

# Rocky Mountain Fire and Safety Inc.


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## 24 HOUR EMERGENCY SERVICE

# FIRE SUPPRESSION SYSTEM INSPECTION REPORT

| | | | | | |
|---|---|---|---|---|---|
| NAME: Medical Center of Aurora | | | | DATE: 8/3/04 | |
| ADDRESS: 1501 S Potomac St | | | | STORE NO. | |
| CITY: Aurora | | STATE: CO | | ZIP: 80012 | |
| SYSTEM LOCATION: Kitchen | MANAGER | | PHONE | | |
| SYSTEM MANUFACTURER: Ansul | MODEL: R102 1291 | MFR. DATE | HYDRO DUE | 6 YR. DUE | |
| FUSIBLE LINKS REPLACED | 165° | 212° | 360° / | 500° / | OTHER |
| DATE FIRE EXTINGUISHERS LAST INSPECTED? | | | | | |

## ☒ KITCHEN HOOD SYSTEM OR ☐ INDUSTRIAL SYSTEM

| YES | NO | OPERATION FUNCTIONS | YES | NO | SYSTEM COVERAGE |
|---|---|---|---|---|---|
| / | | Gas Shut Off Operational | / | | Duct Area |
| / | | Electrical Shut Off Operational | | | Plenum Area |
| / | | Fire Alarm System Interconnected | / | | Range |
| / | | Audible Alarms Activated | / | | Grill |
| / | | Nozzle Placement Correct | / | | Deep Fat Fryer |
| / | | Nozzles/Links Clear of Obstruction | / | | Char Broiler |
| / | | Cable Clear of Obstruction | | | Work Area |
| / | | Pull Station Clear of Obstruction | | | Wok |
| / | | Nozzle Caps in Place | / | | Tilt Skillet |
| / | | Personnel Instructed on Operation | / | | U.L. 300 |
| / | | Fan Shut Down / Pre U.L. 300 | / | | Filters |
| / | | Make Up Air Shut Down | / | | Other: |
| / | | Outlets/Power Tool Shut Down | | | Report Filing: |
| / | | System in Service and Tagged | | | Fire Extinguisher Serviced Properly |
| / | | Fan Stays On / U.L. 300 | | | Regulator Test Date: |

**GREASE ACCUMULATION:** ☐ Clean ☒ Moderate ☐ Excessive

**NEXT SERVICE DATE:** _____ **Comments/Discrepancies:** _____

**FIRE DEPARTMENT DISTRICT:** Aurora Fire _____ **PHONE:** _____

## THIS INSPECTION IS A FUNCTION TEST ONLY.

I Understand that it is the recommendation of the manufacturer and NFPA Codes #17, 17A and #96 that this fire suppression system be maintained ***every 6 months*** to insure proper function, and that failure to do so may result in this system to operate improperly.

AUTHORIZING SIGNATURE: _____ 8-3-04 LL

NAME (Please Print): _____ SERVICEMAN'S SIGNATURE: _____

## Contractor's Material and Test Certificate for Private Fire Service Mains

**PROCEDURE**

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

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: Aurora Medical center — DATE: 2-15-08

PROPERTY ADDRESS: 1501 S. Potomac st.

| | | | |
|---|---|---|---|
| PLANS | ACCEPTED BY APPROVING AUTHORITIES (NAMES) | | |
| | ADDRESS ~~1501 S. Potomac st.~~ | | |
| | INSTALLATION CONFORMS TO ACCEPTED PLANS | ☒ YES | ☐ NO |
| | EQUIPMENT USED IS APPROVED | ☒ YES | ☐ NO |
| | IF NO, STATE DEVIATIONS | | |
| INSTRUCTIONS | HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? | ☒ YES | ☐ NO |
| | IF NO, EXPLAIN: C.O.A. | | |
| | HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? | ☒ YES | ☐ NO |
| | IF NO, EXPLAIN | | |
| LOCATION | SUPPLIES BUILDINGS | | |
| PIPES AND JOINTS | PIPE TYPES AND CLASS: Ductile Iron — TYPE JOINT: Mechanical / Slip | | |
| | PIPE CONFORMS TO NFPA STANDARD | ☒ YES | ☐ NO |
| | FITTINGS CONFORM TO NFPA STANDARD | ☐ YES | ☐ NO |
| | IF NO, EXPLAIN | | |
| | BURIED JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED, OR BLOCKED IN ACCORDANCE WITH NFPA STANDARD | ☒ YES | ☐ NO |
| | IF NO, EXPLAIN | | |
| TEST DESCRIPTION | FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 390 GPM (1476 L/min) for 4-inch pipe, 610 GPM (2309 L/min) for 5-inch pipe, 880 GPM (3331 L/min) for 6-inch pipe, 1560 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3520 GPM (13323 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available. HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours. LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 qts. per hr. (1.89 L/h) per 100 joints irrespective of pipe diameter. The amount of allowable leakage specified above may be increased by 1 fl oz per in. valve diameter per hr. (30 mL/25 mm/h) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open, so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for each hydrant. | | |
| FLUSHING TESTS | NEW PIPING FLUSHED ACCORDING TO C. Aurora STANDARD | ☒ YES | ☐ NO |
| | BY (COMPANY) 8" x 6" Reducer | | |
| | IF NO, EXPLAIN 6" Pipe (176' of 8" Fire Line) | | |
| | HOW FLUSHING FLOW WAS OBTAINED: ☒ PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP | THROUGH WHAT TYPE OPENING: ☐ HYDRANT BUTT ☒ OPEN PIPE | |
| | LEAD-INS FLUSHED ACCORDING TO NFPA STANDARD | ☒ YES | ☐ NO |
| | BY (COMPANY) | | |
| | IF NO, EXPLAIN | | |
| | HOW FLUSHING FLOW WAS OBTAINED: ☒ PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP | THROUGH WHAT TYPE OPENING: ☐ Y CONN. TO FLANGE & SPIGOT ☒ OPEN PIPE | |

Figure A-9-2.1 Typical contractor's material and test certificate for private fire service mains (continued on next page).

| | | |
|---|---|---|
| HYDROSTATIC TEST | ALL NEW PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS | BURIED JOINTS COVERED ☒ YES ☐ NO |
| LEAKAGE TEST | TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. | NO LEAKAGE ALLOWED FOR VISIBLE JOINTS _____ HOURS |
| | ALLOWABLE LEAKAGE (BURIED) _____ GALS. | NO LEAKAGE ALLOWED FOR VISIBLE JOINTS _____ HOURS |
| HYDRANTS | NUMBER INSTALLED | TYPE AND MAKE / ALL OPERATE SATISFACTORILY ☐ YES ☐ NO |
| CONTROL VALVES | WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON | ☒ YES ☐ NO |
| | HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM | ☐ YES ☐ NO |
| REMARKS | DATE LEFT IN SERVICE _____ ADDITIONAL COMMENTS: _____ | |
| SIGNATURES | NAME OF INSTALLING CONTRACTOR JBS Pipeline | |
| | TESTS WITNESSED BY | |
| | FOR PROPERTY OWNER (SIGNED) | TITLE Project Manager DATE 2/15/08 |
| | FOR INSTALLING CONTRACTOR (SIGNED) | TITLE Supervisor For JBS DATE 2/15/08 |
| ADDITIONAL EXPLANATION AND NOTES | Allan Wilson Inspector 2/15/08 | |

Flush Only

Kevin Parent JBS Pipeline

# FIRE ALARM SYSTEM RECORD OF COMPLETION

***To be completed by the system installation contractor at the time of system acceptance and approval.***

## 1. PROTECTED PROPERTY INFORMATION

Name of property: MCOA

Address: 1501 S. Potomac St, Aurora, CO 80012

Description of property: Med. Center

Occupancy type: Commercial

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Authority having jurisdiction over this property: _____

Phone: _____ Fax: _____ E-mail: _____

## 2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: Simplex Grinnell

Address: 6240 Smith Rd Denver, Co

Phone: 303 355 0500 Fax: _____ E-mail: _____

Service organization for this equipment: Simplex Grinnell

Address: 6240 Smith Rd, Denver, Co

Phone: _____ Fax: _____ E-mail: _____

Location of as-built drawings: On Site Location of historical test reports: _____

Location of system operation and maintenance manuals: On Site

A contract for test and inspection in accordance with NFPA standards is in effect as of _____

Contracted testing company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contract expires: _____ Contract number: _____ Frequency of routine inspections: _____

## 3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

*NFPA 72* Chapter Reference of System Type: Central Station

Name of organization receiving alarm signals with phone numbers *(if applicable)*:

Alarm: Simplex Grinnell Phone: 301-888-746-7539

Supervisory: _____ Phone: _____

Trouble: _____ Phone: _____

Entity to which alarms are retransmitted: N/A Phone: _____

Method of retransmission of alarms to that organization or location: _____

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## 3. TYPE OF FIRE ALARM SYSTEM OR SERVICE *(continued)*

If Chapter 8, note the means of transmission from the protected premises to the central station:

☑ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐ N/A

If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

### 3.1 System Software

Operating system (executive) software revision level: 4100+ 8.04.01

Site-specific software revision date: Rev30March 28, 08 Revision completed by: _____

## 4. SIGNALING LINE CIRCUITS

*Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):*

Quantity: 8 Style: 4 Class: B

## 5. ALARM-INITIATING DEVICES AND CIRCUITS

*Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):*

Quantity: N/A Style: N/A Class: N/A

### 5.1 Manual initiating devices

**5.1.1 Manual Pull Stations** Number of manual pull stations: None Added

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☑ N/A

### 5.2 Automatic Initiating Devices

**5.2.1 Area Smoke Detectors** Number of smoke detectors: None Added

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☑ N/A

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

**5.2.2 Duct Smoke Detectors** Number of duct smoke detectors: None Added

Type of coverage: _____

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☑ N/A

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

**5.2.3 Heat Detectors** Number of heat detectors: None Added

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☑ N/A

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☑ N/A

**5.2.4 Sprinkler Waterflow Detectors** Number of waterflow detectors: None Added

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☑ N/A

**5.2.5 Alarm Verification** Number of devices subject to alarm verification: None Added

Alarm verification on this system is: ☐ Enabled ☐ Disabled ☐ Set for _____ seconds

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## 6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

### 6.1 Sprinkler System

Number of valve supervisory switches: None Added

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

### 6.2 Fire Pump

Type of fire pump: ❑ Electrical ❑ Diesel

Type of pump supervisory devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ☑ N/A

Fire Pump Functions Supervised

❑ Fire pump power ❑ Fire pump running ❑ Fire pump phase reversal ❑ Selector switch not in auto

❑ Engine or control panel trouble ❑ Low fuel

Other: _____

### 6.3 Engine-Driven Generator

Type of generator supervisory devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ☑ N/A

❑ Engine or control panel trouble ❑ Generator running ❑ Selector switch not in auto ❑ Low fuel

Other: _____

## 7. ANNUNCIATORS

### 7.1 Annunciator 1 ❑ Local ❑ Remote

Type: ❑ Addressable ❑ Directory ❑ Graphic ❑ N/A Location: None Added

### 7.2 Annunciator 2 ❑ Local ❑ Remote

Type: ❑ Addressable ❑ Directory ❑ Graphic ❑ N/A Location: _____

### 7.3 Annunciator 3 ❑ Local ❑ Remote

Type: ❑ Addressable ❑ Directory ❑ Graphic ❑ N/A Location: _____

## 8. ALARM NOTIFICATION DEVICES AND CIRCUITS

### 8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

### 8.2 Telephone Jacks

Number of telephone jacks installed: N/A Number of telephone handsets stored on site: N/A

Type of telephone system installed: ❑ Electrically powered ❑ Sound powered ❑ N/A

### 8.3 Nonvoice Audible System

*Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):*

Quantity: Modified 1 Style: Y Class: B

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## 8. ALARM NOTIFICATION DEVICES AND CIRCUITS *(continued)*

Additions

### 8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device _____ Horns: _____ With visual device: _____

Chimes: 1 With visual device ✓ Bells: _____ With visual device: _____

Visual devices without audible devices: 1 Other (describe): _____

## 9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

☑ Hold-open door releasing devices ☐ Smoke management or smoke control

☐ Door unlocking ☑ Elevator recall ☐ Other

## 10. SYSTEM POWER SUPPLY

### 10.1 Primary Power

Nominal voltage 120 VAC Amps 20

Overcurrent protection: Type CB Amps 20

Location (of primary supply panelboard): _____

Disconnecting means location: _____

### 10.2 Secondary Power

Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____

Number of standby batteries: _____ Amp hour rating: _____

Location of emergency generator: _____

Location of fuel storage: _____

Calculated capacity of secondary power to drive the system

In standby mode: _____ In alarm mode: _____

## 11. RECORD OF SYSTEM INSTALLATION

*Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.*

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☑ *NFPA 72* ☑ NFPA 70, *National Electrical Code,* Article 760

☑ Manufacturer's published instructions ☐ Other (please specify): _____

System deviations from referenced NFPA standards: _____

Signed: _____ Printed name: C. Henderson Date: 3/31/08

Organization: Simplex Grinnell Title: Const. Man. Phone: 303-961-2841

## 12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☑ *NFPA 72* ☑ NFPA 70, *National Electrical Code,* Article 760

☑ Manufacturer's published instructions ☐ Other (please specify): _____

☐ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: _____ Printed name: C. Henderson Date: 3/31/08

Organization: Simplex Grinnell Title: Const. Man. Phone: 303-961-2841

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## 13. CERTIFICATIONS AND APPROVALS

### 13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: S. Henderson Date: 3/31/08

Organization: SimplexGrinnell Title: Const. Mgr. Phone: 303 961 2841

### 13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: S. Henderson Date: 3/31/08

Organization: SimplexGrinnell Title: Const. Mgr. Phone: 303 961 2841

### 13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

### 13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: Mark A. Chambers Printed name: Mark A. Chambers Date: 3/31/08

Organization: TMCA/S Title: _____ Phone: 303 695-2744

### 13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: Les Collo Date: 3-31-08

Organization: COA Title: Inspector Phone: 303-739-7078

NOTE: MANY DIFFERENT TYPES OF NOTIFICATION APPLIANCES. NO SYNCHRONIZATION. DIFFERING AUDIBLE ARRANGEMENTS.

COA INSPECTOR _____ 3-31-08

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