10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 · Fax: (214) 988-2931

### **ANNUAL INSPECTION SUMMARY OF CONCERNS**

Date:	September 17, 2021	Work Order:	38597	
Property Name:	AQUATIC CENTER		Ŧ	
Address:	2400 LONG RD,			
_	<b>DENTON, TX 76207</b>			

These comments of concern have been excerpted from the T&I report for immediate review. We recommend that these issues be addressed as soon as possible. (if the page area is blank, there were no issues to address)

### FIRE ALARM :

### (YELLOW TAGGED)

1) BROKEN PULLSTATION WILL NOT STAY IN PULLED POSITION 2.HEAT DETECTOR IN POOL EQUIPMENT ROOM (CONVENTIONAL) M20 CORRODED TERMINALS AND HEAD IS DAMAGES NEED TO REPLACE.

### **FIRE SPRINKLER :**

### (YELLOW TAGGED)

1).THERE IS A TAPE HEAD INSIDE THE ELECTRICAL ROOM SOUTH END

2).SSP 1/2" 165F CHROME LOCKER ROOM THERE ARE (2) BENT DEFLECTORS INISDE THE MEN'S RESTROOM

3).THERE IS A TAPE HEAD INSIDE THE POOL STORAGE ROOM SOUTH END

4). 5 YEAR INTERNAL DUE

5). 2 WATER GAUGES DUE FOR REPLACEMENT

6). NO SPARE UPRIGHT HEADS IN SPARE BOX

7). CORRODED HEADS IN POOL EQUIPMENT ROOM (15 SSU 165F CENTRAL GB 2001 1/2")

### **KITCHEN HOOD:**

### (ACCEPTABLE AT THIS TIME)

### **FIRE EXTINGUISHER:**

SEE REPORT FOR DETAILS

### (SERVICE REQUIRED)

### NOTE:

1. NOTIFIER PULL STATION PART#NBG-12LX

2. CONVENTIONAL HEAT DETECTOR SYSTEM SENSOR 5603 135F FIXED

3.NO ACCESS TO THE ROOF TO TEST THE ROOF TOP UNITS

NOTE: If you need additional information or further clarification of any issue, please feel free to contact our Service Department at (214) 390-9282.

### Thank you for this opportunity to have been of service to you

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### FIRE ALARM INSPECTION

### **Service Organization**

Name:	<b>TEXAS FIRE &amp; SOUND</b>		
Address:	<b>10451 BROCKWOOD DALLAS, TX</b>		
Rep:	ANTONIO MEDINA		
License #:	FAL-2484246		
Phone #:	(214) 390-9282		

### **Monitoring Transmission**

Contact	ADT/PROTECTION ONE		
Phone #:	1-800-777-7585		
Monitoring	Account Ref.	# 31161391	

Date:	9/17/2021
Time:	12PM

### Property Name (User)

AQUATIC CENTER
2400 LONG RD,
<b>DENTON, TX 76207</b>
CHRIS
940-300-1867

### **Approving Agency**

Contact:	C.O.D FIRE MARSHALL		
Phone #:	-911		

Type Transmission	Service
McMulloh	Weekly
Multiplex	Monthly
X Digital	Quarterly
Reverse Priority	Semiannually
RF	X Annually
Other (Specify)	Other (Specify)

Control Unit Manufacturer:	NOTIFIER	Model #:	AFP-200
Circuit Styles:	6		
Number of Circuits:	1		
Software Rev:			
Last date system had any service pe	erformed:	3-2-21	
Last date software or configuration v	was revised:		

### **Alarm-Initiating Devices and Circuit Information**

Quantity	Circuit Style	
12	6	Manual Fire Alarm Boxes
		CO2 Detectors
13	6	Photo Detectors
2	6	Duct Detectors
7	6	Heat Detectors
1	6	Waterflow Switches
1	6	Tamper Switches
		Other (Specify):

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### **Alarm Notification Appliances and Circuit Information**

Quantity	Circuit Style				
		Bells			
		Horns	No. of notification app	liance circuits:	4
16	В	Strobes	Are circuits monitored	for integrity?	X Yes
		Chimes			No
		Horn/Strobes - Incl	uding outside horn/strol	bes	
		Speakers			
15	<u>B</u>	Other (Specify):	SPEA	AKER STROBES	
	Superviso	ory Signal-initiating I	Devices and Circuit In	formation	
Quantity	Circuit Style				
· ,		Building Temp.			
	-	Site Water Temp.			
		Site Water Level			
		Fire Pump Power			
		Fire Pump Running			
		Fire Pump Auto Pos	ition		
		Fire Pump or Pump	Controller Trouble		
		Generator In Auto P	Position		
		Generator or Contro	oller Trouble		
		Switch Engine Runn	ling		
		Other:			
Quantity a Quantity	nd style (See NFPA 72 <b>1</b>	, Table 3-6) of signalin	g line circuits connected Style(s)	l to system: 6	
Quantity	<b>.</b>	<u></u>	Style(S)	0	
		System Pov	ver Supplies		
a.	Primary (Main): Nom	inal Voltage	120	Amps 20	)
	Overcurrent Protectio		BREAKER	Amps 20	
	Location (of Primary		ELCTRICAL R	ROOM PANEL LI	
	Disconnecting Means Location: BREAKER #42				
b.	Secondary (Standby)	: BELOW M	IAIN FACP		
	Storage Battery: Amp	-Hr. Rating: Volts:	12 AHR: 7		
	Calculated capacity to	o operate system, in ho	ours: 24 X	60	
	Engine-driven genera	tor dedicated to fire ala	arm system:		
	Location of fuel stora				
с.			ckup to primary power s	upply, instead o	f using
	a secondary power su	ipply:			
		Type F	Battery		
		туре с	fucces y		
	Dry Cell	Emerg	jency system described	in NFPA 70, Arti	cle 700
	Nickel-Cadmium	X Legally	required standby describe	d in NFPA 70, Arti	cle 701
Х	Sealed Lead-Acid		nal standby system desc		
	Lead-Acid		e 702, which also meet		ice
	Other (Specify):	requir	ements of Article 700 or	. 701.	

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### **Prior to Any Testing**

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	Notif	ications	are	Made
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Monitoring Entity Building Occupants Building Management Other AHJ (Notified) of Any Impairments

Yes	No	Who	Time
X		ADT	8:30AM
Х		ALL	8:30AM
Х		C.O.D	8:30AM

### **System Tests and Inspections**

Туре	Visible	Functional	Comments
Control Unit	Х	X	PASS
Interface Eq.			
Lamps/LEDS	Х	X	PASS
Fuses	Х	X	PASS
Primary Power Supply	Х	X	PASS
Trouble Signals	Х	X	PASS
Disconnect Switches			
Ground-Fault Monitoring			

### **Secondary Power**

Туре	Visible	Functional	Comments
Battery Condition	Х	X	PASS
Load Voltage			
Discharge Test			
Charger Test			
Specific Gravity			
TRANSIENT SUPPRESSORS			
REMOTE ANNUNCIATORS			
NOTIFICATION APPLIANCES			
Audible	Х	X	PASS
Visual	Х	X	PASS
Speakers	Х	X	PASS
Voice Clarity	Х	X	PASS

### **Initiating and Supervisory Device Tests and Inspections**

SN	Device Location	Device Type	Visual Check	Func tion	Factory Address	Measured Setting	Pass	Fail
	SEE ATTA	CHE		5H	EET	S		

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	Emergency C Visible	Functional	Comments			
Phone Set Phone Jacks						
Off-Hook Indicator						
mplifier(s)						
one Generator(s)						
all-in Signal						
ystem Performance						
	Inte	erface Equipm				
	) (initial a	Device	Simulated			
pecify	Visible	Operation	Operation	1		
pecify				-		
pecify				-		
	Speci	al Hazard Sys	tems	1		
	-	Device	Simulated			
50 M	Visible	Operation	Operation			
pecify						
pecify						
pecify				]		
pecial Procedures:						
	-	ng Station Mo	onitoring Time	Comments		
omments:	Supervisi Yes X	ng Station Mo No		Comments PASS		
omments:	Yes	-	Time			
omments: arm Signal arm Restoration	Yes X	-	Time 8:30AM	PASS		
pecial Procedures:	Yes X X X X X	-	Time 8:30AM 12PM	PASS PASS		
arm Signal arm Restoration ouble Signal upervisory Signal	Yes X X X X	-	Time 8:30AM 12PM 8:30AM	PASS PASS PASS		
arm Signal arm Restoration ouble Signal ipervisory Signal	Yes X X X X X X	No	Time 8:30AM 12PM 8:30AM 8:30AM 12PM	PASS PASS PASS PASS		
arm Signal arm Restoration ouble Signal upervisory Signal	Yes X X X X X X	-	Time 8:30AM 12PM 8:30AM 8:30AM 12PM	PASS PASS PASS PASS		
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omments: arm Signal arm Restoration rouble Signal upervisory Signal upervisory Restoration uilding Management onitoring Agency uilding Occupants	Yes X X X X X Notification Yes X	No	Time 8:30AM 12PM 8:30AM 8:30AM 12PM s complete Time 12PM	PASS PASS PASS PASS PASS Comments		
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omments: Jarm Signal Jarm Restoration rouble Signal upervisory Signal upervisory Restoration uilding Management onitoring Agency uilding Occupants ther (Specify) ystem restored to normal Ope	Yes X X X X X Notification Yes X X X X	No that testing i No No (YES)	Time 8:30AM 12PM 8:30AM 8:30AM 12PM s complete Time 12PM 12PM 12PM	PASS PASS PASS PASS PASS Comments C.O.D ADT ALL 9/17/21	-	12PM
omments: arm Signal arm Restoration ouble Signal upervisory Signal upervisory Restoration uilding Management onitoring Agency uilding Occupants ther (Specify) ystem restored to normal Ope	Yes X X X X X Notification Yes X X X X	No that testing i No (YES) ccordance wit	Time 8:30AM 12PM 8:30AM 8:30AM 12PM s complete Time 12PM 12PM 12PM 12PM	PASS PASS PASS PASS PASS Comments C.O.D ADT ALL 9/17/21	-	12PM
arm Signal arm Restoration ouble Signal upervisory Signal upervisory Restoration uilding Management onitoring Agency uilding Occupants ther (Specify) vstem restored to normal Ope This testing was ame of Inspector:	Yes X X X X X Notification Yes X X X X X X Sperformed in a ANTONIO MI	No that testing i No (YES) ccordance wit	Time 8:30AM 12PM 8:30AM 8:30AM 12PM s complete Time 12PM 12PM 12PM 12PM	PASS PASS PASS PASS PASS Comments C.O.D ADT ALL 9/17/21 NFPA Stand	ards.	
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10451 Brockwood Road • Dallas, Texas 75238 T: (214) 390-9282 • F: (972) 329-7072 ACR-1958587 • ECR-1958592 • SCR-G-1958543

TEXAS FIRE & SOUND

### FIRE SPRINKLER SYSTEM INSPECTION

Location Name: AQUATIC CENTER

Address: 2400 LONG RD

City: DENTON State: TEXAS Zip: 75207

Contact: DAVID MOORE Phone: (940) 349-7247

Monitoring Company: ADT Phone: ( )

Alarm called off Time: Name: ANTONIO

\* Explain all NO answers on Page 2 – Comments and Inspection Deficiencies

-

GENERAL INFORMATION (GI)	Yes	No	N/A		Yes	No	N/A
1. Is the building occupied as in past?	Х			17. FDC gaskets/signs in place?	х		
2. Is the building fully sprinklered?	Х			18. FDC equipped with ball drip?	х		
3. Systems in service without modification since the last inspection?	x			19. Sprinkler system main drain test completed & ok? (Record pg 2)	x		
4. Spare head box with heads and wrench securely mounted?	х	х		ALARM INFORMATION			I
<ol><li>Stock/storage a minimum of 18" below sprinkler heads &amp; ceiling tiles in place?</li></ol>	х			1. Was the WMG or elec bell tested & ok?	Х		
6. Are all gauges in good condition & showing normal pressures?		x		2. Central Station flow alarm tested & ok?	X X		
7. Wet system areas adequately heated?	Х			3. Central Station tamper tested & ok?	<u>x</u>		
8. Does building have freezers/coolers?		Х		4. Alarm devices free from physical damage & all electrical connections secure?	х		
VALVE INFORMATION (VI)							
1. Are all main control valves open?	Х		-	5. Alarm trim valves ok & set properly?			X
2. Main control valves in good condition and identified?	х			6. No leakage from retard chambers of alarm drains?	х		
<ol><li>Are control valves secure? (Record pg 2)</li></ol>	Х			7. Inspectors test connection(s) ok?	х		
<ol><li>Are all control valves accessible &amp; free from external leaks?</li></ol>	x			BFO INFORMATION (BI)			
<ol><li>Are all control valves provided with the</li></ol>	x			1. Isolation valves open?			X
proper operators? 6. All control valves operated through full range &	×			2. Backflow device Present			x
returned to normal position?	х			EXTERIOR INSPECTION (EI)			
7. Valves lubricated, as needed?			X	1. Exterior hydrants flushed?	14		x
SPRINKLER & PIPING INFORMATION (SI)							
1. Are all sprinklers unobstructed?	х			2. Non-draining hydrants pump out?			X
<ol> <li>Sprinklers free of corrosion, tape, paint, &amp; physical damage?</li> </ol>		x		3. City pit checked?			X
3. Heads in freezers/coolers appear free of ice,				4. City pit pumped out?			х
corrosion?			Х	DRY PIPE SYSTEM INSPECTION (DI)			
4. Are all sprinklers less than 50 years old?	Х			1. Dry pipe valves in service & in good condition			
5. Are escutcheon plates ok?	X			– Internally & externally?			х
6. Sprinklers of proper temperature rating?	X			2. Pressure & priming water ok?			x
7. Riser in good condition & unobstructed?	X			3. Air supply in good working order?			х
8. Hydraulic nameplate attached? 9. System ID securely attached & legible?	X X	-		4. Were low points drained during fall & winter			
10. Pipe in good condition, free of damage				inspections?			Х
& obstructions, and not leaking?	x			5. Are accelerators in good condition?			х
11. All hangers ok?	X			6. All dry valves been trip tested & ok? See			
12. Seismic bracing ok?			X	trip test report.			х
13. Antifreeze tested & ok? (Record below)			Х	7. Dry pipe valves in heated area?			х
14. Relief valves on gridded systems ok?			X	7.1.1			~
15. FDC & caps ok?	X			8. Was full trip test performed? To be completed every 3 years.			х
16. FDC swivels non-binding rotation?	X			Date of last full trip			

Antifreeze System(s)	Location		
Antineeze System(S)	OK to what temperature		

Wet Systems	- Quantity: <u>1</u>	Size: <u>4"</u>	Type: <u>RASCO MODEL E</u>
Dry Systems	- Quantity:	Size:	Туре:
Pre-Action/Deluge	- Quantity:	Size:	Туре:

Date: 9-17-2021

**Inspector:** STAN STOWERS

Zip: 75207

State: TEXAS

Contact: DAVID MOORE Phone: (940) 349-7247

Customer Name: CITY OF DENTON

Address: 2400 LONG RD.

City: DENTON

WO#: 38597

Acct.#

Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how?       Secured?       Supervise         System       1       BFV       Xes \no       Xes \no       Xes \no       Xes \no       Xes \no       Secured?       Supervise       Operation         System       1       BFV       Xes \no       Xes \no       Xes \no       Xes \no       Secured?       Xes \no       Xes \no </th <th>Location         QTY         Make         Model         Type         Size         NPT           BLDG         6         RASCO         R1715         SSP         1/2"         Image: Control Valves         Secured?         Secured?         Image: Control Valves         Secured?         Image: Control Valves         Secured?         Secured?         Image: Control Valves         Secured?         Secured?         Secured?         Image: Control Valves         Image: Control Valves         Image: Control Valves         Image: Control Valve</th> <th>155F Valve Supervision Operational XYes No Yes No Yes No Yes No Yes No</th> <th>Supvd Supvd Supvd Supvd Supvd Supvd</th> <th>Plicable Locked [] Locked [] Locked []</th> <th>Size 1/2" 1/2" 1/2" 1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed Sealed</th> <th>If yes, how? C</th> <th>Valve Open</th> <th>R1715</th> <th>SCO</th> <th></th> <th></th> <th>tion DG DG DG</th> <th>Local BLC BLC</th>	Location         QTY         Make         Model         Type         Size         NPT           BLDG         6         RASCO         R1715         SSP         1/2"         Image: Control Valves         Secured?         Secured?         Image: Control Valves         Secured?         Image: Control Valves         Secured?         Secured?         Image: Control Valves         Secured?         Secured?         Secured?         Image: Control Valves         Image: Control Valves         Image: Control Valves         Image: Control Valve	155F Valve Supervision Operational XYes No Yes No Yes No Yes No Yes No	Supvd Supvd Supvd Supvd Supvd Supvd	Plicable Locked [] Locked [] Locked []	Size 1/2" 1/2" 1/2" 1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed Sealed	If yes, how? C	Valve Open	R1715	SCO			tion DG DG DG	Local BLC BLC
BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       Secured7       Secured7         System       1       BFV       Meres INo         System       1       BFV       Meres INo         Sectional       Ures INo       Yes INO       Yes INO       Sealed         Chrol Values       Ures INO       Yes INO       Yes INO       Sealed       Locked       Supput         Sectional       Ures INO       Yes INO       Yes INO       Yes INO       Sealed       Locked       Supud       Wres INO         Tank / Pump       Ures INO       Yes INO       Yes INO       Yes INO       Sealed       Locked       Supud       Wres INO         Anti-Freeze       Ures INO       Yes INO       Yes INO       Yes INO       Sealed       Locked       Supud       Wres INO         Static Pressure       55       INO       Yes INO       Yes INO       Sealed       Locked       Supud       Yes INO         Flow Pressure       55       INO       IYes INO <th>BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable         System       1       BFV       Myes INO       Myes INO       Myes INO       Secured?         Cotrol Valves       1       BFV       Myes INO       Myes INO       Myes INO       Secured?         System       1       BFV       Myes INO       Myes INO       Myes INO       Secured?         System       1       BFV       If yes INO       Myes INO       Byes INO       Secured?         Control Valves       If yes INO       If yes INO       If yes INO       Secured?       Supvd         Sectoral       If yes INO       If yes INO       If yes INO       Secured?       Supvd         Ant-Freeze       If yes INO         Static Pressure (psi)<th>Valve Supervision Operational XYes No Yes No Yes No Yes No Yes No</th><th>Supvd Supvd Supvd</th><th>plicable Locked [ Locked [ Locked [ Locked [</th><th>1/2" 1/2" 1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed Sealed</th><th>If yes, how? C</th><th>Valve Open</th><th>Signs</th><th></th><th>RA</th><th>6</th><th>DG DG</th><th>BLD</th></th>	BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable         System       1       BFV       Myes INO       Myes INO       Myes INO       Secured?         Cotrol Valves       1       BFV       Myes INO       Myes INO       Myes INO       Secured?         System       1       BFV       Myes INO       Myes INO       Myes INO       Secured?         System       1       BFV       If yes INO       Myes INO       Byes INO       Secured?         Control Valves       If yes INO       If yes INO       If yes INO       Secured?       Supvd         Sectoral       If yes INO       If yes INO       If yes INO       Secured?       Supvd         Ant-Freeze       If yes INO         Static Pressure (psi) <th>Valve Supervision Operational XYes No Yes No Yes No Yes No Yes No</th> <th>Supvd Supvd Supvd</th> <th>plicable Locked [ Locked [ Locked [ Locked [</th> <th>1/2" 1/2" 1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed Sealed</th> <th>If yes, how? C</th> <th>Valve Open</th> <th>Signs</th> <th></th> <th>RA</th> <th>6</th> <th>DG DG</th> <th>BLD</th>	Valve Supervision Operational XYes No Yes No Yes No Yes No Yes No	Supvd Supvd Supvd	plicable Locked [ Locked [ Locked [ Locked [	1/2" 1/2" 1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed Sealed	If yes, how? C	Valve Open	Signs		RA	6	DG DG	BLD
BLDG       I/2"       I/2"         BLDG       I/2"       I/2"         Control Valves         Control Valves         Control Valves         Control Valves         Control Valves         Valve Secured?         Valve         Sectional         If yes INO         Valves INO         Sectional         Officient Colspan="2">Valve Secured?         Sectional         Officient Colspan="2">Valve Open         Sectional         Officient Colspan="2">Valve Secured?         Sectional         Officient Colspan="2">Valve Secured?         Sectional         Officient Colspan="2">Valve Secured?         Valve         Valve         Valve Sino         Valve	BLDG       1/2"       1/2"         BLDG       1/2"       1/2"         Control Valves       1/2"       1/2"         Control Valves       Type       Easily       Signs       Valve Open       If yes, how? Circle those applicable         System       1       BFV       Myes No       Myes No       Secure d?         System       1       BFV       Myes No       Myes No       Secure d?         System       1       BFV       Myes No       Myes No       Secure d?         System       1       BFV       Myes No       Myes No       Secure d?         System       1       BFV       Myes No       Myes No       Secure d?         System       1       BFV       Myes No       Myes No       Secure d?         Main Drain & Alarm Test       City Pis 160       Supvd       Myes No       Secure d?       Supvd         System No.       1       Image: Secure distribution       Image: Secure distribution       Secure distristice       Sec	Supervision Operational Yes No Yes No Yes No Yes No	Supvd Supvd Supvd	plicable Locked [ Locked [ Locked [ Locked [	1/2" 1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed	XYes □No     IYes □No     IYes □No	⊠Yes □No		y			DG	
BLDG       1/2"         Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable       Supervision         System       1       BFV       ØYes       No. of       Type       Accessible       Signs       Valve Open       If yes, how? Circle those applicable       Supervision       Operating         System       1       BFV       ØYes       No. OYes       No. OYes       No. OYes       No. OYes       No. OYes       Secured?       Supervision       Operating         System       1       BFV       ØYes       No. OYes       No       Sealed <td>BLDG       1/2"       1/2"         Control Valves       Type       Easily Accessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         System       1       BFV       Accessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         System       1       BFV       Accessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         Sectional       BFV       Marcessible       Marcessible       Marcessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         Sectional       Pressible       Marcessible       Marcessible       Marcessible       Marcessible       Supvd         Control Valves       Presson       Presson       Presson       Presson       Presson       Sealed       Locked       Supvd         Main Drain &amp; Alarm Test       City PSI 60       Presson       Presson</td> <td>Supervision Operational Yes No Yes No Yes No Yes No</td> <td>Supvd Supvd Supvd</td> <td>plicable Locked [ Locked [ Locked [ Locked [</td> <td>1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed</td> <td>XYes □No     IYes □No     IYes □No</td> <td>⊠Yes □No</td> <td></td> <td>y</td> <td></td> <td></td> <td></td> <td>BLC</td>	BLDG       1/2"       1/2"         Control Valves       Type       Easily Accessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         System       1       BFV       Accessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         System       1       BFV       Accessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         Sectional       BFV       Marcessible       Marcessible       Marcessible       Signs       Valve Open       Secure 7 If yes, how? Circle those applicable         Sectional       Pressible       Marcessible       Marcessible       Marcessible       Marcessible       Supvd         Control Valves       Presson       Presson       Presson       Presson       Presson       Sealed       Locked       Supvd         Main Drain & Alarm Test       City PSI 60       Presson	Supervision Operational Yes No Yes No Yes No Yes No	Supvd Supvd Supvd	plicable Locked [ Locked [ Locked [ Locked [	1/2" Secured? Circle those app Sealed Sealed Sealed Sealed Sealed	XYes □No     IYes □No     IYes □No	⊠Yes □No		y				BLC
Control Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable       Valve Operating         System       1       BFV       Markes       No. of Valves       Markes       No. of Valves       Supervision       Supervision       Supervision       Supervision       Supervision       Valves       No. of Valves       Supervision       Superv	Control Valves       Signs       Valve Open       Secured?         Control       No. of Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable         System       1       BFV       Myes No       Myes	Supervision Operational Yes No Yes No Yes No Yes No	Supvd Supvd Supvd	plicable Locked [ Locked [ Locked [ Locked [	Secured? Circle those app Sealed Sealed Sealed Sealed Sealed	XYes □No     IYes □No     IYes □No	⊠Yes □No		y			DG	
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Option       No.       Type       Accessible       Supervise       Supervise         System       1       BFV       ØYes $\square$ No	Valves       Valves       Vive       Accessible       Signs       Valve Open       If yes, how? Circle those applicable         System       1       BFV       Arcessible       No       Area       No       Area       No       Area       No       Area	Supervision Operational Yes No Yes No Yes No Yes No	Supvd Supvd Supvd	plicable Locked [ Locked [ Locked [ Locked [	Circle those app Sealed Sealed Sealed Sealed Sealed	XYes □No     IYes □No     IYes □No	⊠Yes □No		y			es	Control Valve
System       1       BFV       ØYes $\square No$ </td <td>Sectional       Image: Im</td> <td>⊠Yes □No           □Yes □No           □Yes □No           □Yes □No           □Yes □No           □Yes □No</td> <td>Supvd Supvd Supvd</td> <td>Locked [ Locked [ Locked [</td> <td>Sealed Sealed Sealed</td> <td>□Yes □No □Yes □No</td> <td>Market Market</td> <td></td> <td>ble</td> <td></td> <td>Туре</td> <td>the second se</td> <td></td>	Sectional       Image: Im	⊠Yes □No           □Yes □No           □Yes □No           □Yes □No           □Yes □No           □Yes □No	Supvd Supvd Supvd	Locked [ Locked [ Locked [	Sealed Sealed Sealed	□Yes □No □Yes □No	Market Market		ble		Туре	the second se	
City Pit / BFP          Yes No	City Pit / BFP       Image: Second Seco	□Yes □No □Yes □No	□Supvd □Supvd	Locked [ Locked [	Sealed Sealed	□Yes □No	□Yes □No	⊠Yes □No	No	⊠Yes [	BFV	1	System
Tank / Pump       Image: State / PSI State       Image: State / PSI State <td>Tank / Pump       Image: State in the image: S</td> <td>□Yes □No</td> <td>Supvd</td> <td>Locked</td> <td>□Sealed □</td> <td></td> <td></td> <td></td> <td></td> <td>□Yes [</td> <td></td> <td></td> <td>Sectional</td>	Tank / Pump       Image: State in the image: S	□Yes □No	Supvd	Locked	□Sealed □					□Yes [			Sectional
Anti-Freeze	Anti-Freeze       Image: Yes model of Yes m						□Yes □No						City Pit / BFP
Main Drain & Alarm Test       City PSI 60         System No.       1         Static Pressure (psi)       60         Flow Pressure       55         Residual Pressure (psi)       60         Go       1         Local Alarm OK (Y/N)       YES         Flow Switch / Time       42         Central Alarm Received (Y/N)       YES         Stand Pipes Wet / Dry       Quantity:         Quantity:       Size:         The State Pipes Wet / Dry       Quantity:         Quantity:       1½         The Was 5 Year - Hydro Completed         Yes       No         N/A       Last Date         Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)	Main Drain & Alarm Test       City PSI 60         System No.       1	□Yes □Nc	Supvd	Locked	Sealed								Tank / Pump
System No.       1       Image: Constraint of the system of the s	System No.       1       Image: static Pressure (psi)       60       Image: static Pressure (psi)       1mage: static Pressure (psi)       Image: static Pressure (psi)       1mage: static Pressure (psi)       Image: static Pressu					□Yes □No	□Yes □No	□Yes □No	No	□Yes [			Anti-Freeze
Static Pressure (psi)       60	Static Pressure (psi)       60       Image: psi (psi)       60       10       10       10									ity PSI <u>60</u>	t Cit	Alarm Tes	Main Drain &
Flow Pressure       55       Image: Stand Pipes Value (psi)       60       Image: Stand Pipes Value (psi)       60         .ocal Alarm OK (Y/N)       YES       Image: Value (psi)       60       Image: Value (psi)       1mage: Value (	Iow Pressure       55       60       1       1       1         Residual Pressure (psi)       60 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>System No.</td>									1			System No.
Residual Pressure (psi)       60       Image: Comparison of the system of the s	Residual Pressure (psi)       60       and									2.1		e (psi)	
Local Alarm OK (Y/N)       YES       Image: Size in the ima	L. Caps In Place       Yes       Junction       Junctin       Junction       Junc											nan cabla	
Iow Switch / Time       42       Image: Control Alarm Received (Y/N)       YES         Central Alarm Received (Y/N)       YES       Image: Control Alarm Received (Y/N)       YES         Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Air Pressure at Trip: PSI • Time to ITC: Seconds         Iose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC: Seconds         I. Caps In Place        3. If Dry Was 5 Year - Hydro Completed	How Switch / Time       42         Central Alarm Received (Y/N)       YES         Stand Pipes Wet / Dry       Quantity: Size:         Stand Pipes Wet / Dry       Quantity: Size:         Hose Valves       Quantity: 2½ 1½         Hose Valves       Quantity: 2½ 1½         Yes       No         N/A       Yes         Yes       No         Yes       No         Yes       No         Yes       No         Yes       No         Yes       No         N/A       Yes         Yes       No         N/A       Yes         Yes       No												
Central Alarm Received (Y/N)       YES       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Hose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC: Seconds         1. Caps In Place       3. If Dry Was 5 Year - Hydro Completed          2. Valves Functional       4. If Wet Was 5 year - Flow test Completed          Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)	Central Alarm Received (Y/N)       YES         Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Sec         Hose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC:         Yes       No       N/A         1. Caps In Place       3. If Dry Was 5 Year - Hydro Completed         2. Valves Functional       4. If Wet Was 5 year - Flow test Completed         Comments and Inspection Deficiencies       (Provide sufficient description to define the work required i.e. location, number of heads, etc.)												
Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Hose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC: Seconds         1. Caps In Place       3. If Dry Was 5 Year - Hydro Completed          2. Valves Functional       4. If Wet Was 5 year - Flow test Completed          Comments and Inspection Deficiencies	Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Sec.         Hose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC:         Yes       No       N/A         1. Caps In Place       3. If Dry Was 5 Year - Hydro Completed         2. Valves Functional       4. If Wet Was 5 year - Flow test Completed         Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)										(NI)		
Hose Valves Quantity: 2½ 1½   Yes No   Yes Yes   Yes No   Yes Yes   Yes <td>Hose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC:         Yes       No       N/A       Yes       No       N/A          Air Pressure at Trip: PSI • Time to ITC:       Yes       No       N/A          3. If Dry Was 5 Year – Hydro Completed       Yes       No       N/A          4. If Wet Was 5 year – Flow test Completed       Image: Comments and Inspection Deficiencies       Image: Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)       Provide sufficient description to define the work required i.e. location, number of heads, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>115</td> <td>///</td> <td>Keceiveu (1</td> <td></td>	Hose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC:         Yes       No       N/A       Yes       No       N/A          Air Pressure at Trip: PSI • Time to ITC:       Yes       No       N/A          3. If Dry Was 5 Year – Hydro Completed       Yes       No       N/A          4. If Wet Was 5 year – Flow test Completed       Image: Comments and Inspection Deficiencies       Image: Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)       Provide sufficient description to define the work required i.e. location, number of heads, etc.)									115	///	Keceiveu (1	
Yes       No       N/A       Last Date         I. Caps In Place       3. If Dry Was 5 Year – Hydro Completed       Image: Completed       Image	Yes       No       N/A       Yes       No       N/A         I.       Caps In Place       3. If Dry Was 5 Year – Hydro Completed       Image: Completed	onds	Second	to Trip:	Trip Test: Time t	Dry Pipe Valve Ti	E		Size:	tity:	Quantit	et / Dry	Stand Pipes W
1. Caps In Place       3. If Dry Was 5 Year – Hydro Completed         2. Valves Functional       4. If Wet Was 5 year – Flow test Completed         Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)         DTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCE	1. Caps In Place       3. If Dry Was 5 Year – Hydro Completed       If         2. Valves Functional       4. If Wet Was 5 year – Flow test Completed       If         Comments and Inspection Deficiencies       (Provide sufficient description to define the work required i.e. location, number of heads, etc.)	Seconds	D ITC:	I • Time to I	Trip: PSI	ir Pressure at T	Δ	/2	11	tity: 2½	Quantit		Hose Valves
1. Caps In Place       3. If Dry Was 5 Year – Hydro Completed         2. Valves Functional       4. If Wet Was 5 year – Flow test Completed         Comments and Inspection Deficiencies         (Provide sufficient description to define the work required i.e. location, number of heads, etc.)         DTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCE	1. Caps In Place       3. If Dry Was 5 Year – Hydro Completed       If         2. Valves Functional       4. If Wet Was 5 year – Flow test Completed       If         Comments and Inspection Deficiencies       (Provide sufficient description to define the work required i.e. location, number of heads, etc.)												
2. Valves Functional     4. If Wet Was 5 year – Flow test Completed     Comments and Inspection Deficiencies     (Provide sufficient description to define the work required i.e. location, number of heads, etc.)  DTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCE	2. Valves Functional 4. If Wet Was 5 year – Flow test Completed Comments and Inspection Deficiencies (Provide sufficient description to define the work required i.e. location, number of heads, etc.)	Last Date	N/A	es No N/	Yes	Conselated		2. 16 D		IO N/A	Yes No		
Comments and Inspection Deficiencies (Provide sufficient description to define the work required i.e. location, number of heads, etc.) TE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCE	<b>Comments and Inspection Deficiencies</b> (Provide sufficient description to define the work required i.e. location, number of heads, etc.)					eres encoderes	and the second states of the second	sector contracting for the					
(Provide sufficient description to define the work required i.e. location, number of heads, etc.)	(Provide sufficient description to define the work required i.e. location, number of heads, etc.)				ed	w test Complete	as 5 year - Flov	4. If wet w				ctional	2. valves Fund
TE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCE					s	n Deficiencies	and Inspectio	Comments					
			.)	heads, etc.)	on, number of h	uired i.e. locatio	e the work requ	ription to defir	nt desc	ide sufficie	(Provid		
V - WOMENS RESTROOM WEST END WALL BOX	)TE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELAT	ED DEFICIENCIES	ER RELATED	E SPRINKLE	) FOR ALL FIRE	OF CONCERNS)	ION SUMMARY	INUAL INSPECT	RT (AN	THIS REPO	AGE OF T	SEE FIRST F	DTE: PLEASE S
V - WOMENS RESTROOM WEST END WALL BOX													
V - WOMENS RESTROOM WEST END WALL BOX													
	/ - WOMENS DESTROOM WEST END WALL BOX						· · · · · · · · · · · · · · · · · · ·		NY NY			PESTROOM	
	WOMENS RESTROOM WEST END WALL DOX									ID WALL DO		LJIKOOM	WORLING I
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		arms called back into service time	
□ Riser packet in place	🛛 All systems in service	Alarms cleared by ANTONIO	
Customer Sign:	Prin	t: DAVID MOORE	Date: <u>9-17-2021</u>
Inspector Sign:	Prin	t: STAN STOWERS	Date: 9-17-2021

Disclaimer: TFS' Confidential Credit Application Terms & Conditions apply; available on request.

### 10451 Brockwood Rd. Dallas, TX. 75238

Phone (214) 390-9282 Fax (214) 988-2931

### Hood System Annual Inspection Report

							WO# 38597
DENTON		SION	Street: State: Phone:	TEXAS		Zip:	76205
		SYSTEM INFO	RMATION				
WET CHEMI	CAL	Manufacturer:	ANSUL		Mode	l: F	R102
MAIN KITCH	EN HOOD				SN:	2	05752
		CYLINDER INFO	ORMATION				
-INDER IDER IDER	ANSUL	3 GALLON		2014		S	SN: 20141014416 SN: SN:
RIDGE	ANSUL	SINGLE TANK	42-1/4 OZ	2014		S	N:
		NOZZLE COUNT	& LOCATIC	N	2,213		
UNUSED 1	FRYER 1	GRIDDLE 1	DUCT 1	PLENUM 1			
		INSPECTION C	HECKLIST			1948	
System is UI Fuel source s Cylinders sto Re-set relay Detection lin Agent piping Pull station of Control mech Cartridge we	_ 300 listed? shut-off operati ored pressure? present? e supported pro supported pro operational? hanism operatio ight?	onal? operly? perly?	YES YES YES YES YES YES YES YES YES YES	Nozzles unobs Nozzles positi Nozzle caps ir Nozzle orifices Fire alarm sys Fire alarm acti Appliance fuel Appliance fuel System left op	structe oned p place s clear tem pr vated sourc sourc eration	d? oroperl of gre esent? e gas? e elect nal?	ase? ? ? tric?
		FUSIBLE LINKS &	TEMPERA	TURE		$1-\mu^{1-1}$	
	GRIDDLE 1 360	PLENUM 1 360	FRYER 1 360				
			provided called considered with their	the second se	ID PLU	IGGED	))
	DENTON ROBERT ( WET CHEMI MAIN KITCH JINDER JDER JDER RIDGE UNUSED 1 System in se System is UI Fuel source Cylinders sta Re-set relay Detection lim Agent piping Pull station of Control mec Cartridge we	DENTON ROBERT COOK WET CHEMICAL MAIN KITCHEN HOOD INDER ANSUL JDER NDER RIDGE ANSUL UNUSED FRYER 1 1 System in service on arrival System is UL 300 listed? Fuel source shut-off operati Cylinders stored pressure? Re-set relay present? Detection line supported pro Agent piping supported pro Pull station operational? Control mechanism operatio Cartridge weight? Fusible links changed?	ROBERT COOK SYSTEM INFO WET CHEMICAL Manufacturer: MAIN KITCHEN HOOD CYLINDER INFO INDER ANSUL 3 GALLON NDER NDER RIDGE ANSUL SINGLE TANK NOZZLE COUNT UNUSED FRYER GRIDDLE 1 1 1 UNUSED FRYER GRIDDLE 1 1 INSPECTION C System in service on arrival? System is uservice on arrival? Cylinders stored pressure? Re-set relay present? Detection line supported properly? Agent piping supported properly? Agent piping supported properly? Pull station operational? Control mechanism operational? Control mechanism operational? Cartridge weight? Fusible links changed?  FUSIBLE LINKS & GRIDDLE PLENUM 1 1 360 360 (ACCEPTABLE	DENTON ROBERT COOK State: ROBERT COOK SYSTEM INFORMATION VET CHEMICAL Manufacturer: ANSUL MAIN KITCHEN HOOD VET CHEMICAL ANSUL ANSUL SINGLE INFORMATION UNDER NDER NDER RIDGE ANSUL SINGLE TANK 42-1/4 OZ NOZZLE COUNT & LOCATIO UNUSED FRYER GRIDDLE UNUSED FRYER System in service on arrival? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? Fuel source shut-off operational? System is UL 300 listed? FUEL INKS & TEMPERA CARCEPTABLE LINKS & TEMPERA A 1 1 1	DENTON State: TEXAS ROBERT COOK Phone: (940) 206-97 WET CHEMICAL Manufacturer: ANSUL MAIN KITCHEN HOOD CYLINDER INFORMATION UNDER ANSUL 3 GALLON 2014 NDER RIDGE ANSUL SINGLE TANK 42-1/4 OZ 2014 NOZZLE COUNT & LOCATION UNUSED FRYER GRIDDLE DUCT PLENUM 1 1 1 1 1 1 UNUSED FRYER GRIDDLE DUCT PLENUM 1 1 1 1 1 System in service on arrival? YES Nozzles in goo System is UL 300 listed? YES Nozzles positi Cylinders stored pressure? YES Nozzles coust in System in service on arrival? YES Nozzles in goo System is UL 300 listed? YES Nozzles positi Cylinders stored pressure? YES Nozzle caps in Re-set relay present? YES Nozzle caps in Sagent piping supported properly? YES Fire alarm sys Agent piping supported properly? YES Appliance fuel Control mechanism operational? YES Appliance fuel Control mechanism operational? YES Appliance fuel Cartridge weight? YES Appliance fuel Cartridge weight? YES Appliance fuel System left on yES Nozzle caps in FUSIBLE LINKS & TEMPERATURE GRIDDLE PLENUM FRYER 1 1 1 1 360 360 360 (ACCEPTABLE AT THIS TIME)	DENTON State: TEXAS ROBERT COOK Phone: (940) 206-9794 SYSTEM INFORMATION WET CHEMICAL Manufacturer: ANSUL Mode MAIN KITCHEN HOOD SN: CYLINDER INFORMATION INDER ANSUL 3 GALLON 2014 NDER NDER RIDGE ANSUL SINGLE TANK 42-1/4 OZ 2014 NOZZLE COUNT & LOCATION UNUSED FRYER GRIDDLE DUCT PLENUM 1 1 1 1 1 1 UNUSED FRYER GRIDDLE DUCT PLENUM 1 1 1 1 1 NSPECTION CHECKLIST System is service on arrival? System is supported properly? Agent piping supported properly? Pull station operational? Control mechanism operational? Control mechanism operational? Control mechanism operational? Cartridge weight? Fusible links changed? FUSIBLE LINKS & TEMPERATURE GRIDDLE PLENUM FRYER 1 1 1 1 GRIDDLE PLENUM FRYER 1 1 1 1 GRIDDLE PLENUM FRYER 1 1 1 1 CACCEPTABLE AT THIS TIME)	DENTON ROBERT COOKState:TEXASZip:ROBERT COOKPhone:(940) 206-9794SYSTEM INFORMATIONWET CHEMICALManufacturer:ANSULModel:FMAIN KITCHEN HOODSN:2CYLINDER INFORMATIONJINDERANSUL3 GALLON2014SMOERSIGLE TANK42-1/4 OZ2014SMDERNOZZLE COUNT & LOCATIONSUNUSEDFRYERGRIDDLEDUCTPLENUM111111111111System in service on arrival?YESNozzles in good shape?System is service on arrival?YESNozzles sin good shape?System is service on arrival?YESNozzle cars in place?Cylinders stored pressure?YESNozzle cars in place?Re-set relay present?YESNozzle cars in place?Re-set relay present?YESNozzle cars in place?Pull station operational?YESFire alarm activated?Agent piping supported properly?YESAppliance fuel source gas2Control mechanism operational?YESAppliance fuel source electSystem left operational?YESAppliance fuel source electGRIDDLEPLENUMFRYERAppliance fuel source elect11111360360360360

Customer Signature:Printed Name:ROBERT COOK7/1/2021Inspector Signature:Printed Name:SETH ROGERS7/1/2021

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### WATER WORKS PARK

2400 LONG RD, DENTON , TX 76208

### **WO#38597** 7/1/2021

## **PORTABLE FIRE EXTINGUISHERS**

	LOCATION	SIZE	ТҮРЕ	NEW	6 YEAR	нурко	DEFICIENCIES
T	MAIN BLDG FRONT ENTRANCE	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
2	MAIN BLDG EAST EXIT	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
м	MAIN BLDG BY WOMEN'S RESTROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
4	MAIN BLDG POOL AREA BY STROAGE	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
ы	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
Q	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
2	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
ø	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
6	MAIN BLDG POOL AREA INSIDE MECH ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
10	MAIN BLDG POOL AREA INSIDE PUMP ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
11	MAIN BLDG POOL 2ND FLOOR INSIDE SPECTATOR AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
12	MAIN BLDG POOL 2ND FLOOR BY SPECTATOR AREA	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
13	ADMISSION BLDG THE HULA HUT	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
14	ADMISSION BLDG OFFICE ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
15	ADMISSION BLDG FIRST AID ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
16	OUTSIDE PUMP ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
17	OUTSIDE PUMP ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
18	PINEAPPLE DELIGHT STAND	5#	ABC	2013			
19	PINEAPPLE DELIGHT STAND	6L#	х	2015			REMOVE ONLY NEED 1 TYPE K
20	PINEAPPLE DELIGHT STAND	6L#	К	2018			
	-						

1 of 1

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### **AQUATICS CENTER**

2400 LONG RD, DENTON, TX 76208

**WO#38597** 7/1/2021

## **PORTABLE FIRE EXTINGUISHERS**

	LOCATION	SIZE	ТҮРЕ	NEW	6 YEAR	HYDRO	DEFICIENCIES
Ħ	MAIN BLDG FRONT ENTRANCE	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
7	MAIN BLDG EAST EXIT	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
ю	MAIN BLDG BY WOMEN'S RESTROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
4	MAIN BLDG POOL AREA BY STROAGE	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
ы	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
9	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
7	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
ø	MAIN BLDG POOL AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
6	MAIN BLDG POOL AREA INSIDE MECH ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
10	MAIN BLDG POOL AREA INSIDE PUMP ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
11	MAIN BLDG ELECTRICAL ROOM	10#	ABC	2003			
12	MAIN BLDG MAINTENANCE SHOP	5#	ABC	2013			
13	MAIN BLDG POOL 2ND FLOOR INSIDE SPECTATOR AREA	10#	ABC	2003	×		DUE FOR 6/ REPLACE CABINET
14	MAIN BLDG POOL 2ND FLOOR BY SPECTATOR AREA	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
15	ADMISSION BLDG THE HULA HUT	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
16	ADMISSION BLDG OFFICE ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
17	ADMISSION BLDG FIRST AID ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
18	OUTSIDE PUMP ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
19	OUTSIDE PUMP ROOM	10#	ABC	2003	×		DUE FOR 6 MAINTENANCE
20	PINEAPPLE DELIGHT STAND	5#	ABC	2013			
21	PINEAPPLE DELIGHT STAND	6L#	х	2015			REMOVE ONLY NEED 1 TYPE K
22	PINEAPPLE DELIGHT STAND	6L#	х	2018			

1 of 2

CITY OF DENTON AQUATICS CENTER - (EXTINGUISHER REPORT )

10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 • Fax: (214) 988-2931

### **ANNUAL INSPECTION SUMMARY OF CONCERNS**

Date:	September 2, 2021	Work Order:	38597	
Property Name:	DENTON CIVIC CENTER			
Address:	<b>321 E MCKINNEY ST,</b>	_		
	DENTON, TX 76201			

These comments of concern have been excerpted from the T&I report for immediate review. We recommend that these issues be addressed as soon as possible. (if the page area is blank, there were no issues to address)

### FIRE ALARM :

### (ACCEPTABLE AT THIS TIME)

### **FIRE SPRINKLER :**

(YELLOW TAGGED)

2 WATER GAUGES DUE FOR REPLACEMENT
 2 CONTROL VALVE SIGNS AT RISER

### **FIRE EXTINGUISHERS:**

(SERVICE REQUIRE)

1) THERE ARE (3) FIRE EXTINGUISHER THAT ARE REQUIRE SERVICE

### **BACKFLOW**:

(ACCEPTABLE AT THIS TIME)

1) 4" AMES 4000SS AT RISER

### NOTE:

RECOMMEND STROBE ONLY IN THE 2ND FLOOR OFFICE AREA

NOTE: If you need additional information or further clarification of any issue, please feel free to contact our Service Department at (214) 390-9282.

### Thank you for this opportunity to have been of service to you

10451 Brockwood Rd. Dallas, Texas

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### FIRE ALARM INSPECTION

### Service Organization

Name:	<b>TEXAS FIRE &amp; SOUND</b>					
Address:	<b>10451 BROCKWOOD DALLAS, TX</b>					
Rep:	ANTONIO MEDINA					
License #:	FAL-2484246					
Phone #:	(214) 390-9282					

### **Monitoring Transmission**

Contact	SSD ALARM				
Phone #:	1-800-888-0444				
Monitoring	Account Ref. #	CID0943			

Date:	9/2/2021	
Time:	10AM	

### Property Name (User)

<b>DENTON CIVIC CENTER</b>
<b>321 E MCKINNEY ST,</b>
<b>DENTON, TX 76201</b>
CHRIS
940-300-1867

### **Approving Agency**

Contact:	<b>CITY OF DENTON MARSHALL</b>
Phone #:	-911

Type Transmission	Service
McMulloh	Weekly
Multiplex	Monthly
X Digital	Quarterly
Reverse Priority	Semiannually
RF	X Annually
Other (Specify)	Other (Specify)

Control Unit Manufacturer:	EST	Model #:	QUICKSTART
Circuit Styles:	4		
Number of Circuits:	1		
Software Rev:			
Last date system had any service per	formed:	7/19/2017	
Last date software or configuration w	as revised:		

### **Alarm-Initiating Devices and Circuit Information**

Circuit Style	
4	Manual Fire Alarm Boxes
	CO2 Detectors
4	Photo Detectors
	Duct Detectors
4	Heat Detectors
4	Waterflow Switches
4	Tamper Switches
	Other (Specify):
	Circuit Style 4 4 4 4 4 4 4 4 4

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### **Alarm Notification Appliances and Circuit Information**

Quantity	Circuit Style				
		Bells			
		Horns	No. of notification app		1
ALL	8	Strobes	Are circuits monitored	for integrity?	<u>X</u> Yes
		Chimes			No
		Horn/Strobes - Inc	uding outside horn/strol	bes	
		Speakers			
ALL	8	Other (Specify):	SPEA	AKER STROBES	
	Superviso	ory Signal-initiating	Devices and Circuit In	formation	
Quantity	Circuit Style			ъ.	
Quantity	Circuit Style	Building Temp.			
		Site Water Temp.			
	-	Site Water Level			
		Fire Pump Power			
		Fire Pump Running			
			ition		
		Fire Pump Auto Pos			
		Fire Pump or Pump			
		Generator In Auto I			
		Generator or Contro			
		Switch Engine Runr	ling		
		Other:			
		r, Table 3-6) of signalir	ng line circuits connected	I to system:	
Quantity	1		Style(s)	4	1
		System Pov	ver Supplies		
а	Primary (Main): Nom	inal Voltage	120	Amps 2	0
а.	Overcurrent Protectic		BREAKER	Amps 2	
		Supply Panel board):	the second se		
	Disconnecting Means			EKAER # 53	
h	Secondary (Standby)		AIN FACP		
Б.	Storage Battery: Amp	a state of the second sec			
		o operate system, in ho		60	
		tor dedicated to fire al		00	
	Location of fuel stora				
6			ckup to primary power s	upply instead	ofucing
с.	a secondary power su	• • • • • • • • • • • • • • • • • • • •	ckup to primary power s	upply, instead of	Ji using
	a secondary power su	ibbià:			
		Туре І	Battery		
	Dry Cell	Fmer	gency system described	in NFPA 70, Art	icle 700
	Nickel-Cadmium		<pre>/ required standby describe</pre>		
Х	Sealed Lead-Acid		nal standby system desc		
~	Lead-Acid		e 702, which also meet		-
	Other (Specify):		ements of Article 700 or	-	

10451 Brockwood Rd. Dallas, Texas

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### **Prior to Any Testing**

### **Notifications are Made**

Monitoring Entity Building Occupants Building Management Other AHJ (Notified) of Any Impairments

Yes	No	Who	Time
Х		S.S.D	10AM
Х		ALL	10AM
Х		C.O.D	10AM

### System Tests and Inspections

	System i	coto una ano	peccions	
Туре		Visible	Functional	Comments
Control Unit		Х	Х	PASS
Interface Eq.				
Lamps/LEDS		Х	X	PASS
Fuses		Х	Х	PASS
Primary Power Supply		Х	Х	PASS
Trouble Signals		Х	Х	PASS
Disconnect Switches				
Ground-Fault Monitoring				

### **Secondary Power**

Visible	Functional	Comments
X	X	PASS
Х	X	PASS
X	X	PASS
Х	X	PASS
	- 2	
X	X	PASS
X	X	PASS
Х	X	PASS
Х	X	PASS
	X X X X X	X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X

### **Initiating and Supervisory Device Tests and Inspections**

SN	Device Location	Device Type	Visual Check	Func tion	Factory Address	Measured Setting	Pass	Fail
	·	<u> </u>						
	SEE ATTA	CHE	) S	SHI	EET	S		
	SEE ATTA	CHEE	) S	<b>SH</b>	EET	S		

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10451 Brockwood Rd. Dallas, Texas					90-9282 • Fa	x: (214) 9
		Communicatio		it		
	Visible	Functional	Comments			
Phone Set						
Phone Jacks						
Off-Hook Indicator						
Amplifier(s)						
Tone Generator(s)						
Call-in Signal	X	Х		PASS		
System Performance						
	Inte	erface Equipm	ent			
		Device	Simulated			
	Visible	Operation	Operation	_		
Specify ELEV RECALL	Х	Х	PASS			
Specify						
Specify				1		
	Speci	ial Hazard Sys				
	N // 11 1	Device	Simulated			
	Visible	Operation	Operation	-		
Specify				-		
Specify				-		
Specify				]		
Special Procedures:						
·2						
Comments:						
	Supervis Yes	ing Station Mo No	o <b>nitoring</b> Time	Comments		
Alarm Cignal			<b>3PM</b>	PASS		
Alarm Signal	<u>X</u>		3PM 3PM			
Alarm Restoration	X		1-10 Y. W. 1981 (2).	PASS		
Trouble Signal	X		3PM	PASS		
Supervisory Signal	X		3PM	PASS		
Supervisory Restoration	X		3PM	PASS		
	Notification	that testing i	s complete			
	Yes	No	Time	Comments		
Building Management	Х		3PM	C.O.D		
Monitoring Agency	Х		ЗРМ	S.S.D		
Building Occupants	Х		ЗРМ	ALL		
Other (Specify)						
System restored to normal Oper	ration:	(YES)	Date:	9/2/21	Time:	ЗРМ
This testing was	performed in a	accordance wi	th applicable	NFPA Stand	lards.	
Name of Inspector:	ANTONIO M			9/2/21	Time: _	3PM
Signature: CHRIS CAMIZZI						
Name of Owner or Representativ	ve:		CHRIS C	AMIZZI		
			Date:	9/2/21	Time:	ЗРМ
Signature: Signature on File						

### **DENTON CIVIC CENTER**

### **INITIATING DEVICES**

FLOOR	LOCATION	ТҮРЕ	ADDRESS		PASS	FAIL
1	RAISER ROOM	WATERFLOW	D142	49SEC	Х	
1	SYSTEM SIDE BACKFLOW	TAMPER	D143		Х	
1	CITY SIDE BACKFLOW	TAMPER	D143		Х	
1	ABOVE BOOSTER RISER RM	PHOTO-SMOKE	D010		Х	
2	ABOVE FACP	PHOTO-SMOKE	D012		Х	
2	2ND FLR MECH ROOM	MANUAL PULL	D132		Х	
2	EAST STAIRWELL	MANUAL PULL	D131		Х	
2	SOUTH STAIRWELL	MANUAL PULL	D130		Х	
2	AHU ROOM	PHOTO-SMOKE	D002		Х	
2	SOUTH EXIT	MANUAL PULL	D126		Х	
1	FRONT ELEVATOR	MANUAL PULL	D154		Х	
1	MAIN ENTRY	MANUAL PULL	D155		Х	
1	VENDING AREA	MANUAL PULL	D152		Х	
1	WEST AUDITORIUM	MANUAL PULL	D157		Х	
1	NORTH RESTROOM	MANUAL PULL	D146		х	
1	NORTH CONFERENCE ROOM	MANUAL PULL	D148		Х	
1	NORTH CORRIDOR	MANUAL PULL	D149		х	
1	NORTH STAIRWELL	MANUAL PULL	D145		х	
1	EAST AUDITORIUM	MANUAL PULL	D144		x	
1	SPRINKLER ROOM	MANUAL PULL	D139		х	
1	EAST STAIRWELL	MANUAL PULL	D136		х	
1	KITCHEN	HEAT DETECTOR	D009		х	
1	ELEVATOR LOBBY	PHOTO-SMOKE	D005	ALT	X	SAME
2	ELEVATOR LOBBY	PHOTO-SMOKE	D013	PRI	X	
3	ELEVATOR LOBBY	PHOTO-SMOKE	D001	ALT	X	
2	ELEVATOR EQUIPMENT ROOM	PHOTO-SMOKE	D004	ALT	X	
2	ELECTRICAL ROOM ABOVE BPS #3	PHOTO-SMOKE	D006		X	
	· · · · · · · · · · · · · · · · · · ·					
	20					

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**TEXAS FIRE & SOUND** 

### FIRE SPRINKLER SYSTEM INSPECTION

Location Name: CIVIC CENTER	Customer Name: C	ITY OF DENTON
Address: 321 N. MCKINNEY ST.	Address: 321 N. MCK	INNEY ST.
City: DENTON State: TEXAS Zip: 76201	City: DENTON	<b>State:</b> TEXAS <b>Zip:</b> 76201
Contact: DAVID MOORE Phone: (940) 349-7247	Contact: DAVID MOO	RE <b>Phone:</b> (940) 349-7247
Monitoring Company: SSD Phone: ( ) -	Acct.#	Inspector: STAN STOWERS
Alarm called off Time: Name: ANTONIO	WO#: 38597	Date: 9-2-2021

\* Explain all NO answers on Page 2 - Comments and Inspection Deficiencies

GENERAL INFORMATION (GI)	Yes	No	N/A		Yes	No	N/A
1. Is the building occupied as in past?	X			17. FDC gaskets/signs in place?	х		
2. Is the building fully sprinklered?	Х			18. FDC equipped with ball drip?	х		
3. Systems in service without modification	x				<b>^</b>		
since the last inspection?	^			19. Sprinkler system main drain test completed	x		
<ol><li>Spare head box with heads and wrench</li></ol>	x			& ok? (Record pg 2)			
securely mounted?	_ ^ _			ALARM INFORMATION		,	
<ol><li>Stock/storage a minimum of 18" below sprinkler heads &amp; ceiling tiles in place?</li></ol>	х			1. Was the WMG or elec bell tested & ok?	х		
<ol><li>Are all gauges in good condition &amp; showing normal pressures?</li></ol>	х			2. Central Station flow alarm tested & ok?	х		
7. Wet system areas adequately heated?	x			3. Central Station tamper tested & ok?	Х		
8. Does building have freezers/coolers?	- <b>^</b>	x		4. Alarm devices free from physical damage & all	x		
VALVE INFORMATION (VI)				electrical connections secure?	^		
1. Are all main control valves open?	x			5. Alarm trim valves ok & set properly?		1	x
2. Main control valves in good condition and				6. No leakage from retard chambers of alarm			
identified?	x			drains?	х		
3. Are control valves secure? (Record pg 2)	Х			7. Inspectors test connection(s) ok?	х		
4. Are all control valves accessible & free	x			BFO INFORMATION (BI)			
from external leaks?							
5. Are all control valves provided with the	X			1. Isolation valves open?			X
proper operators? 6. All control valves operated through full range &		-	-	2. Backflow device Present			X
returned to normal position?	х			EXTERIOR INSPECTION (EI)			
7. Valves lubricated, as needed?			X				v
SPRINKLER & PIPING INFORMATION (SI)		1		1. Exterior hydrants flushed?			X
1. Are all sprinklers unobstructed?	X			<ol><li>Non-draining hydrants pump out?</li></ol>			X
2. Sprinklers free of corrosion, tape, paint,	x			3. City pit checked?			x
& physical damage?				4. City pit pumped out?			x
3. Heads in freezers/coolers appear free of ice,			X				
corrosion?	x			DRY PIPE SYSTEM INSPECTION (DI)			
<ol> <li>Are all sprinklers less than 50 years old?</li> <li>Are escutcheon plates ok?</li> </ol>	X			1. Dry pipe valves in service & in good condition			x
6. Sprinklers of proper temperature rating?	X		-	– Internally & externally?			
7. Riser in good condition & unobstructed?	x			2. Pressure & priming water ok?			Х
8. Hydraulic nameplate attached?	x			3. Air supply in good working order?			x
9. System ID securely attached & legible?	X			4. Were low points drained during fall & winter			
10. Pipe in good condition, free of damage				inspections?			х
& obstructions, and not leaking?	X			5. Are accelerators in good condition?			х
11. All hangers ok?	X			6. All dry valves been trip tested & ok? See			
12. Seismic bracing ok?			X	trip test report.			х
13. Antifreeze tested & ok? (Record below)			X				
14. Relief valves on gridded systems ok?			X	7. Dry pipe valves in heated area?			Х
15. FDC & caps ok?	x			8. Was full trip test performed? To be completed every 3 years.			Y
16. FDC swivels non-binding rotation?	x			Date of last full trip			Х

Antifreeze System(s)	Location		
Antineeze oystem(s)	OK to what temperature		
Wet Systems -	Quantity: <u>1</u>	Size: <u>4</u>	Type: VICTUALIC CHECK

	,		,,
Dry Systems	- Quantity:	Size:	Туре:
Pre-Action/Deluge	- Quantity:	Size:	Туре:

**TEXAS FIRE & SOUND** 10451 Brockwood Road • Dallas, Texas 75238 T: (214) 390-9282 • F: (972) 329-7072 ACR-1958587 • ECR-1958592 • SCR-G-1958543

Sprinkler Hea	nd Type							Head	Wrench 🖾	res ∏No			
Locati	ion	Q	ΓY	Make		Model	T	уре	Size	A STATE OF	NPT	E de la	Temp
BLD	G	1		TYCO	Т	FY3131	S	SU	1/2"				155F
BLD	G	4	ι <sub>1</sub>	TYCO	Т	FY3231	S	SP	1/2"				155F
BLD	G								1/2"				
BLD	G								1/2"				
Control Valve	s												
Control Valves	No. of Valves	Туре		Easily cessible	Sigr	ns	Valve Open	If yes, how?	Secur Circle those				Valve Supervision Operational
System	1	OSY	ØΥ	es 🗆 No	□Yes	⊠No	⊠Yes □No	⊠Yes □No	Sealed	Locked	Supvo		⊠Yes □No
Sectional			Π	es 🗌 No	□Yes		□Yes □No	□Yes □No	Sealed	Locked	Supvo	d I	
City Pit / BFP	1	OSY	×Ν	es 🗆 No	□Yes	⊠No	□Yes □No	Yes No	Sealed	Locked	Supvo		
ank / Pump				es □No	□Yes	□No	□Yes □No	□Yes □No	Sealed	Locked	Supvo		
nti-Freeze			ΠY	es □No	□Yes	□No	□Yes □No	□Yes □No	Sealed	Locked			]Yes □No
lain Drain &	Alarm Te	st (	ity PSI	85									
System No.	Alarmite		1 1	55									
Static Pressure	(psi)		85										
low Pressure	(1951)		75										
esidual Pressu	re (psi)		85										
ocal Alarm OK			YES										
low Switch / T			49						-				
1													
tand Pipes We lose Valves	et / Dry	Quar Quar		Size	L ½			Dry Pipe Valve Air Pressure at dro Completed			to ITC:	Sec	onds st Date
Stand Pipes We Iose Valves Caps In Plac	et / Dry	Quar Quar	itity: itity: 2%	2 1	3. If 4. If	Dry Wa Wet W	/ as 5 Year – Hyo as 5 year – Flo	Air Pressure at dro Completed w test Complet	Trip:	PSI • Time I	to ITC:	Sec	
Stand Pipes We Iose Valves Caps In Plac	et / Dry	Quar Quar Yes	ntity: ntity: 27 No N/A	2	3. If 4. If <b>Com</b>	Dry Wa Wet W <b>ments</b>	as 5 Year – Hyd	Air Pressure at dro Completed w test Complet on Deficiencie	Trip: red [	PSI • Time t Yes No	N/A	Sec	
itand Pipes We lose Valves . Caps In Plac . Valves Funct	et / Dry ce tional	Quar Quar Yes I	tity: tity: 21/ No N/A	2	3. If 4. If <b>Com</b> scription t	Dry Wa Wet W <b>ments</b> to defir	as 5 Year – Hyo as 5 year – Flo <b>and Inspectio</b>	Air Pressure at dro Completed w test Complet on Deficiencie uired i.e. locati	Trip:	PSI • Time to Yes No	N/A N/A c.)	Seco La	st Date
Stand Pipes We Hose Valves Caps In Plac Valves Funct	et / Dry ce tional	Quar Quar Yes I	tity: tity: 21/ No N/A	2	3. If 4. If <b>Com</b> scription t	Dry Wa Wet W <b>ments</b> to defir	as 5 Year – Hyd as 5 year – Flo <b>and Inspectio</b> ae the work req	Air Pressure at dro Completed w test Complet on Deficiencie uired i.e. locati	Trip:	PSI • Time to Yes No	N/A N/A c.)	Seco La	st Date
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itand Pipes We lose Valves . Caps In Plac . Valves Funct	et / Dry ce tional	Quar Quar Yes I	tity: tity: 21/ No N/A	2 i	3. If 4. If Com Scription t NNUAL IN	Dry Wa Wet W ments to defir NSPECT	as 5 Year – Hyd as 5 year – Flo and Inspection the work req FION SUMMARY	Air Pressure at dro Completed w test Complet on Deficiencie uired i.e. locati COF CONCERNS	Trip:	PSI • Time I Yes No of heads, et IRE SPRINK	to ITC: N/A  c.) LER RELA <sup>-</sup>	Sect La  TED DEF	st Date
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Central Alarm R Stand Pipes We Iose Valves L. Caps In Plac L. Caps In Plac L. Valves Funct TE: PLEASE S / - AT RISER Riser packet in stomer Sign:	et / Dry	Quar Quar Yes (Pro PAGE OF	Vide suf	ficient des EPORT (A	3. If 4. If Commisseription to NNUAL IN Blue T	Dry Wa Wet W ments to defir NSPECT	as 5 Year – Hyd as 5 year – Flo and Inspection the work req TION SUMMARY	Air Pressure at dro Completed w test Complet on Deficiencie uired i.e. locati OF CONCERNS OF CONCERNS Tag	Trip:	PSI • Time I Yes No of heads, et IRE SPRINK	to ITC: N/A  c.) LER RELA <sup>-</sup>	Sect La  TED DEF	st Date

Disclaimer: TFS' Confidential Credit Application Terms & Conditions apply; available on request.

### **DENTON CIVIC CENTER**

321 MCKINNEY ST , DENTON, TX 76201

## **PORTABLE FIRE EXTINGUISHERS**

WO#38597 8/31/2021

LOCALION	SIZE	ТҮРЕ	NEW	6 YEAR	HYDRO	DEFICIENCIES
FRONT ENTRANCE LOBBY	10#	ABC	2004			
EAST EXIT	10#	ABC	2005			
MEETING ROOM HALL	5#	ABC	2018			
PLAZA ACCESS EXIT	10#	ABC	2004			
VENDING MACHINE	10#	ABC	2004			
KITCKEN	10#	ABC	2005			
KITCKEN	6L#	ABC	2004		Х	DUE FOR HYDRO TESTING
2ND FLOOR BY RECREATION OFFICE	10#	ABC	2005			
2ND FLOOR INISIDE ELECTRICAL RM	5#	ABC	1996		Х	DISCHARGED
2ND FLOOR INISIDE ELECTRICAL RM	2.5#	ABC	1893		Х	DUE FOR HYDRO TESTING
2ND FLOOR HALL	10#	ABC	2005			
2ND FLOOR HALL	10#	ABC	2005			

### City of Denton - PWSID#0610002

### Backflow Prevention Assembly Test and Maintenance Report



The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping \*purposes

Customer Information		PWS Information	
Customer / Property Name:	COD Facility Main. Civic Center	PWS Contact Name:	John Oliver
Contact Name:	N/A	PWS Phone Number:	(940) 349-7181
Property Address:	321 E McKinney St	PWS Address:	901 B Texas St
	Denton, TX 76201		Denton, TX, 76209

The backflow prevention assembly detailed below has been tested as required by TCEQ regulations and is certified to be operating within acceptable parameters.

Assembly Information

Type: Size:	DC 4''	Model #: Serial#:	2000 113238 PASS
Manufacturer:	Ames	BPA Serves:	Fire Protection
Location:	Riser Room		Test Date: 2021-09-24
Reason for test: [] new [X] e	xisting [] replaced.		

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? [X] yes [] no Water supply: Potable

### Assembly Test Information

Initial Test ( Time: 10:00 am )		
Check Valve #1 : 3.7		Check Valve #2 : 1.8
<ul><li>(X) Closed Tight/Held</li><li>( ) Leaked</li></ul>		(X) Closed Tight/Held ( ) Leaked
Final Test ( Time: 10:00 am )		
Check Valve #1 : 3.7		Check Valve #2 : 1.8
<ul><li>(X) Closed Tight/Held</li><li>( ) Leaked</li></ul>	1	(X) Closed Tight/Held ( ) Leaked
As the tester of record, I affirm this test as:	Passed [X] Failed [ ]	Repairs Made:** No
Additional comments or repairs made / mat (no comments) Tester Information Tester Name: Tester License Expiration: Certification#: Test Kit Serial #: Test Kit Serial #: Test Kit Date Tested for Accuracy: Test Kit Mfr. & Mod. #: Testing Co Name: Phone: Address:	erials (parts) used: Stowers, Stanley 04-18-2023 BP0011257 03201033 03-08-2021 Mid-West 845-3 (Potable Texas Fire & Sound (214) 783-5028 10451 Brockwood Road Dallas, TX 75238	)

The above tester certifies that all information submitted for this report is true and accurate

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

The backflow prevention assembly detailed above has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters

10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 · Fax: (214) 988-2931

### **ANNUAL INSPECTION SUMMARY OF CONCERNS**

Date:	June 17, 2021	Work Order:	38597	
Property Name:	<b>DENIA REC CENTER</b>			
Address:	1001 PARVIN RD.			
	DENTON TEXAS			

These comments of concern have been excerpted from the T&I report for immediate review. We recommend that these issues be addressed as soon as possible. (if the page area is blank, there were no issues to address)

### FIRE ALARM:

### (ACCEPTABLE AT THIS TIME)

**FIRE SPRINKLER:** 1). 5 YEAR INTERNAL DUE (YELLOW TAGGED)

FIRE EXTINGUISHERS:

(SERVICE REQUIRED)

1) 10# ABC EXTINGUISHER MISSING IN GYM

**FIRELINE BACKFLOWS:** 

NOTE:

NOTE: If you need additional information or further clarification of any issue, please feel free to contact our Service Department at (214) 390-9282.

Thank you for this opportunity to have been of service to you

10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 • Fax: (214) 988-2931

### **FIRE ALARM INSPECTION**

### Service Organization

Name:	<b>TEXAS FIRE &amp; SOUND</b>			
Address:	10451 BROCKWOOD DALLAS, TX			
Rep:	STAN STOWERS			
License #:	FAL 3398			
Phone #:	(214) 390-9282			

### **Monitoring Transmission**

Contact	SSD		
Phone #:	800-888-0444		
Monitoring	Account Ref. #	71158030	

Date:	6-17-2021	
Time:	7:30	

### Property Name (User)

Name:	DENIA	<b>RECREATION CENTER</b>	
-------	-------	--------------------------	--

Address:	1001 PARVIN RD	
	DENTON TEXAS	
Contact:	CHRIS CAMIZZI	
Phone #:	940-300-1867	

### Approving Agency

Contact:	D	)
hana #.		•

Contact: **DENTON FIRE MARSHALL**Phone #:

Type Transmission	Service
McMulloh	Weekly
Multiplex	Monthly
Digital	Quarterly
Reverse Priority	Semiannually
RF	X Annually
X Other (Specify)	Other (Specify)

Control Unit Manufacturer:	NOTIFIER	Model #:	SFP-5UD
Circuit Styles:	6		
Number of Circuits:	1		
Software Rev:			
Last date system had any service pe	erformed:		
Last date software or configuration	was revised:		

### **Alarm-Initiating Devices and Circuit Information**

Quantity	Circuit Style	
5	4	Manual Fire Alarm Boxes
	<u></u>	CO2 Detectors
7	4	Photo Detectors
		Duct Detectors
		Heat Detectors
1	4	Waterflow Switches
1	4	Tamper Switches
		Other (Specify):

10451 Brockwood Rd. Dallas, Texas

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### **Alarm Notification Appliances and Circuit Information**

Quantity	Circuit Style			
		Bells		
3 <b></b>		Horns	No. of notification appliance circuits:	4
4	В	Strobes	Are circuits monitored for integrity?	X Yes
1.		Chimes		No
13	В	Horn/Strobes - Inc	luding outside horn/strobes	
		Speakers		
		Other (Specify):	SPEAKER STROBES	

### Supervisory Signal-initiating Devices and Circuit Information

Quantity	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
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Engine Running
		Other:

### **Signaling Line Circuits**

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

Quantity	Style(s)										
	System Power Supplies										
a.	Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panel board):	120V         Amps         20           BREAKER         Amps         20           AC         AC									
	Disconnecting Means Location: Secondary (Standby): Storage Battery:Amp-Hr. Rating: Volts: Calculated capacity to operate system, in hou Engine-driven generator dedicated to fire alar Location of fuel storage: Emergency or standby system used as a back a secondary power supply:	ours: 24 X 60									
	Туре В	attery									
X	Nickel-CadmiumLegallySealed Lead-AcidOptionLead-AcidArticle	ency system described required standby describ al standby system des 702, which also me ements of Article 700 o	bed in NFPA 70, scribed in NFPA ets the perform	Article 701 A 70,							

10451 Brockwood Rd. Dallas, Texas

### Ph: (214) 390-9282 · Fax: (214) 988-2931

### **Prior to Any Testing**

Notifications are Made	Yes	No	Who	Time
Monitoring Entity	Х		MONITORING	7:30
Building Occupants	Х		BUILDING	7:30
Building Management	Х		MANAGEMENT	7:30
Other				
AHJ (Notified) of Any Impairments				

### System Tests and Inspections

bystelli rests and inspections									
Туре	Visible	Functional	Comments						
Control Unit	X	X	PASS						
Interface Eq.									
Lamps/LEDS	Х	Х	PASS						
Fuses									
Primary Power Supply	Х	X	PASS						
Trouble Signals	Х	X	PASS						
Disconnect Switches									
Ground-Fault Monitoring									

### Secondary Power

Туре	Visible	Functional	Comments
Battery Condition	X	X	PASS
Load Voltage			
Discharge Test			
Charger Test			
Specific Gravity			
TRANSIENT SUPPRESSORS			
REMOTE ANNUNCIATORS			
NOTIFICATION APPLIANCES			
Audible	Х	X	PASS
Visual	Х	X	PASS
Speakers			
Voice Clarity			40

### **Initiating and Supervisory Device Tests and Inspections**

SN	Device Location	Device Type	Visual Check	Func tion	Factory Address	Measured Setting	Pass	Fail
	SEE ATTA	CHE	DS	5H	EETS	5		

### DENTON DENIA RECREATION CENTER

		NIA RECREATION C			
FLOOR	LOCATION	ТҮРЕ	ADDRESS	PASS	FAII
1	ITV - IN ROOM C WALL BOX	WATERFLOW	ZN-3	Х	
1	RISER ROOM	TAMPER SWITCH	ZN-4	Х	
1	FRONT ENTRY	MANUAL PULL	ZN-2	Х	
1	BY VENDING MACHINE	PHOTO SMOKE	ZN-2	Х	
1	BY INFORMATION DESK	PHOTO SMOKE	ZN-2	Х	
1	GYM EXIT	MANUAL PULL	ZN-2	Х	
1	GAME ROOM EXIT	MANUAL PULL	ZN-2	Х	
1	FITNESS ROOM	PHOTO SMOKE	ZN-2	Х	
1	BY EAST EXIT	PHOTO SMOKE	ZN-2	Х	
1	BY EAST EXIT	MANUAL PULL	ZN-2	X	
1	BY ROOM A	PHOTO SMOKE	ZN-2	Х	
1	BY ROOM B	PHOTO SMOKE	ZN-2	Х	
1	BY ROOM C	PHOTO SMOKE	ZN-2	Х	
1	BY ROOM C EXIT	MANUAL PULL	ZN-2	Х	
	J				
					_

10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 · Fax: (214) 988-2931

	Visible	Functional	ns Equipmer Comments	IL	
Phone Set	VISIDIC		Comments		
Phone Jacks					
Off-Hook Indicator					
Amplifier(s)					
Fone Generator(s)					
Call-in Signal					
System Performance					
	Int	erface Equipn	nent		
		Device	Simulated		
	Visible	Operation	Operation		
Specify				]	
Specify				]	
Specify				]	
	Space	ial Hazard Sys	stome		
	shec	Device	Simulated		
	Visible	Operation	Operation		
Specify	VISIDIC		operation	1	
				-	
Specify				-	
Specify				]	
Special Procedures:					
Comments:					
comments.					
	<u>.</u>	ing Chatian M	ito viu a		
	-	ing Station M	-	Comments	
	Yes	ing Station M	Time	Comments	
	Yes X		Time 11:00	PASS	
Alarm Restoration	Yes X X		Time 11:00 11:00	PASS PASS	
Alarm Restoration Trouble Signal	Yes X X X		Time 11:00 11:00 11:00	PASS PASS PASS	
Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X X X		Time 11:00 11:00 11:00 11:00	PASS PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal	Yes X X X		Time 11:00 11:00 11:00	PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal	Yes X X X X X X		Time 11:00 11:00 11:00 11:00 11:00	PASS PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal	Yes X X X X Notification	No	Time 11:00 11:00 11:00 11:00 11:00 is complete	PASS PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration	Yes X X X X Notification	No	Time 11:00 11:00 11:00 11:00 11:00 is complete	PASS PASS PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management	Yes X X X X Notification Yes X	No	Time 11:00 11:00 11:00 11:00 11:00 is complete Time	PASS PASS PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Aonitoring Agency	Yes X X X X X Notification Yes X X	No	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00	PASS PASS PASS PASS PASS Comments PASS PASS	
Alarm Signal Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify)	Yes X X X X Notification Yes X	No	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00	PASS PASS PASS PASS PASS Comments PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify)	Yes X X X X X Notification Yes X X X X	No hthat testing No	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00	PASS PASS PASS PASS PASS Comments PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants	Yes X X X X X Notification Yes X X X X	No	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00	PASS PASS PASS PASS PASS Comments PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Opera	Yes X X X X X Notification Yes X X X X	No hthat testing No (YES)	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00 Date:	PASS PASS PASS PASS PASS PASS PASS PASS	
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Aonitoring Agency Building Occupants Other (Specify)	Yes X X X X X Notification Yes X X X X	No that testing No (YES) accordance with	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00 Date: ith applicable	PASS PASS PASS PASS PASS PASS PASS PASS	
Marm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Aonitoring Agency Building Occupants Other (Specify) System restored to normal Opera <b>This testing was</b> Jame of Inspector:	Yes X X X X X Notification Yes X X X X ation:	No that testing No (YES) accordance with	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00 Date: ith applicable	PASS PASS PASS PASS PASS PASS PASS PASS	ards.
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Aonitoring Agency Building Occupants Other (Specify) System restored to normal Opera <b>This testing was</b> Name of Inspector:	Yes X X X X Notification Yes X X X X X X STAN STOV	No that testing No (YES) accordance with the second se	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00 11:00 11:00 Conte: Time	PASS PASS PASS PASS PASS PASS PASS PASS	ards.
Alarm Restoration Frouble Signal Supervisory Signal Supervisory Restoration Building Management Aonitoring Agency Building Occupants Other (Specify) System restored to normal Opera This testing was Name of Inspector:	Yes X X X X Notification Yes X X X X X X STAN STOV	No that testing No (YES) accordance with	Time 11:00 11:00 11:00 11:00 11:00 is complete Time 11:00 11:00 11:00 Date: ith applicable Date: IZZI	PASS PASS PASS PASS PASS PASS PASS PASS	ards.

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EXAS FIRE & SOUND

### FIRE SPRINKLER SYSTEM INSPECTION

Location Name: DENIA REC CENTER

Address: 1001 PARVIN RD.

City: DENTON State: TEXAS Zip:

Contact: CHRIS CAMIZZI Phone: (940) 300-1867

Monitoring Company: SSD Phone: (800) 888-0444

Alarm called off Time: 7:30 Name: STAN

\* Explain all NO answers on Page 2 – Comments and Inspection Deficiencies

GENERAL INFORMATION (GI)	Yes	No	N/A		Yes	No	N/A
1. Is the building occupied as in past?	х			17. FDC gaskets/signs in place?	х		
2. Is the building fully sprinklered?	Х			18. FDC equipped with ball drip?	х		
3. Systems in service without modification since the last inspection?	x			<ul> <li>19. Sprinkler system main drain test completed &amp; ok? (Record pg 2)</li> </ul>	x		
4. Spare head box with heads and wrench securely mounted?	х			ALARM INFORMATION			
<ol><li>Stock/storage a minimum of 18" below sprinkler heads &amp; ceiling tiles in place?</li></ol>	x			1. Was the WMG or elec bell tested & ok?	х		
6. Are all gauges in good condition & showing normal pressures?	x			2. Central Station flow alarm tested & ok?	х		
7. Wet system areas adequately heated?	x			3. Central Station tamper tested & ok?	х		
8. Does building have freezers/coolers?		х		<ol> <li>Alarm devices free from physical damage &amp; all electrical connections secure?</li> </ol>	х		
VALVE INFORMATION (VI)				5. Alarm trim valves ok & set properly?	х		
<ol> <li>Are all main control valves open?</li> <li>Main control valves in good condition and identified?</li> </ol>	X X			<ul><li>6. No leakage from retard chambers of alarm drains?</li></ul>	x		
3. Are control valves secure? (Record pg 2)	x			7. Inspectors test connection(s) ok?	х		
4. Are all control valves accessible & free from external leaks?	x			BFO INFORMATION (BI)	~		I
5. Are all control valves provided with the	x			1. Isolation valves open?			x
proper operators? 6. All control valves operated through full range &				2. Backflow device Present			X
returned to normal position?	X			EXTERIOR INSPECTION (EI)			
7. Valves lubricated, as needed?			X	1. Exterior hydrants flushed?			x
SPRINKLER & PIPING INFORMATION (SI)							x
1. Are all sprinklers unobstructed?	X			2. Non-draining hydrants pump out?			
<ol> <li>Sprinklers free of corrosion, tape, paint, &amp; physical damage?</li> </ol>	х			3. City pit checked?			X
3. Heads in freezers/coolers appear free of ice,			x	4. City pit pumped out?			Х
corrosion?	x			DRY PIPE SYSTEM INSPECTION (DI)			1
4. Are all sprinklers less than 50 years old? 5. Are escutcheon plates ok?	X			1. Dry pipe valves in service & in good condition			x
6. Sprinklers of proper temperature rating?	x			- Internally & externally?			
7. Riser in good condition & unobstructed?	X			2. Pressure & priming water ok?			Х
8. Hydraulic nameplate attached?	X			3. Air supply in good working order?			X
9. System ID securely attached & legible?	X			4. Were low points drained during fall & winter			×
10. Pipe in good condition, free of damage	x			inspections?			X
& obstructions, and not leaking?	1000			5. Are accelerators in good condition?			Х
11. All hangers ok?	X		x	6. All dry valves been trip tested & ok? See			x
12. Seismic bracing ok? 13. Antifreeze tested & ok? (Record below)			X	trip test report.			^
14. Relief valves on gridded systems ok?			x	7. Dry pipe valves in heated area?			Х
15. FDC & caps ok?	x			8. Was full trip test performed?			
16. FDC & caps ok? 16. FDC swivels non-binding rotation?	x			To be completed every 3 years. Date of last full trip			х

Antifreeze System(s)		Location					
		OK to what temperature					
Wet Systems	- (	Quantity: 1	Size: 4	Type <sup>.</sup> R	ASCO MODEL	F	
Wet Oysterns			0120.	1 J po. <u>-</u>			-
Dry Systems	- (	Quantity:	Size:	 Type: _			-

Type:

Dry Systems	-	Quantity:	Size:
Pre-Action/Deluge	-	Quantity:	Size:

WO#: 38597	Date: 6-17-2	2021	
		Yes	No
gaskets/signs in place?		x	

State: TEXAS

Contact: CHRIS CAMIZZI Phone: (940) 300-1867

Acct.# 71158030 Inspector: STAN STOWERS

Zip:

Customer Name: CITY OF DENTON

Address: 1001 PARVIN RD

City: DENTON

Revised: 05/12/16

	TEXAS FI	re & Sou	ND	
1	0451 Brockwood Ro	oad • Dallas, Texas	75238	8
	T: (214) 390-928	2 • F: (972) 329-70	72	
A	CR-1958587 • ECR-	1958592 • SCR-G-19	58543	
• Fire Pump on System: 🔲 Yes 🛛 No	Diesel Electric			
Flow Tested within Last 12 Months:	🗌 Yes 🗌 No	<ul> <li>Packing Dripping Properly:</li> </ul>	🗌 Yes	🗋 No

Sprinkler Hea	ad Type							пеац	Wrench 🖾	res Lino		
Locat		QT	Y Ma	ake		Model	Ty	уре	Size		NPT	Temp
BLD	)G	3	RAS	SCO	R3	3615 QF	र S	SP	1/2"			165F
BLD	)G	2	RAS	SCO		G	S	SU	1/2"			165F
BLD	)G								1/2"			
BLD	G								1/2"			
Control Valve	es											
Control Valves	No. of Valves	Туре	Easily Accessi		Sigr	ns	Valve Open	If yes, how?	Secu Circle those			Valve Supervision Operational
System	1	OS&Y	Xes [	No	⊠Yes	□No	Yes 🗆 No	Yes No	Sealed	Locked	Supvd	Yes No
Sectional			□Yes □	No	□Yes	□No	□Yes □No	□Yes □No	Sealed	Locked	Supvd	□Yes □No
City Pit / BFP			□Yes □	No	□Yes	□No	□Yes □No	□Yes □No	Sealed	Locked	Supvd	□Yes □No
Tank / Pump			□Yes □	]No	□Yes [	□No	□Yes □No	□Yes □No	Sealed	Locked	Supvd	□Yes □No
Anti-Freeze			□Yes □	No	□Yes [		□Yes □No	□Yes □No	Sealed	Locked	Supvd	□Yes □No
Main Drain &	Alarm Te	st Ci	ty PSI 65								·	1
System No.			1									
Static Pressure	e (psi)		65									
Flow Pressure	A1		55	1								
Residual Press	ure (psi)		65									
Local Alarm Ok			YES									
Flow Switch / 1			32 SEC									
Central Alarm I			YES									
Hose Valves 1. Caps In Plac	ce		ity: 2½ o N/A	1	3. If	Dry Wa	as 5 Year – Hyc		[		o ITC: N/A	_ Seconds Last Date
1. Caps In Plac 2. Valves Func	ctional	Yes N	o N/A	nt des	3. If 4. If <b>Com</b> cription t	Dry Wa Wet Wa <b>ments</b> to defin	as 5 Year – Hyd as 5 year – Flo <b>and Inspectic</b> e the work req	dro Completed w test Complet on Deficiencie uired i.e. locati	ed [ s on, number	Yes No	N/A	Last Date
<ol> <li>Caps In Place</li> <li>Valves Function</li> </ol>	SEE FIRST	Yes N (Prov PAGE OF	o N/A	nt des RT (Al	3. If 4. If com comption t NNUAL IN Blue T	Dry Wa Wet Wa ments to defin NSPECT	as 5 Year – Hyd as 5 year – Flo and Inspection the work req TON SUMMARY	Tag	ed [ s on, number 5) FOR ALL F	Yes No	N/A	
<ol> <li>Caps In Place</li> <li>Valves Function</li> <li>IOTE: PLEASE S</li> <li>IOTE: PLEASE S</li> <li>IOTE: PLEASE S</li> <li>IOTE: PLEASE S</li> </ol>	SEE FIRST	Yes N (Prov PAGE OF	o N/A	nt des RT (Al	3. If 4. If comment corription t NNUAL IN NNUAL IN Blue T	Dry Wa Wet Wa ments to defin NSPECT	as 5 Year – Hyd as 5 year – Flo and Inspection the work req TON SUMMARY	Tag	ed [ s on, number 5) FOR ALL F	Yes No	N/A	Last Date

Disclaimer: TFS' Confidential Credit Application Terms & Conditions apply; available on request.

### DENIA RECREATION CENTER

1001 PARVIN ST , DENTON , TX 76205

### **WO# 38597** 6/17/2021

## PORTABLE FIRE EXTINGUISHERS

LOCATION         SIZE         TYPE         NEW         6 YEAR         HYDRO         DEFICIENCIES           1         FRONT ENTRANCE         5*         ABC         1.999         I         I         FRONT ENTRANCE         5*         ABC         1.999         I         I         FRONT ENTRANCE         5*         ABC         1.999         I         I         I         FRONT ENTRANCE         5*         ABC         1.999         I         I         I         I         I         I         I         I         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII								
FRONT ENTRACE         5#         ABC         199         I           GYM         10#         ABC         199         I           JAUTOR FIRE RISER ROOM         5#         ABC         199         I         I           JAUTOR FIRE RISER ROOM         5#         ABC         199         I         I         IIII           BY FITNESS ROOM         5#         ABC         1999         I         I         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		LOCATION	SIZE	TYPE	NEW	6 YEAR	HYDRO	DEFICIENCIES
$ \begin{array}{ c c c c c c } & 10.4 & ABC & 1989 &   &   &   &   &   &   \\ \hline & GYM & 10.4 & ABC & 10.9 &   &   &   &   &   \\ \hline & JANITOR FIRE RISER ROOM & 5.4 & ABC & 1999 &   &   &   &   &   &   &   \\ \hline & BY FITNESS ROOM & 5.4 & ABC & 1999 &   &   &   &   &   &   &   &   &   $	ч	FRONT ENTRANCE	5 #	ABC	1999			
$ \begin{array}{ c c c c c c } GYM & 10# & ABC & 10 & 10# \\ \hline \\ \ \\ \ \\ \ \\ \ \\ \ \\ \ \\ \ \\ \ \\ \$	2	GYM	10#	ABC	1989			
JANITOR FIRE RISER ROOM         5#         ABC         2010         I           BY FITNESS ROOM         5#         ABC         1399         I         I           BY ROM B         5#         ABC         1399         I         I         I           Image: ABC         1399         Image: ABC         1399         Image: ABC         1399         Image: ABC         Image: ABC <td>ω</td> <td>GYM</td> <td>10#</td> <td>ABC</td> <td></td> <td></td> <td></td> <td>MISSING</td>	ω	GYM	10#	ABC				MISSING
BY FITNESS ROOM       5#       ABC         BY ROOM B       5#       ABC         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I <td>4</td> <td>JANITOR FIRE RISER ROOM</td> <td>5 #</td> <td>ABC</td> <td>2010</td> <td></td> <td></td> <td></td>	4	JANITOR FIRE RISER ROOM	5 #	ABC	2010			
BY ROOM B       5#         ABC         I       I         I	л	BY FITNESS ROOM	5 #	ABC	1999			
	Ø	BY ROOM B	5 #	ABC	1999			

DENIA RECREATION CENTER - PORTABLE FIRE E XTINGUISHERS

10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 • Fax: (214) 988-2931

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### **ANNUAL INSPECTION SUMMARY OF CONCERNS**

Date:	September 16, 2021	Work Order:	38597	
Property Name:	MLK JR REC CENTER			1
Address:	1300 WILSON ST			
	<b>DENTON, TX 76205</b>			

These comments of concern have been excerpted from the T&I report for immediate review. We recommend that these issues be addressed as soon as possible. (if the page area is blank, there were no issues to address)

FIRE ALARM :

(ACCETABLE AT THIS TIME)

FIRE SPRINKLER :

1). 5 YEAR INTERNAL DUE

(YELLOW TAGGED)

FIRE EXTINGUISHERS:(SERVICE REQUIRE)THERE IS ONE EXTINGUISHER THAT NEEDS TO BE REPLACE

BACKFLOW: NO BACKFLOW AT THIS LOCATION

NOTE:

NOTE: If you need additional information or further clarification of any issue, please feel free to contact our Service Department at (214) 390-9282.

### Thank you for this opportunity to have been of service to you

15

10451 Brockwood Rd. Dallas, Texas

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### Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style				
		Bells			
		Horns	No. of notification app	liance circuits:	4
15	В	Strobes	Are circuits monitored	for integrity?	X Yes
		Chimes			No
1	В	Horn/Strobes - Incl	uding outside horn/stro	bes	
		Speakers			
19	В	Other (Specify):	SPE	AKER STROBE	
	Supervisor	y Signal-initiating	Devices and Circuit In	formation	
Quantity	Circuit Style				
<b>(</b> ,		Building Temp.			
		Site Water Temp.			
		Site Water Level			
		Fire Pump Power			
		Fire Pump Running			
		Fire Pump Auto Pos	sition		
		Fire Pump or Pump	Controller Trouble		
		Generator In Auto	Position		
		Generator or Contr	oller Trouble		
	-	Switch Engine Runr	ning		
		Other:			×
Quantity a	and style (See NFPA 72		L <b>ine Circuits</b> ng line circuits connecte	ed to system:	
Quantity	1		Style(s)	4	
		System Po	wer Supplies		
a.	Primary (Main): Nomi	hal Voltage	120	Amps <b>20</b>	
u	Overcurrent Protection		BREAKER	Amps 20	C
	Location (of Primary S			L ROOM PANEL	B1
	Disconnecting Means			EAKER #37	
b.	Secondary (Standby):		AIN FACP		
	Storage Battery: Amp-	a second se	: 12 AHR: 18		
	Calculated capacity to	operate system, in h	ours: 24 X	60	
	Engine-driven generat	or dedicated to fire a	larm system:		
	Location of fuel storag				
с.			ackup to primary power	supply, instead of	fusing
	a secondary power su	pply:			
		Туре	Battery		
	Dry Cell	Fmer	gency system described	in NEPA 70 Artic	le 700
	Nickel-Cadmium		y required standby describ	•	
Х	Sealed Lead-Acid		nal standby system des		
	Lead-Acid		e 702, which also mee		
	Other (Specify):		rements of Article 700 o		

### 10451 Brockwood Rd. Dallas, Texas

### Ph: (214) 390-9282 • Fax: (214) 988-2931

Comments PASS

> PASS PASS

> PASS

PASS

PASS

### **Prior to Any Testing**

### **Notifications are Made**

Monitoring Entity Building Occupants Building Management Other AHJ (Notified) of Any Impairments

Yes	No	Who	Time
Х		S.S.D	1PM
Х		ALL	1PM
Х		C.O.D	1PM

### System Tests and Inspections

	System	ests and ma	spections	
Туре		Visible	Functional	
Control Unit		Х	X	
Interface Eq.		Х	X	
Lamps/LEDS		Х	X	
Fuses		X	X	
Primary Power Supply		Х	X	
Trouble Signals		Х	X	
Disconnect Switches				
Ground-Fault Monitoring			4	

### **Secondary Power**

Туре	Visible	Functional	Comments
Battery Condition	X	X	PASS
Load Voltage			
Discharge Test	Х	X	PASS
Charger Test			
Specific Gravity			
TRANSIENT SUPPRESSORS			
REMOTE ANNUNCIATORS	Х	X	PASS
NOTIFICATION APPLIANCES	Х	X	PASS
Audible	Х	X	PASS
Visual	Х	X	PASS
Speakers	Х	X	PASS
Voice Clarity	Х	X	PASS
			· · · · · · ·

### **Initiating and Supervisory Device Tests and Inspections**

SN	Device Location	Device Type	Visual Check	Func tion	Factory Address	Measured Setting	Pass	Fail
	· · · · · · · · · · · · · · · · · · ·							
	SEE ATTA	СНЕ		SHI	EET	S		
		••••						

### **MLK JR REC CENTER**

### **INITIATING DEVICES**

	21421	TATING DEVICES				
FLOOR	LOCATION	ТҮРЕ	ADDRESS		PASS	FAIL
1	RISER ROOM MAIN CONTROL	TAMPER	M97.P003		Х	
1	RISER ROOM	SMOKE	M97.P001		Х	
1	RECEPTION DESK	PULL STATION	M97.P006		Х	
1	MULTI PURPOSE ROOM	WATERFLOW	M97.P002	82SEC	Х	
1	DAYCARE ROOM	SMOKE	M97:P013		_	
1	DAYCARE ROOM	SMOKE	M97:P012			
1	AHU #6	DUCT DETECTOR	M97:P007			
1	AHU #4	DUCT DETECTOR	M97.P010	N	O ACCES	S
1	AHU #2	DUCT DETECTOR	M97.P008	N	O ACCES	S
1	AHU #3	DUCT DETECTOR	M97:P009			
1	AHU #5	DUCT DETECTOR	M97:P011			
1	RTU #1	DUCT DETECTOR	M97.P005	N	O ACCES	S
1	RTU #2	DUCT DETECTOR	M97.P004	N	O ACCES	S
	······					
						_

10451 Brockwood Rd. Dallas, Texas

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	Emergency C Visible	ommunication Functional	<b>1s Equipmen</b> Comments	t		
Phone Set	VISIDIE	Functional	Comments			
Phone Jacks						
Off-Hook Indicator						
Amplifier(s)						
Tone Generator(s)						
Call-in Signal						
System Performance						
ning 🕽 ningen op den 2 - p del en in generatien fragen is generatie	L					
	Inte	erface Equipm	ent			
		Device	Simulated			
	Visible	Operation	Operation	-		
Specify VOICE EVA	X	X	PASS	1		
Specify				_		
Specify						
	0		•			
	Speci	al Hazard Sys				
	V // - !!- ! -	Device	Simulated			
Currentfer	Visible	Operation	Operation	Г		
Specify				-		
Specify				-		
Specify						
Special Procedures:						
Comments:						
,						
·	Supervis	ing Station Mo	onitoring			
·	Yes	ing Station Mo	Time	Comments		
Alarm Signal	Yes X	_	Time 1PM	PASS		
Alarm Restoration	Yes X X	_	Time 1PM 1PM	PASS PASS		
Alarm Restoration Trouble Signal	Yes X X X X	_	Time 1PM 1PM 1PM	PASS PASS PASS		
Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X X X	_	Time 1PM 1PM 1PM 1PM	PASS PASS PASS PASS		
Alarm Restoration Trouble Signal	Yes X X X X	_	Time 1PM 1PM 1PM	PASS PASS PASS		
Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X X X X	No	Time 1PM 1PM 1PM 1PM 1PM	PASS PASS PASS PASS		
Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X X X Notification	No	Time 1PM 1PM 1PM 1PM 1PM is complete	PASS PASS PASS PASS PASS		
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration	Yes X X X X Notification Yes	No	Time 1PM 1PM 1PM 1PM 1PM is complete Time	PASS PASS PASS PASS PASS		
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management	Yes X X X X Notification Yes X	No	Time 1PM 1PM 1PM 1PM 1PM is complete Time 3PM	PASS PASS PASS PASS PASS Comments		
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency	Yes X X X X Notification Yes X X	No	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D		
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants	Yes X X X X Notification Yes X	No	Time 1PM 1PM 1PM 1PM 1PM is complete Time 3PM	PASS PASS PASS PASS PASS Comments		
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency	Yes X X X X Notification Yes X X	No	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D		
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants	Yes X X X X X Notification Yes X X X	No	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D	  	3PM
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O	Yes X X X X X Notification Yes X X X X	No hthat testing No (YES)	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM Date:	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21		ЗРМ
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O <b>This testing wa</b>	Yes X X X X X Notification Yes X X X X x peration:	No No that testing No (YES) accordance wi	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21 e NFPA Stand	dards.	
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O	Yes X X X X X Notification Yes X X X X	No No that testing No (YES) accordance wi	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21		3PM 3PM
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O This testing wa Name of Inspector:	Yes X X X X Notification Yes X X X Peration: As performed in a ANTONIO M	No No that testing No (YES) accordance wi	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21 e NFPA Stand	dards.	
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O This testing wa Name of Inspector:	Yes X X X X X X Notification Yes X X X X x x x x X X X X X X X X X X X	No No that testing No (YES) accordance wi	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM 3PM 3PM	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21 e NFPA Stand 9/16/21	dards. Time:	
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O This testing wa Name of Inspector:	Yes X X X X X X Notification Yes X X X X x x x x X X X X X X X X X X X	No No that testing No (YES) accordance wi	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM Contest Time Datest	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21 e NFPA Stand 9/16/21 CHRIS CA	dards. Time:	ЗРМ
Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal O This testing wa Name of Inspector:	Yes X X X X X X Notification Yes X X X X X x x x I ative:	No No that testing No (YES) accordance wi	Time 1PM 1PM 1PM 1PM is complete Time 3PM 3PM 3PM 3PM Contest Time Datest	PASS PASS PASS PASS PASS Comments C.O.D S.S.D ALL 9/16/21 e NFPA Stand 9/16/21	dards. Time:	

**TEXAS FIRE & SOUND** 10451 Brockwood Road • Dallas, Texas 75238 T: (214) 390-9282 • F: (972) 329-7072 ACR-1958587 • ECR-1958592 • SCR-G-1958543

### FIRE SPRINKLER SYSTEM INSPECTION

Location Name: MLK JR. REC CENTER	Customer Name: C	ITY OF DENTON
Address: 1300 WILSON ST.	Address: 1300 WILSO	ON ST.
City: DENTON State: TEXAS Zip:	City: DENTON	State: TEXAS Zip:
Contact: DAVID MOORE Phone: (940) 349-7247	Contact: DAVID MOO	RE <b>Phone:</b> (940) 349-7247
Monitoring Company: SSD Phone: ( ) -	Acct.#	Inspector: STAN STOWERS
Alarm called off Time: Name: ANTONIO	WO#: 38597	Date: 9-16-2021

\* Explain all NO answers on Page 2 – Comments and Inspection Deficiencies

Pre-Action/Deluge - Quantity:

GENERAL INFORMATION (GI)	Yes	No	N/A		Yes	No	N/A
1. Is the building occupied as in past?	Х			17. FDC gaskets/signs in place?	х		
2. Is the building fully sprinklered?	Х			18. FDC equipped with ball drip?	x		
<ol><li>Systems in service without modification</li></ol>	x			19. Sprinkler system main drain test completed	X		
since the last inspection?	~			& ok? (Record pg 2)	x		1
4. Spare head box with heads and wrench securely mounted?	х			ALARM INFORMATION			1
<ol><li>Stock/storage a minimum of 18" below sprinkler heads &amp; ceiling tiles in place?</li></ol>	х			1. Was the WMG or elec bell tested & ok?	х		
6. Are all gauges in good condition & showing normal pressures?	х			2. Central Station flow alarm tested & ok?	X		
7. Wet system areas adequately heated?	X			3. Central Station tamper tested & ok?	х		<u> </u>
8. Does building have freezers/coolers?		X		4. Alarm devices free from physical damage & all	x		
VALVE INFORMATION (VI)				electrical connections secure?	~		
1. Are all main control valves open?	X			5. Alarm trim valves ok & set properly?			х
2. Main control valves in good condition and identified?	х			6. No leakage from retard chambers of alarm drains?	х		
3. Are control valves secure? (Record pg 2)	X			7. Inspectors test connection(s) ok?	х		
4. Are all control valves accessible & free from external leaks?	х			BFO INFORMATION (BI)			
5. Are all control valves provided with the	x			1. Isolation valves open?			X
proper operators? 6. All control valves operated through full range &				2. Backflow device Present			x
returned to normal position?	х			EXTERIOR INSPECTION (EI)			
7. Valves lubricated, as needed?			X	1. Exterior hydrants flushed?			x
SPRINKLER & PIPING INFORMATION (SI)							
1. Are all sprinklers unobstructed?	X		_	2. Non-draining hydrants pump out?			Х
<ol> <li>Sprinklers free of corrosion, tape, paint, &amp; physical damage?</li> </ol>	x			3. City pit checked?			x
3. Heads in freezers/coolers appear free of ice,				4. City pit pumped out?			X
corrosion?			x	DRY PIPE SYSTEM INSPECTION (DI)			
4. Are all sprinklers less than 50 years old?	Х			1. Dry pipe valves in service & in good condition			
<ol><li>Are escutcheon plates ok?</li></ol>	Х			– Internally & externally?			X
6. Sprinklers of proper temperature rating?	Х			2. Pressure & priming water ok?			x
<ol><li>Riser in good condition &amp; unobstructed?</li></ol>	х						
8. Hydraulic nameplate attached?	Х			3. Air supply in good working order?			X
9. System ID securely attached & legible?	х			4. Were low points drained during fall & winter			x
<ol> <li>Pipe in good condition, free of damage &amp; obstructions, and not leaking?</li> </ol>	х			inspections? 5. Are accelerators in good condition?			x
11. All hangers ok?	Х			6. All dry valves been trip tested & ok? See			-
12. Seismic bracing ok?			Х	trip test report.			X
13. Antifreeze tested & ok? (Record below)			Х	7. Dry pipe valves in heated area?			x
14. Relief valves on gridded systems ok?			X				×
15. FDC & caps ok?	Х			8. Was full trip test performed? To be completed every 3 years.			x
16. FDC swivels non-binding rotation?	x			Date of last full trip			^

Antifreeze System(s	Location		
Antimeeze oystemija	OK to what temperature		
Wet Systems	- Quantity: <u>1</u>	Size: <u>4"</u>	Type: <u>CSC</u>
Dry Systems	- Quantity:	Size:	Туре:

Type:

Size:

### **TEXAS FIRE & SOUND**

10451 Brockwood Road • Dallas, Texas 75238 T: (214) 390-9282 • F: (972) 329-7072 ACR-1958587 • ECR-1958592 • SCR-G-1958543

Sprinkler Head Type							Head	Wrench 🛛 Y	′es □No		
Location	QT	Y M	ake	M	Model	Т	/pe	Size		NPT	Temp
BLDG	6	C	SC		А	S	SU	1/2"			
BLDG	5	CEN	ITRAL		Α	SS	SP-1	1/2"			155F
BLDG	1	RA	SCO	R/	A1414	S	SP	1/2"			155F
BLDG								1/2"			
Control Valves											
Control No. of Valves Valves	I IVDe	Easil Access		Sign	IS	Valve Open	If yes, how?	Secur Circle those			Valve Supervisi Operation
System 1	OSY	⊠Yes [	□No	⊠Yes [	□No	⊠Yes □No	⊠Yes □No	Sealed	Locked	Supv	
Sectional		□Yes [	No	□Yes [	No	□Yes □No	□Yes □No	Sealed	Locked	□Supv	/d □Yes □
City Pit / BFP		□Yes [	No	□Yes [	No	□Yes □No	□Yes □No	Sealed	Locked	□Supv	/d □Yes □
Tank / Pump		□Yes [	No	□Yes [	No	□Yes □No	□Yes □No	Sealed	Locked	□Supv	/d □Yes □
Anti-Freeze		☐Yes [	No	□Yes [	No	□Yes □No	□Yes □No	Sealed	Locked	□Supv	∕d ☐Yes 🗌
Main Drain & Alarm	Test C	ity PSI <u>90</u>									
System No.		1									
Static Pressure (psi)		90									
Flow Pressure		80									
Residual Pressure (psi)		90									
Local Alarm OK (Y/N)		YES									
Flow Switch / Time		83									
Hose Valves 1. Caps In Place	Quar	YES		.½3. If	Dry Wa	s 5 Year – Hyd	I Dry Pipe Valve Air Pressure at dro Completed w test Comple	Trip:	PSI • Time I		econds Seconds Last Date
Hose Valves 1. Caps In Place 2. Valves Functional	Quar Quar Yes	tity: tity: 2½ No N/A	1	3. If 4. If <b>Com</b> r	Dry Wa Wet Wa ments a to define	us 5 Year – Hyd as 5 year – Flo <b>and Inspecti</b> d e the work req	Air Pressure at dro Completed w test Comple on Deficiencie uired i.e. locat	Trip: ted es ion, number	PSI • Time to Yes No	N/A	Seconds Last Date
Hose Valves 1. Caps In Place 2. Valves Functional DTE: PLEASE SEE FIRS	Quar Quar Yes (Pro	tity: tity: 2½ No N/A	1	3. If 4. If <b>Com</b> r	Dry Wa Wet Wa ments a to define	us 5 Year – Hyd as 5 year – Flo <b>and Inspecti</b> d e the work req	Air Pressure at dro Completed w test Comple on Deficiencie uired i.e. locat	Trip: ted es ion, number	PSI • Time to Yes No	N/A	Seconds Last Date
Hose Valves 1. Caps In Place 2. Valves Functional DTE: PLEASE SEE FIRS V IN MULTIPURPOSE R	Quar Quar Yes I (Pro	tity: tity: 2½ No N/A	1	3. If 1 4. If 1 Comr scription to NNUAL IN	Dry Wa Wet Wa nents a o define NSPECTI	S 5 Year – Hyd as 5 year – Flo and Inspection the work req ION SUMMARY	Air Pressure at dro Completed w test Comple on Deficiencio uired i.e. locat COF CONCERN	Trip:	PSI • Time I Yes No of heads, et IRE SPRINK	to ITC:	Seconds Last Date
Stand Pipes Wet / Dry Hose Valves  1. Caps In Place 2. Valves Functional  OTE: PLEASE SEE FIRS  IV IN MULTIPURPOSE R  IN RULTIPURPOSE R  IN RISER PACKET IN Place Ustomer Sign:		tity: tity: 2½ No N/A vide sufficie THIS REPO BOX	1	3. If 4. If 5cription to NNUAL IN Blue T	Dry Wa Wet Wa nents a o define NSPECTI	as 5 Year – Hyd as 5 year – Flo and Inspection the work req ION SUMMARY	Air Pressure at dro Completed w test Comple on Deficiencie uired i.e. locat COF CONCERN	Trip: ted [ es ion, number S) FOR ALL F  S) FOR ALL F  Red Tag	PSI • Time f	to ITC:	ATED DEFICIENCI

Page 2 of 2

### MLK REC CENTER

1300 WILSON ST , DENTON , TX 76205

### W0#39359

6/25/2021

## PORTABLE FIRE EXTINGUISHERS

								6	и	4	ω	2	2	1	
								STORAGE ROOM BY GYM	BY GYM	CLASSROOM	KITCKEN	MUTIPURPOSE ROOM	ARTS AND CRAFT ROOM	ARTS AND CRAFT ROOM	LOCATION
								5#	5#	5#	5#	5#	10#	5#	SIZE
								ABC	ABC	ABC	ABC	ABC	ABC	ABC	TYPE
								2009	2004	1988	1988	1989	2004	2006	NEW
															6 YEAR
								X							HYDRO
								DUE FOR HYDRO							DEFICIENCIES

Revised: 2/7/2013

10451 Brockwood Rd. Dallas, Texas

### ANNUAL INSPECTION SUMMARY OF CONCERNS

Date: Property Name: Address:

Work Order:

38597

June 17, 2021 **N. LAKE REC CENTER** 2001 W. WINSOR DR. **DENTON TEXAS** 

These comments of concern have been excerpted from the T&I report for immediate review. We recommend that these issues be addressed as soon as possible. (if the page area is blank, there were no issues to address)

**FIRE ALARM:** 

### (ACCEPTABLE AT THIS TIME)

### FIRE SPRINKLER:

### (ACCEPTABLE AT THIS TIME)

1). 5 YEAR INTERNAL DUE

2). 2 WATER GAUGES OUT OF DATE

3). NO HEAD WRENCH IN SPARE BOX (TYCO 3231 1/2" & RASCO MOD G 1/2")

### FIRE EXTINGUISHERS:

### (SERVICE REQUIRED)

1). 1 5# ABC EXTINGUISHER MISSING GYM STORAGE

2). 1 5# ABC EXTINGUISHER DUE FOR 6 YEAR ROOM C.

### **FIRELINE BACKFLOWS:**

NOTE:

NOTE: If you need additional information or further clarification of any issue, please feel free to contact our Service Department at (214) 390-9282.

### Thank you for this opportunity to have been of service to you

DENTON NORTH LAKE RECREATION CENTER ANNUAL FA

10451 Brockwood Rd. Dallas, Texas

Ph: (214) 390-9282 · Fax: (214) 988-2931

### FIRE ALARM INSPECTION

### Service Organization

Name:	<b>TEXAS FIRE &amp; SOUND</b>								
Address:	10451 BROCKWOOD DALLAS, TX								
Rep:	STAN STOWERS								
License #:	FAL 3398								
Phone #:	(214) 390-9282								

### **Monitoring Transmission**

Contact		SSD
Phone #:	800-	888-0444
Monitoring	Account Ref. #	71158870

Date:	6-17-2021	
Time:	7:30	

### **Property Name (User)**

Name:	N. LAKE REC CENTER
Address:	2001 W. WINDSOR DR.
-	DENTON TEXAS
Contact:	CHRIS CAMIZZI
Phone #:	940 300 1867

### **Approving Agency**

Contact:	
Phone #:	

**DENTON FIRE MARSHALL** 

**Type Transmission** Service McMulloh Weekly Monthly Multiplex Quarterly Digital Semiannually **Reverse** Priority Х Annually RF Other (Specify) Other (Specify) Х

Control Unit Manufacturer:	FIRELITE	Model #:	5UD
Circuit Styles:	6		
Number of Circuits:	1		
Software Rev:			
Last date system had any service pe	rformed:		
Last date software or configuration v	was revised:		

### **Alarm-Initiating Devices and Circuit Information**

Quantity	Circuit Style	
4	4	Manual Fire Alarm Boxes
		CO2 Detectors
6	4	Photo Detectors
		Duct Detectors
		Heat Detectors
1	4	Waterflow Switches
1	4	Tamper Switches
		Other (Specify):

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### Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style			
		Bells		
		Horns	No. of notification appliance circuits:	4
4	В	Strobes	Are circuits monitored for integrity?	X Yes
		Chimes		No
12	В	Horn/Strobes - Inc	luding outside horn/strobes	
		Speakers		
		Other (Specify):	SPEAKER STROBES	

### Supervisory Signal-initiating Devices and Circuit Information

Quantity	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
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Engine Running
		Other:

### **Signaling Line Circuits**

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

Quantity		Style(s)						
System Power Supplies								
a.	Primary (Main): Nominal Voltage Overcurrent Protection: Type Location (of Primary Supply Panel board):	120V BREAKER		20 20				
b.	Disconnecting Means Location: Secondary (Standby):	: <b>12</b> AHR: <b>7.2</b>	CKT #28					
	Calculated capacity to operate system, in h Engine-driven generator dedicated to fire a Location of fuel storage:	ours: 24 X	60					
с.	Emergency or standby system used as a ba a secondary power supply:	ckup to primary power s	supply, instead of	fusing				
	Type Battery							
		rgency system describec ly required standby describ						
X	Lead-Acid Artic	onal standby system des le 702, which also me irements of Article 700 o	ets the performar					

10451 Brockwood Rd. Dallas, Texas

### Ph: (214) 390-9282 · Fax: (214) 988-2931

### **Prior to Any Testing**

Notifications are Made	Yes	No	Who	Time
Monitoring Entity	Х		MONITORING	12:00
Building Occupants	X		BUILDING	12:00
Building Management	Х		MANAGEMENT	12:00
Other				
AHJ (Notified) of Any Impairments				

### System Tests and Inspections

Туре	Visible	Functional	Comments
Control Unit	X	X	PASS
Interface Eq.			
Lamps/LEDS	Х	X	PASS
Fuses			
Primary Power Supply	X	X	PASS
Trouble Signals	Х	X	PASS
Disconnect Switches			
Ground-Fault Monitoring			

### Secondary Power

	Secondary Pol	ver	
Туре	Visible	Functional	Comments
Battery Condition	Х	X	PASS
Load Voltage			
Discharge Test			
Charger Test			
Specific Gravity			
TRANSIENT SUPPRESSORS			
REMOTE ANNUNCIATORS			5
NOTIFICATION APPLIANCES			
Audible	Х	X	PASS
Visual	Х	X	PASS
Speakers			
Voice Clarity		5	

### **Initiating and Supervisory Device Tests and Inspections**

SN	Device Location	Device Type	Visual Check	Func tion	Factory Address	Measured Setting	Pass	Fail	
	SEE ATTACHED SHEETS								

### **DENTON NORTH LAKE REC CENTER**

FLOOR	LOCATION	ТҮРЕ	ADDRESS	PASS	FAI
1	ITV - IN ROOM C WALL BOX	WATERFLOW	ZN-3	Х	
1	RISER ROOM	TAMPER SWITCH	ZN-4	Х	
1	FRONT ENTRY	MANUAL PULL	ZN-2	Х	
1	BY ROOM C EXIT	MANUAL PULL	ZN-2	X	
1	BY ROOM C	PHOTO SMOKE	ZN-1	Х	
1	BY ROOM B	PHOTO SMOKE	ZN-1	Х	
1	BY ROOM A	PHOTO SMOKE	ZN-1	X	
1	BY N.E. EXIT	MANUAL PULL	ZN-2	X	
1	BY ELECTRICAL ROOM	PHOTO SMOKE	ZN-1	Х	
1	BY INFORMATION DESK	PHOTO SMOKE	ZN-1	X	
1	WEIGHT ROOM EXIT	MANUAL PULL	ZN-2	X	
1	BY VENDING MACHINE	PHOTO SMOKE	ZN-1	X	
			A		

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		ommunicatio			
	Emergency C Visible	Functional	Comments	i.	
Phone Set	VISIBIC	l	Commentes		
Phone Jacks					
Off-Hook Indicator					
Amplifier(s)					
Tone Generator(s)					
Call-in Signal					
System Performance					
	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	•		
	Inte	erface Equipn			
		Device	Simulated		
	Visible	Operation	Operation	1	
Specify				-	
Specify				-	
Specify				]	
	Snec	ial Hazard Sys	stems		
	Spec	Device	Simulated		
	Visible	Operation	Operation		
Specify			- perditori	]	
Specify					
Specify					
Special Procedures:					
special Procedures.					
Comments:					 
	Supervis	ing Station M	onitoring		
		ing Station M	onitoring Time	Comments	
Comments:	Yes		Time	Comments PASS	
Comments:					
Comments: Alarm Signal Alarm Restoration	Yes X		Time <b>4:00</b>	PASS	 
Comments: Alarm Signal Alarm Restoration Trouble Signal	Yes X X		Time 4:00 4:00	PASS PASS	 
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X		Time 4:00 4:00 4:00	PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X X X X	No	Time 4:00 4:00 4:00 4:00 4:00	PASS PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal	Yes X X X X Notification	No	Time 4:00 4:00 4:00 4:00 4:00 is complete	PASS PASS PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration	Yes X X X X Notification Yes	No	Time 4:00 4:00 4:00 4:00 4:00 is complete Time	PASS PASS PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management	Yes X X X X Notification Yes X	No	Time 4:00 4:00 4:00 4:00 4:00 is complete Time 4:00	PASS PASS PASS PASS PASS Comments PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency	Yes X X X X Notification Yes X X	No	Time 4:00 4:00 4:00 4:00 4:00 is complete Time 4:00 4:00	PASS PASS PASS PASS PASS Comments PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants	Yes X X X X Notification Yes X	No	Time 4:00 4:00 4:00 4:00 4:00 is complete Time 4:00	PASS PASS PASS PASS PASS Comments PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants	Yes X X X X Notification Yes X X	No	Time 4:00 4:00 4:00 4:00 4:00 is complete Time 4:00 4:00	PASS PASS PASS PASS PASS Comments PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify)	Yes X X X X X Notification Yes X X X X	No that testing No	Time 4:00 4:00 4:00 4:00 4:00 4:00 4:00 4:0	PASS PASS PASS PASS PASS PASS PASS PASS	4:00
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify)	Yes X X X X X Notification Yes X X X X	No	Time 4:00 4:00 4:00 4:00 4:00 4:00 4:00 4:0	PASS PASS PASS PASS PASS Comments PASS PASS	4:00
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Ope	Yes X X X X X Notification Yes X X X X	No that testing No (YES)	Time 4:00 4:00 4:00 4:00 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	PASS PASS PASS PASS PASS PASS PASS PASS	 4:00
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Ope This testing wa	Yes X X X X Notification Yes X X X x x sperformed in a	No that testing No (YES) accordance w	Time 4:00 4:00 4:00 4:00 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	PASS PASS PASS PASS PASS PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Ope This testing wa	Yes X X X X X Notification Yes X X X X	No that testing No (YES) accordance w	Time 4:00 4:00 4:00 4:00 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	PASS PASS PASS PASS PASS PASS PASS PASS	 4:00
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Ope This testing wa Name of Inspector:	Yes X X X X Notification Yes X X X x x sperformed in a	No that testing No (YES) accordance w	Time 4:00 4:00 4:00 4:00 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	PASS PASS PASS PASS PASS PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Ope This testing wa Name of Inspector:	Yes X X X X Notification Yes X X X X x x x STAN STOV	No that testing No (YES) accordance w	Time 4:00 4:00 4:00 4:00 is complete Time 4:00 4:00 4:00 5 Date: ith applicable Date:	PASS PASS PASS PASS PASS PASS PASS PASS	
Comments: Alarm Signal Alarm Restoration Trouble Signal Supervisory Signal Supervisory Restoration Building Management Monitoring Agency Building Occupants Other (Specify) System restored to normal Ope	Yes X X X X Notification Yes X X X X x x x STAN STOV	No that testing No (YES) accordance with the second se	Time 4:00 4:00 4:00 4:00 is complete Time 4:00 4:00 4:00 Date: Date:	PASS PASS PASS PASS PASS PASS PASS PASS	

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### FIRE SPRINKLER SYSTEM INSPECTION

Location Name: N. LAKE REC CENTER

Address: 2001 W WINDSOR DR.

City: DENTON State: TEXAS Zip:

Contact: CHRIS CAMIZZI Phone: (940) 300-1867

Monitoring Company: SSD Phone: (800) 888-0444

Alarm called off Time: 12:00 Name: STAN

\* Explain all NO answers on Page 2 – Comments and Inspection Deficiencies

GENERAL INFORMATION (GI)	Yes	No	N/A		Yes	No	N/A
1. Is the building occupied as in past?	х			17. FDC gaskets/signs in place?	х		
2. Is the building fully sprinklered?	х			18. FDC equipped with ball drip?	х		
3. Systems in service without modification since the last inspection?	x			19. Sprinkler system main drain test completed & ok? (Record pg 2)	х		
4. Spare head box with heads and wrench securely mounted?		х		ALARM INFORMATION			
<ol><li>Stock/storage a minimum of 18" below sprinkler heads &amp; ceiling tiles in place?</li></ol>	х			1. Was the WMG or elec bell tested & ok?	х		
6. Are all gauges in good condition & showing normal pressures?		х		2. Central Station flow alarm tested & ok?	X X		
7. Wet system areas adequately heated?	X			3. Central Station tamper tested & ok?	X		
8. Does building have freezers/coolers?		Х	_	<ol> <li>Alarm devices free from physical damage &amp; all electrical connections secure?</li> </ol>	х		
VALVE INFORMATION (VI)				5. Alarm trim valves ok & set properly?	х		
Are all main control valves open?     Main control valves in good condition and	X X		_	<ul><li>6. No leakage from retard chambers of alarm drains?</li></ul>	x		
identified? 3. Are control valves secure? (Record pg 2)	x			7. Inspectors test connection(s) ok?	х		
4. Are all control valves accessible & free					~		
from external leaks?	х			BFO INFORMATION (BI)		5	1
5. Are all control valves provided with the proper operators?	x			1. Isolation valves open?			X
6. All control valves operated through full range &	×			2. Backflow device Present			X
returned to normal position?	x			EXTERIOR INSPECTION (EI)			
7. Valves lubricated, as needed?			X	1. Exterior hydrants flushed?			x
SPRINKLER & PIPING INFORMATION (SI)	1			2. Non-draining hydrants pump out?			x
1. Are all sprinklers unobstructed?	X						
<ol> <li>Sprinklers free of corrosion, tape, paint, &amp; physical damage?</li> </ol>	х			3. City pit checked? 4. City pit pumped out?			X X
3. Heads in freezers/coolers appear free of ice,			x				^
corrosion?				DRY PIPE SYSTEM INSPECTION (DI)		·	T
4. Are all sprinklers less than 50 years old?	X			1. Dry pipe valves in service & in good condition			x
5. Are escutcheon plates ok?	X X			- Internally & externally?			
<ul><li>6. Sprinklers of proper temperature rating?</li><li>7. Riser in good condition &amp; unobstructed?</li></ul>	X			2. Pressure & priming water ok?			X
8. Hydraulic nameplate attached?	x		-	3. Air supply in good working order?			X
9. System ID securely attached & legible?	X			4. Were low points drained during fall & winter			
10. Pipe in good condition, free of damage			1	inspections?			X
& obstructions, and not leaking?	x			5. Are accelerators in good condition?			X
11. All hangers ok?	Х			6. All dry valves been trip tested & ok? See			
12. Seismic bracing ok?			X	trip test report.			X
13. Antifreeze tested & ok? (Record below)			X	7. Dry pipe valves in heated area?			x
14. Relief valves on gridded systems ok?			X	8. Was full trip test performed?			
15. FDC & caps ok?	х			To be completed every 3 years.			x
16. FDC swivels non-binding rotation?	x			Date of last full trip			^

Antifreeze System(s	OK to what temperature		
Wet Systems -	Quantity: 1	Size: <u>4</u>	Type: RASCO MODEL E
Dry Systems -	Quantity:	Size:	Туре:

Type:

City: DENTON	State: TEXAS Zip:
Contact: CHRIS CAM	IIZZI <b>Phone:</b> (940) 300-1867
Acct.# 71158870	Inspector: STAN STOWERS
WO#: 38597	Date: 6-17-2021

Customer Name: CITY OF DENTON

Address: 2001 W. WINDSOR DR.

### **EXAS FIRE & SOUND**

Pre-Action/Deluge - Quantity:

<sup>-</sup> Quantity: \_\_\_\_\_ Size: \_\_\_\_ le - Quantity: Size: \_\_\_\_

### EXAS FIRE & SOUND 10451 Brockwood Road • Dallas, Texas 75238

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 $\cdot$  Fire Pump on System:  $\Box$  Yes  $\boxtimes$  No  $\Box$  Diesel  $\Box$  Electric

Valves     Valves     Valves     Valves     Valves     Accessible     Accessible     Accessible     Operation       System     1     BFV     XYes \no     XYes \no     XYes \no     XYes \no     Sealed     Locked     Xupvd     XYes \no       Sectional       Yes \no     Yes \no     Yes \no     Yes \no     Sealed     Locked     Supvd     Yes \no       City Pit / BFP       Yes \no     Yes \no     Yes \no     Yes \no     Sealed     Locked     Supvd     Yes \no       Tank / Pump       Yes \no	Iocation         QTY         Make         Model         Type         Size         NPT         Temp           BLDG         2         TYCO         TY3231         SSP         1/2"         155F           BLDG         1         RASCO         G         SSU D-1         1/2"         155F           BLDG         1         RASCO         G         SSU D-1         1/2"         155F           BLDG         1         RASCO         G         SSP         1/2"         155F           Control         Valves         Valves         Secured?         Valves         Valves         Valves         Valves         Valves         Valves         Valves         Valves         Valves         No         14         Valves         No         14         Ves< <no< td="">         No         14</no<>	Sprinkler Hea		Months:		🗆 No	<ul> <li>Packing</li> </ul>	g Dripping Prop	erly: LIYe	es 🗌 No		
Location         QTY         Make         Model         Type         Size         NPT         Temp           BLDG         2         TYCO         TY3231         SSP         1/2"         155F           BLDG         1         RASCO         G         SSU D-1         1/2"         155F           BLDG         1         RASCO         G         SSP         1/2"         155F           Control         Valves         Valves         No         G         Secured7         Valve         Specification         Specificat	Location         QTY         Make         Model         Type         Size         NPT         Temp           BLDG         2         TYCO         TY3231         SSP         1/2"         155F           BLDG         1         RASCO         G         SSU         1/2"         155F           BLDG         1         RASCO         G         SSP         1/2"         155F           BLOG         1         RASCO         G         SSP         1/2"         155F           BLOG         1         RASCO         G         SSP         1/2"         155F           Control Valves         Type         Easily         Signs         Valve Open         Irge, how? Circle those applicable         Opales         Supervision         Opales         Notes         <		ad Type					Head	Wrench 🗆 ነ	′es ⊠No		
BLG         1         RASCO         G         SSU D-1         1/2"         155F           BLDG         1         RASCO         G         SSP         1/2"         155F           Stored         No         Type         Easily         Signs         Valve Open         1/2"         Secured?         Valve           System No         1         Type I/2 molo	BLDG         1         RASCO         G         SSU D-1         1/2"         155F           BLDG         1         RASCO         G         SSP         1/2"         155F           BLDG         1         1         1/2"         155F         155F         155F           Control Valves         Type         Easily Accessible         Signs         Valve Open         1/2"         Valve Open         Secured?         Valve         Supervision Operationa           Sectional         1         1         1         1         1         1         1         1         1         1         1			QTY	Make	Model	T	уре	Size		NPT	Temp
BLDG       1       RASCO       G       SSP       1/2"       155F         BLDG       Image: construct of the set	BLDG       1       RASCO       G       SSP       1/2"       155F         BLDG       I					TY3231		10.001	1/2"			155F
BLDG       1       RASCO       G       SSP       1/2"       155F         BLDG       I <thi< th=""> <thi< th=""></thi<></thi<>	BLDG       1       RASCO       G       SSP       1/2"       155F         BLDG       I					G	SSL	J D-1	1/2"			155F
BLDG       1/2"         Control Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable       Valve Supervisi Operation Supervisi         System       1       BFV       Myes DNo	BLDG       Indext and the second	BLD	DG	1	RASCO	G			1/2"			155F
Control Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable       Valve Supervisi Operation         5ystem       1       BFV       Myes No       Myes No       Myes No       Myes No       Myes No       Secured?       Supervisi Operation         2ity Pit / BFP       1       PYes No       Type No       Myes No       Myes No       Sealed       Locked       Supvd       Type Nes No       Type No       Type No       Type No       Sealed       Locked       Supvd       Type Nes No       Type No       Typ	Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       If yes, how? Circle those applicable       Valves Supervision Operational         1       BFV       ØYes No       Ø											
Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       Secured? If yes, how? Circle those applicable       Valve Open Supervision Operation         System       1       BFV       ØYes INO       ØYes INO       ØYes INO       ØYes INO       Secured?       Øyes INO       Operation         Sectional       Image: I	Control Valves       No. of Valves       Type       Easily Accessible       Signs       Valve Open       Secured? If yes, how? Circle those applicable       Valve Supervision Operational         1       BFV       BYes INo       MYes INo       MYes INo       MYes INo       MYes INo       Sealed       Locked       Supuvd       MYes INo         Signs       If yes INo       MYes INo       MYes INO       MYes INO       MYes INO       Sealed       Locked       Supuvd       MYes INO         Signs       Min       MYes INO         Signs       Min       MYes INO         Signs       Min / Pump       If yes INO       MYes INO         System No.       1       If yes INO       MYes INO <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
Valves         Valves         Accessible         C         If yes, how Circle tribse applicable         Operation           System         1         BFV         Øres [No	Valves       Valves       Accessible       Operational       Operational       Operational         System       1       BFV       ØYes No       ØYes No       ØYes No       Sealed       Locked       Øsupvd       ØYes No         System       1       BFV       ØYes No       ØYes No       ØYes No       Sealed       Locked       Øsupvd       ØYes No         System       1       PYes No       Operational       Operational       ØYes No       Operational         System No       Operational       Operational       Operational       ØYes No       Operational       ØYes No       Sealed       Locked       Øsupvd       ØYes No         Statip Pressure       Operational       Operational       Operational       Operational       Operational       Operational         System No.       1       Operational	Control	No. of	Туре		Sians	Valve Open					Valve Supervision
Sectional		Valves	Valves	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second second				T THE R P. LEWIS CO.			Operational
City Pit / BFP         Image: Second Sec	City Pit / BFP       Image: Second for the second for th	System	1	BFV	Yes 🗆 No							
Anti-Freeze       Image: Second	Image: Stand Pipes Wet / Dry       Quantity:       Size:       Dry       Pipe Valve       Dry Pipe Valve       Trip:       Seconds         Static Pressure (vsi)       80       1 <t< td=""><td>Sectional</td><td></td><td></td><td>□Yes □No</td><td>□Yes □No</td><td>□Yes □No</td><td>□Yes □No</td><td></td><td></td><td></td><td></td></t<>	Sectional			□Yes □No	□Yes □No	□Yes □No	□Yes □No				
Inti-Freeze       Image: Second	Inti-Freeze       Image: Inti-Free	City Pit / BFP			□Yes □No	□Yes □No		the second se				
Main Drain & Alarm Test       City PSI 80         System No.       1	Main Drain & Alarm Test       City PSI 80         System No.       1       Image: City PSI 80         System No.       1       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80         Residual Pressure (psi)       80       Image: City PSI 80         Residual Pressure (psi)       80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80       Image: City PSI 80       Image: City PSI 80         Static Pressure (psi)       80       Image: City PSI 80       Image: City PSI 80       Image: City PSI 80       Image: City PSI 80         Static Pressure (psi 80       Quantity: Image: City PSI 80       Image: City PSI 80 <td>Fank / Pump</td> <td></td> <td></td> <td>□Yes □No</td> <td>□Yes □No</td> <td>□Yes □No</td> <td>□Yes □No</td> <td>Sealed</td> <td>Locked</td> <td>the second se</td> <td>□Yes □No</td>	Fank / Pump			□Yes □No	□Yes □No	□Yes □No	□Yes □No	Sealed	Locked	the second se	□Yes □No
System No.       1	System No.       1       Image: System No.	Anti-Freeze			□Yes □No	□Yes □No	□Yes □No	□Yes □No	Sealed	Locked	□Supvd	□Yes □No
Static Pressure (psi)       80       Image: static Pressure (psi)       90	Static Pressure (psi)       80       Image: static Pressure (psi)       90 <t< td=""><td>4ain Drain &amp;</td><td>Alarm Te</td><td>st City</td><td><b>PSI</b> <u>80</u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	4ain Drain &	Alarm Te	st City	<b>PSI</b> <u>80</u>							
Image: Non-State       Image: Non-State <th< td=""><td>Iow Pressure       70       Iow       70       Iow       <thiow< th=""></thiow<></td><td>System No.</td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Iow Pressure       70       Iow       70       Iow       Iow <thiow< th=""></thiow<>	System No.			1							
Residual Pressure (psi)       80       Image: second secon	Residual Pressure (psi)       80       Image: Second secon	Static Pressure	e (psi)		80							
VES       V	Vestor	low Pressure			70							
Image: Sign of the system       Image:	Iow Switch / Time       28 SEC       Image: Second	Residual Press	sure (psi)		80							
Central Alarm Received (Y/N)       YES       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Air Pressure at Trip: PSI • Time to ITC: Seconds         Air Pressure at Trip: PSI • Time to ITC: Seconds         Caps In Place       3. If Dry Was 5 Year - Hydro Completed         Valves Functional       4. If Wet Was 5 year - Flow test Completed         Comments and Inspection Deficiencies	Central Alarm Received (Y/N)       YES       Description       Descript	ocal Alarm Ok	K (Y/N)		YES							
Stand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         Air Pressure at Trip: PSI • Time to ITC: Seconds         Yes       No       N/A         Last Date         Yes Functional       3. If Dry Was 5 Year - Hydro Completed         Yes Functional       4. If Wet Was 5 year - Flow test Completed         Comments and Inspection Deficiencies	Stand Pipes Wet / Dry Quantity: Size:   Alis Pressure at Trip: PSI • Time to Trip: Seconds   Alis Pressure at Trip: PSI • Time to ITC: Seconds   Yes No   N/A Yes   Yes No   N/A Yes   Yes No   Yes No <td>low Switch / 1</td> <td>Time</td> <td>2</td> <td>28 SEC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	low Switch / 1	Time	2	28 SEC							
tand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         lose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC: Seconds         . Caps In Place       3. If Dry Was 5 Year – Hydro Completed          . Valves Functional       4. If Wet Was 5 year – Flow test Completed          . Comments and Inspection Deficiencies	tand Pipes Wet / Dry       Quantity: Size:       Dry Pipe Valve Trip Test: Time to Trip: Seconds         lose Valves       Quantity: 2½ 1½       Air Pressure at Trip: PSI • Time to ITC: Seconds         . Caps In Place       3. If Dry Was 5 Year - Hydro Completed       Yes No N/A       Last Date         . Valves Functional       4. If Wet Was 5 year - Flow test Completed	entral Alarm	Received (	Y/N)	YES							
	TE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCIES	Consta Dis				2 If Dry M	Inc E Vonr Hu	dra Completed	ſ			
		. Valves Fund	ctional	a¥n is berendan		4. If Wet V Comments	Vas 5 year – Flo <b>s and Inspectio</b> ne the work req	w test Complet on Deficiencie uired i.e. locati	s on, number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		D DEFICIENCIES
		. Valves Fund	ctional	a¥n is berendan		4. If Wet V Comments	Vas 5 year – Flo <b>s and Inspectio</b> ne the work req	w test Complet on Deficiencie uired i.e. locati	s on, number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		DEFICIENCIES
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		2. Valves Fund	ctional	a¥n is berendan		4. If Wet V Comments	Vas 5 year – Flo <b>s and Inspectio</b> ne the work req	w test Complet on Deficiencie uired i.e. locati	s on, number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		DEFICIENCIES
□ Blue Tag ⊠ Yellow Tag □ Red Tag	□ Blue Tag ⊠ Yellow Tag □ Red Tag	2. Valves Fund	ctional	a¥n is berendan	HIS REPORT (A	4. If Wet V Comments scription to defi NNUAL INSPEC	Vas 5 year – Flo s and Inspection ne the work req TION SUMMARY	w test Complet on Deficiencie uired i.e. locati	5) FOR ALL F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		DEFICIENCIES
□ Blue Tag  Yellow Tag □ Red Tag		2. Valves Fund	ctional	a¥n is berendan	HIS REPORT (A	4. If Wet V Comments scription to defi NNUAL INSPEC	Vas 5 year – Flo s and Inspection ne the work req TION SUMMARY	Tag	s on, number 5) FOR ALL F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		DEFICIENCIES
Alarms called back into service time $4:00$	Alarms called back into service time 4:00	TTE: PLEASE S	SEE FIRST	PAGE OF T		4. If Wet V Comments scription to defi NNUAL INSPEC Blue Tag ⊠ Alarm	Vas 5 year – Flo s and Inspection me the work req TION SUMMARY	Tag	s on, number 5) FOR ALL F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		DEFICIENCIES
	Alarms called back into service time 4:00	2. Valves Fund	SEE FIRST	PAGE OF T		4. If Wet V Comments scription to defi NNUAL INSPEC Blue Tag ⊠ Alarm	Vas 5 year – Flo s and Inspection me the work req TION SUMMARY	Tag	s on, number 5) FOR ALL F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		DEFICIENCIES
Alarms called back into service time <u>4:00</u>	Image: Second state in the service of the service in the service of the service in the service	2. Valves Fund	see firest		HIS REPORT (A	4. If Wet V Comments scription to defi NNUAL INSPEC	Vas 5 year – Flo s and Inspection the the work req TION SUMMARY VION SUMMARY	Tag F Tag F Tag STAN	Red Tag			DEFICIENCIES

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### NORTH LAKE REC CENTER

2001 W WINDOR DR, DENTON, TX 76207

### **WO# 38597** 6/17/2021

## PORTABLE FIRE EXTINGUISHERS

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	LOCATION	SIZE	TYPE	NEW	6 YEAR	HYDRO	DEFICIENCIES
1	FRONT ENTRANCE	л #	ABC	1999			
2	GYM	5#	ABC	2012			
З	JANITOR ROOM	5#	ABC	2009			
4	BY TROPHY CASE	5#	ABC	1999			
и	BY ROOM B	5#	ABC	1999			
6	GYM STROAGE	5#	ABC				MISSING
7	INSIDE ROOM C	5#	ABC	2009	Х		DUE FOR & YEAR MAINTENANCE
		£					

Revised: 2/7/2013

NORTH LAKE REC CENTER - PORTABLE FIRE EXTINGUISHERS