

# TEXAS FIRE AND SOUND

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  
Address: 2400 LONG RD,  
DENTON, TX 76207

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 DAMAGED 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 INSIDE 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:** (SERVICE REQUIRED)

SEE REPORT FOR DETAILS

### **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**

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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## FIRE ALARM INSPECTION

### Service Organization

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

Date: 9/17/2021  
Time: 12PM

### Property Name (User)

Name: AQUATIC CENTER  
Address: 2400 LONG RD,  
DENTON, TX 76207  
Contact: CHRIS  
Phone #: 940-300-1867

### Monitoring Transmission

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

### Approving Agency

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

### Type Transmission

         McMulloh  
         Multiplex  
  **X**   Digital  
         Reverse Priority  
         RF  
         Other (Specify) \_\_\_\_\_

### Service

         Weekly  
         Monthly  
         Quarterly  
         Semiannually  
  **X**   Annually  
         Other (Specify) \_\_\_\_\_

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

### Alarm-Initiating Devices and Circuit Information

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

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## Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style	Bells		
_____	_____	Horns	No. of notification appliance circuits:	<u>  4  </u>
<u>  16  </u>	<u>  B  </u>	Strobes	Are circuits monitored for integrity?	<u>  X  </u> Yes
_____	_____	Chimes		_____ No
_____	_____	Horn/Strobes - Including outside horn/strobes		
_____	_____	Speakers		
<u>  15  </u>	<u>  B  </u>	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                   1                   Style(s)                   6                  

## System Power Supplies

- a. Primary (Main): Nominal Voltage           120           Amps           20            
 Overcurrent Protection: Type           BREAKER           Amps           20            
 Location (of Primary Supply Panel board):           ELECTRICAL ROOM PANEL LIA1-41            
 Disconnecting Means Location:           BREAKER #42
- b. Secondary (Standby):           BELOW MAIN FACP            
 Storage Battery: Amp-Hr. Rating:   Volts:   12   AHR:   7    
 Calculated capacity to operate system, in hours:   24   X                     60 \_\_\_\_\_  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_
- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

## Type Battery

_____ Dry Cell		_____ Emergency system described in NFPA 70, Article 700
_____ Nickel-Cadmium	<u>  X  </u>	_____ Legally required standby described in NFPA 70, Article 701
<u>  X  </u> Sealed Lead-Acid	_____	_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.
_____ Lead-Acid		
_____ Other (Specify):		

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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
<b>X</b>		<b>ADT</b>	<b>8:30AM</b>
<b>X</b>		<b>ALL</b>	<b>8:30AM</b>
<b>X</b>		<b>C.O.D</b>	<b>8:30AM</b>

## System Tests and Inspections

### Type

Control Unit  
 Interface Eq.  
 Lamps/LEDS  
 Fuses  
 Primary Power Supply  
 Trouble Signals  
 Disconnect Switches  
 Ground-Fault Monitoring

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

## Secondary Power

### Type

Battery Condition  
 Load Voltage  
 Discharge Test  
 Charger Test  
 Specific Gravity  
**TRANSIENT SUPPRESSORS**  
**REMOTE ANNUNCIATORS**  
**NOTIFICATION APPLIANCES**  
 Audible  
 Visual  
 Speakers  
 Voice Clarity

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

## Initiating and Supervisory Device Tests and Inspections

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

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### Emergency Communications Equipment

	Visible	Functional	Comments
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)			
Tone Generator(s)			
Call-in Signal			
System Performance			

### Interface Equipment

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

### Special Hazard Systems

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

**Special Procedures:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

### Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<b>X</b>		<b>8:30AM</b>	<b>PASS</b>
Alarm Restoration	<b>X</b>		<b>12PM</b>	<b>PASS</b>
Trouble Signal	<b>X</b>		<b>8:30AM</b>	<b>PASS</b>
Supervisory Signal	<b>X</b>		<b>8:30AM</b>	<b>PASS</b>
Supervisory Restoration	<b>X</b>		<b>12PM</b>	<b>PASS</b>

### Notification that testing is complete

	Yes	No	Time	Comments
Building Management	<b>X</b>		<b>12PM</b>	<b>C.O.D</b>
Monitoring Agency	<b>X</b>		<b>12PM</b>	<b>ADT</b>
Building Occupants	<b>X</b>		<b>12PM</b>	<b>ALL</b>
Other (Specify)				

System restored to normal Operation: **(YES)** Date: **9/17/21** Time: **12PM**

**This testing was performed in accordance with applicable NFPA Standards.**

Name of Inspector: **ANTONIO MEDINA** Date: **9/17/21** Time: **12PM**

Signature: **CHRIS CAMIZZI** \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_ **CHRIS CAMIZZI**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: **Signature on File** \_\_\_\_\_

# 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:** AQUATIC CENTER

**Customer Name:** CITY OF DENTON

**Address:** 2400 LONG RD

**Address:** 2400 LONG RD.

**City:** DENTON      **State:** TEXAS    **Zip:** 75207

**City:** DENTON      **State:** TEXAS    **Zip:** 75207

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

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

**Monitoring Company:** ADT    **Phone:** ( ) -

**Acct.#**      **Inspector:** STAN STOWERS

**Alarm called off Time:**      **Name:** ANTONIO

**WO#:** 38597      **Date:** 9-17-2021

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

GENERAL INFORMATION (GI)	Yes	No	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinklered?	X		
3. Systems in service without modification since the last inspection?	X		
4. Spare head box with heads and wrench securely mounted?	X	X	
5. Stock/storage a minimum of 18" below sprinkler heads & ceiling tiles in place?	X		
6. Are all gauges in good condition & showing normal pressures?		X	
7. Wet system areas adequately heated?	X		
8. Does building have freezers/coolers?		X	
VALVE INFORMATION (VI)			
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure? (Record pg 2)	X		
4. Are all control valves accessible & free from external leaks?	X		
5. Are all control valves provided with the proper operators?	X		
6. All control valves operated through full range & returned to normal position?	X		
7. Valves lubricated, as needed?			X
SPRINKLER & PIPING INFORMATION (SI)			
1. Are all sprinklers unobstructed?	X		
2. Sprinklers free of corrosion, tape, paint, & physical damage?		X	
3. Heads in freezers/coolers appear free of ice, corrosion?			X
4. Are all sprinklers less than 50 years old?	X		
5. Are escutcheon plates ok?	X		
6. Sprinklers of proper temperature rating?	X		
7. Riser in good condition & unobstructed?	X		
8. Hydraulic nameplate attached?	X		
9. System ID securely attached & legible?	X		
10. Pipe in good condition, free of damage & obstructions, and not leaking?	X		
11. All hangers ok?	X		
12. Seismic bracing ok?			X
13. Antifreeze tested & ok? (Record below)			X
14. Relief valves on gridded systems ok?			X
15. FDC & caps ok?	X		
16. FDC swivels non-binding rotation?	X		

	Yes	No	N/A
17. FDC gaskets/signs in place?	X		
18. FDC equipped with ball drip?	X		
19. Sprinkler system main drain test completed & ok? (Record pg 2)	X		
ALARM INFORMATION			
1. Was the WMG or elec bell tested & ok?	X		
2. Central Station flow alarm tested & ok?	X		
3. Central Station tamper tested & ok?	X		
4. Alarm devices free from physical damage & all electrical connections secure?	X		
5. Alarm trim valves ok & set properly?			X
6. No leakage from retard chambers of alarm drains?	X		
7. Inspectors test connection(s) ok?	X		
BFO INFORMATION (BI)			
1. Isolation valves open?			X
2. Backflow device Present			X
EXTERIOR INSPECTION (EI)			
1. Exterior hydrants flushed?			X
2. Non-draining hydrants pump out?			X
3. City pit checked?			X
4. City pit pumped out?			X
DRY PIPE SYSTEM INSPECTION (DI)			
1. Dry pipe valves in service & in good condition – Internally & externally?			X
2. Pressure & priming water ok?			X
3. Air supply in good working order?			X
4. Were low points drained during fall & winter inspections?			X
5. Are accelerators in good condition?			X
6. All dry valves been trip tested & ok? See trip test report.			X
7. Dry pipe valves in heated area?			X
8. Was full trip test performed? To be completed every 3 years. Date of last full trip _____			X

Antifreeze System(s)	Location			
	OK to what temperature			

Wet Systems    -    Quantity: 1 \_\_\_\_\_    Size: 4" \_\_\_\_\_    Type: RASCO MODEL E \_\_\_\_\_

Dry Systems    -    Quantity: \_\_\_\_\_    Size: \_\_\_\_\_    Type: \_\_\_\_\_

Pre-Action/Deluge - Quantity: \_\_\_\_\_    Size: \_\_\_\_\_    Type: \_\_\_\_\_

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ACR-1958587 • ECR-1958592 • SCR-G-1958543

• Fire Pump on System:  Yes  No  Diesel  Electric

• Flow Tested within Last 12 Months:  Yes  No

• Packing Dripping Properly:  Yes  No

**Sprinkler Head Type**

**Head Wrench**  Yes  No

Location	QTY	Make	Model	Type	Size	NPT	Temp
BLDG	6	RASCO	R1715	SSP	1/2"		155F
BLDG					1/2"		
BLDG					1/2"		
BLDG					1/2"		

**Control Valves**

Control Valves	No. of Valves	Type	Easily Accessible	Signs	Valve Open	Secured?			Valve Supervision Operational
						If yes, how?	Circle those applicable		
System	1	BFV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input checked="" type="checkbox"/> Supvd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sectional			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Pit / BFP			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank / Pump			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Freeze			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Main Drain & Alarm Test**

**City PSI 60**

System No.	1								
Static Pressure (psi)	60								
Flow Pressure	55								
Residual Pressure (psi)	60								
Local Alarm OK (Y/N)	YES								
Flow Switch / Time	42								
Central Alarm Received (Y/N)	YES								

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

	Yes	No	N/A
1. Caps In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Valves Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Last Date
3. If Dry Was 5 Year – Hydro Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. If Wet Was 5 year – Flow test Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Comments and Inspection Deficiencies**

(Provide sufficient description to define the work required i.e. location, number of heads, etc.)

NOTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCIES.

ITV - WOMENS RESTROOM WEST END WALL BOX

Blue Tag  Yellow Tag  Red Tag

Alarms called back into service time \_\_\_\_\_

Riser packet in place       **All systems in service**      Alarms cleared by ANTONIO

Customer Sign: \_\_\_\_\_ Print: DAVID MOORE      Date: 9-17-2021

Inspector Sign: \_\_\_\_\_ Print: STAN STOWERS      Date: 9-17-2021

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

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, TX. 75238

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

## Hood System Annual Inspection Report

WO# 38597

<b>Location:</b> PINE APPLE CONCESSION	<b>Street:</b> 2400 LONG RD.
<b>City:</b> DENTON	<b>State:</b> TEXAS <b>Zip:</b> 76205
<b>Contact:</b> ROBERT COOK	<b>Phone:</b> (940) 206-9794

### SYSTEM INFORMATION

<b>Agent Type:</b> WET CHEMICAL	<b>Manufacturer:</b> ANSUL	<b>Model:</b> R102
<b>Location:</b> MAIN KITCHEN HOOD		<b>SN:</b> 205752

### CYLINDER INFORMATION

MASTER CYLINDER	ANSUL	3 GALLON	2014	SN: 20141014416
SLAVE CYLINDER				SN:
SLAVE CYLINDER				SN:
FIRING CARTRIDGE	ANSUL	SINGLE TANK	42-1/4 OZ    2014	SN:

### NOZZLE COUNT & LOCATION

UNUSED	FRYER	GRIDDLE	DUCT	PLENUM	
1	1	1	1	1	

### INSPECTION CHECKLIST

YES	System in service on arrival?	YES	Nozzles in good shape?
YES	System is UL 300 listed?	YES	Nozzles unobstructed?
YES	Fuel source shut-off operational?	YES	Nozzles positioned properly?
NO	Cylinders stored pressure?	YES	Nozzle caps in place?
YES	Re-set relay present?	YES	Nozzle orifices clear of grease?
YES	Detection line supported properly?	YES	Fire alarm system present?
YES	Agent piping supported properly?	YES	Fire alarm activated?
YES	Pull station operational?	YES	Appliance fuel source gas?
YES	Control mechanism operational?	YES	Appliance fuel source electric?
42-1/4 OZ	Cartridge weight?	YES	System left operational?
YES	Fusible links changed?	YES	Pilots re-lit, cartridge installed?

### FUSIBLE LINKS & TEMPERATURE

GRIDDLE	PLENUM	FRYER
1	1	1
360	360	360

Comments: (ACCEPTABLE AT THIS TIME)  
(ONE UNUSED NOZZLE RECOMMEND TO BE REMOVED AND PLUGGED)

I understand that it is the manufacturers recommendation and NFPA 17 and 17A that this suppression system be inspected every 6 months to ensure proper operation, failure to do so could result in failure of the system to function properly.

<b>Customer Signature:</b>	<b>Printed Name:</b> ROBERT COOK	7/1/2021
<b>Inspector Signature:</b>	<b>Printed Name:</b> SETH ROGERS	7/1/2021



# TEXAS FIRE AND SOUND

**WATER WORKS PARK**

2400 LONG RD, DENTON , TX 76208

**WO#38597**

7/1/2021

## PORTABLE FIRE EXTINGUISHERS

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

# TEXAS FIRE AND SOUND

## AQUATICS CENTER

2400 LONG RD, DENTON , TX 76208

WO#38597

7/1/2021

### PORTABLE FIRE EXTINGUISHERS

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

# TEXAS FIRE AND SOUND

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: 321 E MCKINNEY ST,  
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)

- 1). 2 WATER GAUGES DUE FOR REPLACEMENT
- 2). 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**

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

## FIRE ALARM INSPECTION

### Service Organization

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

Date: 9/2/2021  
Time: 10AM

### Property Name (User)

Name: DENTON CIVIC CENTER  
Address: 321 E MCKINNEY ST,  
DENTON, TX 76201  
Contact: CHRIS  
Phone #: 940-300-1867

### Monitoring Transmission

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

### Approving Agency

Contact: CITY OF DENTON MARSHALL  
Phone #: -911

### Type Transmission

       McMulloh  
       Multiplex  
  X   Digital  
       Reverse Priority  
       RF  
       Other (Specify) \_\_\_\_\_

### Service

       Weekly  
       Monthly  
       Quarterly  
       Semiannually  
  X   Annually  
       Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: EST Model #: QUICKSTART  
Circuit Styles: 4  
Number of Circuits: 1  
Software Rev: \_\_\_\_\_  
Last date system had any service performed: 7/19/2017  
Last date software or configuration was revised: \_\_\_\_\_

### Alarm-Initiating Devices and Circuit Information

Quantity	Circuit Style	
<u>15</u>	<u>4</u>	Manual Fire Alarm Boxes
<u>8</u>	<u>4</u>	CO2 Detectors
<u>1</u>	<u>4</u>	Photo Detectors
<u>1</u>	<u>4</u>	Duct Detectors
<u>1</u>	<u>4</u>	Heat Detectors
<u>1</u>	<u>4</u>	Waterflow Switches
<u>1</u>	<u>4</u>	Tamper Switches
<u>      </u>	<u>      </u>	Other (Specify): _____

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

## Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style		
_____	_____	Bells	
<b>ALL</b>	<b>8</b>	Horns	No. of notification appliance circuits: <u>1</u>
_____	_____	Strobes	Are circuits monitored for integrity? <u>X</u> Yes
_____	_____	Chimes	_____ No
_____	_____	Horn/Strobes - Including outside horn/strobes	
<b>ALL</b>	<b>8</b>	Speakers	
_____	_____	Other (Specify):	<u>SPEAKER STROBES</u>

## 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 1 Style(s) 4

## System Power Supplies

- a. Primary (Main): Nominal Voltage 120 Amps 20  
 Overcurrent Protection: Type BREAKER Amps 20  
 Location (of Primary Supply Panel board): 2ND FLOOR ELECTRICAL RM PANEL LAI- SECT2  
 Disconnecting Means Location: BREKAER # 53
- b. Secondary (Standby): BELOW MAIN FACP  
 Storage Battery: Amp-Hr. Rating: \_\_\_\_\_ Volts: 12 AHR: 7  
 Calculated capacity to operate system, in hours: \_\_\_\_\_ 24 X 60 \_\_\_\_\_  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_
- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

## Type Battery

_____ Dry Cell		Emergency system described in NFPA 70, Article 700
_____ Nickel-Cadmium	<b>X</b>	Legally required standby described in NFPA 70, Article 701
<b>X</b> Sealed Lead-Acid	_____	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.
_____ Lead-Acid		
_____ Other (Specify):		

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

## Prior to Any Testing

### Notifications are Made

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

Yes	No	Who	Time
<b>X</b>		<b>S.S.D</b>	<b>10AM</b>
<b>X</b>		<b>ALL</b>	<b>10AM</b>
<b>X</b>		<b>C.O.D</b>	<b>10AM</b>

## System Tests and Inspections

**Type**  
 Control Unit  
 Interface Eq.  
 Lamps/LEDS  
 Fuses  
 Primary Power Supply  
 Trouble Signals  
 Disconnect Switches  
 Ground-Fault Monitoring

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

## Secondary Power

**Type**  
 Battery Condition  
 Load Voltage  
 Discharge Test  
 Charger Test  
 Specific Gravity  
**TRANSIENT SUPPRESSORS**  
**REMOTE ANNUNCIATORS**  
**NOTIFICATION APPLIANCES**  
 Audible  
 Visual  
 Speakers  
 Voice Clarity

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

## Initiating and Supervisory Device Tests and Inspections

SN	Device Location	Device Type	Visual Check	Function	Factory Address	Measured Setting	Pass	Fail
<b>SEE ATTACHED SHEETS</b>								

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

### Emergency Communications Equipment

	Visible	Functional	Comments
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)			
Tone Generator(s)			
Call-in Signal	<b>X</b>	<b>X</b>	<b>PASS</b>
System Performance			

### Interface Equipment

	Visible	Device Operation	Simulated Operation
Specify <b>ELEV RECALL</b>	<b>X</b>	<b>X</b>	<b>PASS</b>
Specify _____			
Specify _____			

### Special Hazard Systems

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

**Special Procedures:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

### Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<b>X</b>		<b>3PM</b>	<b>PASS</b>
Alarm Restoration	<b>X</b>		<b>3PM</b>	<b>PASS</b>
Trouble Signal	<b>X</b>		<b>3PM</b>	<b>PASS</b>
Supervisory Signal	<b>X</b>		<b>3PM</b>	<b>PASS</b>
Supervisory Restoration	<b>X</b>		<b>3PM</b>	<b>PASS</b>

### Notification that testing is complete

	Yes	No	Time	Comments
Building Management	<b>X</b>		<b>3PM</b>	<b>C.O.D</b>
Monitoring Agency	<b>X</b>		<b>3PM</b>	<b>S.S.D</b>
Building Occupants	<b>X</b>		<b>3PM</b>	<b>ALL</b>
Other (Specify)				

System restored to normal Operation: **(YES)** Date: **9/2/21** Time: **3PM**

**This testing was performed in accordance with applicable NFPA Standards.**

Name of Inspector: **ANTONIO MEDINA** Date: **9/2/21** Time: **3PM**

Signature: **CHRIS CAMIZZI** \_\_\_\_\_

Name of Owner or Representative: **CHRIS CAMIZZI** \_\_\_\_\_

Date: **9/2/21** Time: **3PM**

Signature: **Signature on File** \_\_\_\_\_

# DENTON CIVIC CENTER

## INITIATING DEVICES

FLOOR	LOCATION	TYPE	ADDRESS		PASS	FAIL
1	RAISER ROOM	WATERFLOW	D142	49SEC	X	
1	SYSTEM SIDE BACKFLOW	TAMPER	D143		X	
1	CITY SIDE BACKFLOW	TAMPER	D143		X	
1	ABOVE BOOSTER RISER RM	PHOTO-SMOKE	D010		X	
2	ABOVE FACP	PHOTO-SMOKE	D012		X	
2	2ND FLR MECH ROOM	MANUAL PULL	D132		X	
2	EAST STAIRWELL	MANUAL PULL	D131		X	
2	SOUTH STAIRWELL	MANUAL PULL	D130		X	
2	AHU ROOM	PHOTO-SMOKE	D002		X	
2	SOUTH EXIT	MANUAL PULL	D126		X	
1	FRONT ELEVATOR	MANUAL PULL	D154		X	
1	MAIN ENTRY	MANUAL PULL	D155		X	
1	VENDING AREA	MANUAL PULL	D152		X	
1	WEST AUDITORIUM	MANUAL PULL	D157		X	
1	NORTH RESTROOM	MANUAL PULL	D146		X	
1	NORTH CONFERENCE ROOM	MANUAL PULL	D148		X	
1	NORTH CORRIDOR	MANUAL PULL	D149		X	
1	NORTH STAIRWELL	MANUAL PULL	D145		X	
1	EAST AUDITORIUM	MANUAL PULL	D144		X	
1	SPRINKLER ROOM	MANUAL PULL	D139		X	
1	EAST STAIRWELL	MANUAL PULL	D136		X	
1	KITCHEN	HEAT DETECTOR	D009		X	
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	



# 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:** CIVIC CENTER

**Customer Name:** CITY OF DENTON

**Address:** 321 N. MCKINNEY ST.

**Address:** 321 N. MCKINNEY ST.

**City:** DENTON      **State:** TEXAS      **Zip:** 76201

**City:** DENTON      **State:** TEXAS      **Zip:** 76201

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

**Contact:** DAVID MOORE      **Phone:** (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
1. Is the building occupied as in past?	X		
2. Is the building fully sprinklered?	X		
3. Systems in service without modification since the last inspection?	X		
4. Spare head box with heads and wrench securely mounted?	X		
5. Stock/storage a minimum of 18" below sprinkler heads & ceiling tiles in place?	X		
6. Are all gauges in good condition & showing normal pressures?	X		
7. Wet system areas adequately heated?	X		
8. Does building have freezers/coolers?		X	
VALVE INFORMATION (VI)			
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure? (Record pg 2)	X		
4. Are all control valves accessible & free from external leaks?	X		
5. Are all control valves provided with the proper operators?	X		
6. All control valves operated through full range & returned to normal position?	X		
7. Valves lubricated, as needed?			X
SPRINKLER & PIPING INFORMATION (SI)			
1. Are all sprinklers unobstructed?	X		
2. Sprinklers free of corrosion, tape, paint, & physical damage?	X		
3. Heads in freezers/coolers appear free of ice, corrosion?			X
4. Are all sprinklers less than 50 years old?	X		
5. Are escutcheon plates ok?	X		
6. Sprinklers of proper temperature rating?	X		
7. Riser in good condition & unobstructed?	X		
8. Hydraulic nameplate attached?	X		
9. System ID securely attached & legible?	X		
10. Pipe in good condition, free of damage & obstructions, and not leaking?	X		
11. All hangers ok?	X		
12. Seismic bracing ok?			X
13. Antifreeze tested & ok? (Record below)			X
14. Relief valves on gridded systems ok?			X
15. FDC & caps ok?	X		
16. FDC swivels non-binding rotation?	X		

	Yes	No	N/A
17. FDC gaskets/signs in place?	X		
18. FDC equipped with ball drip?	X		
19. Sprinkler system main drain test completed & ok? (Record pg 2)	X		
ALARM INFORMATION			
1. Was the WMG or elec bell tested & ok?	X		
2. Central Station flow alarm tested & ok?	X		
3. Central Station tamper tested & ok?	X		
4. Alarm devices free from physical damage & all electrical connections secure?	X		
5. Alarm trim valves ok & set properly?			X
6. No leakage from retard chambers of alarm drains?	X		
7. Inspectors test connection(s) ok?	X		
BFO INFORMATION (BI)			
1. Isolation valves open?			X
2. Backflow device Present			X
EXTERIOR INSPECTION (EI)			
1. Exterior hydrants flushed?			X
2. Non-draining hydrants pump out?			X
3. City pit checked?			X
4. City pit pumped out?			X
DRY PIPE SYSTEM INSPECTION (DI)			
1. Dry pipe valves in service & in good condition – Internally & externally?			X
2. Pressure & priming water ok?			X
3. Air supply in good working order?			X
4. Were low points drained during fall & winter inspections?			X
5. Are accelerators in good condition?			X
6. All dry valves been trip tested & ok? See trip test report.			X
7. Dry pipe valves in heated area?			X
8. Was full trip test performed? To be completed every 3 years. Date of last full trip _____			X

Antifreeze System(s)	Location			
	OK to what temperature			

Wet Systems      -      Quantity: 1      Size: 4      Type: VICTUALIC CHECK

Dry Systems      -      Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

Pre-Action/Deluge -      Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

# 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 Pump on System:  Yes  No  Diesel  Electric

• Flow Tested within Last 12 Months:  Yes  No

• Packing Dripping Properly:  Yes  No

**Sprinkler Head Type**

Head Wrench  Yes  No

Location	QTY	Make	Model	Type	Size	NPT	Temp
BLDG	1	TYCO	TY3131	SSU	1/2"		155F
BLDG	4	TYCO	TY3231	SSP	1/2"		155F
BLDG					1/2"		
BLDG					1/2"		

**Control Valves**

Control Valves	No. of Valves	Type	Easily Accessible	Signs	Valve Open	Secured?			Valve Supervision Operational
						If yes, how?	Circle those applicable		
System	1	OSY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input checked="" type="checkbox"/> Supvd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sectional			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Pit / BFP	1	OSY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input checked="" type="checkbox"/> Supvd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tank / Pump			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Freeze			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Main Drain & Alarm Test**

City PSI 85

System No.	1								
Static Pressure (psi)	85								
Flow Pressure	75								
Residual Pressure (psi)	85								
Local Alarm OK (Y/N)	YES								
Flow Switch / Time	49								
Central Alarm Received (Y/N)	YES								

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

	Yes	No	N/A
1. Caps In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Valves Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Last Date
3. If Dry Was 5 Year – Hydro Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. If Wet Was 5 year – Flow test Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Comments and Inspection Deficiencies**

(Provide sufficient description to define the work required i.e. location, number of heads, etc.)

**NOTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCIES.**

ITV - AT RISER

Blue Tag  Yellow Tag  Red Tag

Alarms called back into service time \_\_\_\_\_

Riser packet in place       All systems in service      Alarms cleared by ANTONIO

Customer Sign: \_\_\_\_\_ Print: DAVID MOORE      Date: 9-2-2021

Inspector Sign: \_\_\_\_\_ Print: STAN STOWERS      Date: 9-2-2021

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



# 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

Customer / Property Name: **COD Facility Main. Civic Center**  
Contact Name: **N/A**  
Property Address: **321 E McKinney St  
Denton, TX 76201**

### PWS Information

PWS Contact Name: **John Oliver**  
PWS Phone Number: **(940) 349-7181**  
PWS Address: **901 B Texas St  
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: **DC** Model #: **2000**  
Size: **4"** Serial#: **113238**  
Manufacturer: **Ames** BPA Serves: **Fire Protection**  
Location: **Riser Room**  
Reason for test:  new  existing  replaced.  
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?  yes  no  
Water supply: Potable

# PASS

Test Date: 2021-09-24

### Assembly Test Information

Initial Test ( Time: 10:00 am )	
Check Valve #1 : 3.7 (X) Closed Tight/Held ( ) Leaked	Check Valve #2 : 1.8 (X) Closed Tight/Held ( ) Leaked
Final Test ( Time: 10:00 am )	
Check Valve #1 : 3.7 (X) Closed Tight/Held ( ) Leaked	Check Valve #2 : 1.8 (X) Closed Tight/Held ( ) Leaked

As the tester of record, I affirm this test as: Passed  Failed  Repairs Made:\*\* No

Additional comments or repairs made / materials (parts) used:  
( no comments )

### Tester Information

Tester Name: **Stowers, Stanley**  
Tester License Expiration: **04-18-2023**  
Certification#: **BP0011257**  
Test Kit Serial #: **03201033**  
Test Kit Date Tested for Accuracy: **03-08-2021**  
Test Kit Mfr. & Mod. #: **Mid-West 845-3 (Potable)**  
Testing Co Name: **Texas Fire & Sound**  
Phone: **(214) 783-5028**  
Address: **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

# TEXAS FIRE AND SOUND

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: DENIA REC CENTER  
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:** (YELLOW TAGGED)

1). 5 YEAR INTERNAL DUE

**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**

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

## FIRE ALARM INSPECTION

### Service Organization

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

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

### Property Name (User)

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

### Monitoring Transmission

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

### Approving Agency

Contact: DENTON FIRE MARSHALL  
Phone #: \_\_\_\_\_

### Type Transmission

\_\_\_\_\_ McMulloh  
\_\_\_\_\_ Multiplex  
\_\_\_\_\_ Digital  
\_\_\_\_\_ Reverse Priority  
\_\_\_\_\_ RF  
 Other (Specify) \_\_\_\_\_

### Service

\_\_\_\_\_ Weekly  
\_\_\_\_\_ Monthly  
\_\_\_\_\_ Quarterly  
\_\_\_\_\_ Semiannually  
 Annually  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

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

### Alarm-Initiating Devices and Circuit Information

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



# TEXAS FIRE AND SOUND

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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
<b>X</b>		<b>MONITORING</b>	<b>7:30</b>
<b>X</b>		<b>BUILDING</b>	<b>7:30</b>
<b>X</b>		<b>MANAGEMENT</b>	<b>7:30</b>

### System Tests and Inspections

- Type**
- Control Unit
  - Interface Eq.
  - Lamps/LEDS
  - Fuses
  - Primary Power Supply
  - Trouble Signals
  - Disconnect Switches
  - Ground-Fault Monitoring

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

### Secondary Power

- Type**
- Battery Condition
  - Load Voltage
  - Discharge Test
  - Charger Test
  - Specific Gravity
  - TRANSIENT SUPPRESSORS**
  - REMOTE ANNUNCIATORS**
  - NOTIFICATION APPLIANCES**
  - Audible
  - Visual
  - Speakers
  - Voice Clarity

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

### Initiating and Supervisory Device Tests and Inspections

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





# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

### Emergency Communications Equipment

	Visible	Functional	Comments
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)			
Tone Generator(s)			
Call-in Signal			
System Performance			

### Interface Equipment

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

### Special Hazard Systems

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

**Special Procedures:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

### Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Alarm Restoration	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Trouble Signal	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Supervisory Signal	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Supervisory Restoration	<b>X</b>		<b>11:00</b>	<b>PASS</b>

### Notification that testing is complete

	Yes	No	Time	Comments
Building Management	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Monitoring Agency	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Building Occupants	<b>X</b>		<b>11:00</b>	<b>PASS</b>
Other (Specify)				

System restored to normal Operation: **(YES)** Date: 6/17/21 **11:00**

**This testing was performed in accordance with applicable NFPA Standards.**

Name of Inspector: **STAN STOWERS** Date: 6/17/21 Time: **11:00**

Signature: \_\_\_\_\_  
 Name of Owner or Representative: **CHRIS CAMIZZI** Date: 6/17/21 Time: **11:00**

Signature: **Signature on File** \_\_\_\_\_

# 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:** DENIA REC CENTER

**Customer Name:** CITY OF DENTON

**Address:** 1001 PARVIN RD.

**Address:** 1001 PARVIN RD

**City:** DENTON      **State:** TEXAS    **Zip:**

**City:** DENTON      **State:** TEXAS    **Zip:**

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

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

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

**Acct.#** 71158030    **Inspector:** STAN STOWERS

**Alarm called off Time:** 7:30    **Name:** STAN

**WO#:** 38597      **Date:** 6-17-2021

\* 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?	X		
2. Is the building fully sprinklered?	X			18. FDC equipped with ball drip?	X		
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?	X			<b>ALARM INFORMATION</b>			
5. Stock/storage a minimum of 18" below sprinkler heads & ceiling tiles in place?	X			1. Was the WMG or elec bell tested & ok?	X		
6. Are all gauges in good condition & showing normal pressures?	X			2. Central Station flow alarm tested & ok?	X		
7. Wet system areas adequately heated?	X			3. Central Station tamper tested & ok?	X		
8. Does building have freezers/coolers?		X		4. Alarm devices free from physical damage & all electrical connections secure?	X		
<b>VALVE INFORMATION (VI)</b>				5. Alarm trim valves ok & set properly?	X		
1. Are all main control valves open?	X			6. No leakage from retard chambers of alarm drains?	X		
2. Main control valves in good condition and identified?	X			7. Inspectors test connection(s) ok?	X		
3. Are control valves secure? (Record pg 2)	X			<b>BFO INFORMATION (BI)</b>			
4. Are all control valves accessible & free from external leaks?	X			1. Isolation valves open?			X
5. Are all control valves provided with the proper operators?	X			2. Backflow device Present			X
6. All control valves operated through full range & returned to normal position?	X			<b>EXTERIOR INSPECTION (EI)</b>			
7. Valves lubricated, as needed?			X	1. Exterior hydrants flushed?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>				2. Non-draining hydrants pump out?			X
1. Are all sprinklers unobstructed?	X			3. City pit checked?			X
2. Sprinklers free of corrosion, tape, paint, & physical damage?	X			4. City pit pumped out?			X
3. Heads in freezers/coolers appear free of ice, corrosion?			X	<b>DRY PIPE SYSTEM INSPECTION (DI)</b>			
4. Are all sprinklers less than 50 years old?	X			1. Dry pipe valves in service & in good condition – Internally & externally?			X
5. Are escutcheon plates ok?	X			2. Pressure & priming water ok?			X
6. Sprinklers of proper temperature rating?	X			3. Air supply in good working order?			X
7. Riser in good condition & unobstructed?	X			4. Were low points drained during fall & winter inspections?			X
8. Hydraulic nameplate attached?	X			5. Are accelerators in good condition?			X
9. System ID securely attached & legible?	X			6. All dry valves been trip tested & ok? See trip test report.			X
10. Pipe in good condition, free of damage & obstructions, and not leaking?	X			7. Dry pipe valves in heated area?			X
11. All hangers ok?	X			8. Was full trip test performed? To be completed every 3 years. Date of last full trip _____			X
12. Seismic bracing ok?			X				
13. Antifreeze tested & ok? (Record below)			X				
14. Relief valves on gridded systems ok?			X				
15. FDC & caps ok?	X						
16. FDC swivels non-binding rotation?	X						

<b>Antifreeze System(s)</b>	Location				
	OK to what temperature				

Wet Systems    - Quantity: 1      Size: 4      Type: RASCO MODEL E

Dry Systems    - Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

Pre-Action/Deluge - Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

# 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 Pump on System:  Yes  No  Diesel  Electric

• Flow Tested within Last 12 Months:  Yes  No

• Packing Dripping Properly:  Yes  No

**Sprinkler Head Type**

Head Wrench  Yes  No

Location	QTY	Make	Model	Type	Size	NPT	Temp
BLDG	3	RASCO	R3615 QR	SSP	1/2"		165F
BLDG	2	RASCO	G	SSU	1/2"		165F
BLDG					1/2"		
BLDG					1/2"		

**Control Valves**

Control Valves	No. of Valves	Type	Easily Accessible	Signs	Valve Open	Secured?			Valve Supervision Operational
						If yes, how?	Circle those applicable		
System	1	OS&Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input checked="" type="checkbox"/> Supvd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sectional			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Pit / BFP			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank / Pump			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Freeze			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Main Drain & Alarm Test**

City PSI 65

System No.	1								
Static Pressure (psi)	65								
Flow Pressure	55								
Residual Pressure (psi)	65								
Local Alarm OK (Y/N)	YES								
Flow Switch / Time	32 SEC								
Central Alarm Received (Y/N)	YES								

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

	Yes	No	N/A
1. Caps In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Valves Functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Last Date
3. If Dry Was 5 Year – Hydro Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. If Wet Was 5 year – Flow test Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Comments and Inspection Deficiencies**

(Provide sufficient description to define the work required i.e. location, number of heads, etc.)

NOTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCIES.

Blue Tag    Yellow Tag    Red Tag

Alarms called back into service time 11:00

Riser packet in place

All systems in service

Alarms cleared by ANTONIO

Customer Sign: \_\_\_\_\_ Print: CHRIS CAMIZZI Date: 6-17-2021

Inspector Sign: \_\_\_\_\_ Print: STAN STOWERS Date: 6-17-2021

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



# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

## ANNUAL INSPECTION SUMMARY OF CONCERNS

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

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

**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**

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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## Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style		
		Bells	
<b>15</b>	<b>B</b>	Horns	No. of notification appliance circuits: <u>4</u>
		Strobes	Are circuits monitored for integrity? <u>X</u> Yes
<b>1</b>	<b>B</b>	Chimes	<u>      </u> No
		Horn/Strobes - Including outside horn/strobes	
<b>19</b>	<b>B</b>	Speakers	
		Other (Specify):	SPEAKER STROBE

## 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 1 Style(s) 4

## System Power Supplies

- a. Primary (Main): Nominal Voltage 120 Amps 20  
 Overcurrent Protection: Type BREAKER Amps 20  
 Location (of Primary Supply Panel board): ELECTRICAL ROOM PANEL B1  
 Disconnecting Means Location: BREAKER #37
- b. Secondary (Standby): BELOW MAIN FACP  
 Storage Battery: Amp-Hr. Rating: Volts: 12 AHR: 18  
 Calculated capacity to operate system, in hours: 24 X 60         
 Engine-driven generator dedicated to fire alarm system:         
 Location of fuel storage:
- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

## Type Battery

Dry Cell		Emergency system described in NFPA 70, Article 700
Nickel-Cadmium	<b>X</b>	Legally required standby described in NFPA 70, Article 701
<b>X</b> Sealed Lead-Acid		Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.
Lead-Acid		
Other (Specify):		

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

### Prior to Any Testing

**Notifications are Made**

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

Yes	No	Who	Time
<b>X</b>		<b>S.S.D</b>	<b>1PM</b>
<b>X</b>		<b>ALL</b>	<b>1PM</b>
<b>X</b>		<b>C.O.D</b>	<b>1PM</b>

### System Tests and Inspections

**Type**  
 Control Unit  
 Interface Eq.  
 Lamps/LEDS  
 Fuses  
 Primary Power Supply  
 Trouble Signals  
 Disconnect Switches  
 Ground-Fault Monitoring

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

### Secondary Power

**Type**  
 Battery Condition  
 Load Voltage  
 Discharge Test  
 Charger Test  
 Specific Gravity  
**TRANSIENT SUPPRESSORS**  
**REMOTE ANNUNCIATORS**  
**NOTIFICATION APPLIANCES**  
 Audible  
 Visual  
 Speakers  
 Voice Clarity

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

### Initiating and Supervisory Device Tests and Inspections

SN	<u>Device Location</u>	Device Type	Visual Check	Function	Factory Address	Measured Setting	Pass	Fail
SEE ATTACHED SHEETS								



# MLK JR REC CENTER

## INITIATING DEVICES

FLOOR	LOCATION	TYPE	ADDRESS	PASS	FAIL
1	RISER ROOM MAIN CONTROL	TAMPER	M97.P003	X	
1	RISER ROOM	SMOKE	M97.P001	X	
1	RECEPTION DESK	PULL STATION	M97.P006	X	
1	MULTI PURPOSE ROOM	WATERFLOW	M97.P002	82SEC	X
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	NO ACCESS	
1	AHU #2	DUCT DETECTOR	M97.P008	NO ACCESS	
1	AHU #3	DUCT DETECTOR	M97:P009		
1	AHU #5	DUCT DETECTOR	M97:P011		
1	RTU #1	DUCT DETECTOR	M97.P005	NO ACCESS	
1	RTU #2	DUCT DETECTOR	M97.P004	NO ACCESS	

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

### Emergency Communications Equipment

	Visible	Functional	Comments
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)			
Tone Generator(s)			
Call-in Signal			
System Performance			

### Interface Equipment

	Visible	Device Operation	Simulated Operation
Specify <u>VOICE EVA</u>	<b>X</b>	<b>X</b>	<b>PASS</b>
Specify _____			
Specify _____			

### Special Hazard Systems

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

**Special Procedures:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

### Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<b>X</b>		<b>1PM</b>	<b>PASS</b>
Alarm Restoration	<b>X</b>		<b>1PM</b>	<b>PASS</b>
Trouble Signal	<b>X</b>		<b>1PM</b>	<b>PASS</b>
Supervisory Signal	<b>X</b>		<b>1PM</b>	<b>PASS</b>
Supervisory Restoration	<b>X</b>		<b>1PM</b>	<b>PASS</b>

### Notification that testing is complete

	Yes	No	Time	Comments
Building Management	<b>X</b>		<b>3PM</b>	<b>C.O.D</b>
Monitoring Agency	<b>X</b>		<b>3PM</b>	<b>S.S.D</b>
Building Occupants	<b>X</b>		<b>3PM</b>	<b>ALL</b>
Other (Specify)				

System restored to normal Operation: **(YES)** Date: 9/16/21 Time: 3PM

**This testing was performed in accordance with applicable NFPA Standards.**

Name of Inspector: ANTONIO MEDINA Date: 9/16/21 Time: 3PM

Signature: CHRIS CAMIZZI

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CHRIS CAMIZZI**

Signature: Signature on File

# 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:** CITY OF DENTON

**Address:** 1300 WILSON ST.

**Address:** 1300 WILSON ST.

**City:** DENTON      **State:** TEXAS      **Zip:**

**City:** DENTON      **State:** TEXAS      **Zip:**

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

**Contact:** DAVID MOORE      **Phone:** (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

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?	X		
2. Is the building fully sprinklered?	X			18. FDC equipped with ball drip?	X		
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?	X			<b>ALARM INFORMATION</b>			
5. Stock/storage a minimum of 18" below sprinkler heads & ceiling tiles in place?	X			1. Was the WMG or elec bell tested & ok?	X		
6. Are all gauges in good condition & showing normal pressures?	X			2. Central Station flow alarm tested & ok?	X		
7. Wet system areas adequately heated?	X			3. Central Station tamper tested & ok?	X		
8. Does building have freezers/coolers?		X		4. Alarm devices free from physical damage & all electrical connections secure?	X		
<b>VALVE INFORMATION (VI)</b>				5. Alarm trim valves ok & set properly?			X
1. Are all main control valves open?	X			6. No leakage from retard chambers of alarm drains?	X		
2. Main control valves in good condition and identified?	X			7. Inspectors test connection(s) ok?	X		
3. Are control valves secure? (Record pg 2)	X			<b>BFO INFORMATION (BI)</b>			
4. Are all control valves accessible & free from external leaks?	X			1. Isolation valves open?			X
5. Are all control valves provided with the proper operators?	X			2. Backflow device Present			X
6. All control valves operated through full range & returned to normal position?	X			<b>EXTERIOR INSPECTION (EI)</b>			
7. Valves lubricated, as needed?			X	1. Exterior hydrants flushed?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>				2. Non-draining hydrants pump out?			X
1. Are all sprinklers unobstructed?	X			3. City pit checked?			X
2. Sprinklers free of corrosion, tape, paint, & physical damage?	X			4. City pit pumped out?			X
3. Heads in freezers/coolers appear free of ice, corrosion?			X	<b>DRY PIPE SYSTEM INSPECTION (DI)</b>			
4. Are all sprinklers less than 50 years old?	X			1. Dry pipe valves in service & in good condition – Internally & externally?			X
5. Are escutcheon plates ok?	X			2. Pressure & priming water ok?			X
6. Sprinklers of proper temperature rating?	X			3. Air supply in good working order?			X
7. Riser in good condition & unobstructed?	X			4. Were low points drained during fall & winter inspections?			X
8. Hydraulic nameplate attached?	X			5. Are accelerators in good condition?			X
9. System ID securely attached & legible?	X			6. All dry valves been trip tested & ok? See trip test report.			X
10. Pipe in good condition, free of damage & obstructions, and not leaking?	X			7. Dry pipe valves in heated area?			X
11. All hangers ok?	X			8. Was full trip test performed? To be completed every 3 years. Date of last full trip _____			X
12. Seismic bracing ok?			X				
13. Antifreeze tested & ok? (Record below)			X				
14. Relief valves on gridded systems ok?			X				
15. FDC & caps ok?	X						
16. FDC swivels non-binding rotation?	X						

<b>Antifreeze System(s)</b>	Location			
	OK to what temperature			

Wet Systems      -      Quantity: 1      Size: 4"      Type: CSC

Dry Systems      -      Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

Pre-Action/Deluge      -      Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

# 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 Pump on System:  Yes  No  Diesel  Electric

• Flow Tested within Last 12 Months:  Yes  No

• Packing Dripping Properly:  Yes  No

**Sprinkler Head Type**

Head Wrench  Yes  No

Location	QTY	Make	Model	Type	Size	NPT	Temp
BLDG	6	CSC	A	SSU	1/2"		155F
BLDG	5	CENTRAL	A	SSP-1	1/2"		155F
BLDG	1	RASCO	RA1414	SSP	1/2"		155F
BLDG					1/2"		

**Control Valves**

Control Valves	No. of Valves	Type	Easily Accessible	Signs	Valve Open	Secured?			Valve Supervision Operational
						If yes, how?	Circle those applicable		
System	1	OSY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input checked="" type="checkbox"/> Supvd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sectional			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Pit / BFP			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank / Pump			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Freeze			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Main Drain & Alarm Test City PSI 90**

System No.	1								
Static Pressure (psi)	90								
Flow Pressure	80								
Residual Pressure (psi)	90								
Local Alarm OK (Y/N)	YES								
Flow Switch / Time	83								
Central Alarm Received (Y/N)	YES								

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

Yes	No	N/A
1. Caps In Place	<input type="checkbox"/>	<input type="checkbox"/>
2. Valves Functional	<input type="checkbox"/>	<input type="checkbox"/>

- 3. If Dry Was 5 Year – Hydro Completed
- 4. If Wet Was 5 year – Flow test Completed

Yes	No	N/A	Last Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Comments and Inspection Deficiencies**

(Provide sufficient description to define the work required i.e. location, number of heads, etc.)

NOTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCIES.

ITV IN MULTIPURPOSE ROOM WALL BOX

Blue Tag  Yellow Tag  Red Tag

Alarms called back into service time \_\_\_\_\_

Riser packet in place

All systems in service

Alarms cleared by ANTONIO

Customer Sign: \_\_\_\_\_

Print: DAVID MOORE

Date: 9-16-2021

Inspector Sign: \_\_\_\_\_

Print: STAN STOWERS

Date: 9-16-2021

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

# TEXAS FIRE AND SOUND

MLK REC CENTER

WO#39359

1300 WILSON ST , DENTON , TX 76205

6/25/2021

## PORTABLE FIRE EXTINGUISHERS

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

# TEXAS FIRE AND SOUND

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: N. LAKE REC CENTER  
Address: 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**

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

## FIRE ALARM INSPECTION

### Service Organization

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

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

### Monitoring Transmission

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

### Approving Agency

Contact: DENTON FIRE MARSHALL  
Phone #: \_\_\_\_\_

### Type Transmission

\_\_\_\_\_ McMulloh  
\_\_\_\_\_ Multiplex  
\_\_\_\_\_ Digital  
\_\_\_\_\_ Reverse Priority  
\_\_\_\_\_ RF  
 Other (Specify) \_\_\_\_\_

### Service

\_\_\_\_\_ Weekly  
\_\_\_\_\_ Monthly  
\_\_\_\_\_ Quarterly  
\_\_\_\_\_ Semiannually  
 Annually  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

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

### Alarm-Initiating Devices and Circuit Information

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

# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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## Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style		
<b>4</b>	<b>B</b>	Bells	No. of notification appliance circuits: <u>4</u>
<b>12</b>	<b>B</b>	Horns	Are circuits monitored for integrity? <u>X</u> Yes
		Strobes	_____ No
		Chimes	
		Horn/Strobes - Including 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 120V Amps 20  
 Overcurrent Protection: Type BREAKER Amps 20  
 Location (of Primary Supply Panel board): \_\_\_\_\_  
 Disconnecting Means Location: CKT #28

b. Secondary (Standby): \_\_\_\_\_  
 Storage Battery: Amp-Hr. Rating: \_\_\_\_\_ Volts: 12 AHR: 7.2  
 Calculated capacity to operate system, in hours: 24 X 60 \_\_\_\_\_  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

## Type Battery

		Emergency system described in NFPA 70, Article 700
<b>X</b>	Sealed Lead-Acid	Legally required standby described in NFPA 70, Article 701
	Lead-Acid	Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.
	Other (Specify):	



# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

### Prior to Any Testing

**Notifications are Made**

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

Yes	No	Who	Time
<b>X</b>		<b>MONITORING</b>	<b>12:00</b>
<b>X</b>		<b>BUILDING</b>	<b>12:00</b>
<b>X</b>		<b>MANAGEMENT</b>	<b>12:00</b>

### System Tests and Inspections

**Type**

Control Unit  
 Interface Eq.  
 Lamps/LEDS  
 Fuses  
 Primary Power Supply  
 Trouble Signals  
 Disconnect Switches  
 Ground-Fault Monitoring

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

### Secondary Power

**Type**

Battery Condition  
 Load Voltage  
 Discharge Test  
 Charger Test  
 Specific Gravity  
**TRANSIENT SUPPRESSORS**  
**REMOTE ANNUNCIATORS**  
**NOTIFICATION APPLIANCES**  
 Audible  
 Visual  
 Speakers  
 Voice Clarity

Visible	Functional	Comments
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>
<b>X</b>	<b>X</b>	<b>PASS</b>

### Initiating and Supervisory Device Tests and Inspections

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



# TEXAS FIRE AND SOUND

10451 Brockwood Rd. Dallas, Texas

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

### Emergency Communications Equipment

	Visible	Functional	Comments
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifier(s)			
Tone Generator(s)			
Call-in Signal			
System Performance			

### Interface Equipment

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

### Special Hazard Systems

	Visible	Device Operation	Simulated Operation
Specify _____			
Specify _____			
Specify _____			

**Special Procedures:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

### Supervising Station Monitoring

	Yes	No	Time	Comments
Alarm Signal	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Alarm Restoration	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Trouble Signal	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Supervisory Signal	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Supervisory Restoration	<b>X</b>		<b>4:00</b>	<b>PASS</b>

### Notification that testing is complete

	Yes	No	Time	Comments
Building Management	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Monitoring Agency	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Building Occupants	<b>X</b>		<b>4:00</b>	<b>PASS</b>
Other (Specify)				

System restored to normal Operation: **(YES)** Date: 6/17/21 **4:00**

**This testing was performed in accordance with applicable NFPA Standards.**

Name of Inspector: **STAN STOWERS** Date: 6/17/21 Time: **4:00**

Signature: \_\_\_\_\_

Name of Owner or Representative: **CHRIS CAMIZZI** Date: 6/17/21 Time: **4:00**

Signature: **Signature on File** \_\_\_\_\_

# 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:** N. LAKE REC CENTER

**Customer Name:** CITY OF DENTON

**Address:** 2001 W WINDSOR DR.

**Address:** 2001 W. WINDSOR DR.

**City:** DENTON      **State:** TEXAS    **Zip:**

**City:** DENTON      **State:** TEXAS    **Zip:**

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

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

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

**Acct.#** 71158870    **Inspector:** STAN STOWERS

**Alarm called off Time:** 12:00    **Name:** STAN

**WO#:** 38597      **Date:** 6-17-2021

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

GENERAL INFORMATION (GI)	Yes	No	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinklered?	X		
3. Systems in service without modification since the last inspection?	X		
4. Spare head box with heads and wrench securely mounted?		X	
5. Stock/storage a minimum of 18" below sprinkler heads & ceiling tiles in place?	X		
6. Are all gauges in good condition & showing normal pressures?		X	
7. Wet system areas adequately heated?	X		
8. Does building have freezers/coolers?		X	
VALVE INFORMATION (VI)			
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure? (Record pg 2)	X		
4. Are all control valves accessible & free from external leaks?	X		
5. Are all control valves provided with the proper operators?	X		
6. All control valves operated through full range & returned to normal position?	X		
7. Valves lubricated, as needed?			X
SPRINKLER & PIPING INFORMATION (SI)			
1. Are all sprinklers unobstructed?	X		
2. Sprinklers free of corrosion, tape, paint, & physical damage?	X		
3. Heads in freezers/coolers appear free of ice, corrosion?			X
4. Are all sprinklers less than 50 years old?	X		
5. Are escutcheon plates ok?	X		
6. Sprinklers of proper temperature rating?	X		
7. Riser in good condition & unobstructed?	X		
8. Hydraulic nameplate attached?	X		
9. System ID securely attached & legible?	X		
10. Pipe in good condition, free of damage & obstructions, and not leaking?	X		
11. All hangers ok?	X		
12. Seismic bracing ok?			X
13. Antifreeze tested & ok? (Record below)			X
14. Relief valves on gridded systems ok?			X
15. FDC & caps ok?	X		
16. FDC swivels non-binding rotation?	X		

	Yes	No	N/A
17. FDC gaskets/signs in place?	X		
18. FDC equipped with ball drip?	X		
19. Sprinkler system main drain test completed & ok? (Record pg 2)	X		
ALARM INFORMATION			
1. Was the WMG or elec bell tested & ok?	X		
2. Central Station flow alarm tested & ok?	X		
3. Central Station tamper tested & ok?	X		
4. Alarm devices free from physical damage & all electrical connections secure?	X		
5. Alarm trim valves ok & set properly?	X		
6. No leakage from retard chambers of alarm drains?	X		
7. Inspectors test connection(s) ok?	X		
BFO INFORMATION (BI)			
1. Isolation valves open?			X
2. Backflow device Present			X
EXTERIOR INSPECTION (EI)			
1. Exterior hydrants flushed?			X
2. Non-draining hydrants pump out?			X
3. City pit checked?			X
4. City pit pumped out?			X
DRY PIPE SYSTEM INSPECTION (DI)			
1. Dry pipe valves in service & in good condition – Internally & externally?			X
2. Pressure & priming water ok?			X
3. Air supply in good working order?			X
4. Were low points drained during fall & winter inspections?			X
5. Are accelerators in good condition?			X
6. All dry valves been trip tested & ok? See trip test report.			X
7. Dry pipe valves in heated area?			X
8. Was full trip test performed? To be completed every 3 years. Date of last full trip _____			X

<b>Antifreeze System(s)</b>	Location			
	OK to what temperature			

Wet Systems      - Quantity: 1 \_\_\_\_\_      Size: 4 \_\_\_\_\_      Type: RASCO MODEL E \_\_\_\_\_

Dry Systems      - Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

Pre-Action/Deluge - Quantity: \_\_\_\_\_      Size: \_\_\_\_\_      Type: \_\_\_\_\_

# 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 Pump on System:  Yes  No  Diesel  Electric

• Flow Tested within Last 12 Months:  Yes  No

• Packing Dripping Properly:  Yes  No

**Sprinkler Head Type**

Head Wrench  Yes  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
BLDG					1/2"		

**Control Valves**

Control Valves	No. of Valves	Type	Easily Accessible	Signs	Valve Open	Secured?			Valve Supervision Operational
						If yes, how?	Circle those applicable		
System	1	BFV	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input checked="" type="checkbox"/> Supvd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sectional			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Pit / BFP			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank / Pump			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Freeze			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sealed <input type="checkbox"/> Locked	<input type="checkbox"/> Supvd	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Main Drain & Alarm Test**

City PSI 80

System No.	1								
Static Pressure (psi)	80								
Flow Pressure	70								
Residual Pressure (psi)	80								
Local Alarm OK (Y/N)	YES								
Flow Switch / Time	28 SEC								
Central Alarm Received (Y/N)	YES								

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

Yes No N/A

Yes No N/A

Last Date

1. Caps In Place

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If Dry Was 5 Year – Hydro Completed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

NOTE: PLEASE SEE FIRST PAGE OF THIS REPORT (ANNUAL INSPECTION SUMMARY OF CONCERNS) FOR ALL FIRE SPRINKLER RELATED DEFICIENCIES.

Blue Tag  Yellow Tag  Red Tag

Alarms called back into service time 4:00

Riser packet in place

All systems in service

Alarms cleared by STAN

Customer Sign: \_\_\_\_\_

Print: CHRIS CAMIZZI

Date: 6-17-2021

Inspector Sign: \_\_\_\_\_

Print: STAN STOWERS

Date: 6-17-2021

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

# TEXAS FIRE AND SOUND

**NORTH LAKE REC CENTER**

2001 W WINDOR DR, DENTON, TX 76207

**WO# 38597**

6/17/2021

## PORTABLE FIRE EXTINGUISHERS

LOCATION	SIZE	TYPE	NEW	6 YEAR	HYDRO	DEFICIENCIES
1 FRONT ENTRANCE	5#	ABC	1999			
2 GYM	5#	ABC	2012			
3 JANITOR ROOM	5#	ABC	2009			
4 BY TROPHY CASE	5#	ABC	1999			
5 BY ROOM B	5#	ABC	1999			
6 GYM STRORAGE	5#	ABC				MISSING
7 INSIDE ROOM C	5#	ABC	2009	X		DUE FOR 6 YEAR MAINTENANCE