

INSPECTION AND TESTING FORM

DATE: January 25, 2020

TIME: 7:00am - 3:00 pm

SERVICE ORGANIZATION

Name: Ross Service Company INC

Address: 6118 Larios Way San Jose, CA 95123

Representative: Mike Reed

License No.: NICET # 113662

Telephone: 408-234-2592

PROPERTY NAME (USER)

Name: Contra Costa College

Address: 26000 Mission Boulevard

Owner Contact: Bruce King

Telephone: _____

MONITORING ENTITY

Contact: Contra Costa College

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) _____

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Control Unit Manufacturer: Siemens Pyrotronics

Model No.: MXL, XLS

Circuit Styles: Style Y Class B

Number of Circuits: 5 nodes

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>see attachment</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity
see attachment

Circuit Style

Bells
Horns
Chimes
Strobes
Speakers
Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity

N/A

Circuit Style

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Running
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Fire Pump Running
Generator In Auto Position
Generator or Controller Trouble
Switch Transfer
Generator Engine Running
Other: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity 5 nodes w/ up to 4 loops Style(s) Y

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120 vac, Amps 20 amps
Overcurrent Protection: Type circuit breaker, Amps 20 amps
Location (of Primary Supply Panelboard): adjacent to FACP
Disconnecting Means Location: at adjacent panel

b. Secondary (Standby):
2 - 12 volt batteries in series Storage Battery: Amp-Hr. Rating 55 amp/hr
Calculated capacity to operate system, in hours: X 24 60
N/A Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: N/A

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	none to notify	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (Notified) of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Eq.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		see attachment provided
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

	Visible	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Voice Clarity		<input type="checkbox"/>	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: see attachment provided

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) Firelite relays trip Siemen's _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) monitors for alarm _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: see attachment provided

System restored to normal operation: Date: 01/25/2020 Time: 3:00pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Mike Reed Date: 01/25/2020 Time: 3:00 pm

Signature: _____

Name of Owner or Representative: Bruce King

Date: 01/25/20 Time: 7-3 PM

Signature: _____

Contra Costa Fire Alarm System
 Devices checked with comments
 January 25, 2020

-02BUILDING SECTION:	TYPE OF DEVICE TESTED:	LOCATION OF DEVICE TESTED:	DEVICE ADDRESS -- IF APPLICABLE	
AA:	Pull station	1 st flr – south	2-018	7:43 am
(18 amp battery: 8/18)	Smoke detector	1 st flr – south	1-019	
(7 amp battery: 8/18)	Smoke detector	1 st flr – ctr corr	1-014	
	Smoke detector	1 st flr – East corr	1-010	
	Smoke detector	1 st flr – Nor corr	1-029	
	Pull Station	1 st flr - Nor exit	1-031	
	Smoke detector	2 nd flr – NW corr	2-019	
	Smoke detector	2 nd flr - Nor corr	4-005	
	Pull station	2 nd flr – east	3-27	
	Smoke detector	2 nd flr – ctr corr	2-016	
	Smoke detector	2 nd flr - So corr	3-023	
LA / HEALTH	DEMO			Not accessible
	Not occupied			
BIO. SCIENCE	Pull station	West corr	Conventional	8:35 am
(7 amp battery: 5/15)				
	Pull station	East corr	conventional	
PHY. SCIENCE	Pull station	West corr	Conventional	8:15 am
(7 amp battery: 5/15)	Pull station	Center corr	Conventional	
	Pull station	East corr	Conventional	
MUSIC CENTER				8:45 am
(100 amp battery: 7/12)	Smoke detector	NW corr	1-011	
(7 amp battery: 7/12)	Smoke detector	North corr	1-028	
	Pull station	West exit	1-058	
	Smoke detector	Piano room 112	1-043	
	Smoke detector	Clstrm 110	1-041	
	Smoke detector	Instru perf rm	1-102	

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LIBRARY:	Pull Station	Computer lab	1-03	11:40 am
(18 amp battery: 12/18)	Pull station	South exit	1-21	
(7 amp battery: 12/18)	Pull station	1 st flr west exit	1-08	
(7 amp battery: 12/18)	Pull station	upstairs	1-42	
ARTS / CRAFTS:	Pull station	East exit	Conventional	9:00 am
(battery: 4/19)	Pull station	So exit	Conventional	
CHILD CARE:	Smoke detector	North exit	1-03	9:20 am
(battery: 12/19)				
	Smoke detector	FACP corr	1-10	
	Smoke detector	Observation rm	1-35	
	Pull Station	East exit	1-11	
	Smoke detector	So clsrm	1-22	
	Pull Station	So clsrm	1-10	
	Smoke detector	ELS room	1-17	
STUDENT SERVICES:				10:05 am
(100 amp battery: 12/18)				
(7 amp battery: 12/18)	Pull station	west exit	1-39	
	Smoke detector	North exit	1-03	
	Smoke detector	o.s restrooms	1-18	
	Smoke detector	Near FACP	1-01	
	Smoke detector	West exit	1-37	
CTC / AUTO:	Pull station	Main exit	1-03	9:50 am
(100 amp battery: 12/18)	Smoke detector	NE wing exit	1-28	
(7 amp battery: 12/18)	Smoke detector	Men's RR	1-30	
	Smoke detector	NE corr.	1-09	
	Smoke detector	South corr.	1-05	
	Pull station	Auto shop east	2-09	

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PAC – THEATER:	Pull station	South main exit		12:30 pm
(35 amp battery: 4/16)	Pull station	Classrm lobby		
7 amp battery 10/19	Pull station	North bkstg exit		
	Pull station	North hall		
	Pull Station	SE exit		
	Pull Station	Aud exit		
WOMEN'S LCKR RM:				Part of Gym Annex Construction
MEN'S LCKR RM:				Part of Gym Annex Construction
GYM ANNEX:				Part of Gym Annex Construction
(20 amp battery: 11/18)				
CONCESSION FIELD (18 amp battery: 6/16)	Pull station	FACP	02	Part of Gym Annex Construction
MAINTENANCE: (battery: 2/14)	Pull station	Near roll-up door		Needs to be move Into office
General Education (battery: 2/16)				10:30 am
	Smoke detector	1 st flr So doors	2-84	
	Pull Station	2 nd flr East exit	2-38	
	Smoke detector	2 nd flr East doors	2-87	
	Smoke detector	3 rd flr East lobby	2-92	
	Pull Station	3 rd flr East lobby	2-47	
SA Building: (battery 2/16)				11:15 am
	Pull station	1 st flr -ctr East exit	1-41	
	Pull station	1 st flr -NW exit	1-46	
	Pull station	2 nd flr – NW stairs	1-51	
	Pull station	2 nd flr - lobby	1-50	
	Pull station	1 st flr - lobby	1-13	
	Pull station	1 st flr - dining	1-14	