Georgetown County, South Carolina
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Georgetown, SC 29442-1270
(843) 545-3083 • Fax (843) 545-3500
E-Mail • purch@gtcounty.org
Website • http://www.gtcounty.org

ADDENDUM #2 TO BID #16-038

BID NUMBER: 16-038 ISSUE DATE: Thursday, May 19, 2016

OPENING DATE: Wednesday, June 8, 2016 **OPENING TIME: 3:00 PM**
Bid Opening Location: Georgetown County Historic Courthouse, Suite #239 (Purchasing)

Pre-Bid Conference/Site Inspection: [VOLUNTARY, by prior appointment]

PROCUREMENT FOR: Fire/Intruder Protection Systems: Inspection, Monitoring and Maintenance
Commodity Code(s): 34084, 34016, 34020

This addendum will amend **BID #16-038, Fire/Intruder Protection Systems: Inspection, Monitoring and Maintenance** originally issued on Friday, April 22, 2016. This clarification is being provided to all known and registered correspondents in response to questions received. All addenda and original bid documents are also available online at: http://www.georgetowncountysc.org, select Quick Links, "Bid Opportunities" and "Current Bids."

Question 1: Can you provide the last set of Inspection Reports for the Sprinkler/Fire Alarm/Hoods/ Backflows per location?

Answer: **Attached please find copies of the inspection reports that were provided by our current provider, Simplex Grinnell, and the department contacts. For those reports that could not be obtained, please see the "Additional Information" page attached. If you would still like to visit any of the locations, please contact the appropriate person for that location using the information provided in the attached Revised Exhibit A. Also, due to a couple of minor revisions as listed on the Revised Exhibit A attached, please use the attached Revised Mandatory Bid Submittal Form when submitting your bid.**

Question 2: Can you please provide the manufacturer of the fire alarm systems and the head counts of all the devices?

Answer: **Please see attached inspection reports/additional information page.**

Question 3: Can you please provide whether the Sprinkler Systems are Wet, Dry, Pre-Action or Deluge? Do you have a count as to how many wet and dry sprinkler systems are at each facility?

Answer: **Please see attached inspection reports/additional information page.**

Question 4: When are the inspections due? Are all these inspections due at the same time or spread out throughout the year?

Answer: **Please see attached inspection reports/additional information page which show the last time of inspection at each location as different locations have different due dates.**

Question 5: Are we able to subcontract with our partners to provide this full scope of work? For example; we inspect hood systems but we use a subcontractor for the hood cleaning? Is this acceptable?

Answer: **Yes, you may subcontract with your partners to provide the full scope of work. Please note on the exceptions page which work you would be subcontracting out and whom you would be using for these services. However, please note that our contract and communications for these services would be with your company only and you would be responsible for your own subcontractor.**

Question 6: Do you have information on all of the communicators at each facility that will need to be programmed for monitoring?

Answer: **Please see attached inspection reports/additional information page for manufacturer information. Per our current provider, whoever is the manufacturer of that panel will more than likely need to lend support to program this system to a different central station.**

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(REVISED) MANDATORY BID SUBMITTAL FORM

Bid #16-038

Fire/Intruder Protection Systems: Inspection, Monitoring and Maintenance

The undersigned, on behalf of the vendor, certifies that: (1) this bid is made without previous understanding, agreement or connection with any person, firm or corporation making a bid on the same project; (2) is in all respects fair and without collusion or fraud;(3) the person whose signature appears below is legally empowered to bind the firm in whose name the bid is entered (4) they have read the complete Request for Bid and understand and accept all provisions: (5) if accepted by the County, this bid is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted bid will be their responsibility.

1. Name of Company submitting bid _____

2. Cost of Annual Maintenance Service per Location:

Location	Service Required	Total Maintenance Cost
Airport Terminal	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Detention Center	Annual - Fire Alarm Inspection/Test; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test; Semi-Annual-Kitchen Hood Cleaning & Inspection-(twice per year)	$
DSS	Annual - Fire Alarm Inspection/Test & Service	$
Historic Courthouse	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; ~~& Back Flow Inspection/Test~~	$
Judicial Center	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Litchfield Exchange	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Library-Georgetown	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	$
Library-Andrews	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	$
Library-Carver's Bay	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	$
Library-Waccamaw	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	$
Midway Fire-Station 81	Annual - Kitchen Hood Cleaning & Inspection; Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$

Midway Fire-Station 82	Annual - Kitchen Hood Cleaning & Inspection; Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Midway Fire-Station 83	Annual - Kitchen Hood Cleaning & Inspection; Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Choppee Medical & Crisis Center	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Howard Recreational Center	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	$
Murrells Inlet Community Center	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
Waccamaw Regional Recreation Center	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	$
	ANNUAL TOTAL►	$

3. Labor Rates:
   Labor rates for unscheduled maintenance and repairs as identified herein.

Labor	Regular Time ($/Hour)	Over Time ($/Hour) (Weekends & after normal business hrs. on weekdays if applicable)
Technician (Fire Alarm Systems) Includes Transportation		
Technician (Security/Intruder Systems) Includes Transportation		
Technician (Sprinkler Systems) Includes Transportation		
Technician (Kitchen Hood Suppression Systems) Includes Transportation		

4. Material Rate: Percentage over cost: _____%

5. SC Sales Tax Permit #_____ Amount: $_____
   This purchase is subject to: **7% SC Sales Tax**
   If your company is authorized to collect SC Sales Tax, place your SC Sales Tax Permit Number and the amount of tax to be collected on the line above, otherwise write "NO" in both line items.

6. Bid cost must remain valid ninety (90) days from bid opening date.

7. Contact Address:_____

_____

8. Contact Person _____

9. Telephone Number _____Fax Number_____

10. E-Mail address _____

11. Remittance Address: _____

_____

12. Accounting Contact _____

13. Telephone Number _____Fax Number_____

14. E-Mail address _____

15. FEIN or Social Security Number:_____

16. Customer References: Submit no less than three (3) firms at which the bidder provides services similar in scope and nature to the work required by this IFB:

Entity Name:	
Contact:	
Title:	
Street:	
City, State & Zip:	
Primary Telephone:	
Primary FAX:	
E-Mail Address:	
Brief Explanation of Relationship:	

Entity Name:	
Contact:	
Title:	

Street:	
City, State & Zip:	
Primary Telephone:	
Primary FAX:	
E-Mail Address:	
Brief Explanation of Relationship:	

Entity Name:	
Contact:	
Title:	
Street:	
City, State & Zip:	
Primary Telephone:	
Primary FAX:	
E-Mail Address:	
Brief Explanation of Relationship:	

17. Suspension and Debarment

Federal guidelines require grant recipients to obtain sufficient assurance that vendors are not suspended or debarred from participating in federal programs when contracts exceed $25,000. By signing below you verify that no party to this agreement is excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404, and each agency's codification of the Common Rule for Nonprocurement suspension and debarment. [See https://www.epls.gov/ for additional information.]

18. If the bid is accepted, the required Contract must be executed within fifteen (15) days after receipt of written formal award of Contract.

19. Will you honor the submitted prices and terms for purchase by other departments within Georgetown County and/or by other government entities who participate in cooperative purchasing with Georgetown County, South Carolina?

☐ **Yes** ☐ **No**

20. Acceptance of Invitation for Bid Content: The contents of the successful IFB/RPS are included as if fully reproduced herein. Therefore, the selected contractor must be prepared to be bound by his/her proposal as submitted.

21. RENEWAL OF CONTRACT

The continuation of the terms, conditions, and provisions of any resulting contract beyond the fiscal year is subject to approval and ratification by the Georgetown County Council and appropriation by them of the necessary money to fund said contract for each succeeding year.

22. CERTIFICATION REGARDING DRUG-FREE WORKPLACE:
The undersigned certifies that the vendor listed below will provide a "drug-free workplace" as that term is defined in Section 44-107-30 of the Code of Laws of South Carolina, 1976, as amended, by the complying with the requirements set forth in title 44, Chapter 107.

☐ **Yes** ☐ **No**

23. Any attempt by the vendor to influence the opinion of County Staff or County Council by discussion, promotion, advertising, misrepresentation of the submittal or purchasing process or any procedure to promote their offer will constitute a violation of the vendor submittal conditions and will cause the vendor's submittal to be declared null and void.

24. The lowest or any proposal will not necessarily be accepted and the County reserves the right to award any portion thereof. I/We, the undersigned, hereby confirm that all the above noted documents for Bid/Request for Proposal No. 16-038 were received.

25. MINORITY PARTICIPATION [INFORMATION ONLY]

(a) Is the bidder a South Carolina Certified Minority Business?

☐ **Yes** ☐ **No**

(b) Is the bidder a Minority Business certified by another governmental entity?

☐ **Yes** ☐ **No**

If so, please list the certifying governmental entity: _____

(c) Will any of the work under this contract be performed by a SC certified Minority Business as a subcontractor?

☐ **Yes** ☐ **No**

If so, what percentage of the total value of the contract will be performed by a SC certified Minority Business as a subcontractor? _____%

(d) Will any of the work under this contract be performed by a minority business certified by another governmental entity as a subcontractor?

☐ **Yes** ☐ **No**

If so, what percentage of the total value of the contract will be performed by a minority business certified by another governmental entity as a subcontractor?
_____%

(e) If a certified Minority Business is participating in this contract, please indicate all categories for which the Business is certified:

☐ Traditional minority

☐ Traditional minority, but female

☐ Women (Caucasian females)

☐ Hispanic minorities

☐ DOT referral (Traditional minority)

☐ DOT referral (Caucasian female)

☐ Temporary certification

☐ SBA 8 (a) certification referral

☐ Other minorities (Native American, Asian, etc.)

(If more than one minority contractor will be utilized in the performance of this contract, please provide the information above for each minority business.)

26. ILLEGAL IMMIGRATION: Non-Construction (NOV. 2008): (An overview is available at www.procurement.sc.gov) By signing your offer, you certify that you will comply with the applicable requirements of Title 8, Chapter 14 of the South Carolina Code of Laws and agree to provide to the State upon request any documentation required to establish either: (a) that Title 8, Chapter 14 is inapplicable to you and your subcontractors or sub-subcontractors; or (b) that you and your subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14. Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony, and, upon conviction, must be fined within the discretion of the court or imprisoned for not more than five years, or both." You agree to include in any contracts with your subcontractors language requiring your subcontractors to (a) comply with the applicable requirements of Title 8, Chapter 14, and (b) include in their contracts with the sub-subcontractors language requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14. [07-7B097-1]

27. INFORMATION ONLY:

☐ Our company accepts VISA government procurement cards.
If yes, list any upcharge for P-Card Payment? _____

☐ Our company does not accept VISA government procurement cards.

28. Printed Name of person binding bid _____

29. Signature (X)_____

30. Date_____

NOTE: THE ENTIRE IFB PACKET NEED NOT BE RETURNED. Please be sure to provide the requested number of copies of all offeror provided attachments. Thank you.

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ADDENDUM ACKNOWLEDGEMENT

Bid #16-038

Fire/Intruder Protection Systems: Inspection, Monitoring and Maintenance

Mandatory Submittal Form

To be returned with the final proposal submission to Georgetown County.

COMPANY NAME:_____

☐ Addendum #1 Received Date:_____ Initialed By:_____

☐ Addendum #2 Received Date:_____ Initialed By:_____

☐ Addendum #3 Received Date:_____ Initialed By:_____

☐ Addendum #4 Received Date:_____ Initialed By:_____

☐ Addendum #5 Received Date:_____ Initialed By:_____

☐ Addendum #6 Received Date:_____ Initialed By:_____

If your Bid submission has already been mailed, acknowledgment may be provided by faxing this form to (843)545-3500, or attaching a digital scan and sending by e-mail. .

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(REVISED) Exhibit A					Inspections on File				
Locat	Addre	Service	Contact	Contact #	Fire Alarm?	Sprinkler?	Hood?	Backflow?	
Airport Terminal	129 Airport Road, Georgetown, SC 29440	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Richard Westfall	(843)545-3638	YES	YES	N/A	YES	
Detention Center	2394 Browns Ferry Rd., Georgetown, SC 29440	Annual - Fire Alarm Inspection/Test; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test; Semi-Annual-Kitchen Hood Cleaning & Inspection-(twice per year)	Mark Goude	(843)545-3400	YES	YES	Yes	YES	
DSS	330 Dozier St, Georgetown SC 29440	Annual - Fire Alarm Inspection/Test & Service	Robin Poston	(843)546-3134, Ext.174	YES	N/A	N/A	N/A	
Historic Courthouse	129 Screven Street, Georgetown, SC 29440	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; ~~& Back Flow Inspection/Test**~~	Herbert Puckett	(843)545-3328	YES	N/A	N/A	N/A**	Back Flow Inspection/Test removed for this location.
Judicial Center	333 Cleland Street, Georgetown, SC 29440	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Donny Cummings	(843)545-3556	YES	YES	N/A	YES	
Litchfield Exchange	14363 Ocean Hwy Pawleys Island, SC 29585	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Gary Davis	(843)545-3329	YES	YES	N/A	YES	
Library-Georgetown	405 Cleland Street, Georgetown, SC 29440	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	Betty Bowens	(843)545-3305	YES	N/A	N/A	N/A	
Library-Andrews	105 N. Morgan Ave. Andrews, SC 29510	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	Betty Bowens	(843)545-3305	YES	N/A	N/A	N/A	
Library-Carver's Bay	13048 Choppee Rd. Hemingway, SC 29554	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	Betty Bowens	(843)545-3305	YES	N/A	N/A	N/A	
Library-Waccamaw	41 St. Paul's Place, Pawleys Island, SC 29585	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	Betty Bowens	(843)545-3305	No-see additional info.	N/A	N/A	N/A	
Midway Fire-Station 81	67 St. Paul's Place, Pawleys Island, SC 29585	Annual - Kitchen Hood Cleaning & Inspection; Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Todd Blomdahl	(843)545-3610	YES	YES	No-see additional info.	No-see additional info.	
Midway Fire-Station 82	112 Beaumont Drive, Pawleys Island, SC 29585	Annual - Kitchen Hood Cleaning & Inspection; Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Todd Blomdahl	(843)545-3610	YES	YES	No-see additional info.	No-see additional info.	
Midway Fire-Station 83	56 Firehouse Drive, Pawleys Island, SC 29585	Annual - Kitchen Hood Cleaning & Inspection; Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Todd Blomdahl	(843)545-3610	YES	YES	No-see additional info.	No-see additional info.	
Choppee Medical & Crisis Center	8189 Choppee Road, Georgetown SC 29440	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; *Sprinkler Inspection/Test & Back Flow Inspection/Test	Barbara Moore	(843)833-3199	YES	*No-see additional info.	N/A	No-see additional info.	Sprinkler inspection/test added for this location.
Howard Recreational Center	1610 Hawkins St. Georgetown, SC 29440	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring	Barbara Moore	(843)833-3199	YES-New System Record of Completion	N/A	N/A	N/A	
Murrells Inlet Community Center	4462 Murrells Inlet Rd. Murrells Inlet, SC 29576	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Barbara Moore	(843)833-3199	No-see additional info.	No-see additional info.	N/A	No-see additional info.	
Waccamaw Regional Recreation Center	82 Duncan Lane Pawleys Island, SC 29585	Annual - Fire Alarm Inspection/Test & Service; Alarm Monitoring; Fire Sprinkler Inspection/Test & Back Flow Inspection/Test	Barbara Moore	(843)833-3199	No-see additional info.	YES-VSC Fire & Security	N/A	No-see additional info.	

***Item Added**

****Item Removed**

Additional Information For Items Missing Inspection Reports:

Waccamaw Neck Library-Due May

4100es Fire Alarm FACP
7 Pull Stations
7 Smoke Detectors
1 DK-120
1 Heat Detectors
5 Supervised IAMS
18 Addressable Simplex Audio Visuals
7 Addressable Simplex Visual Only devices

Midway Fire Station 81-Due Nov

1 Small Range Guard Hood & 1 Backflow for Fire Sprinkler
Hood/Backflow Inspection Date should match fire alarm which is due in November

Midway Fire Station 82-Due Nov

1 Small Range Guard Hood & 1 Backflow for Fire Sprinkler
Hood/Backflow Inspection Date should match fire alarm which is due in November

Midway Fire Station 83-Due Nov

1 Small Range Guard Hood & 1 Backflow for Fire Sprinkler
Hood/Backflow Inspection Date should match fire alarm which is due in November

Choppee Medical & Crisis Center-Due Nov

1 Gamewell FACP
19 smokes
5 heat detectors
16 security motion detectors
4 door contacts
17 notification devices
1 annunciator
1 power supply
2 wet system risters
2 back flows
Sprinkler/Backflow Inspection Date should match fire alarm which is due in November

Murrells Inlet Community Center-Due May

Gamewell Addressable FACP (Fire Alarm System)
20 Notification Devices
3 Pull stations
5 Smoke Detectors
1 Duct detector
2 Supervisory IAM
1 Annunciator
1 6” Dry Riser (Sprinkler system)
1 Backflow

Waccamaw Regional-Due June

Gamewell Addressable FACP (Fire Alarm System)
30 Notification Devices
7 Pull stations
16 Smoke Detectors
1 Annunciator
1 6” Wet Riser (Sprinkler system)
1 Backflow
1 Kitchen Hood

3 4 3 4 1 4 9 6

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	02-10-2016
License Number	7315

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Georgetown County Airport
Address	129 Airport Rd
City, State, Zip Code	GEORGETOWN,SC29442
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Georgetown County Airport
Address	129 Airport Rd
City, State, Zip Code	GEORGETOWN,SC29442
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
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PULL STATION.....
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TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Georgetown County Airport	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Georgetown County Airport	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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COMMENTS REPORT

Company Name	Georgetown County Airport	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Annual Fire Alarm Test and Inspection. Simplex 4010 System. Monitored by SimplexGrinnell under line-account 203-8239. Batteries (12v 18Ah) in panel are dated 02/2013. Fire doors release properly on general alarm. Monitoring received all signals and restores. Panel normal at departure.

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Rev. 5/1/2010

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INSPECTION SUMMARY

Building Information

Company Name	Georgetown County Airport	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	14	14	0	0	0
Door Holder	6	6	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	2	2	0	0	0
Pull Station	10	10	0	0	0
Remote Annunciators	1	1	0	0	0
Smoke Detector	42	42	0	0	0
Visible Notification Device	11	11	0	0	0
Totals	87	87	0	0	0

Inspector Signature		**Inspector Name**	ALLEN, JONATHAN BARRETT	**Date**	02-10-2016
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	02-10-2016

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Simplex Grinnell Form #
SG - INSP - 102

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

PANEL AREA - 1			**PANEL LOCATION -** Control Room		**PANEL BARCODE -**	
MFG	**MODEL**	**SER. NO.**	**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
Simplex	4010		02-10-2016			
BATTERY LOAD VOLTAGE TEST			PASS			

QUARTERLY INSPECTION		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)		PASS			
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)		PASS			

SEMI-ANNUAL INSPECTION - FUNCTIONAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY TAMPER SWITCHES TESTED		Pass			
BATTERY LOAD VOLTAGE TEST		Pass			

SEMI-ANNUAL INSPECTION - VISUAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
TRANSIENT SUPPRESSORS		Pass			
EMERGENCY VOICE/ALARM COMM EQUIPMENT		Pass			
REMOTE ANNUNCIATORS		Pass			
INT DEVICES - AIR SAMPLING		Pass			
INT DEVICES - DUCT DETECTORS		Pass			
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES		Pass			
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES		Pass			
INT DEVICES - FIRE ALARM BOXES		Pass			
INT DEVICES - HEAT DETECTORS		Pass			
INT DEVICES - SMOKE DETECTORS		Pass			
INTERFACE EQUIPMENT		Pass			
ALARM NOTIFICATION APPLIANCES SUPERVISED		Pass			
TRANSMISSION EQUIPMENT - (ON PREMISES)		Pass			

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Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** Control Room **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Simplex	4010		Pass	Pass	2013	02-10-2016

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

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Simplex Grinnell Form #

tyco SimplexGrinnell

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	2	2	0	100	0	0	0	0

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Main	1	Outdoor Elev Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-17	HD	Heat Detector	Simplex	Heats	02-10-2016	02-10-2016
2	Main	2	202 Kitchen			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-41	HD	Heat Detector	Simplex	Heats	02-10-2016	02-10-2016

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	42	42	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-16	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
2	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-22	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
3	Main	1	South Stairs			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-12	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
4	Main	1	South Stairs			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-62	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Main	1	North Stairs			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-102	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
6	Main	1	North Stairs			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-25	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
7	Main	1	FD @ Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-10	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
8	Main	1	FD @ Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-11	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
9	Main	1	Main Lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-9	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
10	Main	1	Main Lobby North			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-30	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
11	Main	1	@ Storage by Mens			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-26	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
12	Main	1	Sprinkler Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-38	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
13	Main	1	@ 118			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-31	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
14	Main	1	120 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-33	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
15	Main	1	120 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-36	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
16	Main	1	Main Lobby South			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-5	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016

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Simplex Grinnell Form #
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tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
17	Main	1	@ Womens Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-7	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
18	Main	1	Elec Room by Womens			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-8	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
19	Main	1	@ 105 Pilots Lounge			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-4	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
20	Main	1	Control Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-1	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
21	Main	2	Top of South Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-70	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
22	Main	2	Top of South Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-71	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
23	Main	2	Lobby South			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-44	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
24	Main	2	@ 202 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-42	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
25	Main	2	202 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-37	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
26	Main	2	202 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-38	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
27	Main	2	202 Storage			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-39	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
28	Main	2	Lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-53	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
29	Main	2	@ Restrooms Hall			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-46	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
30	Main	2	@ Elev			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
31	Main	2	206			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-45	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
32	Main	2	@ Restrooms			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-51	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
33	Main	2	Janitor			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-52	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
34	Main	2	IT Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-44	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
35	Main	2	Lobby North			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-55	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
36	Main	2	Top of North Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-73	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
37	Main	2	Top of North Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-72	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
38	Main	2	@ 217			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-56	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
39	Main	2	217			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-59	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
40	Main	2	217			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-56	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016

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Simplex Grinnell Form #
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tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
41	Main	2	217 Storage			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-58	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016
42	Main	2	214			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-57	SD	Smoke Detector	Simplex	Smoke Det	02-10-2016	02-10-2016

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 02-10-2016

Customer Name: **Customer Signature:** **Date:** 02-10-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	10	10	0	100	0	0	0	0

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Main	1	Outdoor Elev Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-15	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
2	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-14	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
3	Main	1	South Stairs			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-13	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
4	Main	1	Main Lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-6	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016

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Simplex Grinnell Form #
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tyco SimplexGrinnell

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Main	1	120 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-34	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
6	Main	1	120 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-35	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
7	Main	1	105 Pilots Lounge			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-3	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
8	Main	1	Control Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-2	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
9	Main	2	Top of South Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-43	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
10	Main	2	Top of North Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		M1-54	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 02-10-2016

Customer Name: **Customer Signature:** **Date:** 02-10-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 104

tyco SimplexGrinnell

ELECTROMECHANICAL RELEASING DEVICES

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

ELECTROMECHANICAL RELEASING DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	INVENTORY COUNT	PASSED	FAILED	%INSPECTED	INVENTORY COUNT	PASSED	FAILED	%INSPECTED
Door Holder	6	6	0	100	0	0	0	0

DEFICIENCY REPORT FOR ELECTROMECHANICAL RELEASING DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ELECTROMECHANICAL RELEASING DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ELECTROMECHANICAL RELEASING DEVICES

No comments in this Report

ELECTROMECHANICAL RELEASING DEVICES DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Main	1	South Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DR	Door Holder	Simplex	Door	02-10-2016	02-10-2016
2	Main	1	North Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DR	Door Holder	Simplex	Door	02-10-2016	02-10-2016
3	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DR	Door Holder	Simplex	Door	02-10-2016	02-10-2016
4	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DR	Door Holder	Simplex	Door	02-10-2016	02-10-2016

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Simplex Grinnell Form #
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tyco SimplexGrinnell

ELECTROMECHANICAL RELEASING DEVICES DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Main	2	Top of North Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DR	Door Holder	Simplex	Door	02-10-2016	02-10-2016
6	Main	2	Top of South Stair			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DR	Door Holder	Simplex	Door	02-10-2016	02-10-2016

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 02-10-2016

Customer Name: **Customer Signature:** **Date:** 02-10-2016

Based on NFPA 72 1999 **SG-INSP-104** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DEVICES

Company Name	Georgetown County Airport		SimplexGrinnell - 217 Myrtle Beach
Address	129 Airport Rd	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	11	11	0	100	0	0	0	0
Remote Annunciators	1	1	0	100	0	0	0	0
Audible Visible Device	14	14	0	100	0	0	0	0

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
2	Main	1	Main Lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Main	1	@ 118			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
4	Main	1	120 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
5	Main	1	@ 105 Pilots Lounge			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
6	Main	1	105 Pilots Lounge			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
7	Main	1	Control Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
8	Main	2	Lobby South			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
9	Main	2	202 Conf Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
10	Main	2	@ Restrooms Hall			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
11	Main	2	@ Restrooms			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
12	Main	2	@ 217			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016

3 4 3 4 1 4 9 6

Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
13	Main	2	217			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
14	Main	2	214			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
15	Main	1	FD @ Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
16	Main	1	Main Lobby North			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
17	Main	1	Mens Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
18	Main	1	North Office Lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
19	Main	1	Womens Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
20	Main	1	@ Reception			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
21	Main	2	202 Kitchen			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016

3 4 3 4 1 4 9 6

Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
22	Main	2	@ Elev			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
23	Main	2	Mens Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
24	Main	2	Womens Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
25	Main	2	214 Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
26	Main	1	Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	ANN	Remote Annunciators	Simplex	LCD	02-10-2016	02-10-2016

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 02-10-2016

Customer Name: **Customer Signature:** **Date:** 02-10-2016

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	07-23-2015
License Number	EF-20000951

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Georgetown County Detention Center
Address	ATTN: Accounts Payable
City, State, Zip Code	GEORGETOWN,SC29442
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Georgetown County Detention Center
Address	ATTN: Accounts Payable
City, State, Zip Code	GEORGETOWN,SC29442
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
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HEAT DETECTOR.....
SMOKE DETECTORS.....
PULL STATION.....
ALARM NOTIFICATION DEVICES.....
TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Georgetown County Detention Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Georgetown County Detention Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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Rev. 5/1/2010

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COMMENTS REPORT

Company Name	Georgetown County Detention Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Panel is a Gamewell Panel batteries are dated 2014 and test at charge System is not monitored externaly There were no deficiencies detected during testing of initiating and annunciating devices. Panel was normal during arrival and departure.

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Rev. 5/1/2010

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INSPECTION SUMMARY

Building Information

Company Name	Georgetown County Detention Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Duct Detector	11	11	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	6	6	0	0	0
Horn Strobe	34	34	0	0	0
Pull Station	20	20	0	0	0
Remote Annunciators	1	1	0	0	0
Smoke Detector	89	89	0	0	0
Totals	162	162	0	0	0

Inspector Signature	Ron Hamel	**Inspector Name**	HAMEL, RONALD R	**Date**	07-23-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	07-23-2015

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Simplex Grinnell Form #
SG - INSP - 102

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Central Control **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Gamewell FCI	IF602				07-23-2015	
BATTERY LOAD VOLTAGE TEST					PASSED	

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)				PASS	
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)				PASS	

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED				Pass	
BATTERY LOAD VOLTAGE TEST				Pass	

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS				Pass	
EMERGENCY VOICE/ALARM COMM EQUIPMENT				Pass	
REMOTE ANNUNCIATORS				Pass	
INT DEVICES - AIR SAMPLING				Pass	
INT DEVICES - DUCT DETECTORS				Pass	
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES				Pass	
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES				Pass	
INT DEVICES - FIRE ALARM BOXES				Pass	
INT DEVICES - HEAT DETECTORS				Pass	
INT DEVICES - SMOKE DETECTORS				Pass	
INTERFACE EQUIPMENT				Pass	
ALARM NOTIFICATION APPLIANCES SUPERVISED				Pass	
TRANSMISSION EQUIPMENT - (ON PREMISES)				Pass	

2 5 6 4 6 9 0 8

Simplex Grinnell Form #
SG - INSP - 102

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**	Ron Hamel	**Date:**	07-23-2015
Customer Name:		**Customer Signature:**		**Date:**	07-23-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Central Control **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Gamewell FCI	IF602		13.7	12	1	07-23-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

2 5 6 4 6 9 0 8

Simplex Grinnell Form #

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**		**Date:**	07-23-2015
Customer Name:		**Customer Signature:**		**Date:**	07-23-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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DUCT DETECTORS

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			05-29-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	11	11	0	100	11	11	0	100

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Georgetown Co. Det.	Not Specified	Visitor Waiting area			HAMEL, RONALD R	Pass	Pass
		2 12 2013	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
2	Georgetown Co. Det.	Not Specified	179 Storage			HAMEL, RONALD R	Pass	Pass
		2 1 1930	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
3	Georgetown Co. Det.	Not Specified	179 Storage			HAMEL, RONALD R	Pass	Pass
		2 8 2013	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
4	Georgetown Co. Det.	Not Specified	179 Storage			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
5	Georgetown Co. Det.	Not Specified	179 Storage			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015

2 5 6 4 6 9 0 8

Simplex Grinnell Form #
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DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6	Georgetown Co. Det.	Not Specified	179 Storage			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
7	Georgetown Co. Det.	Not Specified	Mech Chase behind 252			HAMEL, RONALD R	Pass	Pass
		1 1 1950	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
8	Georgetown Co. Det.	Not Specified	Mech Chase behind 252			HAMEL, RONALD R	Pass	Pass
		1 1 1951	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
9	Georgetown Co. Det.	Not Specified	Mech Chase behind 252			HAMEL, RONALD R	Pass	Pass
		1 1 1953	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
10	Georgetown Co. Det.	Not Specified	Mech Chase behind 252			HAMEL, RONALD R	Pass	Pass
		1 1 1955	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015
11	Georgetown Co. Det.	Not Specified	Mech Chase behind 252			HAMEL, RONALD R	Pass	Pass
		1 1 1954	DD	Duct Detector	Gamewell	Duct	07-23-2015	07-23-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 07-23-2015

Customer Name: **Customer Signature:** **Date:** 07-23-2015

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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HEAT DETECTOR

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			05-29-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	6	6	0	100	6	6	0	100

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Georgetown Co. Det.	Not Specified	Laundry Left			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	07-23-2015	07-23-2015
2	Georgetown Co. Det.	Not Specified	Laundry Right			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	07-23-2015	07-23-2015
3	Georgetown Co. Det.	Not Specified	Kitchen Prep			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	07-23-2015	07-23-2015
4	Georgetown Co. Det.	Not Specified	Kitchen Grill area			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	07-23-2015	07-23-2015
5	Georgetown Co. Det.	Not Specified	E Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	07-23-2015	07-23-2015

2 5 6 4 6 9 0 8

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6	Georgetown Co. Det.	Not Specified	I Block at showers			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	07-23-2015	07-23-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 07-23-2015

Customer Name: **Customer Signature:** **Date:** 07-23-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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SMOKE DETECTORS

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			05-29-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	89	89	0	100	89	89	0	100

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Georgetown Co. Det.	Not Specified	Elec Room			HAMEL, RONALD R	Pass	Pass
		2-109	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
2	Georgetown Co. Det.	Not Specified	Big Elec Room			HAMEL, RONALD R	Pass	Pass
		2-103	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
3	Georgetown Co. Det.	Not Specified	Maint Room			HAMEL, RONALD R	Pass	Pass
		2-104	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
4	Georgetown Co. Det.	Not Specified	Exit 8			HAMEL, RONALD R	Pass	Pass
		2-102	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
5	Georgetown Co. Det.	Not Specified	Strip Room			HAMEL, RONALD R	Pass	Pass
		2 1 1967	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6	Georgetown Co. Det.	Not Specified	178 Storage			HAMEL, RONALD R	Pass	Pass
		2-108	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
7	Georgetown Co. Det.	Not Specified	179 Storage			HAMEL, RONALD R	Pass	Pass
		2-112	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
8	Georgetown Co. Det.	Not Specified	F Block			HAMEL, RONALD R	Pass	Pass
		2-123	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
9	Georgetown Co. Det.	Not Specified	F Block			HAMEL, RONALD R	Pass	Pass
		2-124	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
10	Georgetown Co. Det.	Not Specified	F Block Closet			HAMEL, RONALD R	Pass	Pass
		2 1 1994	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
11	Georgetown Co. Det.	Not Specified	G Block			HAMEL, RONALD R	Pass	Pass
		2 15 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
12	Georgetown Co. Det.	Not Specified	G Block			HAMEL, RONALD R	Pass	Pass
		2 14 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
13	Georgetown Co. Det.	Not Specified	Above Tower 2			HAMEL, RONALD R	Pass	Pass
		2 1 1934	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
14	Georgetown Co. Det.	Not Specified	H Block			HAMEL, RONALD R	Pass	Pass
		2 17 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
15	Georgetown Co. Det.	Not Specified	Above Tower 2			HAMEL, RONALD R	Pass	Pass
		2 1 1932	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
16	Georgetown Co. Det.	Not Specified	Storage 205			HAMEL, RONALD R	Pass	Pass
		1 1 1938	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
17	Georgetown Co. Det.	Not Specified	E Gang			HAMEL, RONALD R	Pass	Pass
		2 1 1961	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
18	Georgetown Co. Det.	Not Specified	E Gang			HAMEL, RONALD R	Pass	Pass
		2 1 1963	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
19	Georgetown Co. Det.	Not Specified	E Gang			HAMEL, RONALD R	Pass	Pass
		2 1 1965	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
20	Georgetown Co. Det.	Not Specified	E Gang			HAMEL, RONALD R	Pass	Pass
		2 1 1964	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
21	Georgetown Co. Det.	Not Specified	E Gang			HAMEL, RONALD R	Pass	Pass
		2 1 1966	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
22	Georgetown Co. Det.	Not Specified	E Gang			HAMEL, RONALD R	Pass	Pass
		2 1 1962	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
23	Georgetown Co. Det.	Not Specified	Tele Room			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
24	Georgetown Co. Det.	Not Specified	Main Elec			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
25	Georgetown Co. Det.	Not Specified	Main Elec			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
26	Georgetown Co. Det.	Not Specified	Tower 2 Control			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
27	Georgetown Co. Det.	Not Specified	Elev equ room			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
28	Georgetown Co. Det.	Not Specified	Maint Elec 2			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
29	Georgetown Co. Det.	Not Specified	Maint Elec 1			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
30	Georgetown Co. Det.	Not Specified	Maint Office			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
31	Georgetown Co. Det.	Not Specified	Laundry Storage			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
32	Georgetown Co. Det.	Not Specified	Laundry Storage			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
33	Georgetown Co. Det.	Not Specified	Kitchen Office			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
34	Georgetown Co. Det.	Not Specified	I Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
35	Georgetown Co. Det.	Not Specified	H Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
36	Georgetown Co. Det.	Not Specified	H Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
37	Georgetown Co. Det.	Not Specified	G Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
38	Georgetown Co. Det.	Not Specified	At E Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
39	Georgetown Co. Det.	Not Specified	D Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
40	Georgetown Co. Det.	Not Specified	At C Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
41	Georgetown Co. Det.	Not Specified	At A Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
42	Georgetown Co. Det.	Not Specified	Elec room 252			HAMEL, RONALD R	Pass	Pass
		1 31 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
43	Georgetown Co. Det.	Not Specified	Stairway Outside Door 7			HAMEL, RONALD R	Pass	Pass
		2 1 1936	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
44	Georgetown Co. Det.	Not Specified	Visitation MP 2			HAMEL, RONALD R	Pass	Pass
		2 1 1983	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
45	Georgetown Co. Det.	Not Specified	MP-1			HAMEL, RONALD R	Pass	Pass
		1 1 1959	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
46	Georgetown Co. Det.	Not Specified	Records upstairs			HAMEL, RONALD R	Pass	Pass
		1 1 1941	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
47	Georgetown Co. Det.	Not Specified	Outside Storage			HAMEL, RONALD R	Pass	Pass
		1 22 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
48	Georgetown Co. Det.	Not Specified	Storage A106			HAMEL, RONALD R	Pass	Pass
		1-106	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
49	Georgetown Co. Det.	Not Specified	Stairway 7 A			HAMEL, RONALD R	Pass	Pass
		2 1 1945	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
50	Georgetown Co. Det.	Not Specified	SP 100			HAMEL, RONALD R	Pass	Pass
		1 1 1982	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
51	Georgetown Co. Det.	Not Specified	Transport 101			HAMEL, RONALD R	Pass	Pass
		1 1 1980	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
52	Georgetown Co. Det.	Not Specified	Intake SP			HAMEL, RONALD R	Pass	Pass
		1 1 1979	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
53	Georgetown Co. Det.	Not Specified	Intake 103			HAMEL, RONALD R	Pass	Pass
		1 1 1977	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
54	Georgetown Co. Det.	Not Specified	Officer 111			HAMEL, RONALD R	Pass	Pass
		1 1 1975	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
55	Georgetown Co. Det.	Not Specified	Intake S P			HAMEL, RONALD R	Pass	Pass
		1 1 1976	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
56	Georgetown Co. Det.	Not Specified	Records 115			HAMEL, RONALD R	Pass	Pass
		1 1 1973	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
57	Georgetown Co. Det.	Not Specified	Property 116			HAMEL, RONALD R	Pass	Pass
		1 1 1972	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
58	Georgetown Co. Det.	Not Specified	Booking area 114			HAMEL, RONALD R	Pass	Pass
		1 1 1974	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
59	Georgetown Co. Det.	Not Specified	Intake 103			HAMEL, RONALD R	Pass	Pass
		1 1 1988	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
60	Georgetown Co. Det.	Not Specified	Storage by elev room			HAMEL, RONALD R	Pass	Pass
		1-121	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
61	Georgetown Co. Det.	Not Specified	1st Elev lobby			HAMEL, RONALD R	Pass	Pass
		1 1 1970	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
62	Georgetown Co. Det.	Not Specified	Outdoor Conrtol 185			HAMEL, RONALD R	Pass	Pass
		1 28 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
63	Georgetown Co. Det.	Not Specified	D Block			HAMEL, RONALD R	Pass	Pass
		1 1 1942	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
64	Georgetown Co. Det.	Not Specified	Sally Port 187			HAMEL, RONALD R	Pass	Pass
		1 7 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
65	Georgetown Co. Det.	Not Specified	C Block			HAMEL, RONALD R	Pass	Pass
		1 1 1943	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
66	Georgetown Co. Det.	Not Specified	C Block			HAMEL, RONALD R	Pass	Pass
		1 1 1949	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
67	Georgetown Co. Det.	Not Specified	B Block			HAMEL, RONALD R	Pass	Pass
		1 1 1948	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
68	Georgetown Co. Det.	Not Specified	B Block			HAMEL, RONALD R	Pass	Pass
		1-122	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
69	Georgetown Co. Det.	Not Specified	A Block			HAMEL, RONALD R	Pass	Pass
		1 1 1947	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
70	Georgetown Co. Det.	Not Specified	MP1 Ceiling			HAMEL, RONALD R	Pass	Pass
		1 1 1957	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
71	Georgetown Co. Det.	Not Specified	A Block			HAMEL, RONALD R	Pass	Pass
		1-118	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
72	Georgetown Co. Det.	Not Specified	Visitation 1			HAMEL, RONALD R	Pass	Pass
		1 1 1958	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
73	Georgetown Co. Det.	Not Specified	Main Corr to Intake			HAMEL, RONALD R	Pass	Pass
		1 1 1985	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
74	Georgetown Co. Det.	Not Specified	Main Corr to Intake			HAMEL, RONALD R	Pass	Pass
		1 1 1986	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
75	Georgetown Co. Det.	Not Specified	Around Tower 2			HAMEL, RONALD R	Pass	Pass
		2 23 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
76	Georgetown Co. Det.	Not Specified	Around Tower 2			HAMEL, RONALD R	Pass	Pass
		2 24 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
77	Georgetown Co. Det.	Not Specified	E Gang Storage			HAMEL, RONALD R	Pass	Pass
		2 1 1993	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
78	Georgetown Co. Det.	Not Specified	MP2			HAMEL, RONALD R	Pass	Pass
		2 25 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
79	Georgetown Co. Det.	Not Specified	MP2 Storage			HAMEL, RONALD R	Pass	Pass
		2 26 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
80	Georgetown Co. Det.	Not Specified	Visitation MP2			HAMEL, RONALD R	Pass	Pass
		2 3 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
81	Georgetown Co. Det.	Not Specified	F Block			HAMEL, RONALD R	Pass	Pass
		2-125	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
82	Georgetown Co. Det.	Not Specified	H Block Closet			HAMEL, RONALD R	Pass	Pass
		2 1 1987	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
83	Georgetown Co. Det.	Not Specified	I Block Dorm			HAMEL, RONALD R	Pass	Pass
		2 21 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
84	Georgetown Co. Det.	Not Specified	I Block			HAMEL, RONALD R	Pass	Pass
		2 20 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
85	Georgetown Co. Det.	Not Specified	I Block Storage			HAMEL, RONALD R	Pass	Pass
		2 22 2013	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
86	Georgetown Co. Det.	Not Specified	E Gang Dorm			HAMEL, RONALD R	Pass	Pass
		2 1 1966	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
87	Georgetown Co. Det.	Not Specified	E Gang Dorm			HAMEL, RONALD R	Pass	Pass
		2 1 1969	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
88	Georgetown Co. Det.	Not Specified	E Gang Dorm			HAMEL, RONALD R	Pass	Pass
		2 1 1968	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015
89	Georgetown Co. Det.	Not Specified	@ 208B			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke Det	07-23-2015	07-23-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 07-23-2015

Customer Name: **Customer Signature:** **Date:** 07-23-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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PULL STATION

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			05-29-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	20	20	0	100	20	20	0	100

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Georgetow n Co. Det.	Not Specified	Maint Room			HAMEL, RONALD R	Pass	Pass
		2 4 2013	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
2	Georgetow n Co. Det.	Not Specified	Tele Maint			HAMEL, RONALD R	Pass	Pass
		2-110	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
3	Georgetow n Co. Det.	Not Specified	Elec Room			HAMEL, RONALD R	Pass	Pass
		2-109	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
4	Georgetow n Co. Det.	Not Specified	Intake 109			HAMEL, RONALD R	Pass	Pass
		1 1 1999	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
5	Georgetow n Co. Det.	Not Specified	Officer 111			HAMEL, RONALD R	Pass	Pass
		1 1 1975	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6	Georgetown Co. Det.	Not Specified	SP 100			HAMEL, RONALD R	Pass	Pass
		1-113	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
7	Georgetown Co. Det.	Not Specified	Control 185 Exhaust			HAMEL, RONALD R	Pass	Pass
		1-111	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
8	Georgetown Co. Det.	Not Specified	Control 185 Exhaust			HAMEL, RONALD R	Pass	Pass
		1-110	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
9	Georgetown Co. Det.	Not Specified	Tower 2			HAMEL, RONALD R	Pass	Pass
		2-115	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
10	Georgetown Co. Det.	Not Specified	Tower 2 Exhaust			HAMEL, RONALD R	Pass	Pass
		2-116	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
11	Georgetown Co. Det.	Not Specified	Tower 2 Exhaust			HAMEL, RONALD R	Pass	Pass
		2-117	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
12	Georgetown Co. Det.	Not Specified	Tower 2 Exhaust			HAMEL, RONALD R	Pass	Pass
		2-119	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
13	Georgetown Co. Det.	Not Specified	Tower 2			HAMEL, RONALD R	Pass	Pass
		2-120	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
14	Georgetown Co. Det.	Not Specified	Stairway outside door 7			HAMEL, RONALD R	Pass	Pass
		2 18 2013	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
15	Georgetown Co. Det.	Not Specified	Visitaton Waiting area			HAMEL, RONALD R	Pass	Pass
		1 11 2013	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
16	Georgetown Co. Det.	Not Specified	Entrance 2-4			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
17	Georgetown Co. Det.	Not Specified	Door 13			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
18	Georgetown Co. Det.	Not Specified	Kitchen Office			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015
19	Georgetown Co. Det.	Not Specified	Booking			HAMEL, RONALD R	Pass	Pass
		1 5 2013	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
20	Georgetow n Co. Det.	Not Specified	1st floor elev lobby			HAMEL, RONALD R	Pass	Pass
		1 1 1998	MS	Pull Station	Gamewell	Pull	07-23-2015	07-23-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 07-23-2015

Customer Name: **Customer Signature:** **Date:** 07-23-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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ALARM NOTIFICATION DEVICES

Company Name	Georgetown County Detention Center		SimplexGrinnell - 217 Myrtle Beach
Address	ATTN: Accounts Payable	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	07-23-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			05-29-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Horn Strobe	34	34	0	100	34	34	0	100
Remote Annunciators	1	1	0	100	1	1	0	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Georgetown Co. Det.	Not Specified	Dish Area			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
2	Georgetown Co. Det.	Not Specified	Door 13			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
3	Georgetown Co. Det.	Not Specified	Laundry			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
4	Georgetown Co. Det.	Not Specified	Main Elec room			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Georgetown Co. Det.	Not Specified	At F Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
6	Georgetown Co. Det.	Not Specified	F Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
7	Georgetown Co. Det.	Not Specified	G Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
8	Georgetown Co. Det.	Not Specified	E Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
9	Georgetown Co. Det.	Not Specified	E Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
10	Georgetown Co. Det.	Not Specified	E Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
11	Georgetown Co. Det.	Not Specified	E Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
12	Georgetown Co. Det.	Not Specified	I Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
13	Georgetown Co. Det.	Not Specified	I Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
14	Georgetown Co. Det.	Not Specified	MP2 vistiation			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
15	Georgetown Co. Det.	Not Specified	Main Hall 2			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
16	Georgetown Co. Det.	Not Specified	Main Hall 2			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
17	Georgetown Co. Det.	Not Specified	Main Hall 1			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
18	Georgetown Co. Det.	Not Specified	Main Hall 1			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
19	Georgetown Co. Det.	Not Specified	Medical			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
20	Georgetown Co. Det.	Not Specified	13b hall			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
21	Georgetown Co. Det.	Not Specified	MP1			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
22	Georgetown Co. Det.	Not Specified	A Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
23	Georgetown Co. Det.	Not Specified	B Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
24	Georgetown Co. Det.	Not Specified	C Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
25	Georgetown Co. Det.	Not Specified	D Block			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
26	Georgetown Co. Det.	Not Specified	Visitation waiting area			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
27	Georgetown Co. Det.	Not Specified	Admin			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
28	Georgetown Co. Det.	Not Specified	Admin at mail boxes			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
29	Georgetown Co. Det.	Not Specified	Hall at holding 2A			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
30	Georgetown Co. Det.	Not Specified	At Court room			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
31	Georgetown Co. Det.	Not Specified	At Holding Cells			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
32	Georgetown Co. Det.	Not Specified	At Riser Room			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
33	Georgetown Co. Det.	Not Specified	Visitation hall			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015
34	Georgetown Co. Det.	Not Specified	Visitation hall			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Gamewell	A V	07-23-2015	07-23-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
35	Georgetown Co. Det.	Not Specified	Central Control			HAMEL, RONALD R	Pass	Pass
		Not Specified	ANN	Remote Annunciators	Gamewell	Annc	07-23-2015	07-23-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 07-23-2015

Customer Name: **Customer Signature:** **Date:** 07-23-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	06-19-2015
License Number	EF-20000951

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Department of Social Services Georgetown
Address	330 Dozier Street
City, State, Zip Code	GEORGETOWN,SC29440
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Department of Social Services Georgetown
Address	330 Dozier Street
City, State, Zip Code	GEORGETOWN,SC29440
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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TABLE OF CONTENTS

Company Name: Department of Social Services Georgetown	**Building Name:**

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DEFICIENCY REPORT.....
PROPOSED RECOMMENDATIONS REPORT.....
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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
SMOKE DETECTORS.....
PULL STATION.....
ALARM NOTIFICATION DEVICES.....
TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Department of Social Services Georgetown	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

Area	Location	Device	Barcode
1	Elec FACP Room	Fire Alarm Panel (JC Form)	
Deficiency Statement	Batteries need replacement		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
2	Hall At 24	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
2	Hall At 18	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
1	Elev Lobby	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
1	Hall at Case Workers	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Department of Social Services Georgetown	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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COMMENTS REPORT

Company Name	Department of Social Services Georgetown	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

No comments in this inspection

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INSPECTION SUMMARY

Building Information

Company Name	Department of Social Services Georgetown	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	4	4	0	0	0
Fire Alarm Panel (JC Form)	1	0	1	0	0
Pull Station	4	4	0	0	0
Smoke Detector	19	15	4	0	0
Totals	28	23	5	0	0

Inspector Signature		**Inspector Name**	HAMEL, RONALD R	**Date**	06-19-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	06-19-2015

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Department of Social Services Georgetown		SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

PANEL AREA - 1		**PANEL LOCATION -** Elec FACP Room			**PANEL BARCODE -**	
MFG	**MODEL**	**SER. NO.**	**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
Edwards	5753B			06-19-2015		
BATTERY LOAD VOLTAGE TEST				PASS		

QUARTERLY INSPECTION		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)			PASS		
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)			PASS		

SEMI-ANNUAL INSPECTION - FUNCTIONAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY TAMPER SWITCHES TESTED			Pass		
BATTERY LOAD VOLTAGE TEST			Pass		

SEMI-ANNUAL INSPECTION - VISUAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
TRANSIENT SUPPRESSORS			Pass		
EMERGENCY VOICE/ALARM COMM EQUIPMENT			Pass		
REMOTE ANNUNCIATORS			Pass		
INT DEVICES - AIR SAMPLING			Pass		
INT DEVICES - DUCT DETECTORS			Pass		
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES			Pass		
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES			Pass		
INT DEVICES - FIRE ALARM BOXES			Pass		
INT DEVICES - HEAT DETECTORS			Pass		
INT DEVICES - SMOKE DETECTORS			Pass		
INTERFACE EQUIPMENT			Pass		
ALARM NOTIFICATION APPLIANCES SUPERVISED			Pass		
TRANSMISSION EQUIPMENT - (ON PREMISES)			Pass		

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**	Ron Hamel	**Date:**	06-19-2015
Customer Name:		**Customer Signature:**		**Date:**	06-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

3 2 4 2 5 9 5 0

Simplex Grinnell Form #

tyco SimplexGrinnell

ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Department of Social Services Georgetown		SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** Elec FACP Room **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Edwards	5753B		13.7	12	4	06-19-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 2 4 2 5 9 5 0

Simplex Grinnell Form #

tyco SimplexGrinnell

Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**		**Date:**	06-19-2015
Customer Name:		**Customer Signature:**		**Date:**	06-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Department of Social Services Georgetown		SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	19	15	4	100	19	10	9	100

DEFICIENCY REPORT FOR SMOKE DETECTORS

Area	Location	Device	Barcode
1	Hall at Case Workers	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		
1	Elev Lobby	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		
2	Hall At 24	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		
2	Hall At 18	Smoke Detector	
Deficiency Statement	No Alarm When Tested		
Deficiency Image	No Deficiency image		

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	MAIN	1	Hall at Case Workers			HAMEL, RONALD R	Fail	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
2	MAIN	1	Elev Lobby			HAMEL, RONALD R	Fail	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
3	MAIN	2	Hall At 24			HAMEL, RONALD R	Fail	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
4	MAIN	2	Hall At 18			HAMEL, RONALD R	Fail	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
5	MAIN	1	Lobby Reception			HAMEL, RONALD R	Pass	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
6	MAIN	1	Hall At 105			HAMEL, RONALD R	Pass	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
7	MAIN	1	Hall At 109			HAMEL, RONALD R	Pass	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
8	MAIN	1	Hall At 133			HAMEL, RONALD R	Pass	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
9	MAIN	1	Hall At 119			HAMEL, RONALD R	Pass	Pass
		Zone 2	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
10	MAIN	2	Elev Lobby			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
11	MAIN	2	Hall At 29			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
12	MAIN	2	Hall At 210			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
13	MAIN	2	Hall At 32			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
14	MAIN	2	Hall At Womens Room			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
15	MAIN	2	Hall At 14			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
16	MAIN	2	Hall At Mens Room			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
17	MAIN	2	Hall At 10			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
18	MAIN	2	Top of Front Stair			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015
19	MAIN	2	Hall At 3			HAMEL, RONALD R	Pass	Pass
		Zone 3	SD	Smoke Detector	Edwards	Smoke	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Department of Social Services Georgetown		SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	4	4	0	100	4	3	1	100

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	MAIN	1	Lobby Reception Right			HAMEL, RONALD R	Pass	Pass
		Zone 1	MS	Pull Station	Edwards	Pull	06-19-2015	06-19-2015
2	MAIN	1	Exit in Front Stair			HAMEL, RONALD R	Pass	Pass
		Zone 1	MS	Pull Station	Edwards	Pull	06-19-2015	06-19-2015
3	MAIN	1	Exit in Rear Stair			HAMEL, RONALD R	Pass	Pass
		Zone 1	MS	Pull Station	Edwards	Pull	06-19-2015	06-19-2015
4	MAIN	1	Lobby Reception Left			HAMEL, RONALD R	Pass	Pass
		Zone 1	MS	Pull Station	Edwards	Pull	06-19-2015	06-19-2015

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 108

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**	Ron Hamel	**Date:**	06-19-2015
Customer Name:		**Customer Signature:**		**Date:**	06-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DEVICES

Company Name	Department of Social Services Georgetown		SimplexGrinnell - 217 Myrtle Beach
Address	330 Dozier Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Audible Visible Device	4	4	0	100	4	4	0	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	MAIN	1	Hall At 109			HAMEL, RONALD R	Pass	Pass
		Not Specified	AV	Audible Visible Device	Edwards	A V	06-19-2015	06-19-2015
2	MAIN	1	Hall At 119			HAMEL, RONALD R	Pass	Pass
		Not Specified	AV	Audible Visible Device	Edwards	A V	06-19-2015	06-19-2015
3	MAIN	2	Hall At 29			HAMEL, RONALD R	Pass	Pass
		Not Specified	AV	Audible Visible Device	Edwards	A V	06-19-2015	06-19-2015

3 2 4 2 5 9 5 0

Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4	MAIN	2	Hall at Mens Room			HAMEL, RONALD R	Pass	Pass
		Not Specified	AV	Audible Visible Device	Edwards	A V	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

3 2 4 2 5 9 5 0

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

3 1 1 6 6 5 2 8

COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	02-26-2015
License Number	FAR # 1083/Nicet II # 137700

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Georgetown County Historic Courthouse
Address	129 Screven Street
City, State, Zip Code	GEORGETOWN,SC29440
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Georgetown County Historic Courthouse
Address	129 Screven Street
City, State, Zip Code	GEORGETOWN,SC29440
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

3 1 1 6 6 5 2 8

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3 1 1 6 6 5 2 8

DEFICIENCY REPORT

Company Name	Georgetown County Historic Courthouse	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

Area	Location	Device	Barcode
Not Specified	A/C #5 DUCT RELAY	AHU Fan Shutdown	5294411808
Deficiency Statement	Trouble on panel upon arrival		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
2	entrance to building department	Door Holder	
Deficiency Statement	Door holder did not release during live alarm., Door holder did not release during live alarm		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
1	entrance to treasurer	Door Holder	5289657235
Deficiency Statement	Door holder did not release during live alarm, Door holder did not release during live alarm		
Deficiency Image	No Deficiency image		

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Rev. 5/1/2010

31166528

PROPOSED RECOMMENDATIONS REPORT

Company Name	Georgetown County Historic Courthouse	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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Rev. 5/1/2010

3 1 1 6 6 5 2 8

COMMENTS REPORT

Company Name	Georgetown County Historic Courthouse	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Panel is an Edwards EST QuickStart. Monitored by SimplexGrinnell under line-account 116-4124. Batteries in panel are dated 2013.(7.5Ah) Batteries in NAC power supply(above FACP) are dated 2013(7.5Ah) Panel had a MONITOR as well as AHU #5 RELAY trouble upon arrival and departure. Monitoring received all signals and restores.

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Rev. 5/1/2010

3 1 1 6 6 5 2 8

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INSPECTION SUMMARY

Building Information

Company Name	Georgetown County Historic Courthouse	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
AHU Fan Shutdown	12	11	1	0	0
Audible Visible Device	70	70	0	0	0
Door Holder	2	0	2	0	0
Duct Detector	13	13	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	3	3	0	0	0
Pull Station	16	16	0	0	0
Remote Power Supply JC	1	1	0	0	0
Smoke Detector	74	74	0	0	0
Visible Notification Device	9	9	0	0	0
Totals	201	198	3	0	0

Inspector Signature		**Inspector Name**	THACKER, MICHAEL SHANNON	**Date**	02-26-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	02-26-2015

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** FIRE PANEL ROOM **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
EST	QUICKSTART		02-26-2015			
BATTERY LOAD VOLTAGE TEST			PASS			

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)		PASS			
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)		PASS			

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED		Pass			
BATTERY LOAD VOLTAGE TEST		Pass			

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS		Pass			
EMERGENCY VOICE/ALARM COMM EQUIPMENT		Pass			
REMOTE ANNUNCIATORS		Pass			
INT DEVICES - AIR SAMPLING		Pass			
INT DEVICES - DUCT DETECTORS		Pass			
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES		Pass			
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES		Pass			
INT DEVICES - FIRE ALARM BOXES		Pass			
INT DEVICES - HEAT DETECTORS		Pass			
INT DEVICES - SMOKE DETECTORS		Pass			
INTERFACE EQUIPMENT		Pass			
ALARM NOTIFICATION APPLIANCES SUPERVISED		Pass			
TRANSMISSION EQUIPMENT - (ON PREMISES)		Pass			

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	02-26-2015
Customer Name:		**Customer Signature:**		**Date:**	02-26-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

tyco SimplexGrinnell

ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** FIRE PANEL ROOM **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
EST	QUICK START		13.6	12		02-26-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 1 1 6 6 5 2 8

Simplex Grinnell Form #

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	02-26-2015
Customer Name:		**Customer Signature:**		**Date:**	02-26-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTORS

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	13	13	0	100	0	0	0	0

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 1		3912023358	THACKER, MICHAEL SHANNON	Pass	Pass
		69	DD	Duct Detector	EST		02-26-2015	02-26-2015
2	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 2		3924172693	THACKER, MICHAEL SHANNON	Pass	Pass
		70	DD	Duct Detector	EST		02-26-2015	02-26-2015
3	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 3		3924278234	THACKER, MICHAEL SHANNON	Pass	Pass
		71	DD	Duct Detector	EST		02-26-2015	02-26-2015
4	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 4		3924172570	THACKER, MICHAEL SHANNON	Pass	Pass
		72	DD	Duct Detector	EST		02-26-2015	02-26-2015

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 5		3924278036	THACKER, MICHAEL SHANNON	Pass	Pass
		73	DD	Duct Detector	EST		02-26-2015	02-26-2015
6	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 6		3924172594	THACKER, MICHAEL SHANNON	Pass	Pass
		74	DD	Duct Detector	EST		02-26-2015	02-26-2015
7	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 7		3912023242	THACKER, MICHAEL SHANNON	Pass	Pass
		75	DD	Duct Detector	EST		02-26-2015	02-26-2015
8	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 8		3924172198	THACKER, MICHAEL SHANNON	Pass	Pass
		76	DD	Duct Detector	EST		02-26-2015	02-26-2015
9	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 10		3924278043	THACKER, MICHAEL SHANNON	Pass	Pass
		77	DD	Duct Detector	EST		02-26-2015	02-26-2015
10	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 11		3924305510	THACKER, MICHAEL SHANNON	Pass	Pass
		78	DD	Duct Detector	EST		02-26-2015	02-26-2015
11	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 12		3924173973	THACKER, MICHAEL SHANNON	Pass	Pass
		79	DD	Duct Detector	EST		02-26-2015	02-26-2015
12	Historic Courthouse	Not Specified	A/C DUCT DETECTOR 13		3924172525	THACKER, MICHAEL SHANNON	Pass	Pass
		80	DD	Duct Detector	EST		02-26-2015	02-26-2015
13	Historic Courthouse	2	2ND FLOOR CLERK BR ROOM		3924278043	THACKER, MICHAEL SHANNON	Pass	Pass
		81	DD	Duct Detector	EST		02-26-2015	02-26-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 02-26-2015

Customer Name: **Customer Signature:** **Date:** 02-26-2015

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	3	3	0	100	0	0	0	0

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Historic Courthouse	2	2ND FLOOR CENTER BREAK ROOM HEAT		3803985376	THACKER, MICHAEL SHANNON	Pass	Pass
		82	HD	Heat Detector	EST		02-26-2015	02-26-2015
2	Historic Courthouse	2	2ND FLOOR REAR BREAK ROOM HEAT		3803988971	THACKER, MICHAEL SHANNON	Pass	Pass
		83	HD	Heat Detector	EST		02-26-2015	02-26-2015
3	Historic Courthouse	1	1ST FLOOR REAR BREAK AREA HEAT		3803988698	THACKER, MICHAEL SHANNON	Pass	Pass
		84	HD	Heat Detector	EST		02-26-2015	02-26-2015

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	02-26-2015
Customer Name:		**Customer Signature:**		**Date:**	02-26-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	74	74	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Historic Courthouse	3	3RD FLOOR HALL EAST SMOKE		3924172501	THACKER, MICHAEL SHANNON	Pass	Pass
		1	SD	Smoke Detector	EST		02-26-2015	02-26-2015
2	Historic Courthouse	3	3RD FLOOR HALL CENTER SMOKE		3911979335	THACKER, MICHAEL SHANNON	Pass	Pass
		2	SD	Smoke Detector	EST		02-26-2015	02-26-2015
3	Historic Courthouse	3	3RD FLOOR HALL WEST SMOKE		3924172396	THACKER, MICHAEL SHANNON	Pass	Pass
		3	SD	Smoke Detector	EST		02-26-2015	02-26-2015
4	Historic Courthouse	3	3RD FLOOR LOBBY SMOKE		3924172778	THACKER, MICHAEL SHANNON	Pass	Pass
		4	SD	Smoke Detector	EST		02-26-2015	02-26-2015

3 1 1 6 6 5 2 8

Simplex Grinnell Form #
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tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Historic Courthouse	3	3RD FLOOR EAST STAIR SMOKE		3924302359	THACKER, MICHAEL SHANNON	Pass	Pass
		5	SD	Smoke Detector	EST		02-26-2015	02-26-2015
6	Historic Courthouse	3	3RD FLOOR WEST STAIR SMOKE		3924172679	THACKER, MICHAEL SHANNON	Pass	Pass
		6	SD	Smoke Detector	EST		02-26-2015	02-26-2015
7	Historic Courthouse	2	2ND FLOOR FRONT HALL EAST SMOKE		3924172136	THACKER, MICHAEL SHANNON	Pass	Pass
		7	SD	Smoke Detector	EST		02-26-2015	02-26-2015
8	Historic Courthouse	2	2ND FLOOR FRONT HALL CENT SMOKE		3924172716	THACKER, MICHAEL SHANNON	Pass	Pass
		8	SD	Smoke Detector	EST		02-26-2015	02-26-2015
9	Historic Courthouse	2	2ND FLOOR FRONT HALL WEST SMOKE		3924172150	THACKER, MICHAEL SHANNON	Pass	Pass
		9	SD	Smoke Detector	EST		02-26-2015	02-26-2015
10	Historic Courthouse	2	2ND FLOOR FRONT ELEV LOBBY SMOKE		3924302397	THACKER, MICHAEL SHANNON	Pass	Pass
		10	SD	Smoke Detector	EST		02-26-2015	02-26-2015
11	Historic Courthouse	2	2ND FLR JUDGE HALL NORTH SMOKE		3924277909	THACKER, MICHAEL SHANNON	Pass	Pass
		11	SD	Smoke Detector	EST		02-26-2015	02-26-2015
12	Historic Courthouse	2	2ND FLR JUDGE HALL SOUTH SMOKE		3924305572	THACKER, MICHAEL SHANNON	Pass	Pass
		12	SD	Smoke Detector	EST		02-26-2015	02-26-2015
13	Historic Courthouse	2	2ND FLR CENTER HALL SMOKE A		3924177339	THACKER, MICHAEL SHANNON	Pass	Pass
		13	SD	Smoke Detector	EST		02-26-2015	02-26-2015
14	Historic Courthouse	2	2ND FLR CENTER HALL SMOKE B		3924305565	THACKER, MICHAEL SHANNON	Pass	Pass
		14	SD	Smoke Detector	EST		02-26-2015	02-26-2015
15	Historic Courthouse	2	2ND FLR CENTER HALL SMOKE C		3924174161	THACKER, MICHAEL SHANNON	Pass	Pass
		15	SD	Smoke Detector	EST		02-26-2015	02-26-2015
16	Historic Courthouse	2	2ND FLR CENTER WEST STAIR SMOKE		3924305558	THACKER, MICHAEL SHANNON	Pass	Pass
		16	SD	Smoke Detector	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
17	Historic Courthouse	2	2ND FLOOR MAIN COURT RM ENT SMK		3994339750	THACKER, MICHAEL SHANNON	Pass	Pass
		17	SD	Smoke Detector	EST		02-26-2015	02-26-2015
18	Historic Courthouse	2	2ND FLR CENTER HALL SMOKE D		3924085320	THACKER, MICHAEL SHANNON	Pass	Pass
		18	SD	Smoke Detector	EST		02-26-2015	02-26-2015
19	Historic Courthouse	2	2ND FLOOR CLERK OF COURT SMK A		3924172389	THACKER, MICHAEL SHANNON	Pass	Pass
		19	SD	Smoke Detector	EST		02-26-2015	02-26-2015
20	Historic Courthouse	2	2ND FLOOR CLERK OF COURT SMK B		3992334290	THACKER, MICHAEL SHANNON	Pass	Pass
		20	SD	Smoke Detector	EST		02-26-2015	02-26-2015
21	Historic Courthouse	2	2ND FLOOR CLERK OF COURT SMK C		3994339552	THACKER, MICHAEL SHANNON	Pass	Pass
		21	SD	Smoke Detector	EST		02-26-2015	02-26-2015
22	Historic Courthouse	2	2ND FLOOR RAMP SMOKE		3924278159	THACKER, MICHAEL SHANNON	Pass	Pass
		22	SD	Smoke Detector	EST		02-26-2015	02-26-2015
23	Historic Courthouse	2	2ND FLOOR CIRCT JUDGE OFF. SMOKE		3924172129	THACKER, MICHAEL SHANNON	Pass	Pass
		23	SD	Smoke Detector	EST		02-26-2015	02-26-2015
24	Historic Courthouse	2	2ND FLOOR REAR ELEV LOBBY SMOKE		3924179784	THACKER, MICHAEL SHANNON	Pass	Pass
		24	SD	Smoke Detector	EST		02-26-2015	02-26-2015
25	Historic Courthouse	2	2ND FLOOR REAR HALL SMOKE A		3911871226	THACKER, MICHAEL SHANNON	Pass	Pass
		25	SD	Smoke Detector	EST		02-26-2015	02-26-2015
26	Historic Courthouse	2	2ND FLOOR REAR HALL SMOKE C		3911939520	THACKER, MICHAEL SHANNON	Pass	Pass
		27	SD	Smoke Detector	EST		02-26-2015	02-26-2015
27	Historic Courthouse	2	2ND FLOOR REAR HALL SMOKE D		3911948010	THACKER, MICHAEL SHANNON	Pass	Pass
		28	SD	Smoke Detector	EST		02-26-2015	02-26-2015
28	Historic Courthouse	2	2ND FLOOR REAR HALL SMOKE E		3911939889	THACKER, MICHAEL SHANNON	Pass	Pass
		29	SD	Smoke Detector	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
29	Historic Courthouse	2	2ND FLOOR REAR EAST STAIR SMOKE		3911852164	THACKER, MICHAEL SHANNON	Pass	Pass
		30	SD	Smoke Detector	EST		02-26-2015	02-26-2015
30	Historic Courthouse	1	1ST FLOOR PROBAT HALL SMOKE		3911939780	THACKER, MICHAEL SHANNON	Pass	Pass
		31	SD	Smoke Detector	EST		02-26-2015	02-26-2015
31	Historic Courthouse	1	1ST FLOOR FRONT ELEV LOBBY SMOKE		3911871936	THACKER, MICHAEL SHANNON	Pass	Pass
		32	SD	Smoke Detector	EST		02-26-2015	02-26-2015
32	Historic Courthouse	1	PROBATION OFFICE SMOKE A		3924084835	THACKER, MICHAEL SHANNON	Pass	Pass
		33	SD	Smoke Detector	EST		02-26-2015	02-26-2015
33	Historic Courthouse	1	PROBATION OFFICE SMOKE B		3924172181	THACKER, MICHAEL SHANNON	Pass	Pass
		34	SD	Smoke Detector	EST		02-26-2015	02-26-2015
34	Historic Courthouse	1	PROBATION OFFICE SMOKE C		3924305794	THACKER, MICHAEL SHANNON	Pass	Pass
		35	SD	Smoke Detector	EST		02-26-2015	02-26-2015
35	Historic Courthouse	1	FRONT ENTRANCE HALL SMOKE A		3911948744	THACKER, MICHAEL SHANNON	Pass	Pass
		36	SD	Smoke Detector	EST		02-26-2015	02-26-2015
36	Historic Courthouse	1	FRONT ENTRANCE HALL SMOKE B		3911995083	THACKER, MICHAEL SHANNON	Pass	Pass
		37	SD	Smoke Detector	EST		02-26-2015	02-26-2015
37	Historic Courthouse	1	FRONT ENTRANCE HALL SMOKE C		3911948775	THACKER, MICHAEL SHANNON	Pass	Pass
		38	SD	Smoke Detector	EST		02-26-2015	02-26-2015
38	Historic Courthouse	1	1ST FLOOR FRONT HALL SMOKE A		3911853383	THACKER, MICHAEL SHANNON	Pass	Pass
		39	SD	Smoke Detector	EST		02-26-2015	02-26-2015
39	Historic Courthouse	1	1ST FLOOR FRONT HALL SMOKE B		3911871837	THACKER, MICHAEL SHANNON	Pass	Pass
		40	SD	Smoke Detector	EST		02-26-2015	02-26-2015
40	Historic Courthouse	1	1ST FLOOR SMOKE SECURITY OFFICE		3911853321	THACKER, MICHAEL SHANNON	Pass	Pass
		41	SD	Smoke Detector	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
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tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
41	Historic Courthouse	1	1ST FLOOR CENTER HALL SMOKE A		3911852126	THACKER, MICHAEL SHANNON	Pass	Pass
		42	SD	Smoke Detector	EST		02-26-2015	02-26-2015
42	Historic Courthouse	1	1ST FLOOR CENTER HALL SMOKE B		3911939704	THACKER, MICHAEL SHANNON	Pass	Pass
		43	SD	Smoke Detector	EST		02-26-2015	02-26-2015
43	Historic Courthouse	1	1ST FLOOR CENTER HALL SMOKE C		3911939407	THACKER, MICHAEL SHANNON	Pass	Pass
		44	SD	Smoke Detector	EST		02-26-2015	02-26-2015
44	Historic Courthouse	1	1ST FLOOR CENTER HALL SMOKE D		3911852577	THACKER, MICHAEL SHANNON	Pass	Pass
		45	SD	Smoke Detector	EST		02-26-2015	02-26-2015
45	Historic Courthouse	1	1ST FLOOR CENTER WEST EXIT SMOKE		3911997186	THACKER, MICHAEL SHANNON	Pass	Pass
		46	SD	Smoke Detector	EST		02-26-2015	02-26-2015
46	Historic Courthouse	1	FIRE PANEL ROOM SMOKE		3924278197	THACKER, MICHAEL SHANNON	Pass	Pass
		47	SD	Smoke Detector	EST		02-26-2015	02-26-2015
47	Historic Courthouse	1	1ST FLOOR MOBILE HOMES OFFICE SMK		3911852560	THACKER, MICHAEL SHANNON	Pass	Pass
		48	SD	Smoke Detector	EST		02-26-2015	02-26-2015
48	Historic Courthouse	1	1ST FLOOR COURT AUDITOR SMOKE A		3912076958	THACKER, MICHAEL SHANNON	Pass	Pass
		49	SD	Smoke Detector	EST		02-26-2015	02-26-2015
49	Historic Courthouse	1	1ST FLOOR COURT AUDITOR SMOKE B		3911948355	THACKER, MICHAEL SHANNON	Pass	Pass
		50	SD	Smoke Detector	EST		02-26-2015	02-26-2015
50	Historic Courthouse	1	1ST FLR ASSESSOR OFFICE SMOKE		3994249752	THACKER, MICHAEL SHANNON	Pass	Pass
		51	SD	Smoke Detector	EST		02-26-2015	02-26-2015
51	Historic Courthouse	1	1ST FLOOR FAMILY CRT RECORDS SMK		3911891149	THACKER, MICHAEL SHANNON	Pass	Pass
		52	SD	Smoke Detector	EST		02-26-2015	02-26-2015
52	Historic Courthouse	1	1ST FLOOR RAMP SMOKE		3911996639	THACKER, MICHAEL SHANNON	Pass	Pass
		53	SD	Smoke Detector	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
53	Historic Courthouse	1	1ST FLOOR REAR ELEV LOBBY SMOKE		3911944074	THACKER, MICHAEL SHANNON	Pass	Pass
		54	SD	Smoke Detector	EST		02-26-2015	02-26-2015
54	Historic Courthouse	1	1ST FLOOR TREAS. HALL SMOKE		3911997629	THACKER, MICHAEL SHANNON	Pass	Pass
		55	SD	Smoke Detector	EST		02-26-2015	02-26-2015
55	Historic Courthouse	1	1ST FLOOR REAR HALL SMOKE A		3911995038	THACKER, MICHAEL SHANNON	Pass	Pass
		56	SD	Smoke Detector	EST		02-26-2015	02-26-2015
56	Historic Courthouse	1	1ST FLOOR REAR HALL SMOKE B		3911994871	THACKER, MICHAEL SHANNON	Pass	Pass
		57	SD	Smoke Detector	EST		02-26-2015	02-26-2015
57	Historic Courthouse	1	1ST FLOOR REAR HALL SMOKE C		3911965369	THACKER, MICHAEL SHANNON	Pass	Pass
		58	SD	Smoke Detector	EST		02-26-2015	02-26-2015
58	Historic Courthouse	1	1ST FLOOR TREAS. OFFICE SMOKE A		3911995205	THACKER, MICHAEL SHANNON	Pass	Pass
		59	SD	Smoke Detector	EST		02-26-2015	02-26-2015
59	Historic Courthouse	1	1ST FLOOR TREAS. OFFICE SMOKE B		3911997537	THACKER, MICHAEL SHANNON	Pass	Pass
		60	SD	Smoke Detector	EST		02-26-2015	02-26-2015
60	Historic Courthouse	1	1ST FLOOR TAX BOOKS SMOKE A		3911997049	THACKER, MICHAEL SHANNON	Pass	Pass
		61	SD	Smoke Detector	EST		02-26-2015	02-26-2015
61	Historic Courthouse	1	1ST FLOOR TAX BOOKS SMOKE B		3911995151	THACKER, MICHAEL SHANNON	Pass	Pass
		62	SD	Smoke Detector	EST		02-26-2015	02-26-2015
62	Historic Courthouse	1	1ST FLOOR BREAK AREA STORAGE SMK		3911995052	THACKER, MICHAEL SHANNON	Pass	Pass
		63	SD	Smoke Detector	EST		02-26-2015	02-26-2015
63	Historic Courthouse	1	1ST FLOOR REAR TELECOM RM SMK		3911996615	THACKER, MICHAEL SHANNON	Pass	Pass
		64	SD	Smoke Detector	EST		02-26-2015	02-26-2015
64	Historic Courthouse	1	1ST FLOOR REAR HALL SMOKE D		3911997407	THACKER, MICHAEL SHANNON	Pass	Pass
		65	SD	Smoke Detector	EST		02-26-2015	02-26-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
65	Historic Courthouse	1	1ST FLOOR REAR HALL SMOKE E		3911939858	THACKER, MICHAEL SHANNON	Pass	Pass
		66	SD	Smoke Detector	EST		02-26-2015	02-26-2015
66	Historic Courthouse	1	1ST FLOOR DATA COMM. RM SMOKE		3911995243	THACKER, MICHAEL SHANNON	Pass	Pass
		67	SD	Smoke Detector	EST		02-26-2015	02-26-2015
67	Historic Courthouse	Not Specified	TOP OF REAR WEST STAIR SMOKE		3911996752	THACKER, MICHAEL SHANNON	Pass	Pass
		68	SD	Smoke Detector	EST		02-26-2015	02-26-2015
68	Historic Courthouse	1	1ST FLOOR MAINT. OFFICE SMOKE		3920174219	THACKER, MICHAEL SHANNON	Pass	Pass
		85	SD	Smoke Detector	EST		02-26-2015	02-26-2015
69	Historic Courthouse	1	REG. DEEDS OFFICE SMK A		3920519164	THACKER, MICHAEL SHANNON	Pass	Pass
		86	SD	Smoke Detector	EST		02-26-2015	02-26-2015
70	Historic Courthouse	1	REG. DEEDS OFFICE SMK B		3951851899	THACKER, MICHAEL SHANNON	Pass	Pass
		87	SD	Smoke Detector	EST		02-26-2015	02-26-2015
71	Historic Courthouse	1	REG. DEEDS OFFICE SMK C		3902103329	THACKER, MICHAEL SHANNON	Pass	Pass
		88	SD	Smoke Detector	EST		02-26-2015	02-26-2015
72	Historic Courthouse	2	2ND FLOOR CLERK CENTER		3902213585	THACKER, MICHAEL SHANNON	Pass	Pass
		89	SD	Smoke Detector	EST		02-26-2015	02-26-2015
73	Historic Courthouse	1	ST FLOOR ASSESS OFFICE		3902213585	THACKER, MICHAEL SHANNON	Pass	Pass
		90	SD	Smoke Detector	EST		02-26-2015	02-26-2015
74	Historic Courthouse	1	1ST FLOOR ASSESS OFFICE		3902242011	THACKER, MICHAEL SHANNON	Pass	Pass
		91	SD	Smoke Detector	EST		02-26-2015	02-26-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 02-26-2015

Customer Name: **Customer Signature:** **Date:** 02-26-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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PULL STATION

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	16	16	0	100	0	0	0	0

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Historic Courthouse	3	3RD FLOOR EAST STAIR PULL STAT.		4885062252	THACKER, MICHAEL SHANNON	Pass	Pass
		126	MS	Pull Station	EST		02-26-2015	02-26-2015
2	Historic Courthouse	3	3RD FLOOR WEST STAIR PULL STAT		4884758316	THACKER, MICHAEL SHANNON	Pass	Pass
		127	MS	Pull Station	EST		02-26-2015	02-26-2015
3	Historic Courthouse	2	2ND FLOOR FRONT EAST STAIR PULL		4884760692	THACKER, MICHAEL SHANNON	Pass	Pass
		128	MS	Pull Station	EST		02-26-2015	02-26-2015
4	Historic Courthouse	2	2ND FL PULL BY COURT ENTRY		4882905682	THACKER, MICHAEL SHANNON	Pass	Pass
		129	MS	Pull Station	EST		02-26-2015	02-26-2015

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Historic Courthouse	2	2ND FLOOR CENTER WEST STAIR PULL		4884759511	THACKER, MICHAEL SHANNON	Pass	Pass
		130	MS	Pull Station	EST		02-26-2015	02-26-2015
6	Historic Courthouse	2	2ND FLOOR MAIN COURT EXIT PULL		4884873804	THACKER, MICHAEL SHANNON	Pass	Pass
		131	MS	Pull Station	EST		02-26-2015	02-26-2015
7	Historic Courthouse	2	2ND FLOOR CENTER EAST STAIR PULL		4885062061	THACKER, MICHAEL SHANNON	Pass	Pass
		132	MS	Pull Station	EST		02-26-2015	02-26-2015
8	Historic Courthouse	2	2ND FLOOR REAR EAST STAIR PULL		4884762184	THACKER, MICHAEL SHANNON	Pass	Pass
		133	MS	Pull Station	EST		02-26-2015	02-26-2015
9	Historic Courthouse	1	1ST FLOOR NORTH WEST EXIT PULL		4884762481	THACKER, MICHAEL SHANNON	Pass	Pass
		134	MS	Pull Station	EST		02-26-2015	02-26-2015
10	Historic Courthouse	1	PROBATION EXIT PULL STAT.		4885790292	THACKER, MICHAEL SHANNON	Pass	Pass
		135	MS	Pull Station	EST		02-26-2015	02-26-2015
11	Historic Courthouse	1	FRONT EXIT PULL STAT.		4884761675	THACKER, MICHAEL SHANNON	Pass	Pass
		136	MS	Pull Station	EST		02-26-2015	02-26-2015
12	Historic Courthouse	1	1ST FLOOR FRONT EAST PULL		4884758323	THACKER, MICHAEL SHANNON	Pass	Pass
		137	MS	Pull Station	EST		02-26-2015	02-26-2015
13	Historic Courthouse	1	1ST FLOOR CENTER WEST STAIR PULL		4884762504	THACKER, MICHAEL SHANNON	Pass	Pass
		138	MS	Pull Station	EST		02-26-2015	02-26-2015
14	Historic Courthouse	1	1ST FLOOR REAR WEST STAIR PULL		4884759085	THACKER, MICHAEL SHANNON	Pass	Pass
		139	MS	Pull Station	EST		02-26-2015	02-26-2015
15	Historic Courthouse	1	1ST FLOOR REAR S EAST EXIT PULL		4884757487	THACKER, MICHAEL SHANNON	Pass	Pass
		140	MS	Pull Station	EST		02-26-2015	02-26-2015
16	Historic Courthouse	1	NORTHEAST PULL		4884758279	THACKER, MICHAEL SHANNON	Pass	Pass
		156	MS	Pull Station	EST		02-26-2015	02-26-2015

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Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	02-26-2015
Customer Name:		**Customer Signature:**		**Date:**	02-26-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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ELECTROMECHANICAL RELEASING DEVICES

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

ELECTROMECHANICAL RELEASING DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Door Holder	2	0	2	100	0	0	0	0

DEFICIENCY REPORT FOR ELECTROMECHANICAL RELEASING DEVICES

Area	Location	Device	Barcode
2	entrance to building department	Door Holder	
Deficiency Statement	Door holder did not release during live alarm, Door holder did not release during live alarm.		
Deficiency Image	No Deficiency image		
1	entrance to treasurer	Door Holder	5289657235
Deficiency Statement	Door holder did not release during live alarm, Door holder did not release during live alarm		
Deficiency Image	No Deficiency image		

PROPOSED RECOMMENDATIONS REPORT FOR ELECTROMECHANICAL RELEASING DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ELECTROMECHANICAL RELEASING DEVICES

No comments in this Report

ELECTROMECHANICAL RELEASING DEVICES DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Historic Courthouse	1	entrance to treasurer		5289657235	THACKER, MICHAEL SHANNON	Fail	Fail
		155	DR	Door Holder	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
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ELECTROMECHANICAL RELEASING DEVICES DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
2	Historic Courthouse	2	entrance to building department			THACKER, MICHAEL SHANNON	Fail	Fail
		155	DR	Door Holder	EST		02-26-2015	02-26-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 02-26-2015

Customer Name: **Customer Signature:** **Date:** 02-26-2015

Based on NFPA 72 1999 **SG-INSP-104** **Rev. 4/7/08**

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Simplex Grinnell Form #
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tyco SimplexGrinnell

ALARM NOTIFICATION DEVICES

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	9	9	0	100	0	0	0	0
Audible Visible Device	70	70	0	100	0	0	0	0

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Historic Courthouse	1	145 Records Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
2	Historic Courthouse	1	145 Records Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Historic Courthouse	1	145 Records Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
4	Historic Courthouse	1	At 145			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
5	Historic Courthouse	1	181			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
6	Historic Courthouse	1	151			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
7	Historic Courthouse	1	151			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
8	Historic Courthouse	1	150			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
9	Historic Courthouse	1	150			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
10	Historic Courthouse	1	At 159			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
11	Historic Courthouse	1	At 156			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
12	Historic Courthouse	1	150			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
13	Historic Courthouse	1	At 131			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
14	Historic Courthouse	1	136			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
15	Historic Courthouse	1	136			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
16	Historic Courthouse	1	At Exit by 138			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
17	Historic Courthouse	1	At Data Rm.			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
18	Historic Courthouse	1	At Elev. Equip. Rm.			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
19	Historic Courthouse	1	112			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
20	Historic Courthouse	1	112			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
21	Historic Courthouse	1	112			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
22	Historic Courthouse	1	At 142			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
23	Historic Courthouse	1	At 109			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
24	Historic Courthouse	1	109			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
25	Historic Courthouse	1	At 142			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
26	Historic Courthouse	1	189			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
27	Historic Courthouse	1	At 109			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
28	Historic Courthouse	1	109			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
29	Historic Courthouse	1	109			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
30	Historic Courthouse	1	110			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
31	Historic Courthouse	1	At 112			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
32	Historic Courthouse	1	At Elevator			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
33	Historic Courthouse	2	218			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
34	Historic Courthouse	2	219			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
35	Historic Courthouse	2	At 218			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
36	Historic Courthouse	2	At 232			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
37	Historic Courthouse	2	232			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
38	Historic Courthouse	2	232			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
39	Historic Courthouse	2	At 236			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
40	Historic Courthouse	2	222			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
41	Historic Courthouse	2	Pantry RR			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
42	Historic Courthouse	2	At 239			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
43	Historic Courthouse	2	239			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
44	Historic Courthouse	2	At Men's RR			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
45	Historic Courthouse	2	Lobby			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
46	Historic Courthouse	2	At 251			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
47	Historic Courthouse	2	254			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
48	Historic Courthouse	2	At 261			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
49	Historic Courthouse	2	At 268			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
50	Historic Courthouse	2	At 203			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
51	Historic Courthouse	2	At 204			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
52	Historic Courthouse	2	205			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
53	Historic Courthouse	2	207			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
54	Historic Courthouse	2	206			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
55	Historic Courthouse	2	213			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
56	Historic Courthouse	2	213			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
57	Historic Courthouse	2	213			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
58	Historic Courthouse	2	215			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
59	Historic Courthouse	3	At 302			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
60	Historic Courthouse	3	302			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
61	Historic Courthouse	3	At 304			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
62	Historic Courthouse	3	At 312			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
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tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
63	Historic Courthouse	3	304			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
64	Historic Courthouse	3	303			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
65	Historic Courthouse	3	305			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
66	Historic Courthouse	3	307			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
67	Historic Courthouse	3	312			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
68	Historic Courthouse	3	308			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
69	Historic Courthouse	3	310			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
70	Historic Courthouse	3	Copy rm.			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	EST		02-26-2015	02-26-2015
71	Historic Courthouse	1	Ladies RR @ 150			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
72	Historic Courthouse	1	Men's RR at 131			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
73	Historic Courthouse	1	PrivatBath			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
74	Historic Courthouse	1	PrivatBath			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
75	Historic Courthouse	2	Woman's RR			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
76	Historic Courthouse	2	Man's RR			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
77	Historic Courthouse	2	Woman's RR by 266			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
78	Historic Courthouse	2	Men's RR by 266			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015
79	Historic Courthouse	2	RR At 215			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	EST		02-26-2015	02-26-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 02-26-2015

Customer Name: **Customer Signature:** **Date:** 02-26-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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Simplex Grinnell Form #
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Simplex Grinnell Form #
SG - INSP - 104

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AIR HANDLER, FAN AND FAN SHUTDOWN DEVICES

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

AIR HANDLER FAN AND FAN SHUTDOWN DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
AHU Fan Shutdown	12	11	1	100	0	0	0	0

DEFICIENCY REPORT FOR AIR HANDLER, FAN AND FAN SHUTDOWN DEVICES

Area	Location	Device	Barcode
Not Specified	A/C #5 DUCT RELAY	AHU Fan Shutdown	5294411808
Deficiency Statement	Trouble on panel upon arrival		
Deficiency Image	No Deficiency image		

PROPOSED RECOMMENDATIONS REPORT FOR AIR HANDLER, FAN AND FAN SHUTDOWN DEVICES

No recommendations in this Report

COMMENTS REPORT FOR AIR HANDLER, FAN AND FAN SHUTDOWN DEVICES

No comments in this Report

AIR HANDLER, FAN AND FAN SHUTDOWN DEVICES DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	MODEL	INSP. RESULTS	DATE OF TEST
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER		INSPECTOR	
1	Historic Courthouse	Not Specified	A/C #5 DUCT RELAY		5294411808		Fail	02-26-2015
		145	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
2	Historic Courthouse	Not Specified	A/C #1 DUCT RELAY		5294412720		Pass	02-26-2015
		141	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
3	Historic Courthouse	Not Specified	A/C #2 DUCT RELAY		5291662401		Pass	02-26-2015
		142	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
4	Historic Courthouse	Not Specified	A/C #3 DUCT RELAY		5277098958		Pass	02-26-2015
		143	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	

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Simplex Grinnell Form #
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AIR HANDLER, FAN AND FAN SHUTDOWN DEVICES DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	MODEL	INSP. RESULTS	DATE OF TEST
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER		INSPECTOR	
5	Historic Courthouse	Not Specified	A/C #4 DUCT RELAY		5292238681		Pass	02-26-2015
		144	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
6	Historic Courthouse	Not Specified	A/C #6 DUCT RELAY		5294412461		Pass	02-26-2015
		146	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
7	Historic Courthouse	Not Specified	A/C #7 DUCT RELAY		5272519908		Pass	02-26-2015
		147	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
8	Historic Courthouse	Not Specified	A/C #8 DUCT RELAY		5284584345		Pass	02-26-2015
		148	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
9	Historic Courthouse	Not Specified	A/C #10 DUCT RELAY		5294412010		Pass	02-26-2015
		149	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
10	Historic Courthouse	Not Specified	A/C #11 DUCT RELAY		5292334826		Pass	02-26-2015
		150	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
11	Historic Courthouse	Not Specified	A/C #12 DUCT RELAY		5272565455		Pass	02-26-2015
		151	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	
12	Historic Courthouse	Not Specified	A/C #13 DUCT RELAY		5271467347		Pass	02-26-2015
		152	FS	AHU Fan Shutdown	EST		THACKER, MICHAEL SHANNON	

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 02-26-2015

Customer Name: **Customer Signature:** **Date:** 02-26-2015

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Simplex Grinnell Form #
SG - INSP - 108

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REMOTE POWER SUPPLIES

Company Name	Georgetown County Historic Courthouse		SimplexGrinnell - 217 Myrtle Beach
Address	129 Screven Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	02-26-2015
Building Name			

REMOTE POWER SUPPLY DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Remote Power Supply JC	1	1	0	100	0	0	0	0

DEFICIENCY REPORT FOR REMOTE POWER SUPPLY DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR REMOTE POWER SUPPLY DEVICES

No recommendations in this Report

COMMENTS REPORT FOR REMOTE POWER SUPPLY DEVICES

No comments in this Report

REMOTE POWER SUPPLY TEST RESULTS

Section	Historic Courthouse	**Area**	Not Specified	**Location**	NAC #3		**Barcode**	5087957841
Battery Condition		Pass	**Battery1**	**Battery2**	**Manufacturer**	EST	**Model**	NAC
Load Voltage		Pass	pass	pass	**Expiration date**	**Node**	**Inspector**	
Discharge Test		Pass	pass	pass	02-26-2017		THACKER, MICHAEL SHANNON	
Charger Test		Pass	pass	pass	**Remote Power Supply Operation**			Pass

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	02-26-2015
Customer Name:		**Customer Signature:**		**Date:**	02-26-2015

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

32128112

COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	06-19-2015
License Number	EF-20000951

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Georgetown Co Judicial Center
Address	401 Cleland St
City, State, Zip Code	GEORGETOWN,SC29442
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Georgetown Co Judicial Center
Address	401 Cleland St
City, State, Zip Code	GEORGETOWN,SC29442
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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ALARM NOTIFICATION DEVICES.....
REMOTE POWER SUPPLIES.....
TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Georgetown Co Judicial Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

Area	Location	Device	Barcode
1	Security Control Office	Fire Alarm Panel (JC Form)	
Deficiency Statement	BAtteries need replacement due to age		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
3	Courtroom 3A	Horn Strobe	
Deficiency Statement	No Alarmwhen Tested		
Deficiency Image	No Deficiency image		

Area	Location	Device	Barcode
3	Hall to Courtroom 3A	Horn Strobe	
Deficiency Statement	No Sound		
Deficiency Image	No Deficiency image		

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Georgetown Co Judicial Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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COMMENTS REPORT

Company Name	Georgetown Co Judicial Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Panel is a Simplex model 4100U Batteries are out of date and need replacement. (12 Vdc 110 Ah) There were also 2 A/Vs located @ Courtroom 3A and @ hall by 346 that need replacement. System is monitored by Simplex under ACCT# 203-8132 Monitoring recieved all signals and restores

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INSPECTION SUMMARY

Building Information

Company Name	Georgetown Co Judicial Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Duct Detector	15	15	0	0	0
Fire Alarm Panel (JC Form)	1	0	1	0	0
Heat Detector	8	8	0	0	0
Horn Strobe	66	64	2	0	0
Pull Station	18	18	0	0	0
Remote Power Supply JC	2	2	0	0	0
Smoke Detector	39	39	0	0	0
Strobe	30	30	0	0	0
Totals	179	176	3	0	0

Inspector Signature		**Inspector Name**	HAMEL, RONALD R	**Date**	06-19-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	06-19-2015

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Simplex Grinnell Form #
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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** Security Control Office **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Simplex	4100			06-19-2015		
BATTERY LOAD VOLTAGE TEST				PASS		

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)			PASS		
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)			PASS		

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED			Pass		
BATTERY LOAD VOLTAGE TEST			Pass		

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS			Pass		
EMERGENCY VOICE/ALARM COMM EQUIPMENT			Pass		
REMOTE ANNUNCIATORS			Pass		
INT DEVICES - AIR SAMPLING			Pass		
INT DEVICES - DUCT DETECTORS			Pass		
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES			Pass		
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES			Pass		
INT DEVICES - FIRE ALARM BOXES			Pass		
INT DEVICES - HEAT DETECTORS			Pass		
INT DEVICES - SMOKE DETECTORS			Pass		
INTERFACE EQUIPMENT			Pass		
ALARM NOTIFICATION APPLIANCES SUPERVISED			Pass		
TRANSMISSION EQUIPMENT - (ON PREMISES)			Pass		

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Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**	Ron Hamel	**Date:**	06-19-2015
Customer Name:		**Customer Signature:**		**Date:**	06-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

tyco SimplexGrinnell

ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** Security Control Office **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Simplex	4100		13.7	12	4	06-19-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

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Simplex Grinnell Form #

tyco SimplexGrinnell

Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**		**Date:**	06-19-2015
Customer Name:		**Customer Signature:**		**Date:**	06-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTORS

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	15	15	0	100	0	0	0	0

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1		1	Clerk 141			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
2		1	Woman's 107B Chase			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
3		1	Woman's 107A Chase			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
4		2	Woman's Room 208A			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
5		2	Cell S202			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
7		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
8		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
9		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
10		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
11		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
12		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
13		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
14		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015
15		4	Mech Plantform 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	8	8	0	100	0	0	0	0

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1		1	Elev #2 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015
2		1	Elev #1 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015
3		1	Elev Equip 183			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015
4		1	Elev #3 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015
5		1	Elev Equip 173			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6		1	Elev #4 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015
7		1	Elev #4 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015
8		1	Elev #4 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	HD	Heat Detector	Simplex	Heat	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** Ron Hamel **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	39	39	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1		1	Cell S102 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
2		1	Storage 151			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
3		1	Elevator #2 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
4		1	Elevator Lobby 102A			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
5		1	Elevator #1 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6		1	Elevator Equip Rm 183			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
7		1	Storage 182			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
8		1	Hall 110			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
9		1	Hall 110			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
10		1	Men's RR 109C			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
11		1	Storage 106			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
12		1	Hall S101			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
13		1	Elevator #3 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
14		1	Hall S101 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
15		1	Elev Equip S104			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
16		1	Hall S102 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
17		1	Restricted Access			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
18		1	Elevator #4 Pit			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
19		1	Elev Equip 173			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
20		1	Elev Equip 173			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
21		Not Specified	Security 193			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
22		2	Data 243			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
23		2	Restricted Hall 242			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
24		2	Future Space 227			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
25		2	Future Space 227			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
26		2	Future Space 227			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
27		2	Future Space 227			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
28		2	Lobby 200A			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
29		2	Cell S203			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
30		2	Secure Sally S200			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
31		2	Cell S202 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
32		2	Cell S201 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
33		3	Date 333			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
34		3	Hall w/ Ice Serve			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
35		3	Lobby 300A			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
36		3	Cell S303 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
37		3	Cell S302 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
38		3	Secure Sally S300			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015
39		3	Cell S301 Behind Toilet			HAMEL, RONALD R	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			09-19-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	18	18	0	100	18	18	0	100

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1		1	Hall S101			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
2		1	Hall 169			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
3		1	Breakroom Hall 103A			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
4		1	Entry 101			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015

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Simplex Grinnell Form #
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tyco SimplexGrinnell

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5		1	Entry 101			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
6		1	Breakroom Hall			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
7		1	Restricted Access 170			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
8		1	Deliveries 177			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
9		1	Sprinkler 194			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
10		1	In Stair 179			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
11		2	Restricted Hall 242			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
12		2	Lobby Hall 200D			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
13		2	Lobby Hall			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
14		2	Restricted Hall 242			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
15		3	Hall w/Ice Serve			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
16		3	Lobby Hall 300D			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
17		3	Lobby Hall 300C			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015
18		1	Main Exit--Side			HAMEL, RONALD R	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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ALARM NOTIFICATION DEVICES

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			09-19-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Strobe	30	30	0	100	30	30	0	100
Horn Strobe	66	64	2	100	65	65	0	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

Area	Location	Device	Barcode
3	Hall to Courtroom 3A	Horn Strobe	
Deficiency Statement	No Sound		
Deficiency Image	No Deficiency image		
3	Courtroom 3A	Horn Strobe	
Deficiency Statement	No Alarmwhen Tested		
Deficiency Image	No Deficiency image		

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1		3	Courtroom 3A			HAMEL, RONALD R	Fail	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
2		3	Hall to Courtroom 3A			HAMEL, RONALD R	Fail	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
3		1	@ Elev/Room 172			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
4		1	@ Stair @ Room 176			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
5		1	Exit in Room 176			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
6		1	Hall @ Room 111			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
7		1	Hall @ Room 111			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
8		1	Security Control Room			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
9		4	@ Stairwell			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
10		4	Side Wall			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
11		4	Rear Wall			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
12		3	Exit @ 313			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
13		3	Hall @ 335			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
14		3	@ Elevator			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
15		3	Courtroom B			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
16		3	Room 336			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
17		3	Courtroom C			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
18		3	@ Courtroom C			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
19		3	@ Courtroom C Waiting			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
20		3	Corridor @ Courtroom C			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
21		3	@ 3B Courtroom			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
22		3	@ RR's			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
23		3	@ Courtroom C			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
24		3	@ C Waiting Area			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
25		2	Stairwell to 3			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
26		2	@ RR's/Stairs			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
27		2	@ 2A Waiting			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
28		2	2A			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
29		2	2B			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
30		2	2C			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
31		2	@ Courtroom A Room 1			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
32		2	@ Courtroom A Room 2			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
33		2	Stair Vestibule			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
34		2	@ Restricted Corr.			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
35		2	Restricted Corr.			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
36		2	2B			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
37		2	@ Stairs @ 227			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
38		2	Hall by Elevator			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
39		2	227			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
40		2	@ Conf. Rm. 247			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
41		2	@ 238			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
42		2	Corr. @ 238			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
43		1	In Stairwell D			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
44		1	Probate Office			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
45		1	Probate Kitchen			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
46		1	@ Probate			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
47		1	Public Defender			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
48		1	@ Mailboxes			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
49		1	In Solicitor			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
50		1	@ Room 149			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
51		1	Vending Area			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
52		1	Public Defender			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
53		1	Security Office			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
54		1	Breakroom			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
55		1	Detention Hallway			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
56		1	Detention Hallway			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
57		1	Detention Control			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
58		1	Main Entrance			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
59		1	Main Entrance			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
60		1	Main Entrance			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
61		1	Main Entrance			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
62		1	@ Elevator--Main			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
63		1	Side Main Hallway			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
64		1	Large Waiting			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
65		1	Jury Assembly			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
66		1	Jury Assembly			HAMEL, RONALD R	Pass	Pass
		Not Specified	HS	Horn Strobe	Simplex	A/V	06-19-2015	06-19-2015
67		1	Custodial Staff 172			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
68		1	RR in 191 Security			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
69		1	RR @ Electric 174			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
70		3	RR @ 400			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
71		3	344 Rear			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
72		3	Jury Room 320			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
73		3	336 Rear			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
74		3	RR in Circuit Judge			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
75		3	Room 1 @ C			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
76		3	Room 2 @ C			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
77		3	C Waiting			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
78		3	Men's RR			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
79		3	Women's RR			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
80		2	Men's RR			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
81		2	Women's RR			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
82		2	A Court Room 1			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
83		2	A Court Room 2			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
84		2	Restricted Hall			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
85		2	@ 2C Waiting			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
86		2	227			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
87		2	231			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
88		2	RR in 223			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
89		2	RR in 277			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
90		2	RR by 227			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
91		2	Conf. Rm. 247			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
92		2	235			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
93		1	RR @ 154			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
94		1	RR in Solicitor			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
95		1	Probate RR			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015
96		1	Probate Judge			HAMEL, RONALD R	Pass	Pass
		Not Specified	VO	Strobe	Simplex	Visual	06-19-2015	06-19-2015

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 06-19-2015

Customer Name: **Customer Signature:** **Date:** 06-19-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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REMOTE POWER SUPPLIES

Company Name	Georgetown Co Judicial Center		SimplexGrinnell - 217 Myrtle Beach
Address	401 Cleland St	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29442	**Office License**	
Attention		**Date**	06-19-2015
Building Name			

REMOTE POWER SUPPLY DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Remote Power Supply JC	2	2	0	100	0	0	0	0

DEFICIENCY REPORT FOR REMOTE POWER SUPPLY DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR REMOTE POWER SUPPLY DEVICES

No recommendations in this Report

COMMENTS REPORT FOR REMOTE POWER SUPPLY DEVICES

No comments in this Report

REMOTE POWER SUPPLY TEST RESULTS

Section	Georgetown judicial Courthouse	**Area**	2	**Location**	In Data Room 243		**Barcode**	
Battery Condition		Pass	**Battery1**	**Battery2**	**Manufacturer**	SIMPLEX GRINNELL	**Model**	NAC 4009
Load Voltage		Pass	p	p	**Expiration date**	**Node**	**Inspector**	
Discharge Test		Pass	p	p	06-19-2017	Remote power supply	HAMEL, RONALD R	
Charger Test		Pass	p	p	**Remote Power Supply Operation**			Pass

REMOTE POWER SUPPLY TEST RESULTS

Section	Georgetown judicial Courthouse	**Area**	3	**Location**	In Data Room 333		**Barcode**	
Battery Condition		Pass	**Battery1**	**Battery2**	**Manufacturer**	SIMPLEX GRINNELL	**Model**	NAC 4009
Load Voltage		Pass	p	p	**Expiration date**	**Node**	**Inspector**	
Discharge Test		Pass	p	p	06-19-2018	Remote power supply	HAMEL, RONALD R	
Charger Test		Pass	p	p	**Remote Power Supply Operation**			Pass

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**		**Date:**	06-19-2015
Customer Name:		**Customer Signature:**		**Date:**	06-19-2015

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	04-26-2016
License Number	EF-20000951

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Georgetown County at Litchfield Exchange
Address	14329 Ocean Hwy
City, State, Zip Code	PAWLEYS ISLAND,SC29585
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Georgetown County at Litchfield Exchange
Address	14329 Ocean Hwy
City, State, Zip Code	PAWLEYS ISLAND,SC29585
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	ronwood@simplexgrinnell.com
Other Email	

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PULL STATION.....
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TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Georgetown County at Litchfield Exchange	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Georgetown County at Litchfield Exchange	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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COMMENTS REPORT

Company Name	Georgetown County at Litchfield Exchange	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Panel is a Simplex model 4100U Bayteries are dated 2015 (18 Ah) System is monitored by Simplex under ACCT# 211-0375 NAC Batteries are dated 2015 (10 Ah) Monitoring received all signals and restores Note 1. This report contains updated information related to recent installation of both initiating and annunciating devices

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INSPECTION SUMMARY

Building Information

Company Name	Georgetown County at Litchfield Exchange	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	17	17	0	0	0
Beam Detector	1	1	0	0	0
Duct Detector	6	6	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Pull Station	7	7	0	0	0
Smoke Detector	12	12	0	0	0
Visible Notification Device	11	11	0	0	0
Totals	55	55	0	0	0

Inspector Signature	Ron Hamel	**Inspector Name**	HAMEL, RONALD R	**Date**	04-26-2016
Signature of owner or owners representative	Customer not available	**Printed name of owner or representative**		**Date**	04-26-2016

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Simplex Grinnell Form #
SG - INSP - 102

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County at Litchfield Exchange		SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** MAIN ELEC ROOM/FACP **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Simplex	4100ES			04-26-2016		
BATTERY LOAD VOLTAGE TEST				PASSED		

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)			PASS		
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)			PASS		

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED			Pass		
BATTERY LOAD VOLTAGE TEST			Pass		

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS			Pass		
EMERGENCY VOICE/ALARM COMM EQUIPMENT			Pass		
REMOTE ANNUNCIATORS			Pass		
INT DEVICES - AIR SAMPLING			Pass		
INT DEVICES - DUCT DETECTORS			Pass		
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES			Pass		
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES			Pass		
INT DEVICES - FIRE ALARM BOXES			Pass		
INT DEVICES - HEAT DETECTORS			Pass		
INT DEVICES - SMOKE DETECTORS			Pass		
INTERFACE EQUIPMENT			Pass		
ALARM NOTIFICATION APPLIANCES SUPERVISED			Pass		
TRANSMISSION EQUIPMENT - (ON PREMISES)			Pass		

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Simplex Grinnell Form #
SG - INSP - 102

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**		**Date:**	04-26-2016
Customer Name:		**Customer Signature:**	Customer not available	**Date:**	04-26-2016

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County at Litchfield Exchange		SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** MAIN ELEC ROOM/FACP **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Simplex	4100ES		13.7	12	0	04-26-2016

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 5 3 1 8 1 3 4

Simplex Grinnell Form #

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Inspectors Name :	HAMEL, RONALD R	**Inspectors Signature:**		**Date:**	04-26-2016
Customer Name:		**Customer Signature:**	Customer not available	**Date:**	04-26-2016

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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DUCT DETECTORS

Company Name	Georgetown County at Litchfield Exchange		SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	6	6	0	100	0	0	0	0

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1		Not Specified	AHU SHERIFF OFFICE M1-33			HAMEL, RONALD R	Pass	Pass
		M1-33-0	DD	Duct Detector	Simplex		04-26-2016	04-26-2016
2		Not Specified	AHU SHREIFF DAY ROOM M1-34			HAMEL, RONALD R	Pass	Pass
		M1-34-0	DD	Duct Detector	Simplex		04-26-2016	04-26-2016
3		Not Specified	AHU 1 COURT ROOM M1-39			HAMEL, RONALD R	Pass	Pass
		M1-39-0	DD	Duct Detector	Simplex		04-26-2016	04-26-2016
4		Not Specified	AHU 1 COURT ROOM M1-40			HAMEL, RONALD R	Pass	Pass
		M1-40-0	DD	Duct Detector	Simplex		04-26-2016	04-26-2016
5		Not Specified	AHU 1 MAGISTERIA HALL M1-42			HAMEL, RONALD R	Pass	Pass
		M1-42-0	DD	Duct Detector	Simplex		04-26-2016	04-26-2016

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Simplex Grinnell Form #
SG - INSP - 108

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DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6		Not Specified	MAGISTERIA OFFICE M1-48			HAMEL, RONALD R	Pass	Pass
		M1-48-0	DD	Duct Detector	Simplex		04-26-2016	04-26-2016

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 04-26-2016

Customer Name: **Customer Signature:** Customer not available **Date:** 04-26-2016

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Georgetown County at Litchfield Exchange		SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Beam Detector	1	1	0	100	0	0	0	0
Smoke Detector	12	12	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1		Not Specified	MAIN ELEC ROOM/FACP M1-1			HAMEL, RONALD R	Pass	Pass
		M1-1-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
2		Not Specified	CENTRAL CORRIDOR M1-9			HAMEL, RONALD R	Pass	Pass
		M1-9-0	BD	Beam Detector	Simplex		04-26-2016	04-26-2016
3		Not Specified	ELECTRIC RM MAGISTERIA HALL M1-32			HAMEL, RONALD R	Pass	Pass
		M1-32-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
4		Not Specified	SHERIFF DAY ROOM CLOSET M1-35			HAMEL, RONALD R	Pass	Pass
		M1-35-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016

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Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5		Not Specified	MAGISTERIA HALL M1-38			HAMEL, RONALD R	Pass	Pass
		M1-38-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
6		Not Specified	MAGISTERIA HALL M1-43			HAMEL, RONALD R	Pass	Pass
		M1-43-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
7		Not Specified	MAGISTERIA HALL M1-44			HAMEL, RONALD R	Pass	Pass
		M1-44-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
8		Not Specified	MALL ENTRANCE TO MAGISTERIA M1-45			HAMEL, RONALD R	Pass	Pass
		M1-45-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
9		Not Specified	MAGISTERIA HALL SOUTH EXIT M1-46			HAMEL, RONALD R	Pass	Pass
		M1-46-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
10		Not Specified	MAGISTERIA HALL DATA CLOSET M1-49			HAMEL, RONALD R	Pass	Pass
		M1-49-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
11		Not Specified	MAGISTERIA OFFICE M1-50			HAMEL, RONALD R	Pass	Pass
		M1-50-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
12		Not Specified	MAGISTERIA OFFICE M1-51			HAMEL, RONALD R	Pass	Pass
		M1-51-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016
13		Not Specified	MAGISTERIA OFFICE M1-52			HAMEL, RONALD R	Pass	Pass
		M1-52-0	SD	Smoke Detector	Simplex		04-26-2016	04-26-2016

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 04-26-2016

Customer Name: **Customer Signature:** Customer not available **Date:** 04-26-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Georgetown County at Litchfield Exchange		SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	7	7	0	100	0	0	0	0

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1		Not Specified	EAST ENTRANCE M1-8			HAMEL, RONALD R	Pass	Pass
		M1-8-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016
2		Not Specified	NORTH ENTRANCE M1-17			HAMEL, RONALD R	Pass	Pass
		M1-17-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016
3		Not Specified	SOUTH ENTRANCE M1-25			HAMEL, RONALD R	Pass	Pass
		M1-25-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016
4		Not Specified	SHERIFF DAY ROOM EXIT M1-36			HAMEL, RONALD R	Pass	Pass
		M1-36-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016

3 5 3 1 8 1 3 4

Simplex Grinnell Form #
SG - INSP - 108

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5		Not Specified	WEST MAGISTERIA HALL EXIT M1-37			HAMEL, RONALD R	Pass	Pass
		M1-37-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016
6		Not Specified	MAGISTERIA COURT EXIT M1-41			HAMEL, RONALD R	Pass	Pass
		M1-41-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016
7		Not Specified	MAGISTERIA HALL SOUTH EXIT M1-47			HAMEL, RONALD R	Pass	Pass
		M1-47-0	MS	Pull Station	Simplex		04-26-2016	04-26-2016

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** Ron Hamel **Date:** 04-26-2016

Customer Name: **Customer Signature:** Customer not available **Date:** 04-26-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 5 3 1 8 1 3 4

Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DEVICES

Company Name	Georgetown County at Litchfield Exchange		SimplexGrinnell - 217 Myrtle Beach
Address	14329 Ocean Hwy	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	04-26-2016
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	11	11	0	100	0	0	0	0
Audible Visible Device	17	17	0	100	0	0	0	0

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1		Not Specified	MAGISTERIA HALL SOUTH EXIT 1:1-1			HAMEL, RONALD R	Pass	Pass
		1-1-1	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
2		Not Specified	MAGISTERIA VIEO CONF RM 1:1-2			HAMEL, RONALD R	Pass	Pass
		1-1-2	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
3		Not Specified	MAGISTERIA OFFICE 1:1-3			HAMEL, RONALD R	Pass	Pass
		1-1-3	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4		Not Specified	SHERIFF OFFICE 1:1-5			HAMEL, RONALD R	Pass	Pass
		1-1-5	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
5		Not Specified	SHERIFF OFFICE RIGHT BATH 1:1-6			HAMEL, RONALD R	Pass	Pass
		1-1-6	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
6		Not Specified	SHERIFF OFFICE CONFERENCE 1:1-7			HAMEL, RONALD R	Pass	Pass
		1-1-7	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
7		Not Specified	SHERIFF OFFICE AT INT 1:1-8			HAMEL, RONALD R	Pass	Pass
		1-1-8	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
8		Not Specified	SHERIFF OFFICE S2 1:1-9			HAMEL, RONALD R	Pass	Pass
		1-1-9	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
9		Not Specified	SHERIFF OFFICE BATH LEFT 1:1-10			HAMEL, RONALD R	Pass	Pass
		1-1-10	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
10		Not Specified	SHERIFF OFFICE HALL AT BATH 1:1-11			HAMEL, RONALD R	Pass	Pass
		1-1-11	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
11		Not Specified	SHERIFF OFFICE BREAK ROOM 1:1-12			HAMEL, RONALD R	Pass	Pass
		1-1-12	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
12		Not Specified	SHERIFF OFFICE DAY ROOM 1:1-13			HAMEL, RONALD R	Pass	Pass
		1-1-13	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
13		Not Specified	MAGISTERIA HALL WEST EXIT 1:1-14			HAMEL, RONALD R	Pass	Pass
		1-1-14	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
14		Not Specified	MAGISTERIA JUDGE NORTH OFFICE 1:1-15			HAMEL, RONALD R	Pass	Pass
		1-1-15	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
15		Not Specified	MAGISTERIA OFFICE CONFERENCE 1:1-16			HAMEL, RONALD R	Pass	Pass
		1-1-16	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
16		Not Specified	MAGISTERIA JUDGE SOUTH OFFICE 1:1-17			HAMEL, RONALD R	Pass	Pass
		1-1-17	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
17		Not Specified	COURT ROOM 1:1-18			HAMEL, RONALD R	Pass	Pass
		1-1-18	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
18		Not Specified	MAGISTERIA OFFICE 1:1-19			HAMEL, RONALD R	Pass	Pass
		1-1-19	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
19		Not Specified	MAGISTERIA BATH WEST 1:1-20			HAMEL, RONALD R	Pass	Pass
		1-1-20	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
20		Not Specified	MAGISTERIA BREAK ROOM 1:1-21			HAMEL, RONALD R	Pass	Pass
		1-1-21	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
21		Not Specified	MAGISTERIA BATH EAST 1:1-22			HAMEL, RONALD R	Pass	Pass
		1-1-22	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
22		Not Specified	MALL SOUTH EXIT 1:2-1			HAMEL, RONALD R	Pass	Pass
		1-2-1	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
23		Not Specified	MALL NORTH EXIT 1:2-2			HAMEL, RONALD R	Pass	Pass
		1-2-2	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
24		Not Specified	MALL MAIN HALL AT 105 1:2-3			HAMEL, RONALD R	Pass	Pass
		1-2-3	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
25		Not Specified	MALL MAIN HALL AT 115 1:2-4			HAMEL, RONALD R	Pass	Pass
		1-2-4	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016

3 5 3 1 8 1 3 4

Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
26		Not Specified	MALL EAST EXIT 1:2-5			HAMEL, RONALD R	Pass	Pass
		1-2-5	AV	Audible Visible Device	Simplex		04-26-2016	04-26-2016
27		Not Specified	MALL LADIES RESTROOM 1:2-6			HAMEL, RONALD R	Pass	Pass
		1-2-6	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016
28		Not Specified	MALL GENTLEMEN RESTROOM 1:2-7			HAMEL, RONALD R	Pass	Pass
		1-2-7	VND	Visible Notification Device	Simplex		04-26-2016	04-26-2016

Inspectors Name : HAMEL, RONALD R **Inspectors Signature:** **Date:** 04-26-2016

Customer Name: **Customer Signature:** Customer not available **Date:** 04-26-2016

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

3 5 3 1 8 1 3 4

tyco SimplexGrinnell

TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	08-17-2015
License Number	7315

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Georgetown County Public Library
Address	405 Cleland Street
City, State, Zip Code	GEORGETOWN,SC29440
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Georgetown County Public Library
Address	405 Cleland Street
City, State, Zip Code	GEORGETOWN,SC29440
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

3 2 1 2 9 5 8 6

TABLE OF CONTENTS

Company Name: Georgetown County Public Library	**Building Name:**

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DEFICIENCY REPORT.....
PROPOSED RECOMMENDATIONS REPORT.....
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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
DUCT DETECTORS.....
HEAT DETECTOR.....
SMOKE DETECTORS.....
PULL STATION.....
ALARM NOTIFICATION DEVICES.....
EMERGENCY SERVICES NOTIFICATION TRANSMISSION EQUIPMENT.....
TERMS AND CONDITIONS.....

3 2 1 2 9 5 8 6

DEFICIENCY REPORT

Company Name	Georgetown County Public Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

3 2 1 2 9 5 8 6

PROPOSED RECOMMENDATIONS REPORT

Company Name	Georgetown County Public Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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3 2 1 2 9 5 8 6

COMMENTS REPORT

Company Name	Georgetown County Public Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Annual Fire Alarm Test and Inspection. Simplex 4002 System. System is monitored by SimplexGrinnell under line-account 110-1364. Batteries (12v 10Ah) in panel are dated 04/2015. Duct detectors are not wired for air handler shutdown. Monitoring received all signals and restores. Panel normal at departure.

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INSPECTION SUMMARY

Building Information

Company Name	Georgetown County Public Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	6	6	0	0	0
DACT - Main	1	1	0	0	0
Duct Detector	3	3	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	2	2	0	0	0
Horn	1	1	0	0	0
Pull Station	5	5	0	0	0
Smoke Detector	24	24	0	0	0
Totals	43	43	0	0	0

Inspector Signature		**Inspector Name**	ALLEN, JONATHAN BARRETT	**Date**	08-17-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	08-17-2015

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

PANEL AREA - Not Specified		**PANEL LOCATION -** in elec room in garage			**PANEL BARCODE -**	
MFG	**MODEL**	**SER. NO.**	**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
Simplex	4002			08-17-2015		
BATTERY LOAD VOLTAGE TEST				PASS		

QUARTERLY INSPECTION		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)			PASS		
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)			PASS		

SEMI-ANNUAL INSPECTION - FUNCTIONAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY TAMPER SWITCHES TESTED			Pass		
BATTERY LOAD VOLTAGE TEST			Pass		

SEMI-ANNUAL INSPECTION - VISUAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
TRANSIENT SUPPRESSORS			Pass		
EMERGENCY VOICE/ALARM COMM EQUIPMENT			Pass		
REMOTE ANNUNCIATORS			Pass		
INT DEVICES - AIR SAMPLING			Pass		
INT DEVICES - DUCT DETECTORS			Pass		
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES			Pass		
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES			Pass		
INT DEVICES - FIRE ALARM BOXES			Pass		
INT DEVICES - HEAT DETECTORS			Pass		
INT DEVICES - SMOKE DETECTORS			Pass		
INTERFACE EQUIPMENT			Pass		
ALARM NOTIFICATION APPLIANCES SUPERVISED			Pass		
TRANSMISSION EQUIPMENT - (ON PREMISES)			Pass		

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	08-17-2015
Customer Name:		**Customer Signature:**		**Date:**	08-17-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

3 2 1 2 9 5 8 6

Simplex Grinnell Form #

tyco SimplexGrinnell

ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** in elec room in garage **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Simplex	4002		Pass	Pass	2015	08-17-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 2 1 2 9 5 8 6

Simplex Grinnell Form #

tyco SimplexGrinnell

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	08-17-2015
Customer Name:		**Customer Signature:**		**Date:**	08-17-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTORS

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	3	3	0	100	3	3	0	100

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	**SECTION**	**FLOOR**	**LOCATION**		**BARCODE**	**INSPECTOR**	**FUNCTIONAL RESULTS**	**VISUAL RESULTS**
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	MAIN	Not Specified	in FACP room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	SimplexGrinnell	duct det.	08-17-2015	08-17-2015
2	MAIN	Not Specified	in FACP room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	SimplexGrinnell	duct det.	08-17-2015	08-17-2015
3	MAIN	Not Specified	in auditorium mech rm			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	SimplexGrinnell	duct det.	08-17-2015	08-17-2015

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	08-17-2015
Customer Name:		**Customer Signature:**		**Date:**	08-17-2015

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	2	2	0	100	2	2	0	100

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	MAIN	Not Specified	in garage			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	HD	Heat Detector	SimplexGrinnell	heat det.	08-17-2015	08-17-2015
2	MAIN	Not Specified	in janitor's closet restroom lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	HD	Heat Detector	SimplexGrinnell	heat det.	08-17-2015	08-17-2015

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	08-17-2015
Customer Name:		**Customer Signature:**		**Date:**	08-17-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	24	24	0	100	24	23	1	100

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	MAIN	Not Specified	At FACP			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
2	MAIN	Not Specified	At garage entry			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
3	MAIN	Not Specified	in technical services			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
4	MAIN	Not Specified	in communications			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015

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Simplex Grinnell Form #
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tyco SimplexGrinnell

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	MAIN	Not Specified	in break room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
6	MAIN	Not Specified	in technical services			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
7	MAIN	Not Specified	in center mall rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
8	MAIN	Not Specified	in center mall center			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
9	MAIN	Not Specified	in center mall front above receptionist			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
10	MAIN	Not Specified	in local history room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
11	MAIN	Not Specified	near emergency exit At local history			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
12	MAIN	Not Specified	in book section center			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
13	MAIN	Not Specified	in book section front			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
14	MAIN	Not Specified	At work tables front			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
15	MAIN	Not Specified	At work tables rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
16	MAIN	Not Specified	in computer section front			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
17	MAIN	Not Specified	in computer section rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
18	MAIN	Not Specified	in restroom lobby			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
19	MAIN	Not Specified	in auditorium front			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
20	MAIN	Not Specified	in auitorium rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
21	MAIN	Not Specified	in children's library front			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
22	MAIN	Not Specified	in children's library rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
23	MAIN	Not Specified	in children's library rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015
24	MAIN	Not Specified	in auitorium mech room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	SimplexGrinnell	smoke det.	08-17-2015	08-17-2015

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 08-17-2015

Customer Name: **Customer Signature:** **Date:** 08-17-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	5	5	0	100	5	5	0	100

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	MAIN	Not Specified	At staff entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	SimplexGrinnell	pull station	08-17-2015	08-17-2015
2	MAIN	Not Specified	At emergency exit At local istory			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	SimplexGrinnell	pull station	08-17-2015	08-17-2015
3	MAIN	Not Specified	At main entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	SimplexGrinnell	pull station	08-17-2015	08-17-2015

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Simplex Grinnell Form #
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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4	MAIN	Not Specified	At auditorium exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	SimplexGrinnell	pull station	08-17-2015	08-17-2015
5	MAIN	Not Specified	At emergency exit in children's library			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	SimplexGrinnell	pull station	08-17-2015	08-17-2015

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 08-17-2015

Customer Name: **Customer Signature:** **Date:** 08-17-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DEVICES

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Horn	1	1	0	100	1	1	0	100
Audible Visible Device	6	6	0	100	6	5	1	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	MAIN	Not Specified	in center mall rear			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	SimplexGrinnell	audio visual	08-17-2015	08-17-2015
2	MAIN	Not Specified	At emergy exit At local history			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	SimplexGrinnell	audio visual	08-17-2015	08-17-2015
3	MAIN	Not Specified	on south wall At windows			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	SimplexGrinnell	audio visual	08-17-2015	08-17-2015

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4	MAIN	Not Specified	in computer section front			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	SimplexGrinnell	audio visual	08-17-2015	08-17-2015
5	MAIN	Not Specified	in auditorium			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	SimplexGrinnell	audio visual	08-17-2015	08-17-2015
6	MAIN	Not Specified	in children's section			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	SimplexGrinnell	audio visual	08-17-2015	08-17-2015
7	MAIN	Not Specified	in technical services			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	HN	Horn	SimplexGrinnell	horn	08-17-2015	08-17-2015

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 08-17-2015

Customer Name: **Customer Signature:** **Date:** 08-17-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
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EMERGENCY SERVICES NOTIFICATION TRANSMISSION EQUIPMENT

Company Name	Georgetown County Public Library		SimplexGrinnell - 217 Myrtle Beach
Address	405 Cleland Street	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	08-17-2015
Building Name			

QUARTERLY CENTRAL STATION TEST REPORT

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			07-16-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
DACT - Main	1	1	0	100	1	1	0	100

DEFICIENCY REPORT FOR QUARTERLY CENTRAL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR QUARTERLY CENTRAL STATION

No recommendations in this Report

COMMENTS REPORT FOR QUARTERLY CENTRAL STATION

No comments in this Report

Central Station Information

Central Station Company		**Account Number**	
Communicator Model Name & Number		**Serial Number**	
Local Time at Synchronization	12pm	**Operator ID**	NA
Central Station Time at Synchronization	12pm	**Time Offset in Seconds**	0
Does Communicator possess duel connection functionality?	Pass	**Line 1 type**	
Number of Lines Connected		**Line 2 Type**	

3 2 1 2 9 5 8 6

Simplex Grinnell Form #
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Emergency Services Notification Transmission Equipment

ITEM#	SECTION	AREA	LOCATION			Adjusted Activation Time(CSS Offset)	INSP.RESULTS	DATE OF TEST
NODE	ITEM NAME		BARCODE	Activation Log Time	Central Station Receipt Log Time	Actual Time to Report (in sec)	INSPECTOR	

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 08-17-2015

Customer Name: **Customer Signature:** **Date:** 08-17-2015

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3 2 1 2 9 5 8 6

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

26399310

COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	09-02-2015
License Number	7315

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Andrews Library
Address	105 N Morgan Ave
City, State, Zip Code	ANDREWS,SC29510
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Andrews Library
Address	105 N Morgan Ave
City, State, Zip Code	ANDREWS,SC29510
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

2639931 0

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SMOKE DETECTORS.....
PULL STATION.....
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TERMS AND CONDITIONS.....

26399310

DEFICIENCY REPORT

Company Name	Andrews Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

26399310

PROPOSED RECOMMENDATIONS REPORT

Company Name	Andrews Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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Rev. 5/1/2010

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COMMENTS REPORT

Company Name	Andrews Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Annual Fire Alarm Test and Inspection. Honeywell Vista-32FB System. Monitored by Security Central. See customer to place system on test. Battery (12v 7Ah) in panel is dated 2013. Batteries (12v 7Ah) in power supply (at FACP) are dated 2013. AC power to FACP is located in Panel A, Breaker #11. Monitoring received all signals and restores. Panel normal at departure.

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INSPECTION SUMMARY

Building Information

Company Name	Andrews Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	14	14	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	1	1	0	0	0
Pull Station	5	5	0	0	0
Remote Annunciators	2	2	0	0	0
Remote Power Supply JC	1	1	0	0	0
Smoke Detector	18	18	0	0	0
Visible Notification Device	6	6	0	0	0
Totals	48	48	0	0	0

Inspector Signature		**Inspector Name**	ALLEN, JONATHAN BARRETT	**Date**	09-02-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	09-02-2015

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Simplex Grinnell Form #
SG - INSP - 102

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** Office Electrical Closet **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Honeywell	Vista-32FB				09-02-2015	
BATTERY LOAD VOLTAGE TEST					PASS	

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)				PASS	
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)				PASS	

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED				Pass	
BATTERY LOAD VOLTAGE TEST				Pass	

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS				Pass	
EMERGENCY VOICE/ALARM COMM EQUIPMENT				Pass	
REMOTE ANNUNCIATORS				Pass	
INT DEVICES - AIR SAMPLING				Pass	
INT DEVICES - DUCT DETECTORS				Pass	
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES				Pass	
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES				Pass	
INT DEVICES - FIRE ALARM BOXES				Pass	
INT DEVICES - HEAT DETECTORS				Pass	
INT DEVICES - SMOKE DETECTORS				Pass	
INTERFACE EQUIPMENT				Pass	
ALARM NOTIFICATION APPLIANCES SUPERVISED				Pass	
TRANSMISSION EQUIPMENT - (ON PREMISES)				Pass	

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Simplex Grinnell Form #
SG - INSP - 102

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Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	09-02-2015
Customer Name:		**Customer Signature:**		**Date:**	09-02-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** Office Electrical Closet **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Honeywell	Vista-32 FB		Pass	Pass	2013	09-02-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

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Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	09-02-2015
Customer Name:		**Customer Signature:**		**Date:**	09-02-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
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HEAT DETECTOR

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	1	1	0	100	0	0	0	0

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Andrews Library	1	Kitchen			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	HD	Heat Detector	simplex	heat dtector	09-02-2015	09-02-2015

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	09-02-2015
Customer Name:		**Customer Signature:**		**Date:**	09-02-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTORS

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	18	18	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Andrews Library	1	Book Area Front Left			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
2	Andrews Library	1	Classroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
3	Andrews Library	1	Classroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
4	Andrews Library	1	At Classroom Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015

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Simplex Grinnell Form #
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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Andrews Library	1	Classroom Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
6	Andrews Library	1	Classroom Area by Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
7	Andrews Library	1	Children's Book Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
8	Andrews Library	1	At Reception			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
9	Andrews Library	1	At Reception			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
10	Andrews Library	1	Reading Zone			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
11	Andrews Library	1	At Reading Zone			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
12	Andrews Library	1	At Rear Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
13	Andrews Library	1	Game Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
14	Andrews Library	1	At Game Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
15	Andrews Library	1	Conference Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
16	Andrews Library	1	Office Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
17	Andrews Library	1	Electrical Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015
18	Andrews Library	1	Front Right Information Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	simplex	smoke detect	09-02-2015	09-02-2015

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 09-02-2015

Customer Name: **Customer Signature:** **Date:** 09-02-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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PULL STATION

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	5	5	0	100	0	0	0	0

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Andrews Library	1	At Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	simplex	pull station	09-02-2015	09-02-2015
2	Andrews Library	1	At Classroom Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	simplex	pull station	09-02-2015	09-02-2015
3	Andrews Library	1	At Classroom Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	simplex	pull station	09-02-2015	09-02-2015

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4	Andrews Library	1	At Rear Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	simplex	pull station	09-02-2015	09-02-2015
5	Andrews Library	1	At Conference Room Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	simplex	pull station	09-02-2015	09-02-2015

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 09-02-2015

Customer Name: **Customer Signature:** **Date:** 09-02-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DEVICES

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	6	6	0	100	0	0	0	0
Remote Annunciators	2	2	0	100	0	0	0	0
Audible Visible Device	14	14	0	100	0	0	0	0

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Andrews Library	1	At Main Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
2	Andrews Library	1	At Book Area Front Left			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Andrews Library	1	Classroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
4	Andrews Library	1	Classroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
5	Andrews Library	1	At Classroom Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
6	Andrews Library	1	Classroom by Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
7	Andrews Library	1	At Classroom Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
8	Andrews Library	1	Computer Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
9	Andrews Library	1	Reading Zone			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
10	Andrews Library	1	At Rear Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
11	Andrews Library	1	Game Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
12	Andrews Library	1	At Public Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
13	Andrews Library	1	Conference Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
14	Andrews Library	1	Information Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	simplex	audio visual	09-02-2015	09-02-2015
15	Andrews Library	1	Classroom Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	simplex	Visual	09-02-2015	09-02-2015
16	Andrews Library	1	Staff Restroom Left			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	simplex	Visual	09-02-2015	09-02-2015
17	Andrews Library	1	Staff Restroom Right			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	simplex	Visual	09-02-2015	09-02-2015
18	Andrews Library	1	Public Men's Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	simplex	Visual	09-02-2015	09-02-2015
19	Andrews Library	1	Public Women's Restroom			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	simplex	Visual	09-02-2015	09-02-2015
20	Andrews Library	1	Office Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	simplex	Visual	09-02-2015	09-02-2015
21	Andrews Library	1	At Front Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	ANN	Remote Annunciators	simplex	Visual	09-02-2015	09-02-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
22	Andrews Library	1	At Rear Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	ANN	Remote Annunciators	simplex	Visual	09-02-2015	09-02-2015

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 09-02-2015

Customer Name: **Customer Signature:** **Date:** 09-02-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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Simplex Grinnell Form #
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tyco SimplexGrinnell

REMOTE POWER SUPPLIES

Company Name	Andrews Library		SimplexGrinnell - 217 Myrtle Beach
Address	105 N Morgan Ave	**Office Phone**	(843) 839 0800
City,State&Zip	ANDREWS,SC29510	**Office License**	
Attention		**Date**	09-02-2015
Building Name			

REMOTE POWER SUPPLY DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Remote Power Supply JC	1	1	0	100	0	0	0	0

DEFICIENCY REPORT FOR REMOTE POWER SUPPLY DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR REMOTE POWER SUPPLY DEVICES

No recommendations in this Report

COMMENTS REPORT FOR REMOTE POWER SUPPLY DEVICES

No comments in this Report

REMOTE POWER SUPPLY TEST RESULTS

Section	Andrews Library	**Area**	1	**Location**	At FACP		**Barcode**	
Battery Condition		Pass	**Battery1**	**Battery2**	**Manufacturer**	simplex	**Model**	Power Supply
Load Voltage		Pass	Pass	Pass	**Expiration date**	**Node**	**Inspector**	
Discharge Test		Pass	Pass	Pass	09-02-2017		ALLEN, JONATHAN BARRETT	
Charger Test		Pass	Pass	Pass	**Remote Power Supply Operation**			Pass

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	09-02-2015
Customer Name:		**Customer Signature:**		**Date:**	09-02-2015

2 6 3 9 9 3 1 0

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	02-10-2016
License Number	7315

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Carvers Bay Branch Library
Address	13048 Choppee Rd
City, State, Zip Code	HEMINGWAY,SC29554
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Carvers Bay Branch Library
Address	13048 Choppee Rd
City, State, Zip Code	HEMINGWAY,SC29554
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

3 4 3 0 2 6 8 0

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SMOKE DETECTORS.....
PULL STATION.....
ALARM NOTIFICATION DEVICES.....
TERMS AND CONDITIONS.....

34302680

DEFICIENCY REPORT

Company Name	Carvers Bay Branch Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

34302680

PROPOSED RECOMMENDATIONS REPORT

Company Name	Carvers Bay Branch Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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Rev. 5/1/2010

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COMMENTS REPORT

Company Name	Carvers Bay Branch Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Annual Fire Alarm Test and Inspection. Simplex 4010 System. Monitored by SimplexGrinnell under line-account 208-1203. Batteries (12v 35Ah) in panel are dated 2014. Power source is located in Panel MP1, Breaker #18. Monitoring received all signals and restores. Panel normal are departure.

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Rev. 5/1/2010

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INSPECTION SUMMARY

Building Information

Company Name	Carvers Bay Branch Library	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	11	11	0	0	0
Duct Detector	6	6	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Pull Station	3	3	0	0	0
Remote Annunciators	1	1	0	0	0
Smoke Detector	2	2	0	0	0
Visible Notification Device	9	9	0	0	0
Totals	33	33	0	0	0

Inspector Signature		**Inspector Name**	ALLEN, JONATHAN BARRETT	**Date**	02-10-2016
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	02-10-2016

3 4 3 0 2 6 8 0

Simplex Grinnell Form #
SG - INSP - 102

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Carvers Bay Branch Library		SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electric Room Behind Desk **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Simplex	4010		02-10-2016			
BATTERY LOAD VOLTAGE TEST			PASS			

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)		PASS			
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)		PASS			

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED		Pass			
BATTERY LOAD VOLTAGE TEST		Pass			

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS		Pass			
EMERGENCY VOICE/ALARM COMM EQUIPMENT		Pass			
REMOTE ANNUNCIATORS		Pass			
INT DEVICES - AIR SAMPLING		Pass			
INT DEVICES - DUCT DETECTORS		Pass			
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES		Pass			
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES		Pass			
INT DEVICES - FIRE ALARM BOXES		Pass			
INT DEVICES - HEAT DETECTORS		Pass			
INT DEVICES - SMOKE DETECTORS		Pass			
INTERFACE EQUIPMENT		Pass			
ALARM NOTIFICATION APPLIANCES SUPERVISED		Pass			
TRANSMISSION EQUIPMENT - (ON PREMISES)		Pass			

3 4 3 0 2 6 8 0

Simplex Grinnell Form #
SG - INSP - 102

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Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

3 4 3 0 2 6 8 0

Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Carvers Bay Branch Library		SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electric Room Behind Desk **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Simplex	4010		Pass	Pass	2014	02-10-2016

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 4 3 0 2 6 8 0

Simplex Grinnell Form #

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Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTORS

Company Name	Carvers Bay Branch Library		SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	6	6	0	100	0	0	0	0

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Carvers Bay Library	Not Specified	Above Children's Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	02-10-2016	02-10-2016
2	Carvers Bay Library	Not Specified	Attic AHU 2			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	02-10-2016	02-10-2016
3	Carvers Bay Library	Not Specified	Attic AHU 3			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	02-10-2016	02-10-2016
4	Carvers Bay Library	Not Specified	Attic AHU 4			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	02-10-2016	02-10-2016

3 4 3 0 2 6 8 0

Simplex Grinnell Form #
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DUCT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Carvers Bay Library	Not Specified	Attic AHU 5			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	02-10-2016	02-10-2016
6	Carvers Bay Library	Not Specified	Attic AHU 6			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	DD	Duct Detector	Simplex	Duct	02-10-2016	02-10-2016

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 02-10-2016

Customer Name: **Customer Signature:** **Date:** 02-10-2016

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

34302680

Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTORS

Company Name	Carvers Bay Branch Library		SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	2	2	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Carvers Bay Library	Not Specified	Above FACP			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	02-10-2016	02-10-2016
2	Carvers Bay Library	Not Specified	In Attic			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	SD	Smoke Detector	Simplex	Smoke	02-10-2016	02-10-2016

Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Carvers Bay Branch Library		SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	3	3	0	100	0	0	0	0

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Carvers Bay Library	Not Specified	At Conference Room Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
2	Carvers Bay Library	Not Specified	At Front Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016
3	Carvers Bay Library	Not Specified	At West Emergency Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	MS	Pull Station	Simplex	Pull	02-10-2016	02-10-2016

3 4 3 0 2 6 8 0

Simplex Grinnell Form #
SG - INSP - 108

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Inspectors Name :	ALLEN, JONATHAN BARRETT	**Inspectors Signature:**		**Date:**	02-10-2016
Customer Name:		**Customer Signature:**		**Date:**	02-10-2016

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 4 3 0 2 6 8 0

Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DEVICES

Company Name	Carvers Bay Branch Library		SimplexGrinnell - 217 Myrtle Beach
Address	13048 Choppee Rd	**Office Phone**	(843) 839 0800
City,State&Zip	HEMINGWAY,SC29554	**Office License**	
Attention		**Date**	02-10-2016
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	9	9	0	100	0	0	0	0
Remote Annunciators	1	1	0	100	0	0	0	0
Audible Visible Device	11	11	0	100	0	0	0	0

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Carvers Bay Library	Not Specified	At Children's RR			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
2	Carvers Bay Library	Not Specified	At Front Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016

3 4 3 0 2 6 8 0

Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Carvers Bay Library	Not Specified	At Restrooms			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
4	Carvers Bay Library	Not Specified	At West Emergency Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
5	Carvers Bay Library	Not Specified	At West Emergency Exit			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
6	Carvers Bay Library	Not Specified	In Attic			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
7	Carvers Bay Library	Not Specified	In Children's Reading Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
8	Carvers Bay Library	Not Specified	In Conference Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
9	Carvers Bay Library	Not Specified	In Conference Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
10	Carvers Bay Library	Not Specified	Main Area By Front Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
11	Carvers Bay Library	Not Specified	Main Area By Front Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	02-10-2016	02-10-2016
12	Carvers Bay Library	Not Specified	At Front Entrance			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	ANN	Remote Annunciators	Simplex	Annunctr	02-10-2016	02-10-2016

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Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
13	Carvers Bay Library	Not Specified	At Study Rooms			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
14	Carvers Bay Library	Not Specified	In Break Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
15	Carvers Bay Library	Not Specified	In Children's Reading Area			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
16	Carvers Bay Library	Not Specified	In Children's RR			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
17	Carvers Bay Library	Not Specified	In Main Office			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
18	Carvers Bay Library	Not Specified	In Men's RR			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
19	Carvers Bay Library	Not Specified	In Mini Conference Room			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016
20	Carvers Bay Library	Not Specified	In Office RR			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
21	Carvers Bay Library	Not Specified	In Women's RR			ALLEN, JONATHAN BARRETT	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	Visual	02-10-2016	02-10-2016

Inspectors Name : ALLEN, JONATHAN BARRETT **Inspectors Signature:** **Date:** 02-10-2016

Customer Name: **Customer Signature:** **Date:** 02-10-2016

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

3 4 3 0 2 6 8 0

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

3355501 0

COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	11-19-2015
License Number	FAR # 1083/Nicet II # 137700

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Midway Fire Station 81
Address	67 SAINT PAUL PL
City, State, Zip Code	PAWLEYS ISLAND,SC29585
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Midway Fire Station 81
Address	67 SAINT PAUL PL
City, State, Zip Code	PAWLEYS ISLAND,SC29585
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

3355501 0

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
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SMOKE DETECTORS.....
ALARM NOTIFICATION DEVICES.....
TERMS AND CONDITIONS.....

3355501 0

DEFICIENCY REPORT

Company Name	Midway Fire Station 81	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

Area	Location	Device	Barcode
Not Specified	At Front Entrance	Audible Visible Device	
Deficiency Statement	no alarm when tested.		
Deficiency Image	No Deficiency image		

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Rev. 5/1/2010

3355501 0

PROPOSED RECOMMENDATIONS REPORT

Company Name	Midway Fire Station 81	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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Rev. 5/1/2010

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COMMENTS REPORT

Company Name	Midway Fire Station 81	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Panel is a Fire Lite MS-5UD system. Monitored by SimplexGrinnell under line-account 210-6632. Batteries in panel are dated 07/2014(12V 10Ah). A/V failure at front entrance. Replacement is needed. Panel was normal upon arrival and departure.

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Rev. 5/1/2010

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INSPECTION SUMMARY

Building Information

Company Name	Midway Fire Station 81	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	5	4	1	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	12	12	0	0	0
Smoke Detector	6	6	0	0	0
Totals	24	23	1	0	0

Inspector Signature		**Inspector Name**	THACKER, MICHAEL SHANNON	**Date**	11-19-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	11-19-2015

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Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Midway Fire Station 81		SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electrical Room **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Fire Lite	MS-5UD					11-19-2015
BATTERY LOAD VOLTAGE TEST						PASSED

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)					PASS
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)					PASS

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED					Pass
BATTERY LOAD VOLTAGE TEST					Pass

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS					Pass
EMERGENCY VOICE/ALARM COMM EQUIPMENT					Pass
REMOTE ANNUNCIATORS					Pass
INT DEVICES - AIR SAMPLING					Pass
INT DEVICES - DUCT DETECTORS					Pass
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES					Pass
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES					Pass
INT DEVICES - FIRE ALARM BOXES					Pass
INT DEVICES - HEAT DETECTORS					Pass
INT DEVICES - SMOKE DETECTORS					Pass
INTERFACE EQUIPMENT					Pass
ALARM NOTIFICATION APPLIANCES SUPERVISED					Pass
TRANSMISSION EQUIPMENT - (ON PREMISES)					Pass

3 3 5 5 5 0 1 0

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Midway Fire Station 81		SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electrical Room **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Fire Lite	MS-5UD		13.6V	12v	1 year old	11-19-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 3 5 5 5 0 1 0

Simplex Grinnell Form #

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Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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HEAT DETECTOR

Company Name	Midway Fire Station 81		SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	12	12	0	100	12	12	0	100

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
2	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
3	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
4	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015

3 3 5 5 5 0 1 0

Simplex Grinnell Form #
SG - INSP - 108

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HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
6	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
7	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
8	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
9	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
10	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
11	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015
12	Midway F.S. 81	Not Specified	Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Fire Lite	Heat Det.	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3355501 0

Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTORS

Company Name	Midway Fire Station 81		SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	6	6	0	100	6	6	0	100

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Midway F.S. 81	Not Specified	At FACP			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Fire Lite	Smoke Det.	11-19-2015	11-19-2015
2	Midway F.S. 81	Not Specified	At Fitness Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Fire Lite	Smoke Det.	11-19-2015	11-19-2015
3	Midway F.S. 81	Not Specified	At Locker Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Fire Lite	Smoke Det.	11-19-2015	11-19-2015
4	Midway F.S. 81	Not Specified	Bedroom			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Fire Lite	Smoke Det.	11-19-2015	11-19-2015

3 3 5 5 5 0 1 0

Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Midway F.S. 81	Not Specified	Bunk East			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Fire Lite	Smoke Det.	11-19-2015	11-19-2015
6	Midway F.S. 81	Not Specified	Bunk West			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Fire Lite	Smoke Det.	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3355501 0

Simplex Grinnell Form #
SG - INSP - 112

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ALARM NOTIFICATION DEVICES

Company Name	Midway Fire Station 81		SimplexGrinnell - 217 Myrtle Beach
Address	67 SAINT PAUL PL	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Audible Visible Device	5	4	1	100	5	4	1	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

Area	Location	Device	Barcode
Not Specified	At Front Entrance	Audible Visible Device	
Deficiency Statement	no alarm when tested.		
Deficiency Image	No Deficiency image		

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Midway F.S. 81	Not Specified	At Front Entrance			THACKER, MICHAEL SHANNON	Fail	Pass
		Not Specified	AV	Audible Visible Device	Fire Lite	Audio Visual	11-19-2015	11-19-2015
2	Midway F.S. 81	Not Specified	At Bunks			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Fire Lite	Audio Visual	11-19-2015	11-19-2015

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Midway F.S. 81	Not Specified	At Side Exit			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Fire Lite	Audio Visual	11-19-2015	11-19-2015
4	Midway F.S. 81	Not Specified	Equipment	Laundry Room		THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Fire Lite	Audio Visual	11-19-2015	11-19-2015
5	Midway F.S. 81	Not Specified	Equipment Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Fire Lite	Audio Visual	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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tyco SimplexGrinnell

TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

3355661 4

COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	11-19-2015
License Number	FAR # 1083/Nicet II # 137700

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Midway Fire Station 82
Address	112 Beaumont Drive
City, State, Zip Code	PAWLEYS ISLAND,SC29585
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Midway Fire Station 82
Address	112 Beaumont Drive
City, State, Zip Code	PAWLEYS ISLAND,SC29585
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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SMOKE DETECTORS.....
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ALARM NOTIFICATION DEVICES.....
REMOTE POWER SUPPLIES.....
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33556614

DEFICIENCY REPORT

Company Name	Midway Fire Station 82	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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Rev. 5/1/2010

33556614

PROPOSED RECOMMENDATIONS REPORT

Company Name	Midway Fire Station 82	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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3 3 5 5 6 6 1 4

COMMENTS REPORT

Company Name	Midway Fire Station 82	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Radionics D7212 system. Monitored by SimplexGrinnell under line account 210-6640. Batteries in panel need replacement.(1x7Ah/1x4Ah) Batteries in powersupply need replacement.(12V 7Ah) Pull Station in garage exit needs replacement. Monitoring received all signals and restores. Panel was normal upon arrival and departure.

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INSPECTION SUMMARY

Building Information

Company Name	Midway Fire Station 82	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	8	8	0	0	0
Duct Detector	1	1	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	8	8	0	0	0
Pull Station	9	9	0	0	0
Remote Power Supply JC	1	1	0	0	0
Smoke Detector	9	9	0	0	0
Visible Notification Device	6	6	0	0	0
Totals	43	43	0	0	0

Inspector Signature		**Inspector Name**	THACKER, MICHAEL SHANNON	**Date**	11-19-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	11-19-2015

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Simplex Grinnell Form #
SG - INSP - 102

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electrical Room **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Radionics	D7212					11-19-2015
BATTERY LOAD VOLTAGE TEST						PASSED

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)					PASS
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)					PASS

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED					Pass
BATTERY LOAD VOLTAGE TEST					Pass

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS					Pass
EMERGENCY VOICE/ALARM COMM EQUIPMENT					Pass
REMOTE ANNUNCIATORS					Pass
INT DEVICES - AIR SAMPLING					Pass
INT DEVICES - DUCT DETECTORS					Pass
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES					Pass
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES					Pass
INT DEVICES - FIRE ALARM BOXES					Pass
INT DEVICES - HEAT DETECTORS					Pass
INT DEVICES - SMOKE DETECTORS					Pass
INTERFACE EQUIPMENT					Pass
ALARM NOTIFICATION APPLIANCES SUPERVISED					Pass
TRANSMISSION EQUIPMENT - (ON PREMISES)					Pass

3 3 5 5 6 6 1 4

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

3 3 5 5 6 6 1 4

Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electrical Room **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Radionics	D7212		13.5V	12V	6 years old	11-19-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

3 3 5 5 6 6 1 4

Simplex Grinnell Form #

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Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

DUCT DETECTORS

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

DUCT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Duct Detector	1	1	0	100	1	1	0	100

DEFICIENCY REPORT FOR DUCT DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR DUCT DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR DUCT DETECTORS

No comments in this Report

DUCT DETECTOR TEST RESULTS

ITEM#	**SECTION**	**FLOOR**	**LOCATION**		**BARCODE**	**INSPECTOR**	**FUNCTIONAL RESULTS**	**VISUAL RESULTS**
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Midway F.S. 82	Not Specified	At FACP			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	DD	Duct Detector	Radionics	Duct Det.	11-19-2015	11-19-2015

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

Based on NFPA 72 1999 **SG-INSP-114** **Rev. 4/7/08**

3 3 5 5 6 6 1 4

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	8	8	0	100	8	8	0	100

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Midway F.S. 82	Not Specified	Ambulance Bay			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015
2	Midway F.S. 82	Not Specified	Ambulance Bay			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015
3	Midway F.S. 82	Not Specified	Ambulance Bay			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015
4	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015

3 3 5 5 6 6 1 4

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015
6	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015
7	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015
8	Midway F.S. 82	Not Specified	Kitchen			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	HD	Heat Detector	Radionics	Heat Det.	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 3 5 5 6 6 1 4

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	9	9	0	100	9	9	0	100

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Midway F.S. 82	Not Specified	At FACP			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
2	Midway F.S. 82	Not Specified	Chiefs Bunk			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
3	Midway F.S. 82	Not Specified	Com. Training Center Office			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
4	Midway F.S. 82	Not Specified	EMS Supplies			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Midway F.S. 82	Not Specified	Laundry Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
6	Midway F.S. 82	Not Specified	Living Area			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
7	Midway F.S. 82	Not Specified	Mens Dorm Left			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
8	Midway F.S. 82	Not Specified	Mens Dorm Right			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015
9	Midway F.S. 82	Not Specified	Storage by Kitchen			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	SD	Smoke Detector	Radionics	Smoke Det.	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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PULL STATION

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	9	9	0	100	9	9	0	100

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Midway F.S. 82	Not Specified	Ambulance Bay			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
2	Midway F.S. 82	Not Specified	Ambulance Bay			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
3	Midway F.S. 82	Not Specified	Company Officers Office			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
5	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
6	Midway F.S. 82	Not Specified	Fire Truck Garage East (left)			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
7	Midway F.S. 82	Not Specified	Fire Truck Garage East (right)			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
8	Midway F.S. 82	Not Specified	Living Area			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015
9	Midway F.S. 82	Not Specified	P.T. Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	MS	Pull Station	Radionics	Pull Station	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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ALARM NOTIFICATION DEVICES

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Audible Visible Device	8	8	0	100	8	8	0	100
Visible Notification Device	6	6	0	100	6	6	0	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Midway F.S. 82	Not Specified	Ambulance Bay			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
2	Midway F.S. 82	Not Specified	Chiefs Bunk			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Radionics	Visual	11-19-2015	11-19-2015

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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
4	Midway F.S. 82	Not Specified	Fire Truck Garage			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
5	Midway F.S. 82	Not Specified	Hall by Mens Dormitory			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
6	Midway F.S. 82	Not Specified	Living Area			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
7	Midway F.S. 82	Not Specified	Mens Dorm Left			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
8	Midway F.S. 82	Not Specified	P.T. Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
9	Midway F.S. 82	Not Specified	P.T. Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Radionics	Audio Visual	11-19-2015	11-19-2015
10	Midway F.S. 82	Not Specified	Com. Training Center Office			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Radionics	Visual	11-19-2015	11-19-2015
11	Midway F.S. 82	Not Specified	Restroom by Living Area			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Radionics	Visual	11-19-2015	11-19-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
12	Midway F.S. 82	Not Specified	Restroom by Mens Dorm			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Radionics	Visual	11-19-2015	11-19-2015
13	Midway F.S. 82	Not Specified	Restroom by Mens Dorm			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Radionics	Visual	11-19-2015	11-19-2015
14	Midway F.S. 82	Not Specified	Restroom by P.T. Room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Radionics	Visual	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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Simplex Grinnell Form #
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REMOTE POWER SUPPLIES

Company Name	Midway Fire Station 82		SimplexGrinnell - 217 Myrtle Beach
Address	112 Beaumont Drive	**Office Phone**	(843) 839 0800
City,State&Zip	PAWLEYS ISLAND,SC29585	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

REMOTE POWER SUPPLY DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Remote Power Supply JC	1	1	0	100	1	0	1	100

DEFICIENCY REPORT FOR REMOTE POWER SUPPLY DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR REMOTE POWER SUPPLY DEVICES

No recommendations in this Report

COMMENTS REPORT FOR REMOTE POWER SUPPLY DEVICES

No comments in this Report

REMOTE POWER SUPPLY TEST RESULTS

Section	Midway F.S. 82	**Area**	Not Specified	**Location**	At FACP		**Barcode**	
Battery Condition		Pass	**Battery1**	**Battery2**	**Manufacturer**	Radionics	**Model**	Power Supply
Load Voltage		Pass	passed	passed	**Expiration date**	**Node**	**Inspector**	
Discharge Test		Pass		passed	11-19-2014		THACKER, MICHAEL SHANNON	
Charger Test		Pass	passed	passed	**Remote Power Supply Operation**			Pass

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	11-19-2015
License Number	FAR # 1083/Nicet II # 137700

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Midway Fire Station 83
Address	56 Firehouse Lane
City, State, Zip Code	GEORGETOWN,SC29440
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Midway Fire Station 83
Address	56 Firehouse Lane
City, State, Zip Code	GEORGETOWN,SC29440
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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Company Name: Midway Fire Station 83	**Building Name:**

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
SMOKE DETECTORS.....
PULL STATION.....
ALARM NOTIFICATION DEVICES.....
TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Midway Fire Station 83	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Midway Fire Station 83	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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COMMENTS REPORT

Company Name	Midway Fire Station 83	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Panel is a Simplex 4004 system. Monitored by SimplexGrinnell under line-account 210-6528. Batteries in panel are dated 2015(12V 10Ah). System and devices tested normal. Monitoring received all signals and restores. Panel was normal upon arrival and departure.

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INSPECTION SUMMARY

Building Information

Company Name	Midway Fire Station 83	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	2	2	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Pull Station	1	1	0	0	0
Smoke Detector	9	9	0	0	0
Visible Notification Device	8	8	0	0	0
Totals	21	21	0	0	0

Inspector Signature		**Inspector Name**	THACKER, MICHAEL SHANNON	**Date**	11-19-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	11-19-2015

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QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Midway Fire Station 83		SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** riser room first floor **PANEL BARCODE -**

MFG	MODEL	SER. NO.	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Simplex	4004					11-19-2015
BATTERY LOAD VOLTAGE TEST						PASSED

QUARTERLY INSPECTION		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)					PASS
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)					PASS

SEMI-ANNUAL INSPECTION - FUNCTIONAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
SUPERVISORY TAMPER SWITCHES TESTED					Pass
BATTERY LOAD VOLTAGE TEST					Pass

SEMI-ANNUAL INSPECTION - VISUAL		Inspection Results	Inspection Results	Inspection Results	Inspection Results
TRANSIENT SUPPRESSORS					Pass
EMERGENCY VOICE/ALARM COMM EQUIPMENT					Pass
REMOTE ANNUNCIATORS					Pass
INT DEVICES - AIR SAMPLING					Pass
INT DEVICES - DUCT DETECTORS					Pass
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES					Pass
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES					Pass
INT DEVICES - FIRE ALARM BOXES					Pass
INT DEVICES - HEAT DETECTORS					Pass
INT DEVICES - SMOKE DETECTORS					Pass
INTERFACE EQUIPMENT					Pass
ALARM NOTIFICATION APPLIANCES SUPERVISED					Pass
TRANSMISSION EQUIPMENT - (ON PREMISES)					Pass

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Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

tyco SimplexGrinnell

ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Midway Fire Station 83		SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PANEL AREA - 1 **PANEL LOCATION -** riser room first floor **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Simplex	4004		13.6V	12V	0 years old	11-19-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

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Simplex Grinnell Form #

tyco SimplexGrinnell

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

SMOKE DETECTORS

Company Name	Midway Fire Station 83		SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	9	9	0	100	9	9	0	100

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Main	1	Dining area			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 1	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
2	Main	1	TV room			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 1	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
3	Main	1	Weight room			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 1	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
4	Main	2	Hallway			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015

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Simplex Grinnell Form #
SG - INSP - 108

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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Main	2	Female bunk			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
6	Main	2	Men shower area			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
7	Main	2	Male bunk room			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
8	Main	2	Top of stairs			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015
9	Main	2	Officer room			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	SD	Smoke Detector	Simplex	Smokes	11-19-2015	11-19-2015

Inspectors Name : THACKER, MICHAEL SHANNON **Inspectors Signature:** **Date:** 11-19-2015

Customer Name: **Customer Signature:** **Date:** 11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

3 3 5 1 6 0 7 4

Simplex Grinnell Form #
SG - INSP - 108

tyco SimplexGrinnell

PULL STATION

Company Name	Midway Fire Station 83		SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	1	1	0	100	1	1	0	100

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Main	2	Top of stairs			THACKER, MICHAEL SHANNON	Pass	Pass
		Zone 2	MS	Pull Station	Simplex	Pull station	11-19-2015	11-19-2015

Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 112

tyco SimplexGrinnell

ALARM NOTIFICATION DEVICES

Company Name	Midway Fire Station 83		SimplexGrinnell - 217 Myrtle Beach
Address	56 Firehouse Lane	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-19-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			11-07-2014
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	8	8	0	100	8	8	0	100
Audible Visible Device	2	2	0	100	2	2	0	100

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	**SECTION**	**FLOOR**	**LOCATION**		**BARCODE**	**INSPECTOR**	**FUNCTIONAL RESULTS**	**VISUAL RESULTS**
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Main	1	Weight room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	11-19-2015	11-19-2015
2	Main	2	Top of stairs			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	AV	Audible Visible Device	Simplex	A V	11-19-2015	11-19-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
3	Main	2	Female bunk			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
4	Main	2	Female bunk rest room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
5	Main	2	Male shower area			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
6	Main	2	Male bunk room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
7	Main	2	Officers bunk room			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
8	Main	2	Male shower			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
9	Main	2	Officer shower			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015
10	Main	2	Officer shower			THACKER, MICHAEL SHANNON	Pass	Pass
		Not Specified	VND	Visible Notification Device	Simplex	VO	11-19-2015	11-19-2015

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Simplex Grinnell Form #
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Inspectors Name :	THACKER, MICHAEL SHANNON	**Inspectors Signature:**		**Date:**	11-19-2015
Customer Name:		**Customer Signature:**		**Date:**	11-19-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

3 3 5 1 6 0 7 4

tyco SimplexGrinnell

TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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COVER SHEET

SimplexGrinnell Office	SimplexGrinnell - 217 Myrtle Beach
Address	1578 Dividend Loop
Office Phone	(843) 839 0800
Office License	
Date	11-04-2015
License Number	54 18 5631

Fire Alarm and Detection System Inspection Report

Customer Address

Customer Name	Choppee Medical & Crisis Center
Address	8189 Choppee Road
City, State, Zip Code	GEORGETOWN,SC29440
Phone Number	--
Fax Number	
Attention	
Building Name	

Site Address

Site Name	Choppee Medical & Crisis Center
Address	8189 Choppee Road
City, State, Zip Code	GEORGETOWN,SC29440
Site Contact	
Phone Number	--
Fax Number	

Report Destinations

Primary Email	
Other Email	

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION.....
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SMOKE DETECTORS.....
PULL STATION.....
ALARM NOTIFICATION DEVICES.....
REMOTE POWER SUPPLIES.....
TERMS AND CONDITIONS.....

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DEFICIENCY REPORT

Company Name	Choppee Medical & Crisis Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

No deficiencies in this inspection

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PROPOSED RECOMMENDATIONS REPORT

Company Name	Choppee Medical & Crisis Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

No recommendations in this inspection

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COMMENTS REPORT

Company Name	Choppee Medical & Crisis Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

Inspection review Comments	Annual Fire Alarm Test and Inspection Gamewell IF610 system Batteries in panel are dated 2015 (7ah) Monitored by Sonitrol (888-747-0905) Account # 5424 Batteries in Power supply were outdated and replaced during inspection (6.2ah) Circuit 129 horn/strobe fault trouble on arrival. All notification devices tested normal. Service is needed to investigate this issue Monitoring received all signals and restores Panel has (1) trouble on departure Note* Fire alarm devices at Main entrance and old auditorium are not tied to gamewell system. These devices need to be tied in to fire alarm system or removed.

Area	Location	Device	Barcode
Not Specified	Electrical 015	Remote Power Supply JC	
COMMENTS	Batteries in panel were outdated and replaced		

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INSPECTION SUMMARY

Building Information

Company Name	Choppee Medical & Crisis Center	**SimplexGrinnell Office**	SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Audible Visible Device	17	17	0	0	0
Fire Alarm Panel (JC Form)	1	1	0	0	0
Heat Detector	5	5	0	0	0
Pull Station	11	11	0	0	0
Remote Annunciators	1	1	0	0	0
Remote Power Supply JC	1	0	0	0	1
Smoke Detector	16	16	0	0	0
Visible Notification Device	8	8	0	0	0
Totals	60	59	0	0	1

Inspector Signature		**Inspector Name**	WOOD, RONALD L	**Date**	11-04-2015
Additional Technician Signature		**Additional Technician Name**	David Hanzalik	**Date**	11-04-2015
Signature of owner or owners representative		**Printed name of owner or representative**		**Date**	11-04-2015

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Simplex Grinnell Form #
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tyco SimplexGrinnell

QUARTERLY & SEMI-ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

PANEL AREA - Not Specified		**PANEL LOCATION -** Electrical 015			**PANEL BARCODE -**	
MFG	**MODEL**	**SER. NO.**	**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
Gamewell	IF610					11-04-2015
BATTERY LOAD VOLTAGE TEST						26

QUARTERLY INSPECTION		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY DEVICES TESTED (OTHER THAN TAMPERS)					PASS
TRANSMISSION EQUIPMENT TESTED - (OFF PREMISES)					PASS

SEMI-ANNUAL INSPECTION - FUNCTIONAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
SUPERVISORY TAMPER SWITCHES TESTED					Pass
BATTERY LOAD VOLTAGE TEST					Pass

SEMI-ANNUAL INSPECTION - VISUAL		**Inspection Results**	**Inspection Results**	**Inspection Results**	**Inspection Results**
TRANSIENT SUPPRESSORS					Pass
EMERGENCY VOICE/ALARM COMM EQUIPMENT					Pass
REMOTE ANNUNCIATORS					Pass
INT DEVICES - AIR SAMPLING					Pass
INT DEVICES - DUCT DETECTORS					Pass
INT DEVICES - ELECTROMECHANICAL RELEASING DEVICES					Pass
INT DEVICES - FIRE EXT OR SUPPRESSION SYS SWITCHES					Pass
INT DEVICES - FIRE ALARM BOXES					Pass
INT DEVICES - HEAT DETECTORS					Pass
INT DEVICES - SMOKE DETECTORS					Pass
INTERFACE EQUIPMENT					Pass
ALARM NOTIFICATION APPLIANCES SUPERVISED					Pass
TRANSMISSION EQUIPMENT - (ON PREMISES)					Pass

3 3 5 8 1 0 7 2

Simplex Grinnell Form #
SG - INSP - 102

tyco SimplexGrinnell

Inspectors Name :	WOOD, RONALD L	**Inspectors Signature:**		**Date:**	11-04-2015
Second Inspectors Name:	David Hanzalik	**Second Inspector Signature:**		**Date:**	11-04-2015
Customer Name:		**Customer Signature:**		**Date:**	11-04-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-102** **Rev. 4/7/08**

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Simplex Grinnell Form #

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ANNUAL FIRE ALARM SYSTEM REPORT OF INSPECTION

CONNECTED TO SUPERVISING STATION

MAIN/SUB FIRE ALARM SYSTEM CONTROL PANEL

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

PANEL AREA - Not Specified **PANEL LOCATION -** Electrical 015 **PANEL BARCODE -**

MFG	MODEL	SER. NO.	BATTERY CHARGER TEST - (VOLTS)	BATTERY DISCHARGE TEST (VOLTS)	BATTERY AGE CHECK (YEARS)	Inspection Date
Gamewell	IF610		28	25	1	11-04-2015

ANNUAL INSPECTION		Inspection Results
ALARM, SUPV, AND TRBL SIGNAL (INPUTS)		Pass
EVAC SIGNALS AND AUX FUNCTIONS (OUTPUTS)		Pass
CIRCUIT SUPV (INCL. OPEN CKTS, AND GRND FAULTS)		Pass
POWER SUPPLY SUPV - LOSS OF AC POWER/BATTS		Pass
FUSES/LAMPS/LEDS - TESTED AND VERIFIED		Pass
INTERFACE EQUIP VERIFICATION OF REQUIRED SIGNALS		Pass
MAIN POWER SUPPLY TESTED UNDER FULL LOAD		Pass
BATTERY CHARGER TEST		Pass
BATTERY DISCHARGE TEST		Pass
BATTERY LESS THAN 4 YEARS		Pass
AMPLIFIER/TONE GENERATORS VERIFIED		Pass
CALL-IN SIGNAL SILENCE - VISUAL AND AUDIBLE		Pass
OFF-HOOK INDICATOR VERIFIED		Pass
PHONE JACKS		Pass
PHONE SETS VERIFIED		Pass
SYST PERF- 5 HANDSET QUALITY AND CLARITY VERIFIED		Pass
REMOTE ANNUNCIATOR(S) - OPERATION/VERIFICATION		Pass
INITIATING DEVICES TEST (SEE ATTACHED FORM)		Pass
ELEVATOR RECALL FUNCTION AND/OR SHUNT TRIP OPERATION		Pass
ALARM NOTIFICATION APPLIANCES TESTED (SEE ATTACHED FORM)		Pass
TRANSMISSION EQUIPMENT TESTED - (ON PREMISES)		Pass
ALARM VERIFICATION SEQUENCE VERIFIED		Pass
MULTIPLEX COMMUNICATIONS TESTED		Pass

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Simplex Grinnell Form #

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Inspectors Name :	WOOD, RONALD L	**Inspectors Signature:**		**Date:**	11-04-2015
Second Inspectors Name:	David Hanzalik	**Second Inspector Signature:**		**Date:**	11-04-2015
Customer Name:		**Customer Signature:**		**Date:**	11-04-2015

*Contractor assumes the fire protection systems were approved by the AHJ for the occupancy required for which it was designed and the Owner has not changed the occupancy classification.
*Contractor assumes that the owner is performing the requirements of NFPA 25 and/or NFPA 72 for which Owner has not contracted.

INSPECTION BINDER TAB SECTION:2

Based on NFPA 72 1999 **SG-INSP-110** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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HEAT DETECTOR

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

HEAT DETECTOR DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Heat Detector	5	5	0	100	0	0	0	0

DEFICIENCY REPORT FOR HEAT DETECTOR

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR HEAT DETECTOR

No recommendations in this Report

COMMENTS REPORT FOR HEAT DETECTOR

No comments in this Report

HEAT DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
1	Choppee Medical	Not Specified	Crisis Room Right			WOOD, RONALD L	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	11-04-2015	11-04-2015
2	Choppee Medical	Not Specified	Crisis Room Right Laundry			WOOD, RONALD L	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	11-04-2015	11-04-2015
3	Choppee Medical	Not Specified	Crisis Room Left Restroom			WOOD, RONALD L	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	11-04-2015	11-04-2015
4	Choppee Medical	Not Specified	Crisis Room Kitchen			WOOD, RONALD L	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	11-04-2015	11-04-2015
5	Choppee Medical	Not Specified	Crisis Room Left Laundry			WOOD, RONALD L	Pass	Pass
		Not Specified	HD	Heat Detector	Gamewell	Heats	11-04-2015	11-04-2015

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Simplex Grinnell Form #
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Inspectors Name :	WOOD, RONALD L	**Inspectors Signature:**		**Date:**	11-04-2015
Second Inspectors Name:	David Hanzalik	**Second Inspector Signature:**		**Date:**	11-04-2015
Customer Name:		**Customer Signature:**		**Date:**	11-04-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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SMOKE DETECTORS

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

SMOKE DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Smoke Detector	16	16	0	100	0	0	0	0

DEFICIENCY REPORT FOR SMOKE DETECTORS

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR SMOKE DETECTORS

No recommendations in this Report

COMMENTS REPORT FOR SMOKE DETECTORS

No comments in this Report

SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Choppee Medical	Not Specified	Crisis Room Right			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
2	Choppee Medical	Not Specified	Crisis Room Right Office			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
3	Choppee Medical	Not Specified	Crisis Room Right Bed area			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
4	Choppee Medical	Not Specified	Crisis Room Right Bed Office			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
5	Choppee Medical	Not Specified	Crisis Room Right Laundry			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015

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Simplex Grinnell Form #
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SMOKE DETECTOR TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
6	Choppee Medical	Not Specified	Crisis Room Right Laundry Storage			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
7	Choppee Medical	Not Specified	Crisis Room Hall exit			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
8	Choppee Medical	Not Specified	Crisis Room Hall Center			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
9	Choppee Medical	Not Specified	Crisis Room Left			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
10	Choppee Medical	Not Specified	Crisis Room Left			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
11	Choppee Medical	Not Specified	Crisis Room Left Office			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
12	Choppee Medical	Not Specified	Crisis Room Left Center			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
13	Choppee Medical	Not Specified	Crisis Room Left Center			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
14	Choppee Medical	Not Specified	Crisis Room Left Center Office 1			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
15	Choppee Medical	Not Specified	Crisis Room Left Center Office 2			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015
16	Choppee Medical	Not Specified	Electrical 015			WOOD, RONALD L	Pass	Pass
		Not Specified	SD	Smoke Detector	Gamewell	Smoke	11-04-2015	11-04-2015

Inspectors Name : WOOD, RONALD L **Inspectors Signature:** **Date:** 11-04-2015

Second Inspectors Name: David Hanzalik **Second Inspector Signature:** **Date:** 11-04-2015

Customer Name: **Customer Signature:** **Date:** 11-04-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
SG - INSP - 108

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PULL STATION

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

PULL STATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Pull Station	11	11	0	100	0	0	0	0

DEFICIENCY REPORT FOR PULL STATION

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR PULL STATION

No recommendations in this Report

COMMENTS REPORT FOR PULL STATION

No comments in this Report

PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Choppee Medical	Not Specified	@ 13 Storage			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
2	Choppee Medical	Not Specified	Office Exit at 126			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
3	Choppee Medical	Not Specified	160			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
4	Choppee Medical	Not Specified	181			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015

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PULL STATION TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
5	Choppee Medical	Not Specified	188			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
6	Choppee Medical	Not Specified	Exit by 188			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
7	Choppee Medical	Not Specified	Crisis Entrance			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
8	Choppee Medical	Not Specified	Crisis Hall exit			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
9	Choppee Medical	Not Specified	114			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
10	Choppee Medical	Not Specified	@ 115			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015
11	Choppee Medical	Not Specified	@ 101			WOOD, RONALD L	Pass	Pass
		Not Specified	MS	Pull Station	Gamewell	Pull	11-04-2015	11-04-2015

Inspectors Name : WOOD, RONALD L **Inspectors Signature:** **Date:** 11-04-2015

Second Inspectors Name: David Hanzalik **Second Inspector Signature:** **Date:** 11-04-2015

Customer Name: **Customer Signature:** **Date:** 11-04-2015

Based on NFPA 72 1999 **SG-INSP-108** **Rev. 4/7/08**

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Simplex Grinnell Form #
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ALARM NOTIFICATION DEVICES

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

ALARM NOTIFICATION DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Visible Notification Device	8	8	0	100	0	0	0	0
Remote Annunciators	1	1	0	100	0	0	0	0
Audible Visible Device	17	17	0	100	0	0	0	0

DEFICIENCY REPORT FOR ALARM NOTIFICATION DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR ALARM NOTIFICATION DEVICES

No recommendations in this Report

COMMENTS REPORT FOR ALARM NOTIFICATION DEVICES

No comments in this Report

ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	**ZONE OR ADDRESS**	**SYMBOL**	**DEVICE TYPE**	**MANUFACTURER**	**MODEL**	**FUNCTIONAL TEST DATE**	**VISUAL TEST DATE**
1	Choppee Medical	Not Specified	@ 120			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
2	Choppee Medical	Not Specified	@ 127			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
3	Choppee Medical	Not Specified	@ Storage			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
4	Choppee Medical	Not Specified	@ 160			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
5	Choppee Medical	Not Specified	160			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
6	Choppee Medical	Not Specified	@ 181			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
7	Choppee Medical	Not Specified	181			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
8	Choppee Medical	Not Specified	188			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
9	Choppee Medical	Not Specified	@ 188			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
10	Choppee Medical	Not Specified	Crisis Entrance			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
11	Choppee Medical	Not Specified	Crisis Room Right			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
12	Choppee Medical	Not Specified	Crisis Room Right Bed area			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
13	Choppee Medical	Not Specified	Crisis Room Right laundry			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
14	Choppee Medical	Not Specified	Crisis Room Hall by exit			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
15	Choppee Medical	Not Specified	Crisis Room Left			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
16	Choppee Medical	Not Specified	Crisis Room Left Kitchen			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
17	Choppee Medical	Not Specified	@ Exam 5			WOOD, RONALD L	Pass	Pass
		Not Specified	AV	Audible Visible Device	Gamewell	A V's	11-04-2015	11-04-2015
18	Choppee Medical	Not Specified	Mens room 104			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
19	Choppee Medical	Not Specified	125			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
20	Choppee Medical	Not Specified	Crisis Room Right Womens			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
21	Choppee Medical	Not Specified	Crisis Room Left Restroom			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
22	Choppee Medical	Not Specified	Mens Room 017			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
23	Choppee Medical	Not Specified	Electrical 015			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
24	Choppee Medical	Not Specified	114			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015
25	Choppee Medical	Not Specified	103 Restroom			WOOD, RONALD L	Pass	Pass
		Not Specified	VND	Visible Notification Device	Gamewell	Visuals	11-04-2015	11-04-2015

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Simplex Grinnell Form #
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ALARM NOTIFICATION DETAIL TEST RESULTS

ITEM#	SECTION	FLOOR	LOCATION		BARCODE	INSPECTOR	FUNCTIONAL RESULTS	VISUAL RESULTS
	NODE	ZONE OR ADDRESS	SYMBOL	DEVICE TYPE	MANUFACTURER	MODEL	FUNCTIONAL TEST DATE	VISUAL TEST DATE
26	Choppee Medical	Not Specified	Exit by 188			WOOD, RONALD L	Pass	Pass
		Not Specified	ANN	Remote Annunciators	Gamewell	Annc	11-04-2015	11-04-2015

Inspectors Name :	WOOD, RONALD L	**Inspectors Signature:**		**Date:**	11-04-2015
Second Inspectors Name:	David Hanzalik	**Second Inspector Signature:**		**Date:**	11-04-2015
Customer Name:		**Customer Signature:**		**Date:**	11-04-2015

Based on NFPA 72 1999 **SG-INSP-112** **Rev. 4/7/08**

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Simplex Grinnell Form #
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REMOTE POWER SUPPLIES

Company Name	Choppee Medical & Crisis Center		SimplexGrinnell - 217 Myrtle Beach
Address	8189 Choppee Road	**Office Phone**	(843) 839 0800
City,State&Zip	GEORGETOWN,SC29440	**Office License**	
Attention		**Date**	11-04-2015
Building Name			

REMOTE POWER SUPPLY DEVICES RESULTS SUMMARY

	RESULTS THIS INSPECTION				RESULTS PREVIOUS INSPECTION			
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**	**INVENTORY COUNT**	**PASSED**	**FAILED**	**%INSPECTED**
Remote Power Supply JC	1	1	0	100	0	0	0	0

DEFICIENCY REPORT FOR REMOTE POWER SUPPLY DEVICES

No deficiencies in this Report

PROPOSED RECOMMENDATIONS REPORT FOR REMOTE POWER SUPPLY DEVICES

No recommendations in this Report

COMMENTS REPORT FOR REMOTE POWER SUPPLY DEVICES

Area	Location	Device	Barcode
Not Specified	Electrical 015	Remote Power Supply JC	
COMMENTS	Batteries in panel were outdated and replaced		

REMOTE POWER SUPPLY TEST RESULTS

Section	Choppee Medical	**Area**	Not Specified	**Location**	Electrical 015		**Barcode**	
Battery Condition		PAR	**Battery1**	**Battery2**	**Manufacturer**	Gamewell	**Model**	IF610
Load Voltage		Pass	pass	pass	**Expiration date**	**Node**	**Inspector**	
Discharge Test		Pass	pass	pass	11-04-2019		WOOD, RONALD L	
Charger Test		Pass	pass	pass	**Remote Power Supply Operation**			Pass

Inspectors Name :	WOOD, RONALD L	**Inspectors Signature:**		**Date:**	11-04-2015
Second Inspectors Name:	David Hanzalik	**Second Inspector Signature:**		**Date:**	11-04-2015
Customer Name:		**Customer Signature:**		**Date:**	11-04-2015

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TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.**

   It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.**

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

   - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
   - risk of infectious disease,
   - need for air monitoring, respiratory protection, or other medical risk
   - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

   All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report oc

6. General. Unless otherwise specified, work shall be performed during company's regular business hours,, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

1. PROPERTY INFORMATION

Name of property: Howard Recreation Center

Address: 1610 Hawkins Street, Georgetow, SC 29440

Description of property: Recreation Center

Occupancy type: Assembly (Group A)

Name of property representative: Donny Cummings

Address: 401 Cleveland Street, Georgetown, SC 29442

Phone: 843-5453556 Fax: 843-545-3563 E-mail: dcummings@georgetowncountysc.org

Authority having jurisdiction over this property: Georgetown County Fire Inspector

Phone: 843-241-6723 Fax: 843-545-3533 E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: SimplexGrinnell

Address: 1578 Dividend Loop Myrtle Beach, SC 29577

License or certification number: FAC# 3138

Phone: (843) 839-0800 Fax: (843) 839-9231 E-mail: jbarber@simplexgrinnell.com

Service organization for this equipment: SimplexGrinnell

Address: 1578 Dividend Loop Myrtle Beach, SC 29577

License or certification number: FAC# 3138

Phone: (843) 839-0800 Fax: (843) 839-9231 E-mail: jbarber@simplexgrinnell.com

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. DESCRIPTION OF SYSTEM OR SERVICE

☐ Fire alarm system (nonvoice)

☒ Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

☐ Mass notification system (MNS)

☐ Combination system, with the following components:

☐ Fire alarm ☐ EVACS ☐ MNS ☐ Two-way, in-building, emergency communication system

☐ Other (specify):

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3. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

NFPA 72 edition: 2010 Additional description of system(s): NA

3.1 Control Unit

Manufacturer: Simplex Grinnell Model number: 4100ES

3.2 Mass Notification System ☒ This system does not incorporate an MNS

3.2.1 System Type:

☐ In-building MNS—combination

☐ In-building MNS—stand-alone ☐ Wide-area MNS ☐ Distributed recipient MNS

☒ Other (specify): NA

3.2.2 System Features:

☐ Combination fire alarm/MNS ☐ MNS autonomous control unit ☐ Wide-area MNS to regional national alerting interface

☐ Local operating console (LOC) ☐ Direct recipient MNS (DRMNS) ☐ Wide-area MNS to DRMNS interface

☐ Wide-area MNS to high-power speaker array (HPSA) interface ☐ In-building MNS to wide-area MNS interface

☒ Other (specify): NA

3.3 System Documentation

☐ An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location: NA

3.4 System Software ☐ This system does not have alterable site-specific software.

Operating system (executive) software revision level: 3.02.09

Site-specific software revision date: Revision completed by: Paul Weaver

☒ A copy of the site-specific software is stored on site. Location: FACP in Electric Room 101

3.5 Off-Premises Signal Transmission ☐ This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Simplex Grinnell Central Station Phone: 1-888-746-7539

Supervisory: Simplex Grinnell Central Station Phone: 1-888-746-7539

Trouble: Simplex Grinnell Central Station Phone: 1-888-746-7539

Entity to which alarms are retransmitted: Simplex Grinnell Central Station Phone: 1-888-746-7539

Method of retransmission: Phone Line Line#1 843-546-4857 Line#2 843-520-0018

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

NA

If Chapter 27, specify the type of auxiliary alarm system: ☐ Local energy ☐ Shunt ☐ Wired ☐ Wireless

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4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: B Survivability level: 0 Quantity: 1
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity: NA Description: NA

4.1.3 Device Power Pathways

☒ No separate power pathways from the signaling line pathway

☐ Power pathways are separate but of the same pathway classification as the signaling line pathway

☐ Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity: NA

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: NA Survivability level: NA Quantity: NA
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: NA Description: NA

4.2.3 Device Power Pathways

☒ No separate power pathways from the initiating device pathway

☐ Power pathways are separate but of the same pathway classification as the initiating device pathway

☐ Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

Pathways class: NA Survivability level: NA Quantity: NA
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: NA Description: NA

4.3.3 Device Power Pathways

☒ No separate power pathways from the notification appliance pathway

☐ Power pathways are separate but of the same pathway classification as the notification appliance pathway

☐ Power pathways are separate and different classification from the notification appliance pathway

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5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes ☐ This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: 8 Conventional: NA Coded: NA Transmitter: NA

Other (specify): NA

5.1.2 Other Alarm Boxes ☒ This system does not have other alarm boxes.

Description: NA

Type and number of devices: Addressable: NA Conventional: NA Coded: NA Transmitter: NA

Other (specify): NA

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors ☐ This system does not have smoke detectors.

Type and number of devices: Addressable: 68 Conventional: NA

Other (specify): NA

Type of coverage: ☒ Complete area ☐ Partial area ☐ Nonrequired partial area

Other (specify): NA

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric ☐ Multicriteria ☐ Aspirating ☐ Beam

Other (specify): NA

5.2.2 Duct Smoke Detectors ☐ This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: 4 Conventional: NA

Other (specify): NA

Type of coverage: Complete

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric ☐ Aspirating ☐ Beam

5.2.3 Radiant Energy (Flame) Detectors ☒ This system does not have radiant energy detectors.

Type and number of devices: Addressable: NA Conventional: NA

Other (specify): NA

Type of coverage: NA

5.2.4 Gas Detectors ☒ This system does not have gas detectors.

Type of detector(s): NA

Number of devices: Addressable: NA Conventional: NA

Type of coverage:

5.2.5 Heat Detectors ☐ This system does not have heat detectors.

Type and number of devices: Addressable: 2 Conventional: NA

Type of coverage: ☐ Complete area ☐ Partial area ☒ Nonrequired partial area ☐ Linear ☐ Spot

Type of heat detector sensing technology: ☐ Fixed temperature ☒ Rate-of-rise ☐ Rate compensated

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5. ALARM INITIATING DEVICES *(continued)*

5.2.6 Addressable Monitoring Modules ☒ This system does not have monitoring modules.

Number of devices: NA

5.2.7 Waterflow Alarm Devices ☒ This system does not have waterflow alarm devices.

Type and number of devices: Addressable: NA Conventional: NA Coded: NA Transmitter: NA

5.2.8 Alarm Verification ☒ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: NA Alarm verification set for: NA seconds

5.2.9 Presignal ☒ This system does not incorporate pre-signal.

Number of devices subject to presignal: NA

Describe presignal functions: NA

5.2.10 Positive Alarm Sequence (PAS) ☒ This system does not incorporate PAS.

Describe PAS: NA

5.2.11 Other Initiating Devices ☒ This system does not have other initiating devices.

Describe: NA

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices ☒ This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: NA Conventional: NA Coded: NA Transmitter: NA

Other (specify):

6.2 Fire Pump Description and Supervisory Devices ☒ This system does not have a fire pump.

Type fire pump: ☐ Electric pump ☐ Engine

Type and number of devices: Addressable: NA Conventional: NA Coded: NA Transmitter: NA

Other (specify): NA

6.2.1 Fire Pump Functions Supervised

☐ Power ☐ Running ☐ Phase reversal ☐ Selector switch not in auto ☐ Engine or control panel trouble ☐ Low fuel

Other (specify): NA

6.3 Duct Smoke Detectors (DSDs) ☒ This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: NA Conventional: NA

Other (specify): NA

Type of coverage:

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric ☐ Aspirating ☐ Beam

6.4 Other Supervisory Devices ☒ This system does not have other supervisory devices.

Describe: NA

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7. MONITORED SYSTEMS

7.1 Engine-Driven Generator ☒ This system does not have a generator.

7.1.1 Generator Functions Supervised

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

☒ Other (specify): NA

7.2 Special Hazard Suppression Systems ☒ This system does not monitor special hazard systems.

Description of special hazard system(s): NA

7.3 Other Monitoring Systems ☒ This system does not monitor other systems.

Description of special hazard system(s): NA

8. ANNUNCIATORS

☒ This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: NA

Location 2: NA

Location 3: NA

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System ☐ This system does not have an EVACS.

Number of single voice alarm channels: 2 Number of multiple voice alarm channels: NA

Number of speakers: 32 Number of speaker circuits: 4

Location of amplification and sound-processing equipment: Electric Room 101

Location of paging microphone stations:

Location 1: Electric Room 101

Location 2:

Location 3:

9.2 Nonvoice Notification Appliances ☐ This system does not have nonvoice notification appliances.

Horns: NA With visible: NA Bells: NA With visible: NA

Chimes: NA With visible: NA

Visible only: 39 Other (describe):

9.3 Notification Appliance Power Extender Panels ☒ This system does not have power extender panels.

Quantity: NA

Locations: NA

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10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS ☒ This system does not have an MNS.

10.1 MNS Local Operating Consoles

Location 1: NA

Location 2: NA

Location 3: NA

10.2 High-Power Speaker Arrays

Number of HPSA speaker initiation zones: NA

Location 1: NA

Location 2: NA

Location 3: NA

10.3 Mass Notification Devices

Combination fire alarm/MNS visible appliances: NA MNS-only visible appliances: NA

Textual signs: NA Other (describe): NA

Supervision class: NA

10.3.1 Special Hazard Notification

☒ This system does not have special suppression predischarge notification.

☒ MNS systems DO NOT override notification appliances required to provide special suppression predischarge notification.

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

11.1 Telephone System ☒ This system does not have a two-way telephone system.

Number of telephone jacks installed: NA Number of warden stations installed: NA

Number of telephone handsets stored on site: NA

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered

11.2 Two-Way Radio Communications Enhancement System

☒ This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: NA % General building areas: NA %

Amplification component locations: NA

Inbound signal strength: NA dBm Outbound signal strength: NA dBm

Donor antenna isolation is: NA dB above the signal booster gain

Radio frequencies covered: NA

Radio system monitor panel location: NA

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11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS *(continued)*

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

☒ This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: NA Location of central control point: NA

Days and hours when central control point is attended: NA

Location of alternate control point: NA

Days and hours when alternate control point is attended: NA

11.4 Elevator Emergency Communications Systems

☒ This system does not have an elevator emergency communications system.

Number of elevators with stations: NA Location of central control point: NA

Days and hours when central control point is attended: NA

Location of alternate control point: NA

Days and hours when alternate control point is attended: NA

11.5 Other Two-Way Communication Systems

Describe: NA

12. CONTROL FUNCTIONS

This system activates the following control fuctions:

☐ Hold-open door releasing devices ☐ Smoke management ☒ HVAC shutdown ☐ F/S dampers

☐ Door unlocking ☐ Elevator recall ☐ Fuel source shutdown ☐ Extinguishing agent release

☐ Elevator shunt trip ☐ Mass notification system override of fire alarm notification appliances

Other (specify): NA

12.1 Addressable Control Modules

☒ This system does not have control modules.

Number of devices: NA

Other (specify): NA

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 1.2

Overcurrent protection: Type: INLINE FUSE Amps: 20

Location (of primary supply panel board): Electric Room 101

Disconnecting means location:

13.1.2 Engine-Driven Generator

☒ This system does not have a generator.

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

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13. SYSTEM POWER *(continued)*

13.1.3 Uninterruptible Power System ☒ This system does not have a UPS.

Equipment powered by a UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

13.1.4 Batteries

Location: Within 4100ES Panel Type: Lead Acid Nominal voltage: 24 Amp/hour rating: 33

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

☒ Batteries are marked with date of manufacture ☐ Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

☐ This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel: 120 VAC EVACS or MNS panel amps: 1.2

Overcurrent protection: Type: INLINE FUSE Amps: 20

Location (of primary supply panel board): Electric Room 101

Disconnecting means location:

13.2.2 Engine-Driven Generator ☒ This system does not have a generator.

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

13.2.3 Uninterruptible Power System ☒ This system does not have a UPS.

Equipment powered by a UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

13.2.4 Batteries

Location: Within 4100ES Panel Type: Lead Acid Nominal voltage: 24 Amp/hour rating: 33

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

☒ Batteries are marked with date of manufacture ☐ Battery calculations are attached

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13. SYSTEM POWER *(continued)*

13.3 Notification Appliance Power Extender Panels ☒ This system does not have power extender panels.

13.3.1 Primary Power

Input voltage of power extender panel(s): NA Power extender panel amps: NA

Overcurrent protection: Type: NA Amps: NA

Location (of primary supply panel board):

Disconnecting means location:

13.3.2 Engine-Driven Generator ☒ This system does not have a generator.

Location of generator: NA

Location of fuel storage: NA Type of fuel: NA

13.3.3 Uninterruptible Power System ☒ This system does not have a UPS.

Equipment powered by a UPS system: NA

Location of UPS system: NA

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): NA In alarm mode (minutes): NA

13.3.4 Batteries

Location: NA Type: NA Nominal voltage: NA Amp/hour rating: NA

Calculated capacity of batteries to drive the system:

In standby mode (hours): NA In alarm mode (minutes): NA

☐ Batteries are marked with date of manufacture ☐ Battery calculations are attached

14. 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 confucting operational acceptance tests.

This is a: ☒ New system ☐ Modification to an existing system Permit number:

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

☒ *NFPA 72,* Edition: 2010

☒ *NFPA 70, National Electrical Code,* Article 760, Edition: 2010

☒ Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed: Eric S Printed name: Eric Steere Date: 2/10/2016

Organization: Simplex Grinnell Title: Ass. Tech. Rep. Phone: (843) 839-0800

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15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

☒ New system

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 for the following:

☐ Modifications to an existing system

All newly modified operational features and functions of the 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 the following:

☒ *NFPA 72,* Edition: 2010

☒ *NFPA 70, National Electrical Code,* Article 760, Edition: 2010

☒ Manufacturer's published instructions

Other (specify):

☐ Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed:	Eric Steere	Printed name:	Eric Steere	Date:	2/10/2016
Organization:	Simplex Grinnell	Title:	Ass. Tech. Rep.	Phone:	843-839-0800

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

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

Signed:		Printed name:	Josh Berry	Date:	2/10/2016
Organization:	Optimum Low Voltage LLC	Title:	Lead Installer	Phone:	252-342-8935

16.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed:	Eric	Printed name:	Eric Steere	Date:	2/10/2016
Organization:	Simplex Grinnell	Title:	Ass. Tech. Rep.	Phone:	843-839-0800

16.3 Supervising Station:

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

Signed:	Eric	Printed name:	Eric Steere	Date:	2/10/2016
Organization:	Simplex Grinnell	Title:	Ass. Tech. Rep..	Phone:	843-839-0800

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16. CERTIFICATIONS AND APPROVALS *(continued)*

16.4 Property or Owner Representative:

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

Signed: [illegible] Printed name: Gary Davis Date: 3/1/16
Organization: Georgetown Facility Service Title: Field Supervisor Phone: 843-545-3327

16.5 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, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed: [illegible] Printed name: Rob S. Stamper Date: 03-01-2016
Organization: Georgetown City Fire Title: Fire Marshal Phone: 843-545-4213

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SimplexGrinnell BE SAFE.

Task # 49334552 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☑ 3 Year ☐ 5 Year ☐

SR# 34339790

REPORT OF SPRINKLER INSPECTION

Date 2/10/2016

CUSTOMER	Georgetown County Airport	INSPECTOR NAME	Mike Perras
BUILDING / LOCATION	2 story bldg	SIMPLEXGRINNELL OFFICE	Simplex Grinnell 210
STREET	129 Airport Road		5935 Rivers Ave Suite 105
CITY / ST/PROV / ZIP/PC	Georgetown, SC 29442		North Charleston, SC 29406
ATTN:	Richard Westfall	PHONE #	Office (843) 747-5254
PHONE #	843 545-3638	LICENSE #	FSC 1587

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☑	☐
Date last checked: _____ (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☐	☑
Date last checked: Now due (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☐	☑
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 6/15/2008	☐	☐	☑
k. Alarm valves and associated trim been internally inspected past 5 years? Date Now due	☐	☐	☑
l. Check valves internally inspected in the last 5 years? Date Now due	☐	☐	☑
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	1	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

Riser room	
Backflow on riser	
ITV on riser	

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REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Main Drain	2"	55	32	3					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model Tyco 4" alm. Va.

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

	YES	NA	NO
e. Did alarm valves, water flow alarm devices and retards test satisfactorily? Quantity: 1	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 0 Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains:	☐	☑	☐
Locations 1) 2) 3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

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REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers and sprinkler wrench available on the premises?	✓		
(#, size, finish, temp, brand, of spare heads) 6 various types, temps			
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

Missing Reliable white concealled plates on 2nd floor conf. room closet and 2nd floor kitchen, and in 1st floor storage room near riser room, in hall outside of riser room, in men's restroom, and in kitchen on 1st floor.

5 year internal inspection now due. (2) water guages are outdated.

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

Simplex will provide a quote for these discrepencies.

12. ADJUSTMENTS OR CORRECTIONS MADE:

System tagged

All testing conforms to N.F.P.A. #25 standards

Tested 1 waterflow switch, 2 tamper switches, performed 1 main drain test, visually checked all sprinklers.

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

none

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.

YES	NO
✓	

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER _____ Date: _____

PRINT NAME

SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO: _____

STREET: _____

CITY, STATE AND ZIP: _____

ATTN: _____

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TERMS AND CONDITIONS

1. Limitation of Liability; Limitations of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. General. Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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Task # 33139916 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☑ 3 Year ☐ 5 Year ☐

SR# 47531379

REPORT OF SPRINKLER INSPECTION

Date 7/28/2015

CUSTOMER	Georgetown County Detention Center	INSPECTOR NAME	Mike Perras
BUILDING / LOCATION	2 story Jail	SIMPLEXGRINNELL OFFICE	Simplex Grinnell 210
STREET	2394 Browns Ferry Road		5935 Rivers Ave Suite 105
CITY / ST/PROV / ZIP/PC	Georgetown, SC 29440		North Charleston, SC 29406
ATTN:	Mark Goude	PHONE #	Office (843) 747-5254
PHONE #	843 545-3400	LICENSE #	FSC 1587

	YES	NA	NO
1. GENERAL (To be answered by Customer.)			
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☑	☐
Date last checked: _____ (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☐	☑
Date last checked: under contract (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☐	☑
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 7/15/2015	☑	☐	☐
k. Alarm valves and associated trim been internally inspected past 5 years? Date under contract	☐	☐	☑
l. Check valves internally inspected in the last 5 years? Date under contract	☐	☐	☑
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐
2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OS&Y	☑	☐	☐	☑	☑	☐	☐	☑		☐	☑
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL	7	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
SYSTEM	1	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

Main supply in sprinkler riser room	
Sprinkler valve room "A" 4 2 1/2" Control ass'y	
Sprinkler valve room "B" 3 2 1/2" Control ass'y	
ITV's in cell blocks A-H	

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REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Main drain	2"	60	52	5 sec					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 4" Star F alarm valve with 7 sectionals

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

	YES	NA	NO
e. Did alarm valves, water flow alarm devices and retards test satisfactorily? Quantity: 7	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 0 Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains:	☐	☑	☐
Locations 1) 2) 3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☐	☑
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

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REPORT OF SPRINKLER INSPECTION

	YES	NA	NO
9. SPRINKLERS - PIPING			
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers and sprinkler wrench available on the premises?	✓		
(#, size, finish, temp, brand, of spare heads) 4 various sprinklers			
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

5 year internal inspection to be scheduled.

The Water motor gong did not work and leaks from the bottom of the fill chamber.

Note: the tamper for system A has to be messed with to be reset.

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

Simplex previously provided a quote and is approved, waiting for contract.

12. ADJUSTMENTS OR CORRECTIONS MADE:

System tagged

Tested 8 tamper switches, 7 waterflow alarms, performed 1 main drain test. All alarms reported to panel.

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

None

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE. YES ✓ NO ☐

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER _____ Date: _____

PRINT NAME

SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO: _____

STREET: _____

CITY, STATE AND ZIP: _____

ATTN: _____

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TERMS AND CONDITIONS

1. Limitation of Liability; Limitations of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.
It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. General. Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other causa beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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Task # 46045265 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☑ 3 Year ☐ 5 Year ☐

SR# 32125058

REPORT OF SPRINKLER INSPECTION

Date 6/19/2015

CUSTOMER	Georgetown County Judicial Center	INSPECTOR NAME	Mike Perras
BUILDING / LOCATION	3 story courthouse w/ mech. Attic	SIMPLEXGRINNELL OFFICE	Simplex Grinnell 210
STREET	401 Cleland Street		5935 Rivers Ave Suite 105
CITY / ST/PROV / ZIP/PC	Georgetown, SC 29442		North Charleston, SC 29406
ATTN:	Donny Cummings	PHONE #	Office (843) 747-5254
PHONE #	843 833-9349	LICENSE #	FSC 1587

	YES	NA	NO
1. GENERAL (To be answered by Customer.)			
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☑	☐
Date last checked: _____ (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☑	☐
Date last checked: not 5 yrs old yet (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☐	☑
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 6/15/2011,6-15-08	☑	☐	☑
k. Alarm valves and associated trim been internally inspected past 5 years? Date >5 yr old bldg	☐	☑	☐
l. Check valves internally inspected in the last 5 years? Date >5 yr old bldg	☐	☑	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date >5 yr old bldg	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐
2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL	3	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
SYSTEM	1	Butterfly	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

Stairwell has 3 sectionals with 3 test and drains.	
Backflow on riser	
Riser room back by loading dock	

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REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
3rd floor T&D	2"	50	48	3 sec	1st flr main dr.	2"	55	45	3 sec
2nd floor T&D	1 1/4	52	46	3 sec					
1st floor T&D	1 1/4	51	47	3 sec					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 6" Victaulic alarm va. w/ 3 sectionals

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

	YES	NA	NO
e. Did alarm valves, water flow alarm devices and retards test satisfactorily? Quantity: 4	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 0 Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains:	☐	☑	☐
Locations 1) 2) 3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

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REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers and sprinkler wrench available on the premises?	✓		
(#, size, finish, temp, brand, of spare heads) 12 various types, temps.			
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

2 water guages outdated in riser room.

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

Simplex will provide a quote.

12. ADJUSTMENTS OR CORRECTIONS MADE:

System tagged

Tested 5 tamper switches, flowed 4 waterflows, performed main drain test, visually checked all accessible sprinklers.
All alarms reported to panel.
All testing conforms to N.F.P.A. #25 standards.

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

None

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.

YES	NO
✓	

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER _____ Date: _____

PRINT NAME

SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO: _____
STREET: _____
CITY, STATE AND ZIP: _____
ATTN: _____

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TERMS AND CONDITIONS

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4. Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

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6. General. Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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Task # 47537580 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☑ 3 Year ☐ 5 Year ☐

SR# 33147448

REPORT OF SPRINKLER INSPECTION

Date 8/28/2015

CUSTOMER	Georgetown at Litchfield Exchange	INSPECTOR NAME	Mike Perras
BUILDING / LOCATION	1 story mall	SIMPLEXGRINNELL OFFICE	Simplex Grinnell 210
STREET	14329 Ocean Hwy.		5935 Rivers Ave Suite 105
CITY / ST/PROV / ZIP/PC	Pawley's Island, SC 29585		North Charleston, SC 29406
ATTN:	Danny Cummings	PHONE #	Office (843) 747-5254
PHONE #	843 833-9349	LICENSE #	FSC 1587

	YES	NA	NO
1. GENERAL (To be answered by Customer.)			
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☑	☐
Date last checked: _____ (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☐	☑
Date last checked: No record (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☐	☑
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 6/15/1986	☐	☐	☑
k. Alarm valves and associated trim been internally inspected past 5 years? Date	☐	☑	☐
l. Check valves internally inspected in the last 5 years? Date No record	☐	☐	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☑	☐	☐
r. Have the sprinkler systems been extended to all areas of the building?	☑	☐	☐
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐
2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	1	OS&Y	☑	☐	☑	☐	☑	☐	☑	☐	Supervised	☑	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

Riser room middle of bldg.	
Itv in storage rm 502 clg.	
Backflow on riser	

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REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Main Drain	2"	80	62	6 sec					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 4" shotgun riser

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

	YES	NA	NO
e. Did alarm valves, water flow alarm devices and retards test satisfactorily? Quantity: 1	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 0 Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains:	☐	☑	☐
Locations 1) 2) 3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☑	☐	☐

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REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers and sprinkler wrench available on the premises? (#, size, finish, temp, brand, of spare heads) 12 various types (6 recalled)	✓		
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

2 pendant sprinklers less than 6' apart in lobby of Magistrate's office. 6' is the minimum.
Missing chrome semi-recessed Victaulic plate and seismic ring in corridor across from women's restroom in sherriff's office.
2 painted and approx 14 pendant sprinklers in main walkway between shops are less than 4" off the wall. 4" is the minimum.
Inverted chrome dome plate in space 9 in back on left. Must lower sprinkler down so plate can be put on correctly.
Guage is outdated, and a 5 year internal needs to be done on system. Required every 5 years.
The itv is between the wall and a beam in space 502, need to cut access in wall to get to this valve. The low drain in rm 504 is not piped to outside wall!

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

Simplex will provide a quote for the above discrepencies.

12. ADJUSTMENTS OR CORRECTIONS MADE:

System tagged

Tested 1 waterflow switch, 2 tamper switches, performed 1 main drain test, visually checked all sprinklers.
All alarms reported to panel.
All testing conforms to N.F.P.A. #25 standards.

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

None

Note: a lot of the spaces are undergoing renovation and will need to be inspected once work has been completed.

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.	YES	NO
		✓

If No, explain. Not on site. Will e-mail report

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER _____ Date: _____

PRINT NAME

SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO: _____
STREET: _____
CITY, STATE AND ZIP: _____
ATTN: _____

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TERMS AND CONDITIONS

1. Limitation of Liability; Limitations of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.
It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.
2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.
3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.
4. Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:
•"permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
•risk of infectious disease,
•need for air monitoring, respiratory protection, or other medical risk,
•asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.
All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.
5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.
6. General. Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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SimplexGrinnell Be Safe

Dry Pipe Valve Trip Test Report

Customer: Midway Fire Station #81 Task No. 48128929

Address/City/Zip: 67 Saint Paul Place Pawley's Island Service No.

Date Of Trip Test: 11-19-15 Inspector: Mike Perras Phone # 843 545-3612

Note: Before any dry pipe valve is trip tested, the water supply line to it should be THOROUGHLY FLUSHED. The two inch drain below the valve should be opened wide, and water at full pressure should be discharged long enough to clear the pipe of any accumulation of scale or foreign material. If there is a hydrant on the supply line, this hydrant should be FLUSHED before the two inch drain is opened. The DRIP VALVE on the dry pipe valve should be checked before tripping the dry pipe valve to see that it is in operating condition.

Dry Pipe Valves		System No. (1)	System No. ( )	System No. ( )	System No. ( )
Valve Serial No.					
Manufacturer (Name)		Gem			
Valve Model		F3061			
Valve Size		3 INCH	INCH	INCH	INCH
Controlling Sprinklers	(Location)	Building			
	(Number)	250 (Approx)	(Approx)	(Approx)	(Approx)
Date last trip tested?		11/19/2015			
Date last operated?		11/19/2015			
Pressure before test	Air	32 LBS	LBS	LBS	LBS
	Water	60 LBS	LBS	LBS	LBS
Size and location of test valve		1/2" mech rm.			
Was gate valve below dry valve open wide at test? How many turns		3			
Valve tripped at?	Air Pressure	9 LBS	LBS	LBS	LBS
	Water Press.	60 LBS	LBS	LBS	LBS
	Time	MIN 22 SEC	MIN SEC	MIN SEC	MIN SEC
If system flooded, list time water reached test opening		MIN SEC	MIN SEC	MIN SEC	MIN SEC
Performance		Good			
Valve condition	Interior of body	Good			
	Moving parts	Good			
	Rubber facing	Good			
	Seats	Good			
	Reset?	Yes			
Did alarms operate at trip test?		Yes			
All low point drains blown out?		Yes			
Water control valve left open and sealed?		Open			
Alarm control valve left open and sealed?		Open			
Quick Opening Devices		System No. ( )	System No. ( )	System No. ( )	System No. ( )
Device Serial Number					
Manufacturer (Name)					
Type and Model					
Air pressure in upper gauge		LBS	LBS	LBS	LBS
Device tripped at?		MIN SEC	MIN SEC	MIN SEC	MIN SEC
Performance					
Quick opening device left in service and control open and sealed?					

List any unsatisfactory conditions

Remarks

SimplexGrinnell BE SAFE.

Task # 48131326 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☑ 3 Year ☐ 5 Year ☐

SR# 33566348

REPORT OF SPRINKLER INSPECTION

Date 11/19/2015

CUSTOMER	Midway Fire Station #82	INSPECTOR NAME	Mike Perras
BUILDING / LOCATION	Fire house	SIMPLEXGRINNELL OFFICE	Simplex Grinnell 210
STREET	112 Beaumont Drive		5935 Rivers Ave Suite 105
CITY / ST/PROV / ZIP/PC	Pawley's Island, SC 29585		North Charleston, SC 29406
ATTN:	Todd Blomdahl	PHONE #	Office (843) 747-5254
PHONE #	843 545-3610	LICENSE #	FSC 1587

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☑	☐
Date last checked: _____ (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☐	☑
Date last checked: Now Due (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☐	☑
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 6/15/2009	☐	☐	☑
k. Alarm valves and associated trim been internally inspected past 5 years? Date	☐	☑	☐
l. Check valves internally inspected in the last 5 years? Date Now Due	☐	☐	☑
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☐	☐	☑
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	2	OS&Y	☑	☐	☐	☑	☑	☐	☐	☑		☐	☑
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	1	PIV	☑	☐	☑	☐	☑	☐	☑	☐	Locked	☐	☑
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

Backflow in pit	
Piv valve near pit	
ITV back in men's sleep qtr's.	

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REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
Main Drain	1 1/2"	60	48	4 sec					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 4" Viking F-1 easy check valve riser

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

	YES	NA	NO
e. Did alarm valves, water flow alarm devices and retards test satisfactorily? Quantity: 1	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 0 Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains:	☐	☑	☐
Locations 1) At riser 2)			
3) Near swimming pool 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☑	☐	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☐	☑	☐

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SimplexGrinnell BE SAFE.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?			✓
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers and sprinkler wrench available on the premises?	✓		
(#, size, finish, temp, brand, of spare heads) 7 various sprinklers			
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

5 year internal inspection still due, 2 water guages outdated. Must be calibrated or replaced every 5 years.
9 recalled sprinklers in the gym area and storage rooms. Some of the sprinklers are corroded badly !

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

Simplex will provide another quote to have the items fixed or replaced

12. ADJUSTMENTS OR CORRECTIONS MADE:

System tagged

Tested 1 waterflow switch, performed 1 main drain test. Visually checked all sprinklers.
The alarm reported to panel.
All testing conforms to N.F.P.A. #25 standards.

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

None

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.

YES	NO
✓	

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER PRINT NAME _____ Date: _____

SIMPLEXGRINNELL INSPECTOR SIGNATURE _____

DUPLICATE TO: _____
STREET: _____
CITY, STATE AND ZIP: _____
ATTN: _____

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TERMS AND CONDITIONS

1. Limitation of Liability; Limitations of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. Hazardous Materials. Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk,
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. Equipment Disconnections. This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in servica and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. General. Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

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Task # 48087028 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☑ 3 Year ☐ 5 Year ☐

SR# 33527430

REPORT OF SPRINKLER INSPECTION

Date 11/19/2015

CUSTOMER	Midway Fire Station #83	INSPECTOR NAME	Mike Perras
BUILDING / LOCATION	2 story firehouse	SIMPLEXGRINNELL OFFICE	Simplex Grinnell 210
STREET	56 Firehouse Drive		5935 Rivers Ave Suite 105
CITY / ST/PROV / ZIP/PC	Debrideau, SC		North Charleston, SC 29406
ATTN:	Todd Blomdahl	PHONE #	Office (843) 747-5254
PHONE #	843 545-3610	LICENSE #	FSC 1587

1. GENERAL (To be answered by Customer.)	YES	NA	NO
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	☐		☑
b. Have there been any changes or repairs to the fire protection systems since the last inspection?	☐	☐	☑
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	☐	☑	☐
If answered "yes" to a, b or c, list changes in Section 13.			
d. Has the piping in all dry systems been checked for proper pitch within the past five years?	☐	☑	☐
Date last checked: _____ (check recommended at least every 5 years)			
e. Has the piping in all systems been checked for obstructive materials?	☐	☑	☐
Date last checked: cpvc system (check required at least every 5 years)			
f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?	☐	☑	☐
g. Are gravity, surface or pressure tanks protected from freezing?	☐	☑	☐
h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)	☐	☐	☑
(Testing or replacement required for these types of sprinklers.)			
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?	☐	☐	☑
j. Have gauges been tested, calibrated or replaced in the last 5 years? Date 6/15/2009	☐	☐	☑
k. Alarm valves and associated trim been internally inspected past 5 years? Date	☐	☑	☐
l. Check valves internally inspected in the last 5 years? Date	☐	☑	☐
m. Has the private fire main been flow tested in last 5 years? Date	☐	☑	☐
n. Standpipe 5 year requirements.			
1. Dry standpipe hydrostatic test Date	☐	☑	☐
2. Flow test Date	☐	☑	☐
3. Hose hydrostatic test Date	☐	☑	☐
4. Pressure control valve test Date	☐	☑	☐
5. Pressure reducing valve test Date	☐	☑	☐
o. Have pressure reducing valves been tested at full flow within the past 5 years? Date	☐	☑	☐
q. Have master pressure reducing valves been tested at full flow within the past 1 year?	☐	☑	☐
r. Have the sprinkler systems been extended to all areas of the building?	☐	☐	☑
s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	☑	☐	☐
t. Are all exterior openings protected against the entrance of cold air?	☑	☐	☐

2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	☑	☐	☐
b. Are all control valves sealed or supervised in the open position?	☑		☐

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supvd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION	1	Ball	☑	☐	☐	☑	☑	☐	☐	☑	Not Secure	☐	☑
TANK			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
PUMP			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SECTIONAL			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
SYSTEM	1	Globe	☑	☐	☐	☑	☑	☐	☑	☐	Not Secure	☐	☐
ALARM LINE			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

Location of Control Valves:

On riser next to bathroom	
Backflow on riser	
itv on riser	

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REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: ☑ Gravity Tank: ☐

Pressure Fire Pump & Tank ☐
Pressure Fire Pump & City ☐
Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
1" Test&Drain	1"	98	20	5 sec					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

	YES	NA	NO
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	☐	☑	☐
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	☐	☑	☐
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date:	☐	☑	☐
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	☑	☐	☐
e. Are fire dept. connections visible and accessible?	☑	☐	☐

5. WET SYSTEMS

a. No. of systems: 1 Make & Model 1 1/2" shotgun riser

	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position?	☐	☑	☐
If closed, has piping been drained?	☐	☑	☐
c. Has the Customer been advised that cold weather valves are not recommended?	☐	☑	☐
d. Have all the antifreeze systems been tested? Date:	☐	☑	☐

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)		2)		3)	
4)		5)		6)	

	YES	NA	NO
e. Did alarm valves, water flow alarm devices and retards test satisfactorily? Quantity: 1	☑	☐	☐

6. DRY SYSTEMS

a. No. of systems: 0 Make & Model:

Date last trip tested: ☐ Partial ☐ Full

	YES	NA	NO
b. Are the air pressure and priming water levels normal?	☐	☑	☐
c. Did the air compressor operate satisfactorily?	☐	☑	☐
d. Air compressor oil checked? ☐ Belt? ☐			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains:	☐	☑	☐
Locations 1) 2) 3) 4)			
f. Did all quick opening devices operate satisfactorily? Make: Model:	☐	☑	☐
g. Did all the dry valves operate satisfactorily during this inspection?	☐	☑	☐
h. Is the dry valve house heated?	☐	☑	☐
i. Do dry valves appear to be protected from freezing?	☐	☑	☐

7. SPECIAL SYSTEMS

a. No. of systems: 0 Make & Model:

Type:

	YES	NA	NO
b. Were valves tested as required?	☐	☑	☐
c. Did all heat responsive systems operate satisfactorily?	☐	☑	☐
d. Did the supervisory features operate during testing?	☐	☑	☐
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	☐	☑	☐

Auxiliary equipment: No. Type:

Location

Test results

8. ALARMS

	YES	NA	NO
a. Did the water motors and gong operate during testing?	☐	☑	☐
b. Did the electric alarms operate during testing?	☑	☐	☐
c. Did the supervisory alarms operate during testing?	☐	☑	☐

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REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING	YES	NA	NO
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
c. Are extra sprinklers and sprinkler wrench available on the premises?	✓		
(#, size, finish, temp, brand, of spare heads) 3 155 qr pend. 1/2"			
d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?		✓	
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	
f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

Recalled Central sprinklers in the following loc's:1 upstairs in corridor, 1 downstairts in weight room, 2 in downstairs lounge.
1 water guage is outdated. Need to replace or calibrate every 5 years.

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

Simplex will provide a quote.

12. ADJUSTMENTS OR CORRECTIONS MADE:

System tagged
Tested 1 waterflow switch
Alarm reported to panel. Visually checked all sprinklers.
All testing conforms to N.F.P.A. #25 standards.

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

None

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.

YES	NO
✓	

If No, explain.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contract a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER _____ Date: _____

PRINT NAME

SIMPLEXGRINNELL INSPECTOR SIGNATURE

DUPLICATE TO: _____
STREET: _____
CITY, STATE AND ZIP: _____
ATTN: _____

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TERMS AND CONDITIONS

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- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- risk of infectious disease,
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- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

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VSC Fire & Security, Inc.
1306-A Enterprise Avenue
Myrtle Beach, South Carolina 29577
(843) 443-3260 Office
(843) 443-3261 FAX
www.vscfs.com

WRRC

2371

Annual Sprinkler System Inspection

Customer Address:	Site Address:
Waccamaw Regional Recreation Center	Waccamaw Regional Recreation Center
83 Duncan Road	83 Duncan Rd
Pawleys Island, SC 29585	Pawleys Island, SC 29585
Phone: 8435453202 Fax:	Phone: 843-545-3202 Fax:
Customer #: 028080W043	Site #: 8000729 Contact: David Cooper
Job Name: Waccamaw Regional Recreation Center	Inspection Date: 1/7/2015

Summary List of Fire Protection Systems

System	Total	System	Total
Dry System	0	Standpipe System	0
Wet System	0	Fire Pump	0
Deluge System	0	Hydrants	0
Preaction System	0	Water Tanks	0
Foam System	0		

Notifications Made Prior to Any Testing

	Yes/No	Who/Time		Yes/No	Who/Time
Monitoring agency	Yes	OPERATOR ****	Building Management	Yes	DAVID COOPER 8:30 AM
Building occupants	Yes	ALL	Other	No	

Notifications Made When Testing Complete

	Yes/No	Who/Time		Yes/No	Who/Time
Monitoring agency	Yes	OPERATOR ****	Building Management	Yes	DAVID COOPER
Building occupants	Yes	ALL	Other ****	No	

System restored to normal operation: 1/7/2015 9:48 AM

NFPA 25, 2008 edition code references in ( )
2013 Environment of Care; Elements of Performance for EC.02.03.05 in [ ];reference NFPA 25 1998 edition
****Indicates question was scheduled, but was not answered. ----Indicates question was not scheduled, & was therefore not answered

Wet Sprinkler System

Wet Sprinkler System Inspection

Sprinkler heads free of corrosion, foreign material, paint or damage, no signs of leakage & heads installed in proper orientation? (5.2.1.1.)	Yes
Minimum clearance maintained below all sprinklers? (5.2.1.2)	Yes
# replacement sprinkler heads per number installed in the head box comply: 6 per 1-300; 12 per 301 to 1,000; 24 per > 1,000? (5.4.1.5)	Yes
Sprinkler head wrench for each type head provided in head box? (5.4.1.6)	Yes
System piping free of mechanical damage, leaks, corrosion, misalignment, or other loads or pipe hung from system? (5.2.2)	Yes
Pipe hangers & seismic braces secure & undamaged? (5.2.3.1)	Yes
Adequate heat to maintain minimum building temperature of 40° F, & building free of conditions exposing pipe to freezing? (5.2.5)	Yes
All sprinklers in this building been manufactured after 1920? (5.3.1.1.1.1)	Yes
All sprinklers in building less than 50 years old or, if fast response, less than 20 years old, or if older, representative samples tested within the last 10 years? (5.3.1.1.1)	Yes
If dry sprinklers are installed in building, & have been in service for 10 years, have they been replaced or a representative sample tested? (5.3.1.1.1.5) Date tested, if applicable: ----	N/A

Other Components

Supervisory Summary

Item	Total	Tested	Fail	Item	Total	Tested	Fail
Air Pressure Switch - Supervisory	0	0	0	Water Motor Alarm	1	1	0
Waterflow Alarm Switch	1	1	0	Fire Department Connection	1	1	0
Tamper Switch - Supervisory	1	1	0				

Electric Bell

Area/Location	Electric bell operating properly and free of damage? (5.3.3.1)
	Yes

Fire Department Connection *[EP10]*

FDC visible & accessible, without damage & signs in place? (13.7.1)	Pass	Couplings & swivels free of damage & rotate smoothly? (13.7.1)	Pass
Caps, plugs & gaskets in place & free from damage? (13.7.1)	Pass	Check valve clapper free from leaks & automatic drain valve in place & operating properly? (13.7.1)	Pass
Internal inspection & maintenance of the check valve completed? (13.4.2.1)			Yes

Hydraulic Nameplate

Area/Location	Nameplate securely attached to sprinkler riser & is legible? (5.2.7)
	Yes

Obstruction Investigation

Date of last 5 year internal inspection.	Yes
Internal pipe exam - System free of evidence of foreign organic & inorganic material needing to be removed by checking flushing connection end of one main & removing one sprinkler near end of branch line? (14.2.1)	Yes

Supervisory Tamper Switch *[EP2]*

Area/Location	Switch passed a visual inspection? (13.3.3.5.1)	Switch pass operational test indicating movement from normal position? (13.3.3.5.2)

	Pass	Pass

Water Motor Alarm [EP2]

Area/Location	Water motor alarm free of damage? (5.2.6)	Water flow activate alarm when open test connection/bypass? (5.3.3)
	Yes	Yes

Waterflow Alarm Switch [EP2]

Area/Location	Flow switch free of damage with its electrical connections secure? (5.3.3)	Water flow activate alarm when open test connection/bypass? (5.3.3)
	Pass	Pass 42SEC.

Control Valve

Area	Item	Size	Acceptable Condition (13.3.2.2)	Normal Position (13.3.2.2)	Secured (13.3.2.2)	Exercised/ Lubricated (13.3.3.1)
	Control valves	4"	Yes	Yes	Yes	Yes

Additional Comments

SPRINKLER HEADS DIRECTLY OUTSIDE AND INSIDE THE RISER ROOM, HAVE TAPE AROUND THEM. NEEDS TO BE REMOVED.

Liability Release Statement:
The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

Customer: DAVID COOPER
1/7/2015

Inspection Technician: Kevin Blankenship
1/7/2015

tyco SimplexGrinnell

Safer. Smarter. Tyco.™

SUPPRESSION / INSPECTION

Task #	1967834	Date:	
SR #		NA In:	W J
Inspector:		NA Out:	

1578 Dividend Loop
Myrtle Beach, SC 29577
P 843-839-0800 F. 843-839-9231

SHIP TO: Georgetown County Detention Ctr. 2374 Browns Ferry Rd. Georgetown, SC

BILL TO: Bill

EXTINGUISHER INSPECTION / SERVICES				
QTY.	PART LB	DESCRIPTION	PRICE	AMOUNT
	EX2010	EX Annual Maintenance Fire Ext		$
	EX2011	EX Monthly Extinguisher Inspection		$
	EX2012	EX Annual Maintenance Cart Operated		$
	EX2014	EX Fire Hose Service/rerack		$
	EX2015	EX Minimum Service Charge		$
	EX2032	EX Wheeled Unit Annual Maint		$
EXTINGUISHER 6YR / RECHARGES				
	EX2060	EX Six Year Maintenance		$
	EX8025	EX Recharge 2.5 LB Dry Chemical		$
	EX8050	EX Recharge 5 LB Dry Chemical		$
	EX8010	EX Recharge 10 LB Dry Chemical		$
	EX8020	EX Recharge 20 LB Dry Chemical		$
	EX8150	EX Recharge 5 LB CO2		$
	EX8110	EX Recharge 10 LB CO2		$
	EX8115	EX Recharge 15 LB CO2		$
	EX8120	EX Recharge 20 LB CO2		$
	EX8000	EX Recharge CleanGuard / Halotron / Halon		$
	EX8030	EX Recharge K-Class		$
	EX8035	EX Recharge Pressurized Water		$
	EXBV20	EX Recharge Beverage Cylinder		$
EXTINGUISHER HYDROTEST				
	EX2080	EX Hydrotest CO2 (up To 20 LBs)		$
	EX2084	EX Hydrotest Stored Pressure Type		$
	EX2090	EX Hydrotest Fire Hose		$
	EX8000	EX Hydrotest CleanGuard / Halotron / Halon		$
	EX8070	EX Hydrotest K-Class		$
EXTINGUISHER SERVICE PARTS				
	EX2100	EX Conductivity Test And Label		$
	EX4001	EX Locking Pin		$
	EX4002	EX Verification Collar		$
	EX4005	EX Valve Stem		$
	EX4100	EX Valve Retainer Seal (O-Ring)		$
	EX4200	EX Gauge		$
	EX4412	EX CO2 Safety Relief Device		$
	EX5100	EX Sign - Fire Extinguisher		$
	EX5200	EX Hanger - Fire Extinguisher		$

NEW EXTINGUISHERS - RELIEVE TRUNK INVENTORY				
QTY.	PART LB	DESCRIPTION	PRICE	AMOUNT
	EX1025	NEW EXT 2.5 LB D/C		$
	EX1050	NEW EXT 5 LB D/C		$
	EX1010	NEW EXT 10 LB D/C		$
	EX1020	NEW EXT 20 LB D/C		$
	EX1150	NEW EXT 5 LB CO2		$
	EX1110	NEW EXT 10 LB CO2		$
	EX1115	NEW EXT 15 LB CO2		$
	EX1120	NEW EXT 20 LB CO2		$
	EX1250	NEW EXT 5 LB FE36 Clean Agent		$
	EX1210	NEW EXT 9 LB FE36 Clean Agent		$
	EX1214	NEW EXT 13 LB FE36 Clean Agent		$
	EX1213	NEW EXT 13 LB FE36 Non-Metallic		$
	EX1425	NEW EXT 2.5 GAL Pressurized Water		$
	EX1560	NEW EXT K-Class		$
SERVICED EXTINGUISHER - RELIEVE TRUNK INVENTORY				
	EX3025	Serviced EXT Dry Chemical 2.5 LB		N/C
	EX3050	Serviced EXT Dry Chemical 5 LB		N/C
	EX3010	Serviced EXT Dry Chemical 10 LB		N/C
	EX3020	Serviced EXT Dry Chemical 20 LB		N/C
	EX3021	Serviced EXT CO2 5 LB		N/C
	EX3110	Serviced EXT CO2 10 LB		N/C
	EX3115	Serviced EXT CO2 15 LB		N/C
	EX3120	Serviced EXT CO2 20 LB		N/C
	EX3060	Serviced EXT Recharge K-Class		N/C
	EX3200	Serviced EXT Recharge Pressurized Water		N/C
	EX3650	Serviced EXT FE36 5 Lb		N/C
	EX3609	Serviced EXT FE36 9 Lb		N/C
	EX3613	Serviced EXT FE36 13 Lb		N/C
EMERGENCY LIGHTING INSPECTION / SERVICE				
	EE6001	EE Emergency Light Inspection		$
	EE6002	EE Exit Light Inspection		$
	EE6007	EE Exit Sign AC only Inspection		$
	EE6201	EE A/C Bulb		$
	EE6202	EE D/C Bulb		$
	EE6004	EE Battery Disposal		$
KITCHEN HOOD INSPECTION / SERVICE				
1	KH7000	KH Kitchen Hood Inspection		$ NA
	KH7001	KH Additional Cylinder Inspection		$
1	KH7002	KH Adjust Link Line		$ 25 -
	KH7004	KH Replace Nozzle		$
	KH7005	KH Nozzle Cleaning		$
	KH7012	KH Replace Detection Line And Conduit		$
	KH7023	KH Hood 12 Year Hydrotest		$
8	KH7101	KH Fusible Link	16	$ 128 -
13	KH7103	KH Rubber Blow-off Cap	7 -	$ 91 -
	KH7104	KH Metal Blow Off Cap		$

ADDITIONAL SERVICES / LABOR / MATERIAL				
QTY.	PART LB	DESCRIPTION	PRICE	AMOUNT
				$
				$
				$
				$
				$
				$
				$
				$

COMMENTS

No Truck or Fuel CHG

TOTAL CHARGES

TOTAL SERVICES	$ 25 -
TOTAL MATERIAL	$ 221 -
EX2017 - HAZ MAT CHARGE	$
SUBTOTAL	$
TAX % ON TOTAL SALES	$
FUEL SURCHARGE	$
GRAND TOTAL	$

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Service Request. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

Acceptance of customer or customer's representative

Service Technician	Date	Time	Customer's Authorized Agent	PO #
Print Name: Bob Marrow	12/28/15	2:00 pm	X Print Name: Roberta Nelson	
Employee Number: 519782			X Sign Name: Roberta Nelson	

OFFICE COPY

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SG4530-PE-R4 (4/15)

NATIONAL ACCOUNT KITCHEN SYSTEM MAINTENANCE REPORT

tyco SimplexGrinnell

Safer. Smarter. Tyco.™

☐ INSTALLATION ☒ MAINTENANCE

RESTAURANT FIRE SUPPRESSION SYSTEM

1578 DIVIDEND LOOP
MYRTLE BEACH, SC 29577
P 843-939-0800 F 843-839-9231

INSTALLATION SIGN OFF (IF APPLICABLE)

SIGNATURE _____

DATE _____

Customer Name Georgetown Detention

Address 2374 Browns Ferry Rd.
Georgetown, SC

SYSTEM

Model, Size, Serial# Ansul R102 9gal SN-211765 # of cylinders including master 3

Is system UL300 Compliant? ☒ YES ☐ NO EXPLAIN _____

Number of link(s) and degree rating 8-360° 15'

Energy shut-off devices - type and size Mech gas

Other accessory equipment observed (microswitches, alarms, etc.) p/s

3 Cylinder(s) Hydrostatic Test Date 08'

COOKING/VENTILATING EQUIPMENT

Number of duct(s) and size, nozzles and type 3@ 18" x 12" 3 Duct

Hood size and plenum size, nozzles and type 3@ 9' x 20" 3 Plen

Cooking Appliances and size of cooking surfaces. (NOTE: List appliances from left to right and indicate nozzles used for each).

1. Griddle 3'x2' G 1-1N
2. 4 eye range 2'x2' G 1-2 45
3. Broiler Pan 33¼" x 27½" G2-3N
4. Griddle 3' x 26½" G 1-1N
5. Fryer 34½ x 24½ G 2-3N
6. _____
7. _____
8. _____

TO BE COMPLETED BY TECHNICIAN

The fire suppression system is in accordance with the manufacturer's instructions, NFPA Standard 96 and 17A (current issue), and all applicable state and local codes. Exceptions to the above codes that were observed are noted below:

Exceptions: Need to Replace 1 Filter

Please note that the exhaust system must be cleaned in accordance with NFPA Standard 96 and is not the responsibility of SimplexGrinnell unless otherwise stated on this form.

TECHNICIAN NAME Bob

SIGNATURE [signature]

DATE 12/28/15

TO BE COMPLETED BY CUSTOMER

☒ YES ☐ NO

I have received a copy of this maintenance report and I understand it.

☒ YES ☐ NO

I understand that it is a requirement of the National Fire Protection Association Standard 96 and 17A that the fire suppression system be maintained semi annually to ensure continued efficiency and reliability and that failure to do so may result in failure of the system to operate properly.

CUSTOMER NAME AND TITLE _____

SIGNATURE X Roberta Nelson

DATE 12/28/15

☒ Compliant ☐ Non-Compliant

SG0781 (3/13)

tyco SimplexGrinnell

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SUPPRESSION / INSPECTION

TASK #	46791527 KHP
SR #	
INSPECTOR:	
DATE:	
NA IN/OUT:	

TYPE	TTL QTY.	Due Out 12 mons	Due Out 24 mons
Dry Chemical			
CO2			
K-Class			
Clean Agent			
PW			

1578 Dividend Loop
Myrtle Beach, SC 29577
P 843-839-0800 F. 843-839-9231

SHIP TO: GT County Detention 2574 Browns Ferry Georgetown, SC

BILL TO:

331-

INSPECTION/SERVICES

QTY.	PART #	DESCRIPTION	LB	PRICE	AMOUNT
	EX2015	EX Minimum Service Charge			
	EX2010	EX Annual Maintenance Fire Ext			
	EX2011	EX Monthly Extinguisher Inspection			
	EX2012	EX Annual Maintenance Cart Operated			
	EX2014	EX Fire Hose Service/Rerack			
	EX2032	EX Wheeled Unit Annual Maint			
	EX3900	EX Fire Extinguisher Demostration Class			
SERVICED EXTINGUISHERS					
	EX3025	Serviced EXT Dry Chemical 2½ Lb			
	EX3050	Serviced EXT Dry Chemical 5 Lb			
	EX3010	Serviced EXT Dry Chemical 10 Lb			
	EX3020	Serviced EXT Dry Chemical 20 Lb			
	EX3021	Serviced EXT Co2 5 Lb			
	EX3110	Serviced EXT Co2 10 Lb			
	EX3115	Serviced EXT Co2 15 Lb			
	EX3120	Serviced EXT Co2 20 Lb			
	EX3060	EX Recharge K Class			
	EX3200	EX Recharge Pressurized Water			
SHOP SERVICES					
	EX3800	SCBA/Air-Packs/Scuba			
	EX2100	EX Conductivity Test And Label			
	EX2084	EX Hydrotest Stored Pressure Type			
	EX2080	EX Hydrotest Co2 (up To 20 Lbs)			
	EX2089	EX Hydrotest Water Type			
	EX2088	EX Hydrotest Dive Tank / Air Pack			
	EX2090	EX Hydrotest Fire Hose			
	EX3449	EX Recharge Fe36 Agent _____lb			
	EX3450	EX Recharge Halotron Agent _____lb			
	EX3550	EX Recharge Halon Agent _____lb			
	EX2060	EX 6 Yr Maint Stored Pressure Type			
	EX4002	EX Verification Collar			
	EX5101	EX Fire Extinguisher Sign-adhesive			
	EX5102	EX Fire Entinguisher Sign - Standout			
	EX5200	EX Fire Extinguisher Hanger			
OTHER MATERIALS					
	EX4005	EX Valve Stem			
	EX4100	EX Valve Retainer Seal (o-ring)			
	EX4001	EX Locking Pin			
	EX4200	EX Gauge			
	EX4412	EX CO2 Safety Relief Device			
	EX4300	EX Band Assembly (Dry Chem)			

EMERGENCY LIGHTING INSPECTION/SERVICE

QTY.	PART #	DESCRIPTION	LB	PRICE	AMOUNT
	EE6001	EE Annual Inspect emergency light			
	EE6002	EE Annual Inspect exit light			
	EE6007	EE Exit Sign AC only inspect			
	EE6201	EE A/C Bulb			
	EE6202	EE D/C Bulb			
		EE Environmental disposal fee			
NEW EXTINGUISHERS					
	EX1025	NEW EXT 2½ LB. D/C			
	EX1050	NEW EXT 5 LB. D/C			
	EX1010	NEW EXT 10 LB. D/C			
	EX1020	NEW EXT 20 LB. D/C			
	EX1150	NEW EXT 5 LB. Co2			
	EX1110	NEW EXT 10 LB. Co2			
	EX1115	NEW EXT 15 LB. Co2			
	EX1120	NEW EXT 20 LB. Co2			
	EX1250	NEW EXT 5 LB. FE36 Clean Agent			
	EX1210	NEW EXT 10 LB. FE36 Clean Agent			
	EX1214	NEW EXT 13 LB. FE36 Clean Agent			
	EX1425	NEW EXT 2½ GAL. Pressurized Water			
	EX1560	NEW EXT K Class			
KITCHEN/SUPPRESSION SYSTEM LABOR AND MATERIAL					
1	KH7000	KH Kitchen Hood Inspection		85	FMA
	KH7001	KH Additional Cylinder Inspection			
	KH7004	KH Replace Nozzle			
	KH7005	KH Nozzle Cleaning			
	KH7023	KH 12 Year Hydrotest System Cylinder			
1	KH7002	KH Link Line Adjustment			25
	KH7012	KH Replace Detection Line and Conduit			
8	KH7101	KH Fusible Link		16	128
13	KH7103	KH Blow-off Cap, rubber		7	91
	KH7104	KH Blow off Cap, metal			
	KH7110	KH Remote Pull Guard			
	KH7102	KH Break Rod			
2		Tamper Seals			2
		Total Service Dollars		110	
		Total Material Dollars		221	

ADDITIONAL SERVICES

COMMENTS: Portable fire extinguishers were maintained in accordance with NFPA 10, state, and local standards on the date listed above.

HAZ MAT CHARGE	—
NEW EXTINGUISHERS	
TOTAL EMERGENCY LIGHTING	
TOTAL KITCHEN / SUPPRESSION	246
TOTAL EXTINGUISHERS & ADDITIONAL	
TAX	
Fuel Surcharge	
GRAND TOTAL	

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between in parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Service Request. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

Acceptance of customer or customer's representative

Service Technician	Date	Time	Customer's Authorized Agent	PO #
[signature]	5/21/15	230p	Lt Shirley Anderson	

OFFICE COPY Lt. Shirley Anderson

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SG4530-PE-R3 (1

NATIONAL ACCOUNT KITCHEN SYSTEM MAINTENANCE REPORT

tyco SimplexGrinnell

Safer. Smarter. Tyco.™

☐ INSTALLATION ☒ MAINTENANCE

RESTAURANT FIRE SUPPRESSION SYSTEM

INSTALLATION SIGN OFF (IF APPLICABLE)

SIGNATURE _____

DATE _____

1578 DIVIDEND LOOP
MYRTLE BEACH, SC 29577
P 843-939-0800 F 843-839-9231

Customer Name: Georgetown Detention

Address: 2374 Browns ferry Rd.
Georgetown, SC

SYSTEM

Model, Size, Serial#: Ansul R102 Gal SN 211765 # of cylinders including master: 3

Is system UL300 Compliant? ☒ YES ☐ NO EXPLAIN

Number of link(s) and degree rating: E - 360° 15'

Energy shut-off devices - type and size: Mech gas

Other accessory equipment observed (microswitches, alarms, etc.): 3 pls

Cylinder(s) Hydrostatic Test Date: 08'

COOKING/VENTILATING EQUIPMENT

Number of duct(s) and size, nozzles and type: 3@ 18" x 12" 3 Duct

Hood size and plenum size, nozzles and type: 3@ 9' x 20" 3 flow

Cooking Appliances and size of cooking surfaces. (NOTE: List appliances from left to right and indicate nozzles used for each).

1. Griddle 3x2 G 1-1N
2. Gas range 2'x2' G 1-3US
3. Crown fryer 33½" x 27½" G2-3N
4. Griddle 3' x 26½" G 1-1N
5. Fryer 34½ x 24½ G 2-3N
6.
7.
8.

TO BE COMPLETED BY TECHNICIAN

The fire suppression system is in accordance with the manufacturer's instructions, NFPA Standard 96 and 17A (current issue), and all applicable state and local codes. Exceptions to the above codes that were observed are noted below:

Exceptions: _____

Please note that the exhaust system must be cleaned in accordance with NFPA Standard 96 and is not the responsibility of SimplexGrinnell unless otherwise stated on this form.

TECHNICIAN NAME: Bob

SIGNATURE: [signature]

DATE: 5/21/15

TO BE COMPLETED BY CUSTOMER

☒ YES ☐ NO

I have received a copy of this maintenance report and I understand it.

☒ YES ☐ NO

I understand that it is a requirement of the National Fire Protection Association Standard 96 and 17A that the fire suppression system be maintained semi annually to ensure continued efficiency and reliability and that failure to do so may result in failure of the system to operate properly.

CUSTOMER NAME AND TITLE _____

SIGNATURE: [signature]

DATE: 5/21/15

☒ Compliant ☐ Non-Compliant

SG0781 (3/13)

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727
Fax (Pawleys Island) (843) 237-1515
Fax (Georgetown) (843) 527 3004

Customer Service (843) 546-8406
Customer Service Fax (843) 546-5836

P.O. Box 2730
Pawleys Island, SC 29585

P.O. Box 2748
Georgetown, SC 29442

www.gcwsd.com

PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 2-10-16

Account Name/Business Name: GEORGETOWN COUNTY AIRPORT

Account Address: 129 AIRPORT ROAD

Account Number: _____ Meter Number: _____

Device Name: CLOW DUA Model Number: 200 A

Serial Number: GC-0639 Size: 6"

Device Location: IN MAIN ROOM

Tested by (PRINT): MIKE PERRIS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked ____ Closed Tight ✓		(Mark One) Leaked ____ Closed Tight ✓		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed Tight ____	(Mark One) Leaked ____ Closed Tight ✓
	Diff Press	2.2	Diff Press	2.5			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked ____ Closed Tight ____		(Mark One) Leaked ____ Closed Tight ____		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed Tight ____	(Mark One Leaked ____ Closed Tight ____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843 839 0800

Category: ✓ General ____ Limited ____ Inspector Tester

Method of Testing: DIFF. PRESSURE Test Kit Used: BACKST 845

Comments: PASSED

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727
Fax (Pawleys Island) (843) 237-1515
Fax (Georgetown) (843) 527 3004
P.O. Box 2730
Pawleys Island, SC 29585

Customer Service (843) 546-8408
Customer Service Fax (843) 546-5836
P.O. Box 2748
Georgetown, SC 29442

www.gcwsd.com

PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-8-14

Account Name/Business Name: GEORGETOWN COUNTY DETENTION CENTER

Account Address: 2394 BROWNS FERRY ROAD

Account Number: _____ Meter Number: _____

Device Name: WATTS Model Number: 709

Serial Number: 170873 Size: 4"

Device Location: IN PIT IN FRONT OF PROPERTY

Tested by (PRINT): MIKE PERRIS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked ____ Closed ____ Tight ✓		(Mark One) Leaked ____ Closed ____ Tight ✓		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed ____ Tight ____	(Mark One) Leaked ____ Closed ____ Tight ✓
	Diff Press	1-6	Diff Press	1-7			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked ____ Closed ____ Tight ____		(Mark One) Leaked ____ Closed ____ Tight ____		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed ____ Tight ____	(Mark One Leaked ____ Closed ____ Tight ____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843 839-0800

Category: ✓ General ____ Limited ____ Inspector Tester

Method of Testing: DIFF PRESSURE Test Kit Used: WATTS 885

Comments: -PASSED-

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727
Fax (Pawleys Island) (843) 237-1515
Fax (Georgetown) (843) 527 3004

Customer Service (843) 546-8408
Customer Service Fax (843) 546-5836

P.O. Box 2730
Pawleys Island, SC 29585

P.O. Box 2748
Georgetown, SC 29442

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PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-8-14

Account Name/Business Name: GEORGETOWN COUNTY DETENTION CENTER

Account Address: 2394 BROWNS FERRY ROAD

Account Number: _____ Meter Number: _____

Device Name: WATTS Model Number: 709

Serial Number: 323469 Size: 8"

Device Location: INLET OUT BY STREET

Tested by (PRINT): MIKE PERRAS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight ✓		(Mark One) Leaked _____ Closed Tight ✓		Opened at — lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight ✓
	Diff Press	2.2	Diff Press	2.4			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One Leaked _____ Closed Tight _____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 1622424

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843-839-0800

Category: ✓ General _____ Limited _____ Inspector Tester

Method of Testing: DIFF. PRESSURE Test Kit Used: WILKINS 845

Comments: PASSED

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727
Fax (Pawleys Island) (843) 237-1515
Fax (Georgetown) (843) 527 3004

Customer Service (843) 546-8408
Customer Service Fax (843) 546-5836

P.O. Box 2730
Pawleys Island, SC 29585

P.O. Box 2748
Georgetown, SC 29442

www.gcwsd.com

PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-8-14

Account Name/Business Name: GEORGETOWN COUNTY DETENTION CENTER

Account Address: 2394 BROWNLEE FERRY ROAD

Account Number: _____ Meter Number: _____

Device Name: WATTS RP Model Number: 909

Serial Number: 183571 Size: 4"

Device Location: INT MECHANICAL ROOM

Tested by (PRINT): MIKE PERRAS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight ✓		(Mark One) Leaked _____ Closed Tight ✓		Opened at 1-6 lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight ✓
	Diff Press	8-2	Diff Press	6-4			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One Leaked _____ Closed Tight _____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SUNBELT GRINNELL Company Telephone Number: 843 839-0800

Category: ✓ General _____ Limited _____ Inspector Tester

Method of Testing: DIFF. PRESSURE Test Kit Used: MIDWEST 845

Comments: PASSED

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727
Fax (Pawleys Island) (843) 237-1515
Fax (Georgetown) (843) 527 3004

Customer Service (843) 546-8408
Customer Service Fax (843) 546-5836

P.O. Box 2730
Pawleys Island, SC 29585

P.O. Box 2748
Georgetown, SC 29442

www.gcwsd.com

PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-19-15

Account Name/Business Name: GEORGETOWN COUNTY JUDICIAL CENTER

Account Address: 401 CLELAND ST.

Account Number: _____ Meter Number: _____

Device Name: WATTS RP Model Number: 009

Serial Number: 29716 Size: 3"

Device Location: IN RISER ROOM

Tested by (PRINT): MIKE PENNAS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked ____ Closed ____ Tight ✓		(Mark One) Leaked ____ Closed ____ Tight ✓		Opened at 2-1 lbs. Differential Pressure	(Mark One) Leaked ____ Closed ____ Tight ____	(Mark One) Leaked ____ Closed ____ Tight ✓
	Diff Press	8.6	Diff Press	3.1			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked ____ Closed ____ Tight ____		(Mark One) Leaked ____ Closed ____ Tight ____		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed ____ Tight ____	(Mark One Leaked ____ Closed ____ Tight ____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843.839-0800

Category: ✓ General ____ Limited ____ Inspector Tester

Method of Testing: DIFF PRESSURE Test Kit Used: MARST 895

Comments: -PASSED-

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

Administration (843) 237-9727
Fax (Pawleys Island) (843) 237-1515
Fax (Georgetown) (843) 527-3004
P.O. Box 2730
Pawleys Island, SC 29585

Customer Service (843) 546-8408
Customer Service Fax (843) 546-5836
P.O. Box 2748
Georgetown, SC 29442

www.gcwsd.com

PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-19-15

Account Name/Business Name: GEORGETOWN COUNTY JUDICIAL CENTER

Account Address: 401 CLELAND ST.

Account Number: _____ Meter Number: _____

Device Name: AMES DCVA Model Number: 2000BM3

Serial Number: 12878 Size: 3/4"

Device Location: IN MECH ROOM

Tested by (PRINT): MIKE PENNAS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight ✓		(Mark One) Leaked _____ Closed Tight ✓		Opened at — lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight ✓
	Diff Press	2.6	Diff Press	2.9			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One Leaked _____ Closed Tight _____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843.839-0800

Category: ✓ General _____ Limited _____ Inspector Tester

Method of Testing: DIFF PRESSURE Test Kit Used: MARST 895

Comments: -PASSED-

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PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-19-15

Account Name/Business Name: GEORGETOWN COUNTY JUDICIAL CENTER

Account Address: 401 CLELAND ST.

Account Number: _____ Meter Number: _____

Device Name: COLT DCVA Model Number: 300

Serial Number: 1C-1889 Size: 6"

Device Location: IN RISER ROOM

Tested by (PRINT): MIKE PENNAS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked ____ Closed Tight ✓		(Mark One) Leaked ____ Closed Tight ✓		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed Tight ____	(Mark One) Leaked ____ Closed Tight ✓
	Diff Press	4.0	Diff Press	3.9			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked ____ Closed Tight ____		(Mark One) Leaked ____ Closed Tight ____		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed Tight ____	(Mark One Leaked ____ Closed Tight ____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843.839-0800

Category: ✓ General ____ Limited ____ Inspector Tester

Method of Testing: DIFF PRESSURE Test Kit Used: MARSH 895

Comments: -PASSED-

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PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 6-19-15

Account Name/Business Name: GEORGETOWN COUNTY JUDICIAL CENTER

Account Address: 401 CLELAND ST.

Account Number: _____ Meter Number: _____

Device Name: WILKINS RCVA Model Number: 350 XLT

Serial Number: 2937277 Size: 1½

Device Location: 1M BACK BY GATE FOR LOADING DOCK IN GARAGE VAULT

Tested by (PRINT): MIKE PERRAS

	Check No. 1		Check No. 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked ____ Closed ____ Tight ✓		(Mark One) Leaked ____ Closed ____ Tight ✓		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed ____ Tight ____	(Mark One) Leaked ____ Closed ____ Tight ✓
	Diff Press	4-0	Diff Press	2-7			
Repairs and New Materials							
Test After Repairs	(Mark One) Leaked ____ Closed ____ Tight ____		(Mark One) Leaked ____ Closed ____ Tight ____		Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed ____ Tight ____	(Mark One Leaked ____ Closed ____ Tight ____
	Diff Press		Diff Press				

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 126224214

Company Name: SIMPLEX GRINNELL Company Telephone Number: 843 839-0800

Category: ✓ General ____ Limited ____ Inspector Tester

Method of Testing: DIFF PRESSURE Test Kit Used: MARST 895

Comments: -PASSED-

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PARTNERSHIP FOR SAFE WATER

BACKFLOW DEVICE TEST REPORT FORM

Date: 8-28-15

Account Name/Business Name: GEORGETOWN COUNTY COLLECTIVE EXCHANGE

Account Address: 14329 OCEAN HWY

Account Number: _____ Meter Number: _____

Device Name: FEBCO DCVA Model Number: 805Y

Serial Number: C 7556 Size: 4"

Device Location: IN RISER ROOM

Tested by (PRINT): MIKE PERRY

	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked ____ Closed Tight ✓	(Mark One) Leaked ✓ Closed Tight ____	Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed Tight ____	(Mark One) Leaked ____ Closed Tight ✓
	Diff Press	Diff Press 0			
Repairs and New Materials					
Test After Repairs	(Mark One) Leaked ____ Closed Tight ____	(Mark One) Leaked ____ Closed Tight ____	Opened at ____ lbs. Differential Pressure	(Mark One) Leaked ____ Closed Tight ____	(Mark One) Leaked ____ Closed Tight ____
	Diff Press	Diff Press			

Above data certified to be correct.

Tester Signature: [signature] Certification Number: 12622219

Company Name: SUNBELT GRINNELL Company Telephone Number: 843 889-0900

Category: ✓ General ____ Limited ____ Inspector Tester

Method of Testing: DIFF PRESSURE Test Kit Used: MARSH 845

Comments: #2 CK VA. FAILED