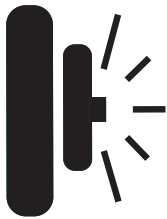


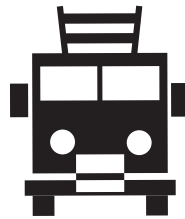
INSPECTION CAPABILITIES



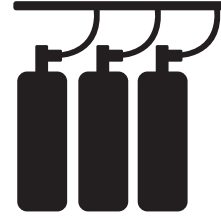
**FIRE
ALARM**



**FIRE
SPRINKLER**



**FIRE ALARM
MONITORING**



**FIRE
SUPPRESSION**



**FIRE
EXTINGUISHER**

CONTACT US TODAY FOR A QUOTE

Phone: 607-936-1500

Online: davisulmer.com/rfq

Fire Alarm Inspection and Testing Report



Location Code: VZSNUPV

Contact: Julie

Contact Address: 3126 LAKE RD
HORSEHEADS, NY 14845-3103

Phone:

Email:

Property Evaluated: USAR-Horseheads (Assembly)
3126 LAKE RD
HORSEHEADS, NY 14845-3103

Description: Fire Alarm (New Panel)

Work Order: 0361500

Company: Davis Ulmer Sprinkler Co
NYS Fire Alarm License 12000281635

Address: 55 Riverside Dr
Corning, NY 14830

Company Phone: (607) 936-1500

Inspector: Jonny Terwilliger
N/A

Date of Work: 9/4/2025

Frequency: Semi-Annual

Tag: USA

Deficiency Summary

Status: Open

Additional Power Supplies - Altronix AL1042ULADA

Center Mail Room

Battery Load Test

Battery 1 - VDC: -, Ah: -, Charger Voltage: - - -

Battery 2 - VDC: -, Ah: -, Charger Voltage: - - Fail - Batteries are flat due to the panel being unpowered. The panel would've been ran on battery power only with no charge going to them. They need to be replaced with further troubleshooting of NAC panel not having power.

General Comments

These items are outside the regular scope of the required inspection and are not the result of an engineering review. This information is not intended to be all-inclusive but rather a list of items discovered as a by-product of the required inspection.

There are no general comments for this submission

Fire Alarm Inspection and Testing Report

1. Property Information

Tag _____ USA _____
 Inspection Frequency: _____ Semi-Annual _____
 Property Being Evaluated: _____
 USAR-Horseheads (Assembly) _____
 Owner: _____
 Julie _____
 Owner's Phone Number: _____
 Property Address: _____
 3126 LAKE RD, HORSEHEADS, NY, 14845-3103 _____
 Assembly Description: _____
 Fire Alarm (New Panel) _____

2. Monitoring Information

Is there a monitoring entity? ☐ Yes ☒ No

3. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	-	-
Building management:	Building Manager	9 am

4. System Information - Panels / Power

4.1 Addressable Panels								
Control Unit	Manufacturer: Fire Lite		Model Number: MS-9600UDLS		Location: Corridor Near main entrance		Software Revision: -	
SLC Loops	Max #: 4	# Utilized: 4	Addresses Available: 100+		NAC Circuits	Max #: 4	# Utilized: 4	Style/Class: B
Primary Power	Voltage: 120	Amps: 20	Overcurrent Protection Type: Breaker		Amps: 20	Disconnecting Means Location: Breaker panel In basement		
Battery 1	Voltage: 12	Amps: 18	Mfr Year: 2022	Load Test Battery 1	VDC: 12	Ah: 16.9	Charger Voltage: 25.87	Result of Battery 1 & 2
Battery 2	Voltage: 12	Amps: 18	Mfr Year: 2022	Load Test Battery 2	VDC: 12.08	Ah: 16.2	Charger Voltage: 25.87	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Replaced
Secondary Power	Other Power Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:					

4.3 Additional Power Supplies

Are there additional power supplies? ☒ Yes ☐ No

Power Supplies								
Control Unit	Manufacturer: Altronix		Model Number: AL1042ULADA		Location: Center Mail Room		Disconnecting Location: West wing breaker panel basement	
Battery 1	Voltage: 12	Amps: 18	Mfr Year: 2022	Load Test Battery 1	VDC: -	Ah: -	Charger Voltage: -	Result of Battery 1 & 2
Battery 2	Voltage: 12	Amps: 18	Mfr Year: 2022	Load Test Battery 2	VDC: -	Ah: -	Charger Voltage: -	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> Replaced

5. Testing Results

5.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps / LEDs / LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

5.2 Secondary Power

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

5.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

a. Did all tested initiating devices pass?

☒ Yes ☐ No ☐ N/A

5.4 Notification Appliances

Include Notification Appliances Table on this Report?

☒ Yes ☐ No

Notification Appliances

Appliance Type	# Installed	# Tested	Test Results
Bell(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Horn(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Horn/Strobe(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Mini Horn(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Speaker(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Speaker/Strobe(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Strobe(s)	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

5.5 Interface Equipment

Complete supplementary interface component test form for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

5.6 Supervising Station Monitoring

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

5.7 Air Sampling Detection

Is there Air Sampling Detection?

☐ Yes ☒ No**5.8 Device Information**

Devices				
Pull Station Manufacturer(s) Honeywell	Type <input checked="" type="checkbox"/> Keyed <input type="checkbox"/> Hex Key <input type="checkbox"/> Screw <input type="checkbox"/> Other	Detector manufacturer(s) Honeywell	Notification device manufacturer(s) Honeywell	Color <input checked="" type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other
Comment				

6. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	-	-
Building management:	Building Management	3:00 pm

7. System Restored To Normal OperationDate: 9/4/2025
Time: 3:00 pm**8. Observations**

These items are outside the regular scope of the required inspection and are not the result of an engineering review. This information is not intended to be all-inclusive but rather a list of items discovered as a by-product of the required inspection.

Please see the summary section at the top of the form for the comments.

9. Inspector Information:

Test Verification:

Inspected By

Inspector Signature

Jonny Terwilliger

Inspector License:

Date of Work

Inspection NotesN/A9/4/2025**Owner's Section**

Is the Owner or a representative available?

☐ Yes ☒ No owner available onsite

SECTION IV - OTHER TERMS AND LIMITATIONS

1. This Agreement is for inspection services only. If Customer wants Company to make any repairs, alterations or replacements as a result of the inspection services performed pursuant to this Agreement, such work and the additional compensation to Company must be specified in a separate written agreement between Company and Customer.
2. Any additional system equipment added to the Property after the date of this Agreement or not otherwise specified in Section II of this Agreement is not included in the inspection services to be provided pursuant to this Agreement. Inclusion of any such other equipment will require execution of an amendment to this agreement and adjustment of the inspection fee.
3. The inspection services provided by Company pursuant to this Agreement are limited to an evaluation of the functionality of the equipment identified in Section II above. Company will not evaluate or express any opinion as to whether the design and/or installation of the system are suitable for the Property or the operations at the Property.
4. Company's inspection is limited to a visual inspection of external readily accessible parts of the system and will not include every component including but not limited to sprinkler heads, pipe, fittings, hangers, pull stations, smoke detectors, conduit wire or other parts of the system being inspected. Company will only inspect a representative number or sample of the sprinkler heads, pipes, hangers, valves or other devices and equipment in their current position. THEREFORE, BY CONDUCTING ITS INSPECTION UNDER THIS AGREEMENT, COMPANY DOES NOT GUARANTEE OR WARRANT THE CONDITION OR OPERATION OF EVERY PIPE, SPRINKLER HEAD OR OTHER PART OF THE FIRE PROTECTION AND/OR FIRE ALARM/SECURITY SYSTEM ON THE PROPERTY.
5. AS A MATERIAL INDUCEMENT FOR COMPANY TO PROVIDE THE SERVICES SPECIFIED IN THIS AGREEMENT AT THE INSPECTION FEE QUOTED IN THIS AGREEMENT, CUSTOMER AGREES THAT COMPANY'S LIABILITY TO CUSTOMER AND ALL THIRD PARTIES WITH RESPECT TO ANY CLAIM UNDER THIS AGREEMENT, OR ARISING FROM THE SERVICES FURNISHED BY COMPANY, SHALL BE LIMITED TO THE LESSER OF \$1,000.00 OR THE TOTAL CONSIDERATION ACTUALLY RECEIVED BY COMPANY UNDER THIS AGREEMENT. THE FOREGOING LIMITATION SHALL APPLY TO ALL CLAIMS REGARDLESS OF THE NATURE THEREOF, INCLUDING CLAIMS ASSERTED AS A BREACH OF CONTRACT, A BREACH OF WARRANTY, NEGLIGENCE, STRICT LIABILITY OR OTHERWISE. IN NO EVENT SHALL COMPANY BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL, AND INDIRECT OR PUNITIVE DAMAGES, OR DAMAGES FOR LOST PROFITS. If Customer desires Company to accept an increased limit of liability for the services provided under this Agreement, Company will provide an alternate inspection fee quote reflecting such increased limit, provided, however, that the increased limit shall be effective only upon Company's and Customer's execution of a replacement agreement confirming the same and Customer's payment of the alternate fee.
6. Company, following each inspection, will provide to Customer a written "Report of Inspection" ("Report"). If required and/or with prior written authorization, Company will provide copies of the Report to the local or state authority having jurisdiction on behalf of Customer. If requested by Customer, a copy of the Report will also be forwarded to Customer's insurance company. The Report and recommendations, if any, by Company are only advisory in nature and are intended to assist Customer in reducing the possibility of loss to the Property by indicating obvious defects or impairments to the system(s) which were discovered by Company's inspection and which should receive prompt attention.

7. Customer agrees to obtain and shall be solely responsible to maintain property and casualty insurance for the Property, all contents therein, and operations performed within or around the Property. No insurance company, insurer or bonding company or their successors or assigns shall have any right of subrogation or otherwise against Company arising out of this Agreement or the services provided by Company pursuant to this Agreement.
8. Customer agrees to indemnify, defend and hold harmless Company, its agents, and employees from and against any and all claims, demands, suits, liabilities, damages, judgments, losses and expenses (including, without limitation, attorneys' fees) which may be asserted against or incurred by Company by any third party arising out of or related to this Agreement or the services provided by Company pursuant to this Agreement.
9. Company will make every reasonable effort to prevent the discharge of water into or onto areas of landscaping, decorative pavement, etc., at the Property, however it is Customer's responsibility to provide sufficient and readily accessible means to accept the full flow of water that may be required by tests as determined by the type of inspection and to take measures to eliminate the formation of ice in any area where a slip and fall hazard could occur.
10. This Agreement may not be assigned by Customer without the written consent of Company.
11. This Agreement may be signed in counterparts; a signed facsimile, photocopy, and/or electronic mail of this Agreement shall be as binding on both parties just as though this Agreement were executed in its original, pre-printed form.
12. This Agreement constitutes the entire Agreement between Company and Customer regarding the subject matter hereof and supersedes all prior agreements and understandings relating thereto. Although Customer for its convenience or in furtherance of its internal procedures may issue to Company a purchase order, order acknowledgement or similar form in connection with the services provided by Company pursuant to this Agreement, no term or condition in any such form that is different from or in addition to the terms set forth in this Agreement shall be applicable, and all such different or additional terms shall be ineffective and void. This Agreement cannot be amended or modified except by a writing signed by Customer and Company.
13. Customer acknowledges Company is relying upon the accuracy of the information regarding Customer and the Property set forth in Sections I of this Agreement. Customer represents that all such information is complete and accurate as of the date on which this Agreement is signed by Customer. Customer will promptly advise Company in writing of any change to such information.
14. Other inclusions, exclusions, or attachments (if any) we exclude fire alarm.