21-13</u>	
Are reservoirs, tanks or pressure tanks in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PUMPS (See Chapter 7)</b>	
Is the fire pump <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input checked="" type="checkbox"/> None	
Is pump in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FIRE DEPARTMENT CONNECTIONS</b>	
Location <u>Hallways</u>	
Are identification signs provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS	

# Standpipe System Certificate of Inspection

## INSPECTION DEFICIENCY COMMENTS

Protected Property:			
Name:	WILBUR ELEMENTARY		
Address:	4050 WRANGLE HILL RD		
City:	BEAR	State: DE	Zip: 19701
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other STANDPIPE(Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	NO DEFICIENCIES NOTED	
2.	<input type="checkbox"/> C <input type="checkbox"/> D		
3.	<input type="checkbox"/> C <input type="checkbox"/> D		
4.	<input type="checkbox"/> C <input type="checkbox"/> D		
5.	<input type="checkbox"/> C <input type="checkbox"/> D		
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

ROBERT EHART

Service Representative

Customer Acknowledgment



**DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION**



☒ **Annual Certificate of Inspection**    ☐ **Non-Annual WITH a MAJOR deficiency**

☐ **Property/Address Changed**

**PROTECTED PROPERTY**

Name: William Penn High School      Owner/Contact: Rick Bryson  
Address/City: 713 Basin Rd    City: New Castle    State: DE    Zip:      Phone Number: 302-358-1356  
19720

**PROPERTY OWNER**

Owner: Colonial School District      Address:

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc.      FAL #: 0252  
Technician's Name: Ehart      Date: 8-15-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site?    ☒ Yes    ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments

**SYSTEM INFORMATION**

System ID Number: Building System      Panel Location: FACP Closet Main Lobby Hall  
System Type:    ☒ Central Station Monitored    ☐ Remote Station Monitored  
                         ☐ Proprietary    ☐ Local Alarm Only    ☐ Dialer

PANEL MANUFACTURER: Notifier

MODEL NUMBER: AFP 640

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒      CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired
- ☐ 7602 – Unprotected Residential Corridors
- ☐ 7603 – FACP in ALARM / TROUBLE
- ☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed
- ☐ 7606 – More than 10% of Sounding Devices Failed
- ☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐      CHECKED BELOW ☒

- |                                          |                               |                               |                                          |                                          |
|------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> 7620 | <input type="checkbox"/> 7624 | <input type="checkbox"/> 7628 | <input type="checkbox"/> 7632            | <input type="checkbox"/> 7636            |
| <input checked="" type="checkbox"/> 7621 | <input type="checkbox"/> 7625 | <input type="checkbox"/> 7629 | <input checked="" type="checkbox"/> 7633 | <input type="checkbox"/> 7637            |
| <input type="checkbox"/> 7622            | <input type="checkbox"/> 7626 | <input type="checkbox"/> 7630 | <input type="checkbox"/> 7634            | <input type="checkbox"/> 7638            |
| <input type="checkbox"/> 7623            | <input type="checkbox"/> 7627 | <input type="checkbox"/> 7631 | <input type="checkbox"/> 7635            | <input checked="" type="checkbox"/> 7639 |

**COMMENTS/DEFICIENCY DESCRIPTION**

<u>1 55 Amp Battery Failed Load Test</u>	<u>Fire Door Not Entirely Closing</u>
<u>Multiple Heats Not Connected To FACP</u>	<u>1 Damaged Speaker Strobe    2 Damaged Horn Strobes</u>
<u>H/S Not Mounted Properly</u>	<u>9 Smokes Not Reporting To FACP</u>

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ **NO MAJOR DEFICIENCIES FOUND**    ☐ **MAJOR DEFICIENCIES FOUND:** \_\_\_\_\_ ☐ **MAJOR DEFICIENCIES VERIFIED:** \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-15-13

Protected Property				Inspection Company			
Name:	William Penn High School			Name:	Anaconda Protective Concepts, inc.		
Address:	713 Basin Rd			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

### System Owner

Name:	Same As Above		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	Building System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, make and model of DACT installed: Notifier
If yes, provide name, location, and phone number of monitoring company: Security Instruments

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: See Notes	Tested OK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------



### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	32	32	0	
Heat Detectors	16	16	0	
Smoke Detectors	225	225		
Duct Detectors	2	2		
Water Flow Devices	1	1	0	
Other Fire Door	45	45	0	

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	247	247	2	See Notes
Chimes				
Speakers	8	8	0	
Remote Annunciators	5	5	0	
Visual Signals	39	39	0	
Other Beam Detector	13	13	0	

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve	1	1	0	
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

Manufacturer	Notifier	Model #	AFP 640	System ID	Building System
Type	<input type="checkbox"/> Hardwired <input type="checkbox"/> Multiplex <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Other (Specify)				
Device	Total	Tested	Deficiencies	Remarks	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	William Penn School District DD25204	
Address:	713 Basin Rd	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-15-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Sub Panel In Drivers Ed Room 1 12v 55 Amp Battery 40% BAD
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Old H/D, Bell Type In 2 Closets By Stairwell B And Maintenance Garage Need To Be Removed
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Fire Door By E Stairwell Dragging On Floor, Not Closing
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Outer Ring Missing On S/D In Mens Bathroom & 2 <sup>nd</sup> Fl N204
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Speaker Strobe In Boys Locker Room S22-10 Not Flashing
6.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	H/S S12/4 By Room E116 Not Flashing
7.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Main Entrance S/D 1,2D053, 49,56,48,55,54 Not Sending Signal To FACP Lights Not Flashing At All
8.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	S/D 1,1D051 Hallway To Gym Not Sending Signal To Panel 1,1D049 & 48 In Front Of ROTC And Weight Room Also
9.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Room 201H/S Not Sounding Or Flashing
10.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	System Went Into Ground Fault During Testing Service Tech Will Need To Track Down Ground

Robert Ehart

Service Representative

Customer Acknowledgment



DELAWARE STATE FIRE MARSHAL  
FIRE SUPPRESSION SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: William Penn High School

Contact: Rick Bryson

Address/City: 713 Basin Rd City: New Castle  
State: DE Zip: 19720

Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District

Address:

**SUPPRESSION SYSTEM COMPANY INFORMATION**

Company Name: ANACONDA PROTECTIVE CONCEPTS

FSL #: 0163

Technician's Name: Ehart

WBC CERT#2077

Date: 8-15-13

**FIRE SUPPRESSION SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☒ No

If yes, provide name, location and phone # of monitoring station: Security Inst

**SYSTEM INFORMATION**

System ID Number: Shop System

Control Location: Science room 118

System Type: ☒ Wet Sprinkler  
☐ Pre-Action

☐ Dry Sprinkler  
☐ Deluge

☐ Other  
☐ Water Spray

Sprinkler Heads Make: #1 STAR

#2

#3

Model: #1E

#2

#3

Are heads subject to recall?: #1 Y ☐ / N ☐

#2 Y ☐ / N ☐

#3 Y ☐ / N ☐

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒

CHECKED BELOW ☐

- ☐ 7701-System Out-of-Service / Impaired
- ☐ 7702-Unprotected Areas ( $\geq$  10 heads contiguous)
- ☐ 7703-Closed Control Valves
- ☐ 7704-Dry Pipe System Tripped
- ☐ 7705 - Major FDC Obstructions

- ☐ 7706 - Fire Pump / Jockey Pump Inoperative
- ☐ 7707 - Improper Design (Storage Occupancies Only)
- ☐ 7708 - Quick Opening Device Inoperative
- ☐ 7709 - Other (Comment Below)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐

CHECKED BELOW ☒

- ☐ 7720 ☐ 7724 ☐ 7728
- ☐ 7721 ☐ 7725 ☐ 7729
- ☐ 7722 ☐ 7726 ☒ 7730
- ☐ 7723 ☐ 7727 ☐ 7731

- ☐ 7732 ☐ 7736
- ☐ 7733 ☐ 7737
- ☐ 7734 ☐ 7738
- ☒ 7735

**COMMENTS/DEFICIENCY DESCRIPTION**

No Spare Head Box, No Ball Drip on FDC

2 Aux Sign, ITV Sign Needed

No Hydro Data Plate, no Main drain sign

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_

DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_

DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_



**DELAWARE STATE FIRE MARSHAL**  
***FIRE SUPPRESSION SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

<u>7720</u>	-	Gauges damaged	<u>7730</u>	-	Lacking Signs (Calculation Plates, Valves, etc.)
<u>7721</u>	-	Control Values not Monitored or Secured			
<u>7722</u>	-	Fire Pump / Jockey Pump Deficiency	<u>7731</u>	-	FDC Lacking Caps / Plugs
<u>7723</u>	-	Standpipe Deficiency	<u>7732</u>	-	FDC Lacking Sign / Improperly Marked
<u>7724</u>	-	Sprinkler Heads Damaged / Painted	<u>7733</u>	-	Sprinkler Head Wrong Rating or Installed Improperly
<u>7725</u>	-	Sprinkler Head Spacing Deficiency / Unprotected Areas <10 Heads	<u>7734</u>	-	Sprinkler Head over 50 years of Age
<u>7726</u>	-	Tamper / Supervisory switch deficiency	<u>7735</u>	-	Spare Head Box & Contents Deficiency
<u>7727</u>	-	Dry System Trip Test Exceeds 60 Seconds	<u>7736</u>	-	Sprinklered Areas Maintained Below 40°
<u>7728</u>	-	Dry system devices deficiency (Air Compressor, etc.)	<u>7737</u>	-	Water Motor Gong Inoperative
<u>7729</u>	-	Pipe / Pipe hanger deficiency	<u>7738</u>	-	Other



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-15-13

Protected Property				Inspection Company			
Name:	William Penn High School			Name:	Anaconda Protective Concepts, inc.		
Address:	713 Basin Rd			Address:	1520 Porter Road.		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		
System Owner							
Name:	Same As Above						
Address:							
City:							
State:						Zip:	
Fire Suppression System Company's Certification							
Company Name:	Anaconda Protective Concepts, inc.			License Number:	FSL -0163		
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>							
Technician Name:	Robet Ehart WBC 2077			Title:	Inspector		
Fire Suppression System Type							
System ID:	Shop System						
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (specify):							
Fire Suppression System Classification							
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (specify):							
Fire Suppression System Occupancy Hazard Classification							
<input checked="" type="checkbox"/> Light Hazard             Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3             Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2							
Fire Suppression System Deficiencies							
Any deficiencies from DSFPR and/or adopted NFPA standards: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please refer to comments page)							

General Information	Yes	No	N/A
1. Is the building occupied and the same occupancy since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the building fully sprinklered and the entire system in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the system unchanged since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all stock/storage a minimum of 18" below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all gauges in good condition showing normal pressures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the system is wet, is the building adequately heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Fire Suppression Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Valves      Make: Star    Model: D    Size: 4	Yes	No	N/A
7. Are all main control valves open and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves in the proper position and identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all control valves locked, sealed, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the alarm check valve(s) pass internal inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supply	Yes	No	N/A
11. What are the water flow test and pressure results?	Static: 40    Residual: 25		
12. Are the results comparable to results from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all FDCs visible, accessible, and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all FDCs equipped with listed caps or plugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all FDCs identified with signs or plaques?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are fire pumps and/or water storage tank inspection reports included with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are all standpipes and/or hose station inspection reports provided with this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sprinkler & Piping	Yes	No	N/A
18. Are all sprinklers in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are spare heads and wrench available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all the sprinklers of proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the riser(s) in good condition and unobstructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Are all the hangers in good condition and firmly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the remote pull releases unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarms	Yes	No	N/A
26. Did the water motor gong test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Did the electric alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Did the supervisory alarm test O.K.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Pipe Systems	Yes	No	N/A
29. Are all dry pipe valves in service and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are all air pressure and priming water levels normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Are all air compressors in good working order and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Were low point drained during fall and winter inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are quick opening devices and/or accelerators in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Has piping been checked for stoppage within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Has piping been checked for proper pitching within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have all dry pipe valves been tripped and tested O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Are all dry pipe valves adequately protected from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Are all valve houses and heater conditions O.K.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspections	Yes	No	N/A
39. Are all sprinklers free of corrosion, paint and physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is all piping in good condition, free of mechanical damage, and not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is all piping free of corrosion and free of any external loads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is all piping properly aligned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
43. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
45. Are all sprinklers in service dated 1920 or later?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Have all fast response sprinklers been in service for less than 20 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have all standard sprinklers been in service for less than 50 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the specific gravity of the antifreeze solution correct? Tested to:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Have all the devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Have all backflow devices passed both the back flow and full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Have all sprinkler pressure regulating control valves passed full flow tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5th Year Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
52. Have extra high, very high, and ultra high temperature sprinklers been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Have all gauges been checked against a calibrated gauge or replaced? 2013	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
54. Has the interior of all dry pipe, preaction, and/or deluge valve passed internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems 5th Year Inspections</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
55. Did all alarm valves (and associated components) pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry pipe, preaction, and/or deluge valves pass internal inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:           psi           Tripping Time:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure:           psi           Initial Water Pressure:           psi Tripping Air Pressure:           psi           Tripping Time:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. Was water delivered to the inspector's test connection? Time to IT:           seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. Were all the results comparable to last year's tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Preaction and Deluge Systems Annual Tests</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
63. Were all preaction and deluge valves full flow trip tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Was water discharging from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Pressure reading at the hydraulically most remote nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Residual pressure reading at valve:           psi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Was water flow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Were all the results comparable to last year's results?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Did all manual activation devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Did all automatic air pressure maintenance devices pass testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dry Pipe, Preaction, and Deluge Systems Annual Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. Were all the low points drained prior to the onset of freezing weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. Are all dry pipe systems being maintained in dry condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Protected Property:			
Name:	William Penn High School		DD25204
Address:	713 Basin Rd		
City:	New Castle	State: DE	Zip: 19720
Phone:	(302)-358-1356		
Explanatory Information			
System:	<input type="checkbox"/> Fire Alarm <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Other          (Specify)		
Notes:	C = Comment D = Deficiency		
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Ball drip on FDC	
2.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No 5 year internal inspection or Obstruction inspection	
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	No Spare head box	
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	2 Aux Sign and 1 ITV sign Needed	
5.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	ITV & Aux Drain has no Handle on valve	
6.	<input type="checkbox"/> C <input type="checkbox"/> D		
7.	<input type="checkbox"/> C <input type="checkbox"/> D		
8.	<input type="checkbox"/> C <input type="checkbox"/> D		
9.	<input type="checkbox"/> C <input type="checkbox"/> D		
10.	<input type="checkbox"/> C <input type="checkbox"/> D		

Robert Ehart WBC 2077

Service Representative

Customer Acknowledgment





DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSPECTION



☒ Annual Certificate of Inspection ☐ Non-Annual WITH a MAJOR deficiency

☐ Property/Address Changed

**PROTECTED PROPERTY**

Name: Wilmington Manor Elementary Owner/Contact: Rick Bryson  
Address/City: 200 E Roosevelt Ave City: New Castle State: DE Zip: 19720 Phone Number: 302-358-1356

**PROPERTY OWNER**

Owner: Colonial School District Address: \_\_\_\_\_

**FIRE ALARM SIGNALING SYSTEM COMPANY INFORMATION**

Company Name: Anaconda Protective Concepts, inc. FAL #: 0252  
Technician's Name: Ehart Date: 8-20-13

**FIRE ALARM SIGNALING SYSTEM MONITORING**

Is this system monitored off-site? ☒ Yes ☐ No

If yes, provide name, location and phone # of monitoring station: Security Instruments  
998-2261

**SYSTEM INFORMATION**

System ID Number: Bld System Panel Location: Boiler room  
System Type: ☒ Central Station Monitored ☐ Remote Station Monitored  
☐ Proprietary ☐ Local Alarm Only ☐ Dialer

PANEL MANUFACTURER: Notifier MODEL NUMBER: AFP 400

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☒ CHECKED BELOW ☐

- ☐ 7601 – System Out-of-Service / Impaired  
☐ 7602 – Unprotected Residential Corridors  
☐ 7603 – FACP in ALARM / TROUBLE  
☐ 7604 – System Monitoring Out-of-Service

- ☐ 7605 – More than 10% of Initiating Devices Failed  
☐ 7606 – More than 10% of Sounding Devices Failed  
☐ 7607 – Other (Make Comment)

**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION**

NONE ☐ CHECKED BELOW ☒

- |                               |                                          |                               |                               |                                          |
|-------------------------------|------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|
| <input type="checkbox"/> 7620 | <input checked="" type="checkbox"/> 7624 | <input type="checkbox"/> 7628 | <input type="checkbox"/> 7632 | <input type="checkbox"/> 7636            |
| <input type="checkbox"/> 7621 | <input type="checkbox"/> 7625            | <input type="checkbox"/> 7629 | <input type="checkbox"/> 7633 | <input type="checkbox"/> 7637            |
| <input type="checkbox"/> 7622 | <input type="checkbox"/> 7626            | <input type="checkbox"/> 7630 | <input type="checkbox"/> 7634 | <input type="checkbox"/> 7638            |
| <input type="checkbox"/> 7623 | <input type="checkbox"/> 7627            | <input type="checkbox"/> 7631 | <input type="checkbox"/> 7635 | <input checked="" type="checkbox"/> 7639 |

**COMMENTS/DEFICIENCY DESCRIPTION**

Outer Rings Missing On 2 Smoke Detectors  
H/D From Old System Not Connected To FACP 8 Total

**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ Date Received By T.S. Manager: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

☐ NO MAJOR DEFICIENCIES FOUND ☐ MAJOR DEFICIENCIES FOUND: \_\_\_\_\_ ☐ MAJOR DEFICIENCIES VERIFIED: \_\_\_\_\_  
DATE NOV ISSUED: \_\_\_\_\_ COMPLIANCE DATE: \_\_\_\_\_ 1<sup>ST</sup> EXTENSION DATE: \_\_\_\_\_ 2<sup>ND</sup> EXTENSION & APPROVAL DATE: \_\_\_\_\_  
DATE OF COMPLIANCE: \_\_\_\_\_ DATE FORWARDED TO T.S. MANAGER: \_\_\_\_\_ DATE FORWARDED TO OPERATIONS: \_\_\_\_\_ BY \_\_\_\_\_

DOC. #75-01-04-01-01



**DELAWARE STATE FIRE MARSHAL**  
***FIRE ALARM SYSTEM***  
**CERTIFICATE OF INSPECTION**



**MINOR DEFICIENCIES IDENTIFIED DURING INSPECTION:**

- |             |   |                                                                   |             |   |                                         |
|-------------|---|-------------------------------------------------------------------|-------------|---|-----------------------------------------|
| <u>7620</u> | - | Battery / Secondary Power out-of-service                          | <u>7630</u> | - | Tamper Switch not Connected to FASS     |
| <u>7621</u> | - | A Battery out-of-date / Corroded                                  | <u>7631</u> | - | Manual Pull Station Obstructed          |
| <u>7622</u> | - | Smoke / Heat / Flame Detector Damaged                             | <u>7632</u> | - | Manual Pull Station Damaged             |
| <u>7623</u> | - | Smoke Detector too Close to Diffuser / Vent                       | <u>7633</u> | - | Bell, Horn / Strobes Damaged            |
| <u>7624</u> | - | Smoke Detector / Heat Detector not connected to FAP               | <u>7634</u> | - | Bell, Horn / Strobes Lacking Audibility |
| <u>7625</u> | - | Smoke Detector not A/C Powered with Battery Back-Up (Residential) | <u>7635</u> | - | Bell, Horn / Strobes Damaged / Missing  |
| <u>7626</u> | - | Inadequate Detector Coverage                                      | <u>7636</u> | - | Device Identification Lacking           |
| <u>7627</u> | - | Duct Detector Inoperative                                         | <u>7637</u> | - | Circuit Breaker to FACP no Lockout      |
| <u>7628</u> | - | Duct Detector Lacking System Shut-Down                            | <u>7638</u> | - | Supervisory Function Deficiency         |
| <u>7629</u> | - | Flow / Pressure Switch not Connected to FASS                      | <u>7639</u> | - | Other                                   |



## Fire Alarm System Certificate of Inspection

1520 Porter Road  
Bear, DE 19701

Contract Number: DD25204

Date of Inspection: 8-20-13

Protected Property				Inspection Company			
Name:	Wilmington Manor Elementary			Name:	Anaconda Protective Concepts, inc.		
Address:	200 Roosevelt Ave			Address:	1520 Porter Road		
City:	New Castle			City:	Bear		
State:	DE	Zip:	19720	State:	DE	Zip:	19701
Contact:	Rick Bryson			Contact:	Service Department		
Phone:	302-358-1356			Phone:	302.834.1125		

### System Owner

Name:	Colonial School District		
Address:			
City:			
State:		Zip:	

### Fire Alarm Signaling System Company's Certification

Company Name:	Anaconda Protective Concepts, inc.	License Number:	0252
<i>The fire alarm signaling system company certifies that the features of the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.</i>			
Technician Name:	Ehart	Title:	Inspector

### Type of Fire Alarm System

<b>System ID:</b>	Bld System		
<input type="checkbox"/> Local	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Remote Station	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Emergency Voice	<input type="checkbox"/> Detection	<input checked="" type="checkbox"/> Central Station	<input type="checkbox"/> Household

### Fire Alarm Signaling System Monitoring

Is this system monitored off-site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, make and model of DACT installed: Notifier
If yes, provide name, location, and phone number of monitoring company: Security Instruments

### Power Supply System

Primary:	Dedicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Locked Out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secondary:	Battery Amp Hour Rating: 12v 55 amp	Tested OK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Engine Driven Generator Rating:	Tested OK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fueled by:	Storage Capacity:
Generator Tests completed by:	<input type="checkbox"/> Licensed Company <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify)	

### Fire Alarm Signaling System Deficiencies

Any deficiencies from DSFPR and/or adopted NFPA standards:
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please refer to comments page)

### Alarm Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Manual Pull Stations	37	37	0	
Heat Detectors	9	9	8	
Smoke Detectors	46	46	0	
Duct Detectors				
Water Flow Devices				
Other				

### Alarm Indicating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Bells				
Horn/strobes	46	46	0	
Chimes				
Speakers				
Remote Annunciators	1	1	0	
Visual Signals	27	27	0	
Other				

### Supervisory Initiating Devices

<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>
Sprinkler Control Valve				
Pressure Switches				
Building/Water Temp.				
Water Supply Level				
Fire Pump				
Other				

### Control Unit

<b>Manufacturer</b>	<b>Notifier</b>	<b>Model #</b>	<b>AFP 400</b>	<b>System ID</b>	<b>Bld System</b>
<b>Type</b>	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Multiplex	<input checked="" type="checkbox"/> Addressable	<input type="checkbox"/> Other (Specify)	
<b>Device</b>	<b>Total</b>	<b>Tested</b>	<b>Deficiencies</b>	<b>Remarks</b>	
Lamps & LEDs	All	All	0		
Fuses	All	All	0		
Trouble Signals	All	All	0		
Zone Disable	All	All	0		
Supervisory Signals	All	All	0		
Ground Fault	All	All	0		
Transmit Off Premises	1	1	0		
Other					
Are all devices uniquely identified where applicable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



**Fire Alarm System  
Certificate of Inspection**

1520 Porter Road  
Bear, DE 19701

**INSPECTION DEFICIENCY COMMENTS**

Protected Property:		
Name:	Colonial School District Wilmington Manor DD25204	
Address:	200 E Roosevelt Ave	
City:	New Castle	State: DE Zip: 19720
Phone:	(302)-358-1356	
Explanatory Information		
System:	<input checked="" type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other 8-20-13(Specify)	
Notes:	C = Comment D = Deficiency	
1.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Room 28 and 27 have old H/D not connected to FACP
2.	<input checked="" type="checkbox"/> C <input type="checkbox"/> D	Unable to Test 6 Total H/D In The Boiler Rooms Due To Ceiling Height
3.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Outer Ring Missing On S/D L011 In Hall at the T to rooms 1-6.
4.	<input type="checkbox"/> C <input checked="" type="checkbox"/> D	Outer Ring Missing on S/D L2D14
5.	<input type="checkbox"/> C <input type="checkbox"/> D	
6.	<input type="checkbox"/> C <input type="checkbox"/> D	
7.	<input type="checkbox"/> C <input type="checkbox"/> D	
8.	<input type="checkbox"/> C <input type="checkbox"/> D	
9.	<input type="checkbox"/> C <input type="checkbox"/> D	
10.	<input type="checkbox"/> C <input type="checkbox"/> D	

Robert Ehart

Service Representative

Customer Acknowledgment