

Fire Alarm Inspection and Testing Report



Location Code: FZICTAM

Contact: CINDY CROYLE

Contact Address: 1545 AIRPORT RD
FRANKLIN, PA 16323-1940

Phone: 412-477-7816

Email: Cynthia.a.Croyle.ctr@army.mil,
reginald.cook@cmimgmt.com

Property Evaluated: USAR PA035 FRANKLIN (Business)
1545 AIRPORT RD
FRANKLIN, PA 16323-1940

Description: Fire Alarm (USAR FRANKLIN A 4-25
FA)

Work Order: SV2503190286

Company: GRUNAU FIRE PROTECTION

Address: 590 E WESTERN RESERVE RD, BLDG
5
BOARDMAN, OH 44514

Company Phone: 330-758-3500

Inspector: CHRISTIAN MYERS
OH FIRE - 54.50.1886

Date of Work: 4/2/2025

Frequency: Annual

Tag: ANNUAL INSPECTION

Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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 _____ ANNUAL INSPECTION _____
 Inspection Frequency: _____ Annual _____
 Property Being Evaluated: _____
USAR PA035 FRANKLIN (Business)
 Owner: _____
CINDY CROYLE
 Owner's Phone Number: _____
412-477-7816
 Property Address: _____
1545 AIRPORT RD, FRANKLIN, PA, 16323-1940
 Assembly Description: _____
Fire Alarm (USAR FRANKLIN A 4-25 FA)

2. Monitoring Information

Is there a monitoring entity? Yes No
 Monitoring organization: SIMPLEX GRINNELL
 Phone: 1-888-746-7539
 Email: N/A
 Account number: N/A
 Phone line 1: N/A
 Phone line 2: N/A
 Means of transmission: PHONE
 Entity to which alarms are retransmitted: FD
 Phone: N/A

3. Notifications Made Prior To Testing

		Contact	Time
Monitoring organization:		JOHNSON CONTROLS	8:00AM
Building management:		CINDY C.	8:00AM

4. System Information - Panels / Power

4.1 Addressable Panels							
Control Unit	Manufacturer: FIRELITE		Model Number: MS-9600UDLS	Location: FRONT DOOR			Software Revision: N/A
SLC Loops	Max #: 2 BLOCKS	# Utilized: 1 BLOCK	Addresses Available: UNK	NAC Circuits	Max #: 4	# Utilized: 2	Style/Class: B
Primary Power	Voltage: 120	Amps: UNK	Overcurrent Protection Type: BREAKER	Amps: 20	Disconnecting Means Location: PANEL IN HALL BY ROOM 104 BRAKER 24		
Battery 1	Voltage: 12	Amps: 10.5	Mfr Year: 2024	Load Test Battery 1	VDC: 13.47	Ah: 10.00	Charger Voltage: 26.98
Battery 2	Voltage: 12	Amps: 10.5	Mfr Year: 2024	Load Test Battery 2	VDC: 13.41	Ah: 11.30	Charger Voltage: 26.98
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: FIRELITE		Model Number: EMERGENCY COMMAND CENTER (VOICE EVAC)		Location: NEXT TO FACP			Disconnecting Location: SAME AS FACP
Battery 1	Voltage: 12	Amps: 40	Mfr Year: 2023	Load Test Battery 1	VDC: 13.45	Ah: 25.75	Charger Voltage: 27.11	Result of Battery 1 & 2
Battery 2	Voltage: 12	Amps: 40	Mfr Year: 2023	Load Test Battery 2	VDC: 13.51	Ah: 25.10	Charger Voltage: 27.11	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Replaced

Control Unit	Manufacturer: POTTER		Model Number: PSN-106		Location: BOILER RM. 109 (#1)			Disconnecting Location: BOILER RM. BREAKER #1
Battery 1	Voltage: 12	Amps: 7	Mfr Year: 2024	Load Test Battery 1	VDC: 13.57	Ah: 7.00	Charger Voltage: 27.33	Result of Battery 1 & 2
Battery 2	Voltage: 12	Amps: 7	Mfr Year: 2024	Load Test Battery 2	VDC: 13.65	Ah: 7.30	Charger Voltage: 27.33	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Replaced

Control Unit	Manufacturer: POTTER		Model Number: PSN-106		Location: BOILER RM. 109 (#2)			Disconnecting Location: BOILER RM. PANEL BREAKER#1
Battery 1	Voltage: 12	Amps: 7	Mfr Year: 2024	Load Test Battery 1	VDC: 13.65	Ah: 7.30	Charger Voltage: 27.36	Result of Battery 1 & 2
Battery 2	Voltage: 12	Amps: 7	Mfr Year: 2024	Load Test Battery 2	VDC: 13.33	Ah: 6.89	Charger Voltage: 27.36	<input checked="" type="checkbox"/> Pass <input 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 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
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 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 power panels	<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
Other	<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

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)	28	28	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input 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)	4	4	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input 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) SIGCOM	Type <input checked="" type="checkbox"/> Keyed <input type="checkbox"/> Hex Key <input type="checkbox"/> Screw <input type="checkbox"/> Other	Detector manufacturer(s) FIRELITE	Notification device manufacturer(s) SYSTEM SENSOR	Color <input type="checkbox"/> Red <input checked="" type="checkbox"/> White <input type="checkbox"/> Other
Comment				

6. Notifications That Testing Is Complete

	Contact	Time
Monitoring organization:	CUSTOMER CONTACTED	1:00PM
Building management:	CINDY C.	1:00PM

7. System Restored To Normal Operation

Date: 4/2/2025
Time: 1:00PM

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

Inspector License:

Date of Work

Inspection Notes

CHRISTIAN MYERS



OH FIRE - 54.50.1886

4/2/2025

Owner's Section

Is the Owner or a representative available?

Yes No owner available onsite