



IMPERIAL FIRE ALARM & SECURITY, INC.

6360 Techster Blvd Suite 2

Fort Myers, FL 33967

Tel: 239-288-6482 Fax:239-689-8674

Lic. #EF20000446



CR: 500 Time In: 9:00 AM Time Out: 10:30 AM

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

Date of inspection or test: 3/29/2024 Time of inspection or test: 9:00

1. PROPERTY INFORMATION

Name of property: Santa Maria II

Address: 7317 Estero Blvd. Fort Myers beach, FL

Description of property: Condominium

Occupancy type: Residential

Name of property representative: John Faenza

Address:

Phone: 920-988-5212 Fax: Email: johnnyappleseed48@icloud.com

Authority having jurisdiction over this property:

Phone: Fax: Email:

2. INSTALLATION, SERVICE, AND TESTING CONTACTOR INFORMATION

Service and/or testing organization for this equipment: Imperial Fire Alarm & Security EF20000446

Address: 6360 Techster Blvd Suite#2 Fort Myers, FL 33966

Phone: 239-288-6482 Fax: 239-689-8674 Email: jeremy.ifas@gmail.com

Service technician or tester: Cody/Josh

Qualifications of technician or tester: FASA Certified

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

The contract expires: Contract Number: Frequency of tests or inspections: Annual

Monitoring organization for this equipment: Criticom

Address:

Phone: 855-337-3414 Fax: Email:

Account Number: RP1-0031 Phone 1: Phone 2:

Means of transmission: GSM Wireless Communicator

Entity to which alarms are retransmitted: CMS Phone:

3. Documentation:

Onsite location of the required record documents and site-specific software:

4. Description of system or service:

4.1 Control Unit:

Manufacturer: Fire Lite Model Number: MS-9200UDLS

4.2 Software Firmware:

Firmware revision number:

4.3 SYSTEM POWER

4.3.1 Primary (Main)power

Nominal Voltage: 120v Amps: 20amps Location:

Overcurrent protection type: Circuit Breaker Amps: 20amp

Disconnecting means location: Panel HC-B Breaker #20

**4.3.2 Secondary Power:**

Type: Battery Location: FACP

Battery Type(if applicable): Lead Sealed

Calculated capacity of batteries to drive the system:

In stand-by mode(hours): \_\_\_\_\_ 24 In alarm mode ( minutes): \_\_\_\_\_ 15

**5. Notifications made prior to testing:**

Monitoring organization:	Contact:	<u>Criticom</u>	Time:	<u>9:00</u>
Building management:	Contact:	<u>Property Maint.</u>	Time:	<u>9:00</u>
Building occupants:	Contact:	<u>All</u>	Time:	<u>9:00</u>
Authority having jurisdiction:	Contact:	_____	Time:	_____
Other if required:	Contact:	_____	Time:	_____

**6. TESTING RESULTS**

DESCRIPTION	VISUAL INSPECTION	FUNCTIONAL TEST	COMMENTS
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS/LCDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**6.2 Secondary Power:**

DESCRIPTION	VISUAL INSPECTION	FUNCTIONAL TEST	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FACP Batteries fail test
Load Voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote Panel Batteries	<input type="checkbox"/>	<input type="checkbox"/>	

**7.3 IN-BUILDING FIRE EMERGENCY VOICE ALARM COMMUNICATIONS EQUIPMENT**

DESCRIPTION	VISUAL INSPECTION	FUNCTIONAL TEST	COMMENTS
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDS/LCDS	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	

**6.3 Alarm And Supervisory Alarm Initiating Devices**

Devices test results sheet attached listing all devices tested and the results of the testing.

**6.4 Notification Devices**

Devices test results sheet attached listing all devices tested and the results of the testing.

**6.5 Interface Equipment**

Appliance test results sheet attached listing all appliances tested and the results of testing

**6.6 SUPERVISORY STATION MONITORING**

DESCRIPTION	YES	NO	TIME	COMMENTS
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11:30	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**6.7 Public Emergency Alarm Reporting System**

DESCRIPTION	YES	NO	TIME	COMMENTS
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

**7. NOTIFICATIONS THAT TESTING IS COMPLETE**

Monitoring organization	Contact: Criticom	Time: 10:30
Building Management	Contact: Property Maint.	Time: 10:30
Building Occupants	Contact: All	Time: 10:30
Authority having Jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

**8. SYSTEM RESTORED TO NORMAL OPERATION**

Date: 3/29/2024 Time: 10:30

**9. CERTIFICATION**

This system as specified herein has been inspected and tested according to NFPA 72 2013 edition, Chapter 14

Signed: Cody Hall Printed Name: Cody Hall Date: 3/29/2024

Organization: Imperial Fire Alarm & Security Title: Service Tech Phone: 239-288-6482

Qualifications (refer to 10.5.3): \_\_\_\_\_

**10. Defects or Malfunctions not corrected at conclusion of system inspection, testing, or maintenance:**

Mini Horn in unit 412 did not sound during testing. Model Simplex GX90-2 white. (2) 12v 7AH batteries at the FACP are not labeled and failed the test with the battery tester. The NAC expander next to the FACP is displaying an output 1 open circuit.

**10.1 Acceptance by Owner or Owner's Representative:**

The undersigned accepted the test report for the system as specified herein:

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ALARM INITIATING DEVICES AND CIRCUITS INFORMATION**

QUANTITY OF	CIRCUIT STYLE	
19	B	MANUAL FIRE ALARM BOXES
4	B	ION DETECTORS
6	B	PHOTO DETECTORS
12	B	DUCT DETECTORS
17	B	HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER(SPECIFY)

Alarm verification feature is disabled  enabled

**ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION**

QUANTITY OF	CIRCUIT STYLE	
46	Y	BELLS
		HORNS
		CHIMES
		STROBES
2	Y	SPEAKERS
		HORN/STROBES
		OTHER(SPECIFY)

NO. OF ALARM INDICATING CIRCUITS: \_\_\_\_\_ 1

ARE CIRCUITS SUPERVISED?  YES  NO



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EF20000446/FPC21-00017

Uniform Summary Inspection, Testing, and Maintenance (ITM) Report

<b>ITM Service Company:</b>		<b>Contact Telephone Number:</b>	
<input type="text"/>		<input type="text"/>	
<b>Inspector's Name:</b>		<b>Inspector's Permittee Number:</b>	
<input type="text"/>		<input type="text"/>	
<b>Inspected Property Name:</b>	<b>Inspection Start Date:</b>	<b>Inspection Finish Date:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Inspected Property Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>System(s) Inspected:</b>	<b>Inspection Status:</b>		
<input type="text"/>	Red Tag	Yellow Tag	Green Tag

**Brief Description of Noncritical Deficiencies:**

**Brief Description of Critical Deficiencies:**

**Brief Description of Impairments:**

**Additional Comments:**

**Inspector's Signature:** 



# Imperial Fire & Security Inc.

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Phone: 239-288-6482 E-Mail: Jeremy.ifas@gmail.com



## Automatic Sprinkler Systems Inspection, Testing, and Maintenance of Wet Pipe Sprinkler Systems

License: FPC21-000017

Property Name: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Contract # \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

No Deficiencies      Non-Critical Deficiencies      Critical Deficiencies      Impairment

### This report Covers:

Monthly                      Quarterly                      **Annual**  
Three Year                      Five-Year

### Inspections

#### Monthly:

Yes     No     N/A    Gauges- normal water pressure maintained

#### Control Valves

Yes     No     N/A    In the correct (open or closed) position

Yes     No     N/A    Sealed, locked, or supervised

Yes     No     N/A    Accessible

Yes     No     N/A    Free from damage or leaks

Yes     No     N/A    Proper signage

#### Alarm Valves

Yes     No     N/A    Free of damage

Yes     No     N/A    Accessible

Yes     No     N/A    Retard chamber/ alarm drains not leaking

#### Quarterly:

Yes     No     N/A    Alarm devices - Free of damage

Yes     No     N/A    Hydraulic data nameplate - securely attached to riser/legible

#### Fire Department Connections

Yes     No     N/A    Visible and accessible

Yes     No     N/A    Coupling/swivels operate correctly

Yes     No     N/A    Pugs/caps are in place

Yes     No     N/A    Gaskets are not damaged

Yes     No     N/A    Identification signs are in place

Yes     No     N/A    Ball drip valve is functional

#### Pressure Reducing Valve

Yes     No     N/A    In the open position/not leaking

Yes     No     N/A    Maintaining downstream pressure

Yes     No     N/A    In good condition

**Annual:**

- Yes     No     N/A

**Sprinklers (visible)**

- No damage or leaks
- Free of corrosion, foreign material, or paint
- Installed in proper orientation
- Fluid in glass bulbs
- Spare sprinklers - proper number and type. Complete with wrench?
- Hangers and seismic bracing - not damaged or loose

**Pipe and Fittings (visible)**

- Yes     No     N/A    In good condition / no external corrosion
- Yes     No     N/A    No leaks or mechanical damage
- Yes     No     N/A    Correct alignment - no external loads
- Yes     No     N/A    Hose racks - inspected per NFPA 1962
- Yes     No     N/A    Building - wet piping not exposed to freezing temperatures

**Five - Year**

- Yes     No     N/A    Alarm valve interior including strainers, filters, and restriction orifice
- Yes     No     N/A    Check Valve - internal moves freely, in good condition
- Yes     No     N/A    Obstruction inspection - no foreign or obstructing material found

**Test Quarterly**

- Yes     No     N/A    Alarm devices - water motor gong
- Yes     No     N/A    Main drain test - if the sole supply is through a backflow preventer  
Static PSI \_\_\_\_\_ Residual PSI \_\_\_\_\_
- Yes     No     N/A    Do results differ by more than 10% from previous test?

**Semi-Annual**

- Yes     No     N/A    Supervisory switches functions
- Yes     No     N/A    Alarm devices- inspectors test or bypass opened/obstructed waterflow

**Annual**

- Yes     No     N/A    Main drain test    Static: \_\_\_\_\_ Residual: \_\_\_\_\_
- Yes     No     N/A    Do results differ by more than 10% of previous test?
- Yes     No     N/A    All control valves operated through full range of motion and return to normal position
- Yes     No     N/A    Specific gravity or anti-freeze system (if present)
- Yes     No     N/A    Backflow preventer - test
- Yes     No     N/A    Backflow preventer - flow test

**Three - Year**

- Yes     No     N/A    Hose has been tested in accordance with NFPA 1962





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**Three - Year**

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