



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/15/2012
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	243696

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - OLD MAIN 001
Address:	4840 CASS AVE
DETROIT, MI 48202	
Owner Contact:	KEN / DAVID KUFFNER
Telephone:	313-684-0855
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0855	KEN / DAVID KUFFNER/CHARLIE	7:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	176	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	JOCKEY (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	MAIN SECTIONAL	YES	YES	YES	YES	N/A	N/A	YES	YES
46	SECTIONAL (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
6	ELEVATOR (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	EDC-III	10"	1994	2010	BASEMENT MECH ROOM
2.	MAIN (WAFER)	GRINNEL	410	10"	1994	2010	BASEMENT MECH ROOM
3.	PUMP	GRUVLOK	7800 FP	8"	1996	2010	BASEMENT MECH ROOM
4.	BYPASS	GRUVLOK	7800 FP	8"	1996	2010	BASEMENT MECH ROOM
5.	FDC	GRUVLOK	7800 FP	4"	1996	2010	BASEMENT MECH ROOM
6.	JOCKEY	UNITED	BRASS SWING	1¼"		2010	BASEMENT MECH ROOM
7.	DETECTOR CHECK BYPASS	UNITED	BRASS SWING	¾"		2010	BASEMENT MECH ROOM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	KEN / DAVID KUFFNER/CHARLIE	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NOTE: ALL FIRE VALVES AND FLOWS ABOVE CEILING ARE MARKED WITH (4) RED DOTS, - AREAS UNDER REMODEL RM 2402 2414

RECOMMEND CRESNET WRENCH BE ADDED TO SPARE HEAD BOX, DUE TO MANY VARIETIES OF SPRINKLERS

MISSING ESCUTCHEONS - (2) CHROME ESCUTCHEONS IN RM 0407 IN MENS REST ROOM BY SERVICE ELEVATOR, BOTTOM OF STAIRWELL "F", HALL OUTSIDE FIRE PUMP RM 0002, BY RM 4122, OUTSIDE RM 4135, OUTSIDE RM 4130, 1ST FLOOR BY STAIR "D" NEAR RM 1172

INSIDE RM 1318, HALLWAY BY RM 1305, HALLWAY OUTSIDE RM 1158, OUTSIDE RM 1114, OUTSIDE RM 0137, HALL OUTSIDE RM 0235, HALL OUTSIDE RM 0360C, INSIDE MENS RM NEAR RM 1119, INSIDE ELECTRICAL RM 1405, HALLWAY BY RM 2114, RESTROOM BY STAIR "A"

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/15/12	TIME	3:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



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## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/15/12
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	243696

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WAYNE STATE - OLD MAIN 001
Address: 4840 CASS AVE.
DETROIT, MI 48202
(INSIDE ROOM 0002)
Owner Contact: KEN / DAVID KUFFNER
Telephone: (313) 684-0855
Approving Agency: DETROIT FIRE DEPT.

Technician:	J. JOHNSTON / TROY TYLER
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0855	ROBERT RIDLEY/DAVID KUFFNER	9:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT AC	RATE GPM	1000
MODEL	SPLITCASE	RATE PSI	122
SERIAL NUMBER	961-85794-01-01	PSI @ 150%	108
TYPE	8100	MAX PRESSURE	129
RATED RPM	1780	AUTO START	150
IMPELLER SIZE	17.2	SATISFIED PSI	185
HORSE POWER	125	AUTO STOP	N/A
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	US ELECTRIC	FRAME	405TS	RATED RPM	1775
MODEL		VOLTAGE	460	HZ	60
SERIAL NUMBER	H018Y11Y268R106M	AMP	147.9	HORSE POWER	125
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	125
MODEL	64C214-4K	VOLTAGE	480
SERIAL NUMBER	7317076-01	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-2	START PRESSURE (ON)	160
SERIAL NUMBER	84200009	STOP PRESSURE (OFF)	175
HORSE POWER	2	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN ENGINEERING	PHASE REVERSAL	N/A
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?		X	
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?		X	
7. Bi-monthly test records available?	X		
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?			X
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1786	1776	1775
Voltage During Test		490 490 493	492 488 488	490 490 491
Amperage During Test		40 42 41	54 58 60	61 61 63
RATED NET HEAD		122		
SUCTION PRESSURE		47	55	65
DISCHARGE PRESSURE		188	178	174
NET HEAD		141	123	109
RATED GPM	1000			
OUTLET A PITOT		NA	1000	1500
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1000	1500
RATED % OF FLOW			100%	150%

Does Fire Pump meet system specifications?

PASS

X

FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	KEN / DAVID KUFFNER	10:00 AM
MONITORING ENTITY	X	CAMPUS SECURITY	10:00 AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
NOTE: PUMP HAS BUILT IN FLOW METER				
POWER BULB BURNED OUT ON FIRE PUMP (2.2 WATT 30 VOLT)				
SENSING LINES HAVE ISOLATION VALVES ON THEM				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/15/12	TIME	10:00 AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/21/2012
ARRIVAL TIME:	7:30AM
WORK ORDER NUMBER:	243702

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - PHYSICS - 003
Address:	666 W. HANCOCK
DETROIT, MI 48202	
Owner Contact:	DAVID KUFFNER/RICH
Telephone:	313-268-2371/313-684-0342
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	313-268-2371	DAVID KUFFNER/LEE	7:30 AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:30 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?		X	
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>	X		
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>	X		
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
1	MACHINE SHOP BY WELDING ROOM			9	(2) TCIW 2½ CHECK		-18° F		

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	60	45
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	NO	YES	NO	YES	N/A	N/A	N/A
5	SECTIONAL (OS&Y)	YES	YES	YES	NO	YES	N/A	N/A	N/A
3	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	AF LOOP (OS&Y)	YES	NO	YES	NO	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	TCIW	SWING	6"	1963		MAIN MECHANICAL ROOM
2.	MAIN	TCIW	SWING	6"	1964		MAIN MECHANICAL ROOM
3.	FDC	KENNEDY	UT	4"	1963	2010	WEST END MAIN MECH RM
4.	SPRINKLER	KENNEDY	UT	4"	1963	2010	HALL BY MAIN MECH RM
5.	AF LOOP	TCIW	SWING	2½"	1963		MACHINE SHOP
6.	AF LOOP	TCIW	SWING	2½"	1963		MACHINE SHOP
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER/RICH	12:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

ALL FIRE HOSES NEED REMOVED AND CAPPED

NO HEAD BOX OR WRENCH AT RISER

LIGHT HANGING FROM SPRINKLER PIPING IN RM 055 ENGINEERING OFFICE

PERFORMED (2) OUT OF (6) 5 YEAR CHECK VALVE INSPECTIONS IN 2010 (2 - ON ANTI FREEZE LOOP AND 2 MAIN NOT DONE)

MAIN CONTROL VALVE 1ST 6" OS&Y ON SYSTEM DOES NOT FULLY ISOLATE, NEEDS TO BE REPLACED

INSTALLED SIGNS WHERE NEEDED: (1) ANTI-FREEZE LOOP, (1) MAIN DRAIN SIGN, (4) CONTROL VALVE SIGNS

NOTE: ALARM PANELS IN BSMT RM 057 \*ALL SIGNALS RECEIVED AND RESET\*\*

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/21/12	TIME	12:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/16/2012
ARRIVAL TIME:	12:30PM
WORK ORDER NUMBER:	243698

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	TROY TYLER
JASON JOHNSTON	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - SCIENCE HALL - 005
Address:	5045 CASS DETROIT, MI 48202
Owner Contact:	LLOYD / DAVID KUFFNER
Telephone:	313-684-2760
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0855	LLOYD / DAVID KUFFNER	12:30PM
MONITORING ENTITY	X		CAMPUS SECURITY	12:30PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?		X	
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	50	40
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	SECTION SPRINK OS&Y	YES	NO	YES	YES	N/A	YES	N/A	N/A
4	SECTION STAPIPE OS&Y	YES	NO	NO	YES	N/A	YES	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	56982	6"	1989	2010	BASEMENT FAN ROOM
2.	DETECTOR BYPASS	HAMMOND	BRASS SWING	3/4"	1990	2010	BASEMENT FAN ROOM
3.	MAIN	N1BCO	908W	6"	1989	2010	BASEMENT FAN ROOM
4.							
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	LLOYD/ DAVID KUFFNER	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NOT ABLE TO LOCATE FDC CHECK VALVE, BUT CONNECTION LOCATED NE CORNER OF BUILDING

PANEL IN BSMT MECH RM BY ENGINEERS OFFICE

ALL SIGNALS RECEIVED AND RESET

NO HEAD BOX OR WRENCH AT RISER

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/16/12	TIME	3:30PM
NAME OF INSPECTOR	TROY TYLER			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/17/2012
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	243697

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	J. JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - LIFE SCIENCES - 006
Address:	5000 GULLEN MALL
DETROIT, MI 48202	
Owner Contact:	LLOYD / DAVID KUFFNER
Telephone:	(313) 577-4345
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 577-4345	DON / DAVID KUFFNER	7:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?		X	
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?			X
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?			X
3. Are all sprinkler heads less than 50 years old?			X
4. Are sprinkler heads of proper temperature rating?			X
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>		X	
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?			X
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	49	
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	NO	YES	N/A	N/A	N/A
3	BYPASS (OS&Y)	YES	YES	YES	NO	YES	N/A	N/A	N/A
1	PUMP (OS&Y)	YES	YES	YES	NO	YES	N/A	N/A	N/A
2	SECTIONAL (OS&Y)	YES	YES	YES	NO	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	TCIW	UT	4"	1959	2010	BASEMENT MECH ROOM
2.	BYPASS	AFC	2101	4"	2001	2010	BASEMENT MECH ROOM
3.	PUMP	TCIW	UT	4"	1959	2010	BASEMENT MECH ROOM
4.	FDC	TCIW	UT	4"	1959	2010	BASEMENT MECH ROOM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	LLOYD / DAVID KUFFNER	4:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	4:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

TIME TO ALARM 35 SEC  
 FIRE PUMP OUT OF SERVICE, SYSTEM ON CITY BYPASS ONLY  
 UNABLE TO RUN MAIN DRAIN DUE TO FLOOR FLOODING  
 TEST HEADER OS&Y LEAKS BY LEAVING OUTSIDE OF HEADER CHARGED AND A FREEZE HAZARD

10 HOSES NEED HYDROTESTED OR REPLACED - ORIGINAL TO BUILDING  
 SHOULD BE REMOVED ON PLUGGED.

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/17/12	TIME	8:30 AM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐Quarterly ☐Semi-Annual ☐Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/17/12
ARRIVAL TIME:	10:00am
WORK ORDER NUMBER:	243697

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

PROPERTY NAME	
Name:	WAYNE STATE - LIFE SCIENCES
Address:	5000 GULLEN MALL
DETROIT, MI 48202	
Owner Contact:	LLOYD/DAVID KUFFNER
Telephone:	(313) 577-4345
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON
T. TYLER	
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 577-4345	LLOYD/ DAVID KUFFNER	2:30PM
MONITORING ENTITY	X		CAMPUS SECURITY	2:30PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	OH-WHEELER MFG.CO	RATE GPM	350
MODEL	3 X 2 MN	RATE PSI	
SERIAL NUMBER	12-3602-	PSI @ 150%	
TYPE	SPLITCASE	MAX PRESSURE	
RATED RPM		AUTO START	20
IMPELLER SIZE		SATISFIED PSI	55
HORSE POWER	20	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	ELECTRIC DYNAMIC	FRAME	284-U	RATED RPM	3530
MODEL	HN	VOLTAGE	440	HZ	60
SERIAL NUMBER	70603152A5	AMP	25.5	HORSE POWER	20
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	CUTLER HAMMER	HORSE POWER RATING	20
MODEL	E754287A	VOLTAGE	440
SERIAL NUMBER	N/A	AMP RMS	N/A
JOCKEY PUMP DATA			
MANUFACTURER	N/A	INLET/OUTLET SIZE	
MODEL		START PRESSURE (ON)	
SERIAL NUMBER		STOP PRESSURE (OFF)	
HORSE POWER		VOLTAGE	
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN MECH ROOM	PHASE REVERSAL	N/A
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?		X	
2. Fire pump controller in automatic service?		X	
3. Jockey pump controller in service on auto?			X
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?		X	
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?			X
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?		X	
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?			X
6. Packing glands appear properly adjusted?			XX
7. Bi-monthly test records available?			X
8. Were automatic starts performed?			X
9. Were manual starts performed?			X
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?			X
11. Remote alarm conditions demonstrated?			X
12. Are drains operational and ok?			X
13. Does fire pump shaft and coupling appear to be properly aligned?			X
14. Does jockey pump appear to be aligned ok?			X
15. Does fire pump have casing relief valve and does it function properly?			X
16. Is test header in good condition and drained?			X
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?		X	
20. Site personnel were offered instruction in pump operations?			X
21. Sensing lines for jockey and fire pump separate?			X
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report	CHURN	100% FLOW	150% FLOW
RPM During Test			
Voltage During Test			
Amperage During Test			
RATED NET HEAD			
SUCTION PRESSURE			
DISCHARGE PRESSURE			
NET HEAD			
RATED GPM			
OUTLET A PITOT			
OUTLET B PITOT			
OUTLET C PITOT			
OUTLET D PITOT			
OUTLET E PITOT			
TOTAL FLOW	0	0	0
RATED % OF FLOW		#DIV/0!	#DIV/0!
Does Fire Pump meet system specifications?	PASS	FAIL	X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				
EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			
NOTIFICATIONS THAT TESTING IS COMPLETE				
TYPE	YES	WHO	TIME	
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	LLOYD / DAVID KUFFNER	11:00AM	
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP IS OUT OF SERVICE PER FACILITIES. ON CITY BYPASS . ONLY SYSTEM PRESSURE 49PSI AT RISER SHAFT COUPLING NEEDS TO BE REPLACED -NO GUARD FOR SHAFT NOTES: NO JOCKEY ON SYSTEM. INSPECTORS TEST ON STAIRWELL TO ROOF				
SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/17/12	TIME	11:00AM
NAME OF INSPECTOR	J. JOHNSTON & T. TYLER			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE				
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?			Yes or No	NO
Have the noted deficiencies/violations been corrected?			Yes or No	NO
Have the deficiencies/violations been authorized for repair?			Yes or No	NO
If no, please explain reason:				





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/18/2012
ARRIVAL TIME:	6:30am
WORK ORDER NUMBER:	243699 & 243701

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

PROPERTY NAME	
Name:	CHEMISTRY - 007
Address:	5101 CASS
DETROIT, MI 48202	
(TIED INTO SCIENCE AND ENG. LIBRARY & CHEM BLDG)	
Owner Contact:	DAVID KUFFNER/MARK C.
Telephone:	(313) 268-2371
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS		586-291-4654	ORLANDIS	6:30AM
BUILDING MANAGEMENT	X	(313) 268-2371	DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?		X	
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?		X	
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>	X		
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2"	168	N/A	
2.				
3.				
4.				
5.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	BACKFLOW (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	BYPASS (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	JOCKEY (BBALL)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	ELEVATOR (BBALL)	YES	YES	YES	NO	YES	N/A	YES	YES
4	SECTIONAL (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
11	SECTIONAL (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER (BFLY)	YES	NO	N/C	YES	N/A	N/A	YES	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	2000SS	8"	2004	2010	SUB BASEMENT WEST
2.	BYPASS	VIKING	G-1	8"	2005	2010	FIRE PUMP ROOM
3.	PUMP	VIKING	G-1	8"	2005	2010	FIRE PUMP ROOM
4.	FDC	VIKING	G-1	4"	2005	2010	SUB BASEMENT WEST
5.	JOCKEY	RANDELMAN	SWING	1¼"	2005	2010	FIRE PUMP ROOM
6.	JOCKEY	RANDELMAN	SWING	1¼"	2005	2010	FIRE PUMP ROOM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X	ORLANDIS	2:30PM
BUILDING MANAGEMENT	X	DAVID KUFFNER	2:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>CHANGED OUT (7) GAUGES OLDER THAN 5YRS IN AREAS THAT AT LAST INSPECTION WERE IN ABESTOS AREAS</p> <p>AREAS UNDER CONSTRUCTION BSMT NORTH AND EAST COMMON AREA</p> <p>ALL SIGNALS RECEIVED AND RESET</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/18/12	TIME	2:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐

Quarterly ☐

Semi-Annual ☐

Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/17/12
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	243699

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: CHEMISTRY - 007
Address: 5101 CASS
DETROIT, MI 48202
(TIED INTO SCIENCE & ENG. LIBRARY)
Owner Contact: DAVID KUFFNER
Telephone: (313) 268-2371
Approving Agency: DETROIT FIRE DEPT.

Technician:	J. JOHNSTON / TROY TYLER
MARK FISK	
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 268-2371	DAVID KUFFNER	7:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	A-C FIRE PUMP SYSTEMS ITT	RATE GPM	1000
MODEL	IN-LINE	RATE PSI	100
SERIAL NUMBER	05-043020-01-01 / QK9140	PSI @ 150%	87
TYPE	7C831-1580	MAX PRESSURE	101.1
RATED RPM	3550	AUTO START	150
IMPELLER SIZE	8.98	SATISFIED PSI	187
HORSE POWER	100	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	EMERSON	FRAME	365JP	RATED RPM	3550
MODEL	AD39A	VOLTAGE	460	HZ	60
SERIAL NUMBER	J06-20021578-100R-02	AMP	116	HORSE POWER	100
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	100
MODEL	MP300-100-480C	VOLTAGE	480
SERIAL NUMBER	MA-05N19109-11	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-1-10	START PRESSURE (ON)	154
SERIAL NUMBER	HK-05N19109-21	STOP PRESSURE (OFF)	165
HORSE POWER	1	VOLTAGE	480
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?		X	
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?			X
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?		X	

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3564	3541	3535
Voltage During Test		479 479 477	481 473 473	472 473 476
Amperage During Test		85 82 87	110 116 110	117 114 113
RATED NET HEAD		100		
SUCTION PRESSURE		48	45	35
DISCHARGE PRESSURE		187	157	142
NET HEAD		139	112	107
RATED GPM	1000	0		
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%

Does Fire Pump meet system specifications?

PASS

X

FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
BUILDING UNDER REMODEL				
CHANGED (3) GAUGES OLDER THEN 5 YEARS				
TRANSFER SWITCH NOT TESTED DUE TO REMODEL				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/17/12	TIME	3:30 PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/18/2012
ARRIVAL TIME:	6:30am
WORK ORDER NUMBER:	243699 & 243701

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	SCIENCE LIBRARY - 008
Address:	42 W WARREN DETROIT, MI 48202 (TIED INTO SCIENCE AND ENG. LIBRARY & CHEM BLDG)
Owner Contact:	DAVID KUFFNER/MARK C.
Telephone:	(313) 268-2371
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS		586-291-4654	ORLANDIS	6:30AM
BUILDING MANAGEMENT	X	(313) 268-2371	DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?		X	
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?		X	
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>	X		
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	168	N/A
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	BACKFLOW (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	BYPASS (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	JOCKEY (BBALL)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	ELEVATOR (BBALL)	YES	YES	YES	NO	YES	N/A	YES	YES
4	SECTIONAL (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
11	SECTIONAL (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER (BFLY)	YES	NO	N/C	YES	N/A	N/A	YES	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	2000SS	8"	2004	2010	SUB BASEMENT WEST
2.	BYPASS	VIKING	G-1	8"	2005	2010	FIRE PUMP ROOM
3.	PUMP	VIKING	G-1	8"	2005	2010	FIRE PUMP ROOM
4.	FDC	VIKING	G-1	4"	2005	2010	SUB BASEMENT WEST
5.	JOCKEY	RANDELMAN	SWING	1¼"	2005	2010	FIRE PUMP ROOM
6.	JOCKEY	RANDELMAN	SWING	1¼"	2005	2010	FIRE PUMP ROOM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X	ORLANDIS	2:30PM
BUILDING MANAGEMENT	X	DAVID KUFFNER	2:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>CHANGED OUT (7) GAUGES OLDER THAN 5YRS IN AREAS THAT AT LAST INSPECTION WERE IN ABESTOS AREAS</p> <p>AREAS UNDER CONSTRUCTION BSMT NORTH AND EAST COMMON AREA</p> <p>ALL SIGNALS RECEIVED AND RESET</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/18/12	TIME	2:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/21/2012
ARRIVAL TIME:	7:00PM
WORK ORDER NUMBER:	243700

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - PRENTIS - 022
Address:	5201 CASS DETROIT, MI 48202
Owner Contact:	AL / DAVID KUFFNER
Telephone:	(248) 930-4393
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(248) 930-4393	AL / DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?	X		
6. No leakage from retard chambers or alarm drains?	X		
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	50	42
2.			
3.	ITV	LOCATED IN JANITORS	WORKROOM 012
4.		PRESSURE SWITCH	

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	NO	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN (OS&Y)	KENNEDY	UA	4"	1962		BASEMENT MECH RM
2.	ALARM CHECK	AUTOMATIC	A-1	4"	1962		BASEMENT MECH RM
3.	WATER GONG	WARD	SWING	3/4"	1962	2010	BASEMENT MECH RM
4.	FDC	KENNEDY	UA	4"	1962		BASEMENT MECH RM
5.							(ABOVE DUCT)
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	AL / DAVID KUFFNER	9:30AM
MONITORING ENTITY	X	CAMPUS SECURITY	9:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PERFORMED (1) OF (4) 5 YEAR CHECK VALVE INSPECTIONS UNABLE TO DO 3 OF THEM DUE TO MAIN 4" TCIW OS&Y DIDN'T FULLY ISOLATE SYSTEM, ONLY ABLE TO OPEN WATER GONG DRAIN CHECK VALVE

MAIN 4" TCIW OS&Y NEEDS REPLACED AND WILL REQUIRE CITY SHUTDOWN

APPROX (150) 165\* PEN. SPRINKLER HEADS ARE 50 YEARS OLD AND ARE DUE FOR REPLACEMENT

WATER MOTOR GONG WORKS GOOD

FOUND (2) PAINTED PENDANT SPRINKLERS IN BASEMENT RESTROOM NORTH END OF HALL

NOT 220V ALARM PANEL IN BASEMENT MECHANICAL ROOM ELECTRIC AREA

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/21/12	TIME	9:30 AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/22/2012
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	243703

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	MORT HARRIS RECREATIONAL & FITNESS - 025
Address:	5210 GULLEN MALL DETROIT, MI 48202
Owner Contact:	DAN / DAVID KUFFNER
Telephone:	(313) 684-0865
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0865	DAN / DAVID KUFFNER	7:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>	X		
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2	135	125	
2.				
3.				
4.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
4	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	ELEVATOR (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	JOCKEY (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	TEST HEAD (BFLY)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	NIBCO	KW900W	8"	1999	2010	WATER METER ROOM
2.	DETECTOR CHECK	AMES	DCU	8"	1999	2010	WATER METER ROOM
3.	DETECTOR BYPASS	WDC	SWING	3/4"	1999	2010	WATER METER ROOM
4.	PUMP	NIBCO	KW900W	6"	1999	2010	FIRE PUMP ROOM
5.	BYPASS	VICTAULIC	5717	6"	1999	2010	FIRE PUMP ROOM
6.	JOCKEY	NIBCO	SWING	1 1/4"	1999	2010	FIRE PUMP ROOM
7.	FDC	VIKING	G-1	4"	1999	2010	IN GRACE 136



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAN / DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>1 1/2 " WELD LET LEAKING &amp; CORRODED, FREE WEIGHT AREA, NEAR BOTTOM OF STAIRS, PAINTED HEAD (CORRECTED) (1) ENTRANCE TO STAIRS NEAR CLIMBING WALL</p> <p>ALL SIGNALS RECEIVED AND RESET</p> <p>MISSING (2)FDC CAPS (CORRECTED AT INSPECTION)</p> <p>FIRE PUMP FAILED NEW INSPECTION REQUIRED AFTER REPAIRS ARE COMPLETED.</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/22/12	TIME	1:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
Is system code compliant with occupancy & stored commodity?				
		Yes or No	YES	
Have the noted deficiencies/violations been corrected?				
		Yes or No	NO	
Have the deficiencies/violations been authorized for repair?				
		Yes or No	YES	
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐

Quarterly ☐

Semi-Annual ☐

Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/22/12
ARRIVAL TIME:	9:00am
WORK ORDER NUMBER:	243703

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

PROPERTY NAME	
Name:	HARRIS RECREATION & FITNESS
Address:	5210 GULLEN MALL DETROIT, MI 48202
Owner Contact:	DAN / DAVID KUFFNER
Telephone:	(313) 684-0865
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON / T. TYLER
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0865	DAN / DAVID KUFFNER	9:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	500
MODEL	SPLITCASE	RATE PSI	80
SERIAL NUMBER	00-031232-01-01	PSI @ 150%	67
TYPE	8100	MAX PRESSURE	88
RATED RPM	3550	AUTO START	115
IMPELLER SIZE	7.3	SATISFIED PSI	140
HORSE POWER	40	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	YES

#### FIRE PUMP DRIVER

MANUFACTURER	U.S ELECTRIC	FRAME	286TS	RATED RPM	3525
MODEL	5756A	VOLTAGE	480	HZ	60
SERIAL NUMBER	C07-011042569-006R05	AMP	47	HORSE POWER	40
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	40
MODEL	C3C164-4	VOLTAGE	480
SERIAL NUMBER	190478	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GROUNDFOSS	INLET/OUTLET SIZE	1 1/4"
MODEL	CR-2	START PRESSURE (ON)	125
SERIAL NUMBER	CR2-50-WG-A-AUUE	STOP PRESSURE (OFF)	140
HORSE POWER	1 1/2	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL LOBBY	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3575	3547	3541
Voltage During Test		485 488 490	478 479 480	482 483 482
Amperage During Test		25 26 26	40 41 41	44 40 44
RATED NET HEAD		80		
SUCTION PRESSURE		45	40	36
DISCHARGE PRESSURE		135	120	108
NET HEAD		90	80	72
RATED GPM	500			
OUTLET A PITOT		NA	501	750
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	501	750
RATED % OF FLOW			100%	150%

Does Fire Pump meet system specifications?

PASS

X

FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				
EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			
NOTIFICATIONS THAT TESTING IS COMPLETE				
TYPE	YES	WHO		TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	DAN / DAVID KUFFNER		1:00PM
MONITORING ENTITY	X	CAMPUS SECURITY		1:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
FIRE PUMP OPERATED PROPERLY AT TIME OF INSPECTION				
NOTE: WORKED WITH PEERLESS PUMP PRIOR TO INSPECTION TO REPAIR PUMP MOTOR ISSUE				
SYSTEM RESTORED TO NORMAL OPERATION			DATE	5/22/12
NAME OF INSPECTOR			JASON JOHNSTON	
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE			DAVID KUFFNER	
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?			Yes or No	YES
Have the noted deficiencies/violations been corrected?			Yes or No	N/A
Have the deficiencies/violations been authorized for repair?			Yes or No	N/A
If no, please explain reason:				





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/7/2012
ARRIVAL TIME:	12:00 PM
WORK ORDER NUMBER:	243704

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - STUDENT CENTER - 034
Address:	5221 GULLEN MALL DETROIT, MI 48202
Owner Contact:	DAN
Telephone:	313-684-0865
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X		DAN	12:00 PM
MONITORING ENTITY	X		CAMPUS SECURITY	12:00 PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	X	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1										
ANTI-FREEZE LOOP										
No.	Location of Loop				No. of Heads	Type of Backflow		Temp		
	N/A									
TABLE 2										
MAIN DRAIN TEST										
Riser No.	Drain Size	Static Pressure (PSI)		Residual Pressure (PSI)						
1.	2"	135		N/A						
2.	2"	135								
3.										
TABLE 3										
DRY SYSTEM TEST										
No.	Valve Size	Location of Dry Valve		Full or Partial Trip		Starting Air Pressure	Starting Water Pressure		Trip Air Pressure	Trip Time
1.	N/A									
2.										
Location of Drum Drains							Tested?	Yes	No	
1.	IT - BSMT TELEPHONE /MECH RM							X		
2.										
TABLE 4										
CONTROL VALVE INFORMATION										
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational	
2	MAIN (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A	
1	PUMP (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A	
3	BYPASS (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A	
1	TEST HEADER (OS&Y)	YES	YES	N/C	YES	YES	N/A	N/A	N/A	
2	SECTIONAL (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A	
2	JOCKEY (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A	
TABLE 5										
BACKFLOW/CHECK VALVE INFORMATION										
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED		LOCATION		
1.	DETECTOR CHECK	VIKING	C-1	6"	1967	2010		BASEMENT ROOM 61		
2.	DETECTOR BYPASS	WARD	SWING	¾"	1967	2010		BASEMENT ROOM 61		
3.	MAIN	VIKING	C-2	6"	1967	2010		BASEMENT ROOM 61		
4.	MAIN	VIKING	C-2	6"	1967	2010		BASEMENT ROOM 61		
5.	JOCKEY		SWING	1¼"	1967	2010		BASEMENT ROOM 61		
6.	STANDPIPE	VIKING	C-2	6"	1967	2010		BASEMENT ROOM 61		
7.	STANDPIPE FDC	VIKING	C-2	4"	1968	2010		BASEMENT ROOM 61		
8.	SPRINKLER	VIKING	C-2	6"	1967	2010		BASEMENT ROOM 61		
9.	SPRINKLER FDC	VIKING	C-2	4"	1968	2010		BASEMENT ROOM 61		
10.	PUMP	VIKING	C-2	6"	1967	2010		BASEMENT ROOM 61		
11.	BYPASS	VIKING	C-2	6"	1967	2010		BASEMENT ROOM 61		



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				
NOTIFICATIONS THAT TESTING IS COMPLETE				
TYPE	YES	WHO	TIME	
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	DAN/DAVID KUFFNER	2:00 PM	
MONITORING ENTITY	X	CAMPUS SECURITY	2:00 PM	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
REPLACED (3) FDC CAP ON NORTHSIDE OF BUILDING BY SUBWAY				
BUILDING PARTIALLY SPRINKLER BASEMENT AND 1-7 JANITORS ROOMS				
MISSING CEILING TILES IN SEVERAL BASEMENT AREAS BY OLD KITCHEN				
NOTE: ALARM PANEL IS 110V LOCATED IN ENGINEERS OFFICE RM 401 CIRCUIT BREAKER TO ISOLATE PABEL IN OUTSIDE TELEPHONE RM #105				
BREAKERS 6 & 8				
SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/7/12	TIME	2:00 PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?				
		Yes or No	YES	
Have the noted deficiencies/violations been corrected?				
		Yes or No	NO	
Have the deficiencies/violations been authorized for repair?				
		Yes or No	YES	
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐Quarterly ☐Semi-Annual ☐Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/7/12
ARRIVAL TIME:	8:30am
WORK ORDER NUMBER:	243704

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

PROPERTY NAME	
Name:	WAYNE STATE - STUDENT CTR.
Address:	5221 GULLEN MALL
DETROIT, MI 48202	
Owner Contact:	DAN / D KUFFNER
Telephone:	313-684-0865
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON / T. TYLER
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X		DAN / DAVID KUFFNER	8:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	PEERLESS	RATE GPM	500
MODEL	4-ABF10	RATE PSI	75
SERIAL NUMBER	319409	PSI @ 150%	59
TYPE	SPLITCASE	MAX PRESSURE	32.8
RATED RPM	3530	AUTO START	75
IMPELLER SIZE		SATISFIED PSI	130
HORSE POWER	30	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	7 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	US MOTORS	FRAME	284TS	RATED RPM	3520
MODEL	9-1638-00-167	VOLTAGE	480	HZ	60
SERIAL NUMBER		AMP	36	HORSE POWER	30
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	LEXINGTON	HORSE POWER RATING	30
MODEL	9776-67	VOLTAGE	480
SERIAL NUMBER	83468-8-5-46	AMP RMS	N/A
JOCKEY PUMP DATA			
MANUFACTURER	PEERLESS	INLET/OUTLET SIZE	1½" - 1¼"
MODEL		START PRESSURE (ON)	100
SERIAL NUMBER	319410	STOP PRESSURE (OFF)	130
HORSE POWER	3	VOLTAGE	230
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN ROOM 401	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	NO	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?		X	
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3575	3545	3540
Voltage During Test		471 468 467	465 465 466	465 466 468
Amperage During Test		22 22 24	39 39 40	42 42 41
RATED NET HEAD		51		
SUCTION PRESSURE		60	48	40
DISCHARGE PRESSURE		135	100	90
NET HEAD		75	52	50
RATED GPM	500			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	503	750
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAN/ DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PUMP OPERATED PROPERLY AT TIME OF INSPECTION

NOTE: SEPARATED SENSING LINES AND REPLACED CASING RELIEF VALVE - 2012

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/7/12	TIME	3:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/30/2012
ARRIVAL TIME:	12:00pm
WORK ORDER NUMBER:	244893

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - REUTHER LIBRARY - 036
Address:	5401 CASS DETROIT, MI 48202
Owner Contact:	ED / DAVID KUFFNER
Telephone:	(313) 684-0888
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0888	ED / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X		CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
1	RECEIVING DOCK REAR OF BUILDING (1")				2	NONE		-34	

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	175	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
3	BYPASS (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	PUMP (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
2	JOCKEY (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
	SECTIONAL (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	TEST HEAD (OS&Y)								

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	VIKING	B-1	6"	1974		BOILER ROOM
2.	DETECTOR BYPASS	RANDELMAN	SWING	3/4"	1974		BOILER ROOM
3.	BYPASS	AUTOSPARK	152	6"	1973	2010	BOILER ROOM
4.	PUMP	AUTOSPARK	152	6"	1973	2010	BOILER ROOM
5.	JOCKEY	CRANE	SWING	1 1/4"	1974	2010	BOILER ROOM
6.	PUMP DRAIN	CRANE	SWING	1"	1974	2010	BOILER ROOM
7.	FDC	AUTOSPARK	401	4"	1995	2010	HALL BY ELECTRIC RM 18



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ED / DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PERFORMED (5) OUT OF (7) 5 YEAR CHECK VALVE INSPECTIONS. UNABLE TO DETECTOR CHECK AND DETECTOR BYPASS AS 6" OS&Y MAIN CONTROL VALVE WOULD NOT FULLY ISOLATE NEEDS REPLACED (CITY SHUTDOWN REQUIRED)

FOUND 38 PAINTED PENDANT SPRINKLER IN VAULT RM 266 NOT ABLE TO ACCESS LAST INSPECTION OR THIS INSPECTION. MISSING CEILING TILES 4TH FLR NORTH RECORDS AREA

NOTE: TO SILENCE AUTO CALL PANEL IN LOBBY, REMOVE (1) SIDE ON ALL (4) HORN CIRCUITS

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/30/12	TIME	3:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
 Quarterly ☐  
 Semi-Annual ☐  
 Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/30/12
ARRIVAL TIME:	12:00PM
WORK ORDER NUMBER:	244893

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: REUTHER LIBRARY - 036
Address: 5401 CASS
DETROIT, MI 48202
Owner Contact: ED / DAVID K
Telephone: 313-684-0888
Approving Agency: DETROIT FIRE DEPT.

Technician: J. JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0888	STEVE / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X		CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT - AC	RATE GPM	1000
MODEL	SPLITCASE	RATE PSI	120
SERIAL NUMBER	911-82601-01-01	PSI @ 150%	70
TYPE	SPHF	MAX PRESSURE	56
RATED RPM	3555	AUTO START	90
IMPELLER SIZE	7.62	SATISFIED PSI	175
HORSE POWER	75	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	US ELECTRIC	FRAME	364TS	RATED RPM	3550
MODEL	H007T09T173R078M	VOLTAGE	480	HZ	60
SERIAL NUMBER		AMP	89	HORSE POWER	75
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN - CLARK	HORSE POWER RATING	75
MODEL	C3C194-14	VOLTAGE	480
SERIAL NUMBER	72114050-1-1	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	PEERLESS	INLET/OUTLET SIZE	1¼
MODEL	J65E	START PRESSURE (ON)	110
SERIAL NUMBER	A4A2673627	STOP PRESSURE (OFF)	140
HORSE POWER	2	VOLTAGE	230
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN LOBBY	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?	X		

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3578	3566	3562
Voltage During Test		476 478 480	474 479 478	476 475 476
Amperage During Test		50 51 50	71 73 72	78 80 79
RATED NET HEAD		120		
SUCTION PRESSURE		41	36	26
DISCHARGE PRESSURE		162	140	127
NET HEAD		121	104	101
RATED GPM	1000			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ED / DAVID KUFFNER	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>PUMP OPERATED PROPERLY AT TIME OF TEST</p> <p>NO DRAIN ON TEST HEADER</p> <p>ANNUNCIATOR FOR THE FIRE PUMP LOCATED ON LOADING DOCK, NOT TIED TO CONTROLLER</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/30/12	TIME	3:00 PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/29/2012
ARRIVAL TIME:	6:30am
WORK ORDER NUMBER:	244894 & 244886

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - SCHAUER MUSIC - 038
Address:	5451 CASS DETROIT, MI 48202
Owner Contact:	CARL / DAVID KUFFNER
Telephone:	(313) 684-0847
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0847	CARL / DAVID KUFFNER	10:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	45	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
7	SECTIONAL (OS&Y)	YES	YES	YES	YES	YES	N/A	YES	YES
1	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	DCU	6	1985	2010	BAND BASEMENT RM 9
2.	DETECT CHECK BYPASS	HAMMOND	SWING	3/4"	1985	2010	BAND BASEMENT RM 9
3.	MAIN	GEM	F-2001	6"	1985	2010	BAND BASEMENT RM 9
4.	FDC	GLOBE	CU-1	4"	1986	2010	BAND BASEMENT RM 9
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	CARL / DAVID KUFFNER	4:00 PM
MONITORING ENTITY	X	CAMPUS SECURITY	4:00 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
MISSING 16 TOTAL RASCO SEMI-RECESSED CHROME ESCUTCHEONS FOR BOTH KITCHENS OF MCGREGOR (SAMPLE TAKEN) NO WRENCH IN SPARE HEAD BOX  ALL SIGNALS RECEIVED AND RESET DID NOT RUN MAIN DRAIN DUE TO FLOODING OF THE ROOM NOTE: (2) PANELS: (1) 1ST FLR LOBBY NORTH ENTRY OF SCHAEVER BAND BUILDING (1) BSMT ELECTRICAL ROOM BY KITCHEN (REAR OF ROOM)				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/29/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/30/2012
ARRIVAL TIME:	9:30AM
WORK ORDER NUMBER:	244862 & 244869

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - COMMUNITY ARTS - 039
Address:	450 REUTHER MALL DETROIT, MI 48202
Owner Contact:	CARL / DEAN / DAVID KUFFNER
Telephone:	(313) 684-0847
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0847	CARL / DEAN / DAVID KUFFNER	9:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?		X	
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?			X
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	45	
2.			
3.	ITV	LOCATED INSIDE	ROOM 20
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT IN RM 263 PRINTING RM DEVELOPING SINK AREA					X	
2.							
3.	IT BSMT INSIDE RM 20 STORAGE AREA					X	
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	NO	NO	NO	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	VIKING		4"	1957	2012	RM 47
2.	MAIN	VIKING		4		2012	UNABLE TO CHECK DUE
3.							TO ASBESTOS INSULATION
4.							PM CHECK VALVE (RM 47)
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	NA			
SUPERVISORY RESTORAL	NA			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X		
BUILDING MANAGEMENT	X	CARL/ DEAN / DAVID KUFFNER	
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

FLOW SIGNAL RECEIVED AND RESET

DID NOT DO MAIN DRAIN AS ROOM WOULD FLOOD

66 SPRINKLER HEADS 1/2 UPRIGHT AND PENDANT OVER 50 YEARS OLD

LIMITED COVERAGE: BASEMENT STORAGE RMS, ART RM 063, CERAMICS STORAGE RM 60.6, 2ND FLR WOOD SHOP STORAGE

2ND FLR WOODSHOP PAINT RM/BOOTH, RM 259, RM 263 PRINTING ROOMS

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/30/12	TIME	
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/30/2012
ARRIVAL TIME:	9:30AM
WORK ORDER NUMBER:	244869

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - ART - 040
Address:	5400 GULLEN MALL DETROIT, MI 48202
Owner Contact:	CARL / DEAN / DAVID KUFFNER
Telephone:	(313) 684-0847
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0847	CARL / DEAN / DAVID KUFFNER	9:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?		X	
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?			X
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X

TABLE 1											ANTI-FREEZE LOOP										
No.		Location of Loop					No. of Heads			Type of Backflow			Temp								
		N/A																			
TABLE 2											MAIN DRAIN TEST										
Riser No.		Drain Size		Static Pressure (PSI)			Residual Pressure (PSI)														
1.		2		45																	
2.																					
3.		ITV		LOCATED INSIDE			ROOM 20														
4.																					
TABLE 3											DRY SYSTEM TEST										
No.	Valve Size	Location of Dry Valve			Full or Partial Trip			Starting Air Pressure		Starting Water Pressure			Trip Air Pressure		Trip Time						
1.		N/A																			
2.																					
3.																					
Location of Drum Drains										Tested?		Yes		No							
1.	IT IN RM 263 PRINTING RM DEVELOPING SINK AREA											X									
2.																					
3.	IT BSMT INSIDE RM 20 STORAGE AREA											X									
4.																					
TABLE 4											CONTROL VALVE INFORMATION										
Qty	Type of Valve			Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational										
1	MAIN (OS&Y)			YES	YES	YES	NO	NO	NO	N/A	N/A										
TABLE 5											BACKFLOW/CHECK VALVE INFORMATION										
No.	PURPOSE			MFG	MODEL	SIZE	YEAR	LAST INSPECTED			LOCATION										
1.	MAIN			VIKING		4"	1957	2012			RM 47										
2.	MAIN			VIKING		4		2012			UNABLE TO CHECK DUE										
3.											TO ASBESTOS INSULATION										
4.											PM CHECK VALVE (RM 47)										
5.																					
6.																					
7.																					



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	NA			
SUPERVISORY RESTORAL	NA			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X		
BUILDING MANAGEMENT	X	CARL/ DEAN / DAVID KUFFNER	
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

FLOW SIGNAL RECEIVED AND RESET

DID NOT DO MAIN DRAIN AS ROOM WOULD FLOOD

66 SPRINKLER HEADS 1/2 UPRIGHT AND PENDANT OVER 50 YEARS OLD

LIMITED COVERAGE: BASEMENT STORAGE RMS, ART RM 063, CERAMICS STORAGE RM 60.6, 2ND FLR WOOD SHOP STORAGE

2ND FLR WOODSHOP PAINT RM/BOOTH, RM 259, RM 263 PRINTING ROOMS

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/30/12	TIME	
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	5/29/2012
ARRIVAL TIME:	6:30am
WORK ORDER NUMBER:	244894 & 244886

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - MCGREGOR - 043
Address:	495 FERRY MALL DETROIT, MI 48202
Owner Contact:	CARL / DAVID KUFFNER
Telephone:	(313) 684-0847
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0847	CARL / DAVID KUFFNER	10:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	45	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
7	SECTIONAL (OS&Y)	YES	YES	YES	YES	YES	N/A	YES	YES
1	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	DCU	6	1985	2010	BAND BASEMENT RM 9
2.	DETECT CHECK BYPASS	HAMMOND	SWING	3/4"	1985	2010	BAND BASEMENT RM 9
3.	MAIN	GEM	F-2001	6"	1985	2010	BAND BASEMENT RM 9
4.	FDC	GLOBE	CU-1	4"	1986	2010	BAND BASEMENT RM 9
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	CARL / DAVID KUFFNER	4:00 PM
MONITORING ENTITY	X	CAMPUS SECURITY	4:00 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

MISSING 16 TOTAL RASCO SEMI-RECESSED CHROME ESCUTCHEONS FOR BOTH KITCHENS OF MCGREGOR (SAMPLE TAKEN)

NO WRENCH IN SPARE HEAD BOX

ALL SIGNALS RECEIVED AND RESET

DID NOT RUN MAIN DRAIN DUE TO FLOODING OF THE ROOM

NOTE: (2) PANELS: (1) 1ST FLR LOBBY NORTH ENTRY OF SCHAEFER BAND BUILDING

(1) BSMT ELECTRICAL ROOM BY KITCHEN (REAR OF ROOM)

SYSTEM RESTORED TO NORMAL OPERATION	DATE	5/29/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/1/2012
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	244880

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - LAW LIBRARY - 046
Address:	474 FERRY MALL DETROIT, MI 48202
Owner Contact:	PAT / DAVID KUFFNER
Telephone:	(313) 577-4345
Approving Agency:	DETROIT FIRE DEPARTMENT

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 577-4345	PAT / DAVID KAUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	52	35
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT - BSMT LOWER LEVEL STORAGE RM 0361 WESTEND					X	
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	OS&Y	YES	YES	YES	NO	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	TCIW	UT	4"	1965	2010	BASEMENT MECH ROOM
2.	FDC	TCIW	UT	4"	1965	2010	BASEMENT MECH ROOM
3.							
4.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	PAT / DAVID KUFFNER	6:00 PM
MONITORING ENTITY	X	CAMPUS SECURITY	6:00 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

TIME TO ALARM 42 SECONDS

FLOW SIGNAL RECEIVED AND RESET

BLDG PARTIALLY SPRINKLER ONLY COVERS LOUNGE AND BSMT LIBRARY

(1) HEAD TOO CLOSE TO WALL OUTSIDE RM 0361 BSMT LIBRARY

ALARM PANEL LOCATED IN LAW STAFF OFFICE - RM 1300

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/1/12	TIME	8:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/1/2012
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244881

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
CASEY CARMODY	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - LAW SCHOOL - 049
Address:	471 W. PALMER
DETROIT, MI 48202	
Owner Contact:	PAT / DAVID KUFFNER
Telephone:	(313) 684-2411
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-2411	PAT / DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?		X	
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?		X	
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	45	32
2.	1 1/2	44	40
3.	1 1/2	40	35
4.	1 1/2	35	30
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT 3RD FLR ABOVE AUDITORIUM IN MECH RM					X	
2.	IT AT RISERS IN STAIR #3					X	
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	BACKFLOW (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
3	SECTIONAL (BUTTERFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	ELEVATOR (BALL)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	3000SS	4"	1994	2011	RISER CLOSET
2.	FDC	VICTAULIC	717	4"	1999	2011	1ST FL. WEST STAIRWELL
3.	BACKFLOW BYPASS	AMF	2000SS	3/4"	1999	2011	RISER CLOSET RM 1241
4.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	PAT / DAVID KUFFNER	1:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	1:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>NOTE: MAIN FIRE ALARM PANEL INSIDE ELECTRICAL CLOSET 1ST FLR LOBBY AREA</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/1/12	TIME	1:30PM
NAME OF INSPECTOR	CASEY CARMODY			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KAUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/6/2012
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244898

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	989-755-7790

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - SHAPERO HALL 050
Address:	5501 GULLEN MALL DETROIT, MI 48202
Owner Contact:	FRANK / DAVID KUFFNER
Telephone:	586-612-5203
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS	X		FRANK/TIM HERR	
BUILDING MANAGEMENT	X		DAVID K.	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?		X	
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	50	40
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
4	SECTIONAL (OS&Y)	YES	YES	YES	YES	YES		YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	GLOBE	A	6"	1963	2010	BASEMENT ROOM 11
2.	DETECTOR BYPASS	FAIRBANKS	SWING	3/4"	1990	2010	BASEMENT ROOM 11
3.	MAIN	TCIW	UT	6"	1964	2010	BASEMENT ROOM 11
4.	FDC	TCIW	UT	4"	1964	2010	BASEMENT ROOM 11
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X		
BUILDING MANAGEMENT	X	FRANK / DAVID KUFFNER	8:30AM
MONITORING ENTITY	X	CAMPUS SECURITY	8:30AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

MAIN OS&Y DOESN'T OPERATE PROBLEM WITH YOKE COULD NOT TURN /CITY SHUT DOWN AND BUILDING IN ORDER TO REPLACE (6" OS&Y TCIV  
UNABLE TO REPAIRE 2" LEAK ON MAIN DRAIN SYSTEM SIDE AS MAIN VALVE WOULD NOT SHUT  
TIME TO ALARM, 20 SEC  
NO HEAD BOX OR WRENCH AT RISER  
ALL FIRE HOSES NEED CAPPED AND REMOVED (10 TOTAL)  
NOTE: ALARM PANEL LOCATED IN ELECTRICAL RM 10 OF BSMT BREAKERS 16&18

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/6/12	TIME	8:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/6/2012
ARRIVAL TIME:	8:30AM
WORK ORDER NUMBER:	244903

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - UNIVERSITY SERVICES -060
Address:	5454 CASS DETROIT, MI 48202
Owner Contact:	DAVID KUFFNER
Telephone:	313-684-0136
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0855	DAVID KUFFNER	8:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?			X
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?			X
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?			X
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?			X
2. Did Central Station receive Flow Alarm Test?			X
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?			X
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?			X
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	N/A		
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	GLOBE	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	OS&Y	YES	NO	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	N/A						
2.							
3.							
4.							
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DON / DAVID KUFFNER	8:00 AM
MONITORING ENTITY			
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO SPARE HEADS OR WRENCH

NOTES - 1ST FLOOR STOCK ROOM HAS 7 HEADS ON COPPER PIPING VALVE - 2ND FLOOR HAS 6 HEADS TOTAL AND CONTROL VALVE ALONG WALL BY FLAME LOCKER

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/6/12	TIME	10:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/23/2012
ARRIVAL TIME:	6:30 AM
WORK ORDER NUMBER:	244859

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	ACADEMIC / ADMINISTRATIVE - 062
Address:	2700 CASS DETROIT, MI 48202
Owner Contact:	TOM / DAVID KUFFNER
Telephone:	(313) 684-5541
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-5541	TOM / TIM HERR	6:30A
MONITORING ENTITY	X		CAMPUS SECURITY	6:30A
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?	X		
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
	N/A								

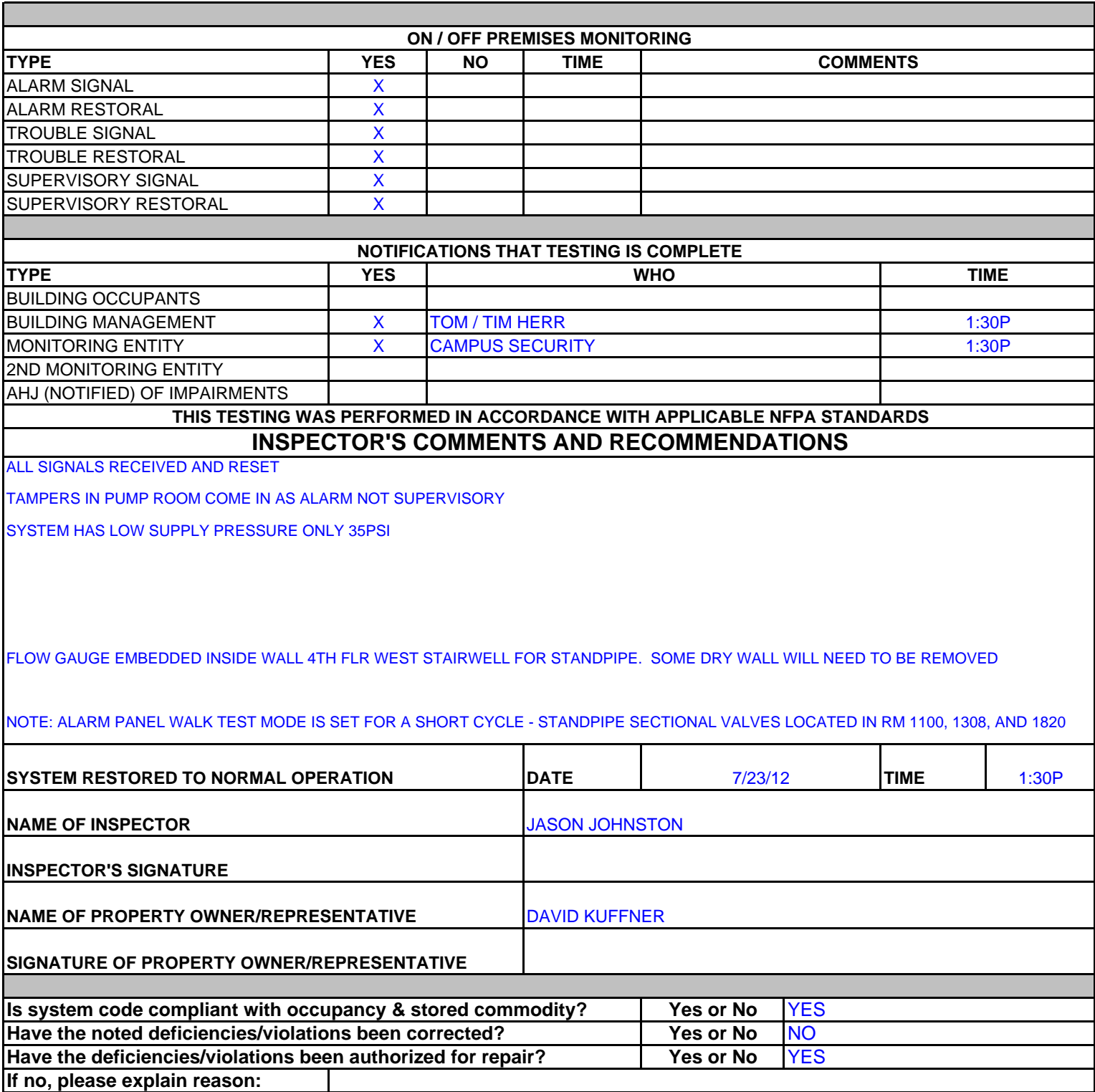
TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2"	130	LOW	
2.				
3.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN	YES	YES	YES	YES	N/A	N/A	YES	YES
3	BYPASS	YES	YES	YES	YES	N/A	N/A	YES	YES
2	JOCKEY	YES	YES	YES	YES	YES	YES	N/A	N/A
1	PUMP	YES	YES	YES	YES	N/A	N/A	YES	YES
4	SECTIONAL SPRINK	YES	NO	YES	YES	N/A	N/A	YES	YES
3	SECTIONAL STAND	YES	NO	YES	YES	N/A	N/A	YES	YES
3	ELEVATOR (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	EDC III	6"	1995	2010	RM 1414
2.	BYPASS	NIBCO	KW900W	6"	1995	2010	RM 1414
3.	PUMP	NIBCO	KW900W	6"	1995	2010	1ST FLR WEST STAIRS
4.	FDC	CENTRAL	90	4"	1995	2010	RM 1414
5.	MAIN	NIBCO	KW900W	6"	1995	2010	RM 1414
6.	DETECTOR BYPASS	RANDELMAN	SWING	3/4"	1995	2010	RM 1414
7.	SENSING LINE	RANDELMAN	SWING	1/2"	1995	2010	RM 1414
8.	SENSING LINE	RANDELMAN	SWING	1/2"	1995	2010	RM 1414
9.	SENSING LINE	RANDELMAN	SWING	1/2"	1995	2010	RM 1414
10.	JOCKEY	CSC	SWING	1 1/4"	1995	2010	RM 1414





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/25/12
ARRIVAL TIME:	6:30A
WORK ORDER NUMBER:	244873

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: ACADEMIC & ADMINISTRATION
Address: 5700 CASS
DETROIT, MI 48202
Owner Contact: TOM / D KUFFNER
Telephone: (313) 684-5541
Approving Agency: DETROIT FIRE DEPT.

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-5541	TOM / TIM HERR	6:30A
MONITORING ENTITY	X		CAMPUS SECURITY	6:30A
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	PATTERSON	RATE GPM	750
MODEL	5X4 MAC	RATE PSI	90
SERIAL NUMBER	FP-C 2551	PSI @ 150%	76
TYPE	SPLITCASE	MAX PRESSURE	103
RATED RPM	3510	AUTO START	80
IMPELLER SIZE	7.5	SATISFIED PSI	140
HORSE POWER	60	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	US	FRAME	326TS	RATED RPM	3545
MODEL	D	VOLTAGE	460	HZ	60
SERIAL NUMBER	404Y04OR158R-29	AMP	73	HORSE POWER	60
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	MASTER	HORSE POWER RATING	60
MODEL	MCA-60-46-H	VOLTAGE	480
SERIAL NUMBER	72031	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GROUNDFOSS	INLET/OUTLET SIZE	1 1/4"
MODEL	CR-2	START PRESSURE (ON)	95
SERIAL NUMBER	84200005	STOP PRESSURE (OFF)	140
HORSE POWER	1	VOLTAGE	208
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL LOBBY	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3579		
Voltage During Test		481 482 482		
Amperage During Test		33 34 33		
RATED NET HEAD		90		
SUCTION PRESSURE		33		
DISCHARGE PRESSURE		131		
NET HEAD		98	0	0
RATED GPM	750			
OUTLET A PITOT		NA		
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	0	0
RATED % OF FLOW			0%	0%
Does Fire Pump meet system specifications?				
		PASS	FAIL	X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	TOM / TIM HERR	1:30P
MONITORING ENTITY	X	CAMPUS SECURITY	1:30P
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS			
INSPECTOR'S COMMENTS AND RECOMMENDATIONS			
<p>SENSING LINES NOT SEPARATED FOR JOCKEY AND FIRE PUMP</p> <p>PACKING COOPER COOLER LINES ON CASING ARE PLUGGED OFF</p> <p>NOTE: NOT ABLE TO REACH 100% OR 150% FLOW DUE TO LOW SUPPLY PRESSURE AND PUMP ROOM BEING LOCATED IN PENTHOUSE, CITY PRESSURE ON 23 PSI</p>			

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/25/12	TIME	1:30P
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/1/2012
ARRIVAL TIME:	9:00 AM
WORK ORDER NUMBER:	244888

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - MORTUARY SCIENCE - 065
Address:	5439 WOODWARD
DETROIT, MI 48202	
Owner Contact:	PRENTIS/ DAVID KUFFNER
Telephone:	(313) 684-6310
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6310	PRENTIS / DAVID KUFFNER	9:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?		X	
5. Is alarm valve trim OK & set properly?	X		
6. No leakage from retard chambers or alarm drains?	X		
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
	N/A								

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2"	127	120	
2.				
3.				
4.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	TEST HEADER (OS&Y)	YES	NO	N/C	YES	YES	N/A	N/A	N/A
2	SECTIONAL (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	VIKING	E-1	6"	1975	2010	ROOM 115
2.	DETECTOR BYPASS	NIBCO	SWING	¾"	1975	2010	ROOM 115
3.	BYPASS		C-2	6"	1975	2010	ROOM 115
4.	PUMP	KENNEDY	WAFER	6"	1977	2010	ROOM 115
5.	ALARM CHECK	RELIABLE	E	6"	1978	2010	ROOM 115
6.	WATER GONG	UNITED	SWING	¾"	1977	2010	ROOM 115
7.	SENSING LINE	1235	SWING	½"	1977	2010	ROOM 115
8.	SENSING LINE	1235	SWING	½"	1977	2010	ROOM 115
9.	JOCKEY	RANDELMAN	SWING	1½"	1977	2010	ROOM 115
10.	WATER GONG DRAIN	UNITED	SWING	1½"	1977	2010	ROOM 115



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	VINCENT / DAVID KUFFNER	
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

ALL SIGNALS RECEIVED AND RESET

ALL SPRINKLER HEADS ARE RECALLED AND SHOWING SIGNS OF CORROSION ON SEATS AT PRIORITY a REPAIRS. FOUR HEADS MATCHED ON TO DROPS AND HARD TO REMOVE WITHOUT MAJOR MESES. AS MANY OF THESE DROPS ARE ABOVE DRYWALL AND NOT ACCESSIBLE.

WATER GONG NOT WORKING, CLEANED OUT STRAINER, STILL NOT WORKING, ALSO SIGNS OF NESTS IN OUTSIDE GONG

WEST STAIRWELL UNDER STAIRS USED FOR STORAGE AND NO SPRINKLER COVERAGE

EXCESSIVE STORAGE IN RM 402. 2" VALVE ON MAIN DRAIN NEEDS REPLACED, HARD TO OPERATE

NOTE: FIRE ALARM PANEL LOCATED NEAR RISER RM 115

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/1/12	TIME	11:00 AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/1/12
ARRIVAL TIME:	9:00 AM
WORK ORDER NUMBER:	244888

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: MORTUARY SCIENCE - 065
Address: 5439 WOODWARD
DETROIT, MI 48202
Owner Contact: VINCENT / D KUFFNER
Telephone: (313) 684-4179
Approving Agency: DETROIT FIRE DEPT.

Technician: J. JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6310	PRENTIS / DAVID KUFFNER	9:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ALLIS CHALMERS	RATE GPM	750
MODEL	KSJY	RATE PSI	81
SERIAL NUMBER	791-30370-1-1	PSI @ 150%	68
TYPE	SPLITCASE	MAX PRESSURE	90
RATED RPM	1760	AUTO START	YES
IMPELLER SIZE	14	SATISFIED PSI	135
HORSE POWER	50	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	LINCOLN	FRAME	326TS	RATED RPM	1770
MODEL	TV-3616-A1	VOLTAGE	200	HZ	60
SERIAL NUMBER	2042918	AMP	144	HORSE POWER	50
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	FIRE TROL	HORSE POWER RATING	50
MODEL	FTA-1250B-A50H	VOLTAGE	200-203
SERIAL NUMBER	105875	AMP RMS	42,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	IN = 1¼" OUT = 1"
MODEL	CR-2	START PRESSURE (ON)	NO GAUGE
SERIAL NUMBER	FK-9978928-01	STOP PRESSURE (OFF)	135
HORSE POWER	2	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1793	1768	1760
Voltage During Test		195 195 194	190 189 190	187 188 189
Amperage During Test		67 68 68	150 151 150	179 180 179
RATED NET HEAD		81		
SUCTION PRESSURE		37	26	17
DISCHARGE PRESSURE		128	108	75
NET HEAD		91	82	58
RATED GPM	750	0		
OUTLET A PITOT		NA	750	557
OUTLET B PITOT		NA		557
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	750	1114
RATED % OF FLOW			100%	149%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	PRENTIS / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
POWER BULB ON FIRE PUMP CONTROLLER BURNED OUT				
SENSING LINES SEPARATED - 2012				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/1/12	TIME	12:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/11/2012
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244857 & 244858

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - 5425 & 5435 WOODWARD
Address:	5435 WOODWARD
DETROIT, MI 48202	
Owner Contact:	PRENTIS / DAVID KUFFNER
Telephone:	(313) 684-6310
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6310	PRENTIS / DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	90	N/A
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								
4.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	DETECTOR CHECK	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER (OS&Y)	YES	NO	N/C	YES	N/A	N/A	YES	YES
6	SECTIONAL (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	SECTIONAAL (BBALL)	YES	NO	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	AMES	1000	6"	1994	2011	BSMT MECH RM KITCHEN
2.	DETECTOR BYPASS	WARD	SWING	3/4"	1994	2010	BSMT MECH RM KITCHEN
3.	PUMP	KENNEDY	UT	4"	2010	2011	BSMT MECH RM KITCHEN
4.	BYPASS	VIKING	B	4"	1965	2010	BSMT MECH RM KITCHEN
5.	FDC	VIKING	B	4"	1965	2010	BSMT MECH RM KITCHEN
6.	JOCKEY	WARD	SWING	1/2"	1997	2010	BSMT MECH RM KITCHEN
7.	SENSING LINE	WARD	SWING	1/2"	1997	2010	BSMT MECH RM KITCHEN



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	PRENTIS/ DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

HEAD BOX HINGE BROKEN AND CORRODED NEEDS NEW ONE

ALL SIGNALS RECEIVED AND RESET

MANY CEILING TILES MISSING THROUGH OUT FACILITY

ALL FIRE HOSES ARE DATED 10-1985 AND SHOULD BE REMOVED OR REPLACED

NOTE: WHEN PUMP IS RUNNING, TAMPER ALARM IN BOILER RM HORN/STROBE GOES OFF. PUMP AND RISER IN BSMT BY OLD KITCHEN, FLRS 2-4 IN SOUTH STAIRWELL, ALARM PANEL MAIN LOBBY

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/11/12	TIME	3:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/11/2012
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244857 & 244858

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - 5425 & 5435 WOODWARD
Address:	5425 WOODWARD
DETROIT, MI 48202	
Owner Contact:	PRENTIS / DAVID KUFFNER
Telephone:	(313) 684-6310
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6310	PRENTIS / DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	90	N/A
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								
4.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	DETECTOR CHECK	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER (OS&Y)	YES	NO	N/C	YES	N/A	N/A	YES	YES
6	SECTIONAL (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	SECTIONAAL (BBALL)	YES	NO	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	AMES	1000	6"	1994	2011	BSMT MECH RM KITCHEN
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3.	PUMP	KENNEDY	UT	4"	2010	2011	BSMT MECH RM KITCHEN
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5.	FDC	VIKING	B	4"	1965	2010	BSMT MECH RM KITCHEN
6.	JOCKEY	WARD	SWING	1/2"	1997	2010	BSMT MECH RM KITCHEN
7.	SENSING LINE	WARD	SWING	1/2"	1997	2010	BSMT MECH RM KITCHEN



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	PRENTIS/ DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

HEAD BOX HINGE BROKEN AND CORRODED NEEDS NEW ONE

ALL SIGNALS RECEIVED AND RESET

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ALL FIRE HOSES ARE DATED 10-1985 AND SHOULD BE REMOVED OR REPLACED

NOTE: WHEN PUMP IS RUNNING, TAMPER ALARM IN BOILER RM HORN/STROBE GOES OFF. PUMP AND RISER IN BSMT BY OLD KITCHEN, FLRS 2-4 IN SOUTH STAIRWELL, ALARM PANEL MAIN LOBBY

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/11/12	TIME	3:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

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Monthly

Quarterly

Semi-Annual

Annual

☐  
☐  
☐  
☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/11/12
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244857

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WAYNE STATE - 5425 WOODWARD
Address: 5425 WOODWARD
DETROIT, MI 48202
Owner Contact: PRENTIS/D KUFFNER
Telephone: (313) 684-6310
Approving Agency: DETROIT FIRE DEPT.

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6310	PRENTIS / DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	PEERLESS	RATE GPM	500
MODEL	4AF12B	RATE PSI	9.5
SERIAL NUMBER	308126	PSI @ 150%	
TYPE	SPLITCASE	MAX PRESSURE	
RATED RPM	1770	AUTO START	75
IMPELLER SIZE		SATISFIED PSI	88
HORSE POWER	20	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	G.E.	FRAME	286U	RATED RPM	1760
MODEL	5K4286A22AIR	VOLTAGE	208	HZ	60
SERIAL NUMBER	05M80AA	AMP	27.2	HORSE POWER	20
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	EATON	HORSE POWER RATING	20
MODEL	LMT +	VOLTAGE	208
SERIAL NUMBER	16BG318E	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8
MODEL		START PRESSURE (ON)	81
SERIAL NUMBER	316P497	STOP PRESSURE (OFF)	92
HORSE POWER	1/3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL & ANNUNCIATOR	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?		X	
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?	X		

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1780	1762	1760
Voltage During Test		198 198 197	190 191 192	189 188 189
Amperage During Test		20 21 20	49 49 48	50 50 50
RATED NET HEAD		95		
SUCTION PRESSURE		42	26	10
DISCHARGE PRESSURE		92	64	61
NET HEAD		50	38	16
RATED GPM	500	0		
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	503	750
RATED % OF FLOW			101%	150%

Does Fire Pump meet system specifications?

PASS

X

FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	PRENTIS / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS			
INSPECTOR'S COMMENTS AND RECOMMENDATIONS			
PUMP OPERATED PROPERLY AT TIME OF TEST			
NOTE: SEPARATED SENSING LINES AND REPLACED BULB ON CONTROLLER - 2012			

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/11/12	TIME	11:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/12/2012
ARRIVAL TIME:	7am
WORK ORDER NUMBER:	244856

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - 5057 WOODWARD - 071
Address:	5057 WOODWARD
DETROIT, MI 48202	
Owner Contact:	BILL / DAVID KUFFNER
Telephone:	313-684-1759
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-1759	BILL / DAVID KUFFNER	7:15 AM
MONITORING ENTITY	X	313-684-1759	CAMPUS SECURITY	7:15 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?		X	
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?		X	
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>		X	
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2"	190	N/A	
2.				
3.				
4.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	BACKFLOW(OS&Y)	YES	NO	YES	YES	N/A	YES	N/A	N/A
3	BYPASS (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	N/A	N/A
3	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	SECTIONAL STAND	YES	NO	YES	YES	N/A	N/A	YES	YES
16	SECTIONAL SPRINK	YES	NO	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER	YES	NO	N/C	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	EDC III	6"	1988		WEST BSMT PUMP RM
2.	DETECTOR BYPASS	RANDELMAN	SWING	¾"	1988		WEST BSMT PUMP RM
3.	MAIN	RANDELMAN	WAFER	6"	1988		WEST BSMT PUMP RM
4.	PUMP	KENNEDY	CLCW	6"	2000	2010	WEST BSMT PUMP RM
5.	JOCKEY	RANDELMAN	SWING	½"	1988	2010	WEST BSMT PUMP RM
6.	BYPASS	VICTAULIC	714	6"	1988	2010	WEST BSMT PUMP RM
7.	FDC	VICTAULIC	GROOVED	4"	1988	2010	WEST BSMT PUMP RM
8.	FDC	KENNEDY	UT	4"	1988	2010	NE CORNER BSMT



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	BILL / DAVID KUFFNER	12PM
MONITORING ENTITY	X	CAMPUS SECURITY	12PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
INSPECTOR'S COMMENTS AND RECOMMENDATIONS	
<p>NO WRENCH IN HEAD BOX</p> <p>(1) HEAD NEEDS RELOCATED, OBSTRUCTED BY BOOK SHELF IN RM 12212.3 12TH FLR</p> <p>HEAD OBSTRUCTED BY ITEMS ON SHELF IN RM 6203.1 6TH FLR</p> <p>(12) PAINTED UPRIGHT SPRINKLER HEADS IN BASEMENT FIRE PUMP MECHANICAL RM WEST</p> <p>OLD KITCHEN AREA IN BSMT, DROP CEILING MISSING AND PIPING NOT PROPERLY SUPPORTED ABOVE NEW, APS UNIT LEARNING AREA NOT PROPERLY SPRINKLED</p> <p>UNABLE TO INSPECT (3) CHECK VALVES AS MAIN 6" OS&amp;Y CONTROL VALVE WOULD NOT FULLY ISOLATE SYSTEM AND NEEDS TO BE NO HAND WHEEL ON 13TH FLOOR = BFLY VALVE</p> <p>MISSING ESCUTCHEONS: 13TH FLR BY ELEVATOR, 10TH FLR RM 10305, HALLWAY BY RM 8405.2, 6TH FLR HALL BY RM 6304.1, 6TH FLR HALLWAY BY RM 6407, 5TH FLOOR OUTSIDE RM 5003, 4TH FLR HALLWAY BY RM 4108</p> <p>NOTE: STANDPIPE RISERS SECTIONAL CONTROL VALVES LOCATED BSMT EAST BY OLD KITCHENM BSMT RM WEST OF FIRE PUMP AREA</p> <p>NEW 3" PREACTION SYSTEM IS INSTALLED BY NOT ONLINE FOR NEW SERVER ROOM</p>	





SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/12/12	TIME	12PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?	Yes or No	YES		
Have the noted deficiencies/violations been corrected?	Yes or No	NO		
Have the deficiencies/violations been authorized for repair?	Yes or No	YES		
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/12/12
ARRIVAL TIME:	7:00am
WORK ORDER NUMBER:	244856

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WAYNE STATE - 5057 WOODWARD
Address: 5057 WOODWARD
DETROIT, MI 48202
Owner Contact: BILL / D KUFFNER
Telephone: (313) 684-1759
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-1759	BILL / DAVID KUFFNER	7AM
MONITORING ENTITY	X		CAMPUS SECURITY	7AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ALLIS CHALMERS	RATE GPM	750
MODEL	SPLITCASE	RATE PSI	125
SERIAL NUMBER	891-81596-01-01	PSI @ 150%	93
TYPE	8000	MAX PRESSURE	147
RATED RPM	3555	AUTO START	170
IMPELLER SIZE	8.7	SATISFIED PSI	185
HORSE POWER	75	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	8 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	FIFE - PEARCE	FRAME	364TS	RATED RPM	3548
MODEL	H0075055053R076M	VOLTAGE	460	HZ	60
SERIAL NUMBER		AMP	87.2	HORSE POWER	75
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	75
MODEL	C3B194-4	VOLTAGE	480
SERIAL NUMBER	72721730-1-1	AMP RMS	30,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8
MODEL		START PRESSURE (ON)	175
SERIAL NUMBER		STOP PRESSURE (OFF)	180
HORSE POWER	1/3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL LOBBY & BSMT	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?		X	
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES		N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3587	3565	3552
Voltage During Test		481 484 485	480 481 480	480 482 482
Amperage During Test		53 55 53	92 90 93	105 106 108
RATED NET HEAD		125		
SUCTION PRESSURE		47	32	16
DISCHARGE PRESSURE		186	147	96
NET HEAD		139	115	80
RATED GPM	750	0		
OUTLET A PITOT		NA	750	557
OUTLET B PITOT		NA		557
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	750	1114
RATED % OF FLOW			100%	149%

Does Fire Pump meet system specifications?

PASS

X

FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	BILL / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP OPERATED PROPERLY AT TIME OF TEST				
NOTE: SEPARATED SENSING LINES - 2012				
RECOMMEND LARGER JOCKEY PUMP DUE TO SYSTEM VOLUME.				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/12/12	TIME	12PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

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Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/6/2012
ARRIVAL TIME:	12:00PM
WORK ORDER NUMBER:	244905

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - WELCOME CENTER - 082
Address:	42 W WARREN DETROIT, MI 48202
Owner Contact:	STEVE / DAVID KUFFNER
Telephone:	(313) 684-0869
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0869	STEVE / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X		CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	138	N/A
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	BACKFLOW (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER (BFLY)	YES	YES	N/C	YES	N/A	N/A	YES	YES
2	JOCKEY (BBALL)	YES	YES	YES	NO	YES	N/A	N/A	N/A
6	SECTIONAL (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
3	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	3000 SSF	6"	2002	2010	PUMP ROOM
2.	BACKFLOW BYPASS	WATTS	DC	3/4"	2002	2010	PUMP ROOM
3.	BYPASS	VIKING	G-1	6"	2002	2010	PUMP ROOM
4.	PUMP	VIKING	G-1	6"	2002	2010	PUMP ROOM
5.	FDC	VIKING	G-1	4"	2002	2010	PUMP ROOM
6.	JOCKEY	WARD	SWING	1"	2002	2010	PUMP ROOM
7.	SENSING LINES	RANDELMAN	SWING	1/2"	2002	2010	PUMP ROOM





ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	STEVE / DAVID KUFFNER	1:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	1:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

(1) HEAD OBSTRUCTED BY LIGHT FIXTURE 3RD FLR SERVICE ELEVATOR CORRIDOR

ALL SIGNALS RECEIVED AND RESET

ALL VALVES IN STAIRWELL ARE NOW LOCK AND CHANGED.

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/6/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	
Have the noted deficiencies/violations been corrected?	Yes or No	
Have the deficiencies/violations been authorized for repair?	Yes or No	
If no, please explain reason:		



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Monthly

Quarterly

Semi-Annual

Annual

☐  
☐  
☐  
☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/6/12
ARRIVAL TIME:	12:00PM
WORK ORDER NUMBER:	244905

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WELCOME CENTER - 082
Address: 42 W. WARREN
DETROIT, MI 48202
Owner Contact: STEVE / D KUFFNER
Telephone: (313) 684-0869
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0869	STEVE / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X		CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	750
MODEL	INCLINE 7L83	RATE PSI	60
SERIAL NUMBER	02-035712-01-01/OK4313	PSI @ 150%	44
TYPE	1.58	MAX PRESSURE	81
RATED RPM	3550	AUTO START	105
IMPELLER SIZE	7.15	SATISFIED PSI	145
HORSE POWER	40	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	US MOTORS	FRAME	284 JPV	RATED RPM	3525
MODEL	AD27A	VOLTAGE	460	HZ	50
SERIAL NUMBER	E12-01067513-012R-01	AMP	47	HORSE POWER	40
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	40
MODEL	M300-40-480C	VOLTAGE	480
SERIAL NUMBER	PE-02N13426-11	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GROUNFOS	INLET/OUTLET SIZE	IN = 1" OUT = 1¼"
MODEL	CR-2	START PRESSURE (ON)	130
SERIAL NUMBER	FK-02N13426-21	STOP PRESSURE (OFF)	155
HORSE POWER	1.5	VOLTAGE	480
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN ELECTRIC RM	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3569	3566	3560
Voltage During Test		462 465 462	465 466 462	463 465 465
Amperage During Test		43 43 42	44 44 45	48 48 48
RATED NET HEAD		60		
SUCTION PRESSURE		41	27	17
DISCHARGE PRESSURE		147	97	67
NET HEAD		106	70	50
RATED GPM	750	0		
OUTLET A PITOT		NA	750	557
OUTLET B PITOT		NA		557
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	750	1114
RATED % OF FLOW			100%	149%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	STEVE / DAVID KUFFNER	1:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	1:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PUMP OPERATED PROPERLY AT TIME OF TEST

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/6/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?				
			Yes or No	YES
Have the noted deficiencies/violations been corrected?				
			Yes or No	NO
Have the deficiencies/violations been authorized for repair?				
			Yes or No	YES
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/6/2012
ARRIVAL TIME:	10:30AM
WORK ORDER NUMBER:	244866

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - BOOKSTORE - 085
Address:	82 W. WARREN DETROIT, MI 48202
Owner Contact:	STEVE / DAVID KUFFNER
Telephone:	313-684-0869
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0869	STEVE / DAVID KUFFNER	10:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	10:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	44	35
2.			
3.	ITV	IS AT RISER	
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	BACKFLOW (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	3001SS	6"	2002	2011	WATER ROOM
2.	BACKFLOW BYPASS	WATTS	2000B	3/4"	2002	2011	WATER ROOM
3.	FDC	VICTAULIC	717	4"	2002	2010	ABOVE CEILING NW CORNE
4.							BOOK RETURN RM
5.							
6.							
7.							





ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	STEVE / DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

1 PAINTED UPRIGHT SPRINKLER IN STOCKROOM FOR CLOTHING INSIDE FENCE  
TIME TO ALARM 15 SEC

(2) BACKFLOW DEVICES NEED SCHEDULED FOR ANNUALS

NOTE: MAIN ALARM PANEL ELECTRICAL RM BY RISER  
ALSO WHEN IN WALK TEST , NO SIGNALS COME INTO SIMPLEX

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/6/12	TIME	12:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

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Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/24/2012
ARRIVAL TIME:	6:30 AM
WORK ORDER NUMBER:	244886

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - BIOLOGICAL SERVICES - 089
Address:	5047 GULLEN MALL DETROIT, MI 48202
Owner Contact:	DAVID KUFFNER/BILL AARON
Telephone:	(313) 753-8865
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 753-8865	DAVID KUFFNER / BILL AARON	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?		X	
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?			X
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2"	158	N/A	
2.				
3.				
4.				
5.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								
4.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
3	BYPASS (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	SECTIONAL (BUTTERFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	TEST HD (BUTTERFLY)	YES	YES	N/C	YES	N/A	N/A	YES	YES
2	JOCKEY (BALL)	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	BBALL 1ST FL. STAIRS								

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	3000SS	6"	2000	2010	BASEMENT PUMP ROOM
2.	BYPASS	CENTRAL	90	6"	1988	2010	BASEMENT PUMP ROOM
3.	PUMP	CENTRAL	90	6"	1988	2010	BASEMENT PUMP ROOM
4.	FDC	CENTRAL	90	4"	1988	2010	BASEMENT PUMP ROOM
5.	JOCKEY	HAMMOND	BRASS SWING	1¼"		2010	BASEMENT PUMP ROOM
6.	DETECTOR CHECK	KLU	BRASS SWING	¾"		2010	BASEMENT PUMP ROOM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER / BILL AARON	
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO WRENCH IN SPARE HEAD BOX (CORRECTED AT TIME OF INSPECTION)

FOUND 2" ANGLE VALVE HARD TO OPERATE AND WITH BROKEN HANDWHEEL, RECOMMEND REPLACING  
 3" X 4½" NIPPLE BY SPRINKLER CONTROL VALVE HAS CORROSION AND SHOULD BE REPLACED  
 HEAD IN GLASS SHOP TO CLOSE TO DUCT WORK - RECOMMEND CONVERTING TO PENDANT HEAD, RM TO BE REMODELED IN FEW WEEKS  
 ALL SIGNALS RECEIVED AND RESET  
 TIME TO ALARM, STAND PIPE = 30 SEC, SPRINKLER = 20 SEC  
 BUILDING ONLY SPRINKLED IN BASEMENT AND 1ST FLOOR IN GLASS REPAIR SHOP AND RECEIVING

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/24/12	TIME	11:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE				
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	
Have the noted deficiencies/violations been corrected?	Yes or No	
Have the deficiencies/violations been authorized for repair?	Yes or No	
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

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Annual

☐  
☐  
☐  
☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/24/12
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244864

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: BIOLOGICAL SCIENCE - 089
Address: 5047 GULLEN MALL
DETROIT, MI 48202
Owner Contact: DAVID KUFFNER
Telephone: (313) 577-0311
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 753-8865	DAVID KUFFNER / BILL AARON	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	750
MODEL		RATE PSI	105
SERIAL NUMBER	901-94473-01-01	PSI @ 150%	97
TYPE	KSIF	MAX PRESSURE	112
RATED RPM	1780	AUTO START	130
IMPELLER SIZE	15.62	SATISFIED PSI	160
HORSE POWER	75	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	US MOTORS	FRAME	365TS	RATED RPM	1780
MODEL		VOLTAGE	460	HZ	60
SERIAL NUMBER	H012T07T101R075M	AMP	93	HORSE POWER	75
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	2.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	75
MODEL	M300-75-460-C	VOLTAGE	460
SERIAL NUMBER	FE-9043892-01	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-2	START PRESSURE (ON)	140
SERIAL NUMBER	8A.200007	STOP PRESSURE (OFF)	160
HORSE POWER	1.5	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	LOBBY PANEL	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?		X	
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1777	1785	1780
Voltage During Test		482 483 487	478 480 480	480 482 482
Amperage During Test		43 45 46	94 97 98	106 110 110
RATED NET HEAD		105		
SUCTION PRESSURE		38	35	18
DISCHARGE PRESSURE		167	139	107
NET HEAD		129	104	89
RATED GPM	750	0		
OUTLET A PITOT		NA	375	557
OUTLET B PITOT		NA	375	557
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	750	1114
RATED % OF FLOW			100%	149%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL





DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER / BILL AARON	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP OPERATED PROPERLY AT TIME OF TEST				
RECOMMEND INSTALLING DRAIN VALVE ON TEST HEADER LINE, THERE IS NO WAY TO DRAIN OUT RESIDUAL WATER				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/24/12	TIME	10:00 AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE				
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	YES
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/24/2012
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	244873 & 244874

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - ENGINEERING BUILDING - 090
Address:	5050 ANTHONY WAYNE DETROIT, MI 48202
Owner Contact:	DAVID KUFFNER/ROCKY
Telephone:	(313) 577-0311
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X		DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPU SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	110	
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								
4.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN/BFP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BUTTERFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	TEST HEAD (BFLY)	YES	N/A	NO	YES	N/A	N/A	YES	YES
9	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	SEE PUMP TEST						
2.							
3.							
4.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PAINTED SPRINKLERS: (2) UPRIGHTS IN RM 2404.2, (2) UPRIGHTS IN RM 0320.1 (9) UPRIGHTS IN HIGH AREA OR STRUCTUAL LAB RM 1305, LAB RM 3310, JANITORS CLOSET RM 3350  
 NOT ABLE TO ACCESS GAUGE AND FLOW SWITCH IN SSIM 3RD FLOOR CLEAN ROOM  
 CEILING TILES NEAR WINDOW MISSNG IN ROOM 2150

MANY CEILING TILES MISSING IN RM 3355, THE ADVANCED INTELLIGENT COMPUTING ROOM  
 STORAGE WITHIN 18" OF SPRINKLER HEAD IN WORK ROOM 1169 AND OFFICE 1163

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/24/12	TIME	3:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	YES
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
 Quarterly ☐  
 Semi-Annual ☐  
 Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/25/12
ARRIVAL TIME:	7:00am
WORK ORDER NUMBER:	244873

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: ENGINEERING BLDG - 090
Address: 5050 ANTHONY WAYNE
DETROIT, MI 48202
Owner Contact: ROCKY / DAVE
Telephone: (313) 577-0311
Approving Agency: DETROIT FIRE DEPT

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS		313-684-4300		
BUILDING MANAGEMENT	X	(313) 577-0311	DAVE / ROCKY	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ALLIS CHALMERS	RATE GPM	1000
MODEL		RATE PSI	65
SERIAL NUMBER	854-93366-01-01	PSI @ 150%	43
TYPE	KSIF	MAX PRESSURE	78
RATED RPM	1780	AUTO START	75
IMPELLER SIZE	13.12	SATISFIED PSI	100
HORSE POWER	50	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	US ELECTRIC	FRAME	326 TS	RATED RPM	1770
MODEL	N/A	VOLTAGE	460	HZ	60
SERIAL NUMBER	9402952-934 K0830466	AMP	60.5	HORSE POWER	50
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	50
MODEL	M300W-50-460B	VOLTAGE	460
SERIAL NUMBER	EE-852506	AMP RMS	30,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON/WESTINGHOUSE	INLET/OUTLET SIZE	3/8"
MODEL		START PRESSURE (ON)	90
SERIAL NUMBER	316P497	STOP PRESSURE (OFF)	100
HORSE POWER	3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	AT PANEL	PHASE REVERSAL	N/A
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?		X	
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?		X	
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1795	1780	
Voltage During Test		466 470 469	460 468 458	
Amperage During Test		20 22 22	60 60 62	
RATED NET HEAD		65		
SUCTION PRESSURE		30	20	NOT ABLE TO REACH
DISCHARGE PRESSURE		98	73	DUE TO LOW CITY
NET HEAD		68	53	PRESSURE
RATED GPM	1000	0		
OUTLET A PITOT		NA	503	
OUTLET B PITOT		NA	503	
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	
RATED % OF FLOW			101%	0%
Does Fire Pump meet system specifications?				
		PASS		FAIL X





DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER/ROCKY	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS			
INSPECTOR'S COMMENTS AND RECOMMENDATIONS			
SENSING LINES NOT SEPARATED FOR JOCKEY AND FIRE PUMP			
PACKING COPPER COOLER LINES ON CASING ARE PLUGGED OFF			
*NOTE: NOT ABLE TO REACH 150% FLOW DUE TO LOW SUPPLY PRESSURE AND PUMP ROOM BEING LOCATED IN PENTHOUSE,CITY PRESSURE ON 23 PSI			

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/25/12	TIME	3:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/24/2012
ARRIVAL TIME:	7:00 AM
WORK ORDER NUMBER:	244873 & 244874

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
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<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - EDC - 090
Address:	5050 ANTHONY WAYNE DETROIT, MI 48202 ENGINEERING DEVELOPMENT CENTER
Owner Contact:	DAVID KUFFNER/ROCKY
Telephone:	(313) 577-0311
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X		DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPU SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	110	
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								
4.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN/BFP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BUTTERFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	TEST HEAD (BFLY)	YES	N/A	NO	YES	N/A	N/A	YES	YES
9	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	SEE PUMP TEST						
2.							
3.							
4.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PAINTED SPRINKLERS: (2) UPRIGHTS IN RM 2404.2, (2) UPRIGHTS IN RM 0320.1 (9) UPRIGHTS IN HIGH AREA OR STRUCTUAL LAB RM 1305, LAB RM 3310, JANITORS CLOSET RM 3350  
 NOT ABLE TO ACCESS GAUGE AND FLOW SWITCH IN SSIM 3RD FLOOR CLEAN ROOM  
 CEILING TILES NEAR WINDOW MISSNG IN ROOM 2150

MANY CEILING TILES MISSING IN RM 3355, THE ADVANCED INTELLIGENT COMPUTING ROOM  
 STORAGE WITHIN 18" OF SPRINKLER HEAD IN WORK ROOM 1169 AND OFFICE 1163

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/24/12	TIME	3:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	YES
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	7/25/12
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244873

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input checked="" type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WAYNE STATE - EDC - 090
Address: 5050 ANTHONY WAYNE
DETROIT, MI 48202
ENGINEERING DEVELOPMENT CENTER
Owner Contact: DAVE KUFFNER
Telephone: (313) 577-0311
Approving Agency: DETROIT FIRE DEPT

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS		313-684-4398		
BUILDING MANAGEMENT	X	(313) 577-0311	DAVE / ROCKY	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	A-C FIRE PUMP	RATE GPM	750
MODEL	SPLIT CASE	RATE PSI	95
SERIAL NUMBER	08-050894-01-01/OKFO91	PSI @ 150%	71
TYPE	393H-8100	MAX PRESSURE	111
RATED RPM	3550	AUTO START	128
IMPELLER SIZE	8.37	SATISFIED PSI	155
HORSE POWER	60	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	WEG	FRAME	326 TS	RATED RPM	3555
MODEL	CC029A	VOLTAGE	460	HZ	60
SERIAL NUMBER	19SET07 CE04680	AMP	141	HORSE POWER	60
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	60
MODEL	MP700-60-480C-MTS	VOLTAGE	480
SERIAL NUMBER	NA-08N36816-11	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-1	START PRESSURE (ON)	135
SERIAL NUMBER	HR-0N36816-21	STOP PRESSURE (OFF)	155
HORSE POWER	1	VOLTAGE	480
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	NO
AC LOSS OF POWER	YES	LOW DIESEL FUEL	NO
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?		X	
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?			X
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?	X		

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3585	3565	3560
Voltage During Test		484 484 485	480 480 481	478 477 478
Amperage During Test		25 24 25	56 55 57	60 60 60
RATED NET HEAD		95		
SUCTION PRESSURE		37	36	33
DISCHARGE PRESSURE		159	140	101
NET HEAD		122	104	68
RATED GPM	750	0		
OUTLET A PITOT		NA	750	1125
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	750	1125
RATED % OF FLOW			100%	150%

Does Fire Pump meet system specifications?

PASS

X

FAIL





DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PUMP OPERATED PROPERLY AT TIME OF TEST

SYSTEM RESTORED TO NORMAL OPERATION	DATE	7/25/12	TIME	3:30PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?				
			Yes or No	YES
Have the noted deficiencies/violations been corrected?				
			Yes or No	N/A
Have the deficiencies/violations been authorized for repair?				
			Yes or No	N/A
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	10/15/2012
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244860

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - ADAMANY LIBRARY - 096
Address:	5155 GULLEN MALL DETROIT, MI 48202
Owner Contact:	DAVID KUFFNER
Telephone:	(313) 268-2371
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 268-2371	DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY			DON - BLDG COORD.	6:30AM
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?	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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)		X	
7. Dry pipe valves are in heated area?	X		
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	125	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	2	IN BSMT BOOKROOM	PARTIAL	42	115		
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.								
2.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	BACKFLOW (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
2	BYPASS (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
6	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES
9	SECTIONAL (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1+1	DRY / PREACTION	YES	YES	YES	YES	N/A	N/A	YES	YES
2	JOCKEY	YES	NO	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	HERSEY	EDC III	10"	1997		BSMT MECH RM 0530
2.	BACKFLOW	AMES	2000 SE	8"	1997	2011	BSMT MECH RM 0530
3.	PUMP	VIKING	G-1	8"	1996	2010	BSMT MECH RM 0530
4.	BYPASS	VIKING	G-1	8"	1996	2010	BSMT MECH RM 0530
5.	JOCKEY	UNITED	SWING	1¼"	1997	2010	BSMT MECH RM 0530
6.	FDC	VICTAULIC		4"	1997	2010	BSMT MECH RM 0530
7.	DRY	RANDELMAN	SWING	¾"	1996	2010	BSMT MECH RM 0530
8.	DRY	RANDELMAN	SWING	¾"	1996	2010	BSMT MECH RM 0530



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY		DON	3:30PM
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
INSPECTOR'S COMMENTS AND RECOMMENDATIONS	
<p>NOTE: GAMEWELL ALARM PANEL BY EMPLOYEE ENTRY AND SIMPLEX PANEL IN ACADEMIC SERVICES LOBBY, RISER ARE IN S AND E STAIRS</p> <p>(1) HEAD CAPPED OFF IN HALLWAY BY RM 1620</p> <p>AREAS OF NO COVERAGE: 3RD FLR INSIDE ENGINEERS OFFICE INSIDE RM 3520, 3RD FLR IN PANTRY OF DEANS OFFICE (4' X 4'), BSMT IN BATHROOM OF MAIN BOOK ROOM</p> <p>HEADS IN NEED OF RELOCATION: (1) ELECTRICAL RM 2440, (1) STORAGE RM 2501, (1) RM 3140, (1) COMMUNICATION RM 3136, (1) ELECTRICAL RM 3240, (1) COMMUNICATION RM 3430, (1) ELECTRICAL RM 3440, (1) COMMUNICATION RM 1230, (1) ELECTRICAL RM 1240</p> <p>HEADS OBSTRUCTED BY CUBICLE WALLS 30' SECTION BY ROOMS 2106 THRU 2109</p> <p>MISSING WHITE SEMI-RECESSED ¾" VIKING MOD E: (1) HALL BBY RM 1001, (1) COMPUTER ROOM BY ACADEMIC SUCCESS SERVICES 1ST FLR, (1) INSIDE STORAGE RM 2436, (1) STUDY RM 2548, (1) OFFICE RM 3109, (1) OFFICE RM 3107, (1) BSMT ELEVATOR EQUIPMENT ROOM 0535</p> <p>DRY RISER DEFECIENCES: NO TRUE AIR MAINTENANCE DEVICE BUT WORKS GOOD</p> <p>AND TIED INTO ALARM PANEL DATA LOOP</p> <p>UPON ARRIVAL FOUND JOCKEY PUMP RUNNING AND MAIN DRAIN LEAKING BY SLIGHTLY KEEPING JOCKEY PUMP RUNNING, ALSO JOCKEY PUMP NOT BUILDING PRESSURE (CORRECTED AT INSPECTION) 3RD FLR EAST BAD HANDWHEEL ON BFLY VALVE (JUST REPLACED).</p> <p>PRESSURE SWITCH ON DRY SYSTEM IS NOT FUNCTIONING CORRECTLY, TRIED TO INCREASE TURN ON PRESSURE WAS UNABLE TO. REPLACE</p>	



ITV DRAIN MANIFOLD FLOODS BASEMENT BECAUSE 1½" HOSE VALVES ARE CRAKED INTO OPEN CLOSED UPON OUR TEST. THIS ALSO MAKES SYSTEM HARD TO DRAIN, NO PLACE CLOSE TO RUN HOSES, SHOULD TRY TO PIPE OUTSIDE

SYSTEM RESTORED TO NORMAL OPERATION	DATE	10/15/12	TIME	4:30 PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?	Yes or No	YES		
Have the noted deficiencies/violations been corrected?	Yes or No	NO		
Have the deficiencies/violations been authorized for repair?	Yes or No	YES		
If no, please explain reason:				



# Vanguard Fire & Security

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Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	10/15/12
ARRIVAL TIME:	7:00am
WORK ORDER NUMBER:	244860

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

PROPERTY NAME
Name: ADAMANY LIBRARY - 096
Address: 5155 GULLEN MALL DETROIT, MI 48202
Owner Contact: DAVID KUFFNER
Telephone: (313) 268-2371
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 268-2371	DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	1500
MODEL	SPLITCASE 8x8x17F	RATE PSI	65
SERIAL NUMBER	96-211338-01-01	PSI @ 150%	43
TYPE	8100	MAX PRESSURE	78
RATED RPM	1780	AUTO START	95
IMPELLER SIZE	13.2	SATISFIED PSI	120
HORSE POWER	75	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	7 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	U.S MOTORS	FRAME	365TD	RATED RPM	1780
MODEL	H012-Z082184R178H	VOLTAGE	460	HZ	60
SERIAL NUMBER		AMP	92.7	HORSE POWER	75
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSKYN-CLARK	HORSE POWER RATING	75
MODEL	C8C194-4	VOLTAGE	480
SERIAL NUMBER	7329192-01	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8
MODEL	VANE	START PRESSURE (ON)	110
SERIAL NUMBER	316P497	STOP PRESSURE (OFF)	124
HORSE POWER	1/3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	GAMEWELL PANEL	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	NO	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?		X	
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?		X	
11. Main relief valve functions ok?		X	
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X





### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?		X	
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?		X	
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1780	1772	
Voltage During Test		470 472 470	476 475 476	
Amperage During Test		25 20 25	42 42 45	
RATED NET HEAD		65		
SUCTION PRESSURE		43	13	
DISCHARGE PRESSURE		118	83	
NET HEAD		75	70	
RATED GPM	1500			
OUTLET A PITOT		NA	750	
OUTLET B PITOT		NA	750	
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0		
RATED % OF FLOW			100%	0%
Does Fire Pump meet system specifications?				
		PASS		FAIL X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL				N/A
TROUBLE RESTORAL				N/A
SUPERVISORY SIGNAL				N/A
SUPERVISORY RESTORAL				N/A

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO POWER ON LITE BULB BURNED OUT ON CONTROLLER - CASING RELIEF VALVE BAD NEEDS REPLACED - UNCLOGGED PUMP DRAIN  
PUMP PASSED AT 100%, NOT AT 150% DUE TO LOW SUCTION AND HAD TO STOP TEST  
MISSING (5) DFD CAP ON TEST HEADER

SYSTEM RESTORED TO NORMAL OPERATION	DATE	10/15/12	TIME	3PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Page 179 of 4  
Fire Pump

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	10/15/2012
ARRIVAL TIME:	7:00am
WORK ORDER NUMBER:	244860

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	ADAMANY LIBRARY - PREACTION SYSTEM
Address:	5155 GULLEN MALL DETROIT, MI 48202
Owner Contact:	STEVE/DON/DAVID
Telephone:	313-684-0869
Approving Agency:	

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS		313-684-0869	WSU SECURITY	7:00am
BUILDING MANAGEMENT				
MONITORING ENTITY				
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?			X
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)			X
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)			X
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?			X
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	115	
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.							
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	BFLY	Y	Y	Y	Y	NA	NA	Y	Y

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	PREACTION UIV	VIKING	E-1	4	1996		BSMT LIBRARY STORA
2.	AIR CHECK	VIKING	G-1	4	1996		BSMT LIBRARY STORA
3.							
4.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS		DON	3:30PM
BUILDING MANAGEMENT		STEVE	3:30PM
MONITORING ENTITY		CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

SYSTEM OPERATED PROPERLY

SYSTEM IS OPERATED BY PRESSURE SWITCH FROM FM-200 SYSTEM RELEASE AND MANUAL RELEASE IN TOTAL PAC CABINET

NOTES: FM 200 PANEL LOCATED INSIDE COMPUTER STORAGE RM OF ARCHIVE AREA AND IS A GEMINI BY KIDDE WITH (3) FM-200 TANKS. (1) INSIDE ARCHIVE RM (465# AGENT), (2) INSIDE LIBRARY STORAGE RM (72# AG) (3) INSIDE LIBRARY STORAGE (309# AGENT).

FM 200 OPERATED BY SMOKE DETECTORS (ION/PHOTO) AND PULL STATIONS

FM 200 TRIP ISOLATES VENTILATION TO RM

PREACTION SYSTEM IS A VIKING TOTAL PAC

SYSTEM RESTORED TO NORMAL OPERATION	DATE	10/15/12	TIME	
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	
Have the noted deficiencies/violations been corrected?	Yes or No	
Have the deficiencies/violations been authorized for repair?	Yes or No	
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/14/2012
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244875

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
TROY TYLER	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - FACULTY / ADMINISTRATION
Address:	656 REUTHER MALL DETROIT, MI 48202
Owner Contact:	FRANK / DAVID KUFFNER
Telephone:	(586) 612-5203
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(586) 612-5203	FRANK / DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	125	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

FLOW TIMES					Tested?	Yes	No
1.	MECH RM MAIN - 42 SEC					X	
2.	1ST FLR - 45 SEC					X	
3.	2ND FLR - 27 SEC					X	
4.	3RD FLR - 40 SEC 4TH					X	

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	BYPASS (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
7	SECTIONAL (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	ELEVATOR (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	TEST (OS&Y)	YES	NO	N/C	YES	YES	N/A	N/A	N/A
2	JOCKY (BALL)								

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN DETECTOR CHECK	HERSEY	EDC	8"	1988	2010	MECH ROOM BY RECEIVING
2.	DETECTOR BYPASS	HAMMOND	SWING	3/4"	1988	2010	MECH ROOM BY RECEIVING
3.	BYPASS	NIBCO	F512	8"	1988	2010	MECH ROOM BY RECEIVING
4.	PUMP	MUELLER	A2122	6"	1988	2010	MECH ROOM BY RECEIVING
5.	JOCKEY	HAMMOND	SWING	1/2"	1988	2010	MECH ROOM BY RECEIVING
6.	FDC	NIBCO	F512	4"	1988	2010	MECH ROOM BY RECEIVING
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	FRANK / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO WRENCH IN HEAD BOX AND FRONT COVER MISSING

MISSING CONCEALED COVER PLATES AND NEED LOWERED: (2) 4TH FLR BY CONFERENCE RM 4347, (1) BY ELEVATOR 3RD FLR,  
(1) 1ST FLR BY RM 1339 (1) IN PRESIDENTS OFFICE

MISSING (1) WHITE ½" SEMI-RECESSED ESCUTCHEON IN COPY ROOM 4296 AND NEEDS LOWERED (CORRECTED)

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/14/12	TIME	11:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/14/12
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244875

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: FACULTY & ADMIN - 130
Address: 656 REUTHER MALL
DETROIT, MI 48202
Owner Contact: FRANK / D KUFFNER
Telephone: (586) 612-5203
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(586) 612-5203	FRANK/DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ALLIS CHALMERS	RATE GPM	1000
MODEL	CENTRIFICAL 6X5	RATE PSI	75
SERIAL NUMBER	891-81558-01-01	PSI @ 150%	49
TYPE	KSLF	MAX PRESSURE	90
RATED RPM	1780	AUTO START	80
IMPELLER SIZE	13.75	SATISFIED PSI	122
HORSE POWER	60	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	LINGGUARD	FRAME	364T	RATED RPM	1775
MODEL	4695A1	VOLTAGE	460	HZ	60
SERIAL NUMBER	3236539	AMP	77	HORSE POWER	60
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	60
MODEL	C3B184-4	VOLTAGE	480
SERIAL NUMBER	72710600-1-1	AMP RMS	30,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8"
MODEL		START PRESSURE (ON)	105
SERIAL NUMBER		STOP PRESSURE (OFF)	115
HORSE POWER	1/3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL LOBBY	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?		X	

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1790	1782	1778
Voltage During Test		495 493 493	495 493 493	482 484 484
Amperage During Test		37 39 37	62 64 64	76 76 77
RATED NET HEAD		75		
SUCTION PRESSURE		42	37	32
DISCHARGE PRESSURE		123	113	88
NET HEAD		81	76	56
RATED GPM	1000			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	FRANK	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP OPERATED PROPERLY AT TIME OF TEST				
NOT TIED INTO GENERATOR. TRANSFER SWITCH NOT TIED IN				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/14/12	TIME	11:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/14/2012
ARRIVAL TIME:	1PM
WORK ORDER NUMBER:	244871

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - EDUCATION - 140
Address:	5425 GULLEN MALL DETROIT, MI 48202
Owner Contact:	CARL / DAVID KUFFNER
Telephone:	(313) 684-4459
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-4459	CARL / DAVID KUFFNER	1PM
MONITORING ENTITY	X		CAMPUS SECURITY	1PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)		X	
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
	N/A								

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2	40	25	
2.				
3.				
4.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
3	OS&Y	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	BYPASS (OS&Y)	YES	NO	N/A	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	GLOBE	A	4"	1959	2010	BOILER ROOM 51
2.	DETECTOR BYPASS	SCOTT	SWING	3/4"	1959	2010	BOILER ROOM 51
3.	MAIN	KENNEDY	UT	4"	1959		BOILER ROOM 51
4.	FDC	KENNEDY	UT	4"	1959	2010	BOILER ROOM 51
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL				
ALARM RESTORAL				
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	CARL / DAVID KUFFNER	3PM
MONITORING ENTITY	X	CAMPUS SECURITY	3PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

1ST OS&Y ON SYSTEM DOESN'T FULLY CLOSE UNABLE TO DO MAIN CHECK VALVE - 4" OS&Y SHOULD BE REPLACED

HEADBOX LOCATED IN ENGINEERS OFFICE

INSPECTORS TEST LOCATED IN 4TH FLOOR JANITORS CLOSET.

COULD NOT RUN MAIN DRAIN DUE TO FLOOR DRAINS BEING CLOGGED.

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/14/12	TIME	3PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/15/2012
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244876

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - GENERAL LECTURES - 150
Address:	DETROIT, MI 48202
Owner Contact:	ROBERT RIDLEY/DAVID KUFFNER
Telephone:	3136840898/313-648-0847
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0898	ROBERT RIDLEY/DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY		313-684-0847	CARL	
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?		X	
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?	X		
6. No leakage from retard chambers or alarm drains?	X		
7. Was Inspector Test performed and results OK? (IN JANITORS CLOSET LOBBY)	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	45	N/A
2.			
3.			
4.			
5.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	N/A						
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT - SOUTH JANITORS CLOSET 1ST FLOOR					X	
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	OS&Y	YES	YES	YES	NO	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	VIKING	C-1	6"	1970	2010	BASMENT MECH ROOM
2.	ALARM CHECK	STAR	D	6"	1970	2010	BASMENT MECH ROOM
3.	FDC	STAR	AA	4"	1970	2010	BASMENT MECH ROOM
4.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ROBERT RIDLEY/DAVID KUFFNER	6:00 PM
MONITORING ENTITY	X	CAMPUS SECURITY	6:00 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>*NOTE - ALARM PANEL IN MECHANICAL PENTHOUSE ABOVE STAGE &amp; RISER IN BASEMENT MECHANICAL ROOM</p> <p>*NOTE - SYSTEM HAS (2) PRESSURE SWITCHES TIED INTO 110V ALARM PANEL</p> <p>*NOTE - MUST MANUALLY RELIEVE PRESSURE FROM PRESSURE SWITCH TO SILENCE ALARM (1/2" BALL VALVE AT RISER)</p> <p>FDC MISSING CAPS (CORRECTED AT INSPECTION WITH PLASTIC CAPS)</p> <p>WATER GONG ON OUTSIDE OF BUILDING WEST SIDE NOT WORKING AND BEES/INSECTS ARE IN GONG AREA</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/15/12	TIME	9:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/14/2012
ARRIVAL TIME:	11:30AM
WORK ORDER NUMBER:	244883

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
JASON ENGLE	
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - MANOOGIAN HALL
Address:	906 W. WARREN
DETROIT, MI 48202	
Owner Contact:	ROBERT RIDLEY / DAVID KUFFNER
Telephone:	(313) 577-4345
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS		313-684-0847	CARL	11:30AM
BUILDING MANAGEMENT	X	(313) 684-0898	ROBERT RIDLEY / DAVID KUFFNER	11:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1											
ANTI-FREEZE LOOP											
No.	Location of Loop				No. of Heads		Type of Backflow		Temp		
	N/A										
TABLE 2											
MAIN DRAIN TEST											
Riser No.	Drain Size	Static Pressure (PSI)		Residual Pressure (PSI)							
1.	2"	185									
2.	2"	185									
3.											
4.											
5.											
TABLE 3											
DRY SYSTEM TEST											
No.	Valve Size	Location of Dry Valve		Full or Partial Trip		Starting Air Pressure		Starting Water Pressure		Trip Air Pressure	Trip Time
1.		N/A									
2.											
3.											
Location of Drum Drains								Tested?	Yes	No	
1.	IT - PENTHOUSE ENGINEERS OFFICE								X		
2.	IT 1ST FLR IN STAIRWELL D								X		
3.	IT MECH ROOM FOR STAND PIPE								X		
4.	IT MECH RM FOR WET SPRINKLER								X		
TABLE 4											
CONTROL VALVE INFORMATION											
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational		
2	BFP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES		
3	BYPASS (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES		
1	TEST HEAD (BFLY)	YES	YES	N/C	YES	N/A	N/A	YES	YES		
1	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES		
2	JOCKEY (OS&Y)	YES	YES	YES	YES	Y	N/A	N/A	N/A		
4	SECTIONAL (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES		
TABLE 5											
BACKFLOW/CHECK VALVE INFORMATION											
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED		LOCATION			
1.	BACKFLOW	AMES	DCDA	8"	2004	2010		BASEMENT MECH ROOM			
2.	BYPASS	VICTAULIC	717	6"	2004	2010		BASEMENT MECH ROOM			
3.	PUMP	VICTAULIC	717	6"	2004	2010		BASEMENT MECH ROOM			
4.	JOCKEY	NIBCO	BRASS SWING	1¼"	2004	2010		BASEMENT MECH ROOM			
5.	STANDPIPE	VIKING	J-1	6"	2004	2010		BASEMENT MECH ROOM			
6.	SPRINKLER	VIKING	J-1	6"	2004	2010		BASEMENT MECH ROOM			
7.	SYSTEM	CIA-VAI	472A	6"	2004	2010		BASEMENT MECH ROOM			



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ROBERT RIDLEY / DAVID KUFFNER	2:00 PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:00 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NOTE: ALARM PANEL LOCATED 1ST FLOOR STAIRWAY "C"

NOTE: BUILDING PARTIAL SPRINKLED, SYSTEM COVERS PENTHOUSE OFFICE, BOILER ROOM, 1ST FLOOR AND BASEMENT

FLOORS 2-5 HAVE CONTROL VALVES AND FLOW SWITCHES NEVER PUT INTO SERVICE, PROJECT RAN OUT OF FUNDING PRESSURE ON SYSTEM SIDE OVER 175

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/14/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
 Quarterly ☐  
 Semi-Annual ☐  
 Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/14/12
ARRIVAL TIME:	11:30AM
WORK ORDER NUMBER:	244883

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: MANOOGIAN HALL - 155
Address: 906 W. WARREN
DETROIT, MI 48202
Owner Contact: R. RIDLEY/D KUFFNER
Telephone: (313) 684-0898
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS		313-684-0847	carl	11:30AM
BUILDING MANAGEMENT	X	(313) 684-0898	ROBERT RIDLEY/DAVID KUFFNER	11:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	AURORA	RATE GPM	1000
MODEL		RATE PSI	150
SERIAL NUMBER	04-1119487	PSI @ 150%	128
TYPE	SPLITCASE 5-481-11C	MAX PRESSURE	172
RATED RPM	3560	AUTO START	145
IMPELLER SIZE	9.31	SATISFIED PSI	175
HORSE POWER	125	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	WEG	FRAME	404-5TS	RATED RPM	3560
MODEL	125360P3G404TS	VOLTAGE	460	HZ	60
SERIAL NUMBER	N/A	AMP	132	HORSE POWER	125
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	125
MODEL	D3C214-4	VOLTAGE	460
SERIAL NUMBER	256550	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-5	START PRESSURE (ON)	160
SERIAL NUMBER	84200013	STOP PRESSURE (OFF)	205
HORSE POWER	5	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN STAR "C"	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3570	3562	3560
Voltage During Test		470 472 470	470 468 468	468 468 469
Amperage During Test		76 78 76	120 118 120	142 140 138
RATED NET HEAD		150		
SUCTION PRESSURE		43	38	32
DISCHARGE PRESSURE		190	193	152
NET HEAD		147	155	120
RATED GPM	1000			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS		CARL	2:00PM
BUILDING MANAGEMENT	X	ROBERT RIDLEY / DAVID KUFFNER	2:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PUMP OPERATED PROPERLY AT TIME OF TEST

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/14/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?		Yes or No	YES	
Have the noted deficiencies/violations been corrected?		Yes or No	NO	
Have the deficiencies/violations been authorized for repair?		Yes or No	YES	
If no, please explain reason:				



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Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/15/2012
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244900

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - ST ANDREWS HALL - 156
Address:	918 LUDINGTON MALL
DETROIT, MI 48202	
Owner Contact:	RANDY / DAVID KUFFNER
Telephone:	313-684-1769
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0855	RANDY / DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	40	30
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.	IT - IN JANITORS CLOSET 1ST FLOOR					X	
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
3	SECTIONAL OS&Y	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	EDC III	4"	1993	2010	BOILER ROOM BASEMENT
2.	MAIN	NIBCO	WAFER	4"	1993	2010	BOILER ROOM BASEMENT
3.	FDC	STAR	AS	4"	1993	2010	BOILER ROOM BASEMENT
4.							
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	RANDY / DAVID KUFFNER	7:30AM
MONITORING ENTITY	X	CAMPUS SECURITY	7:30AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO WRENCH IN SPARE HEAD BOX

BOILER ROOM NORTH CORNERBY EXIT DOOR, SPRINKLER LINE PLUGGED AND DISCONNECTED, LEAVING NO COVERAGE IN THAT AREA

ALL SIGNALS RECEIVED AND RESET

NOTE: ALARM PANEL IS IN BASEMENT FCI

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/15/12	TIME	7:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

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Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/15/2012
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244884

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - MANUFACTURING ENGINEERING
Address:	4815 FOURTH ST DETROIT, MI 48202
Owner Contact:	RICH / DAVID KUFFNER
Telephone:	(313) 684-0342
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0342	RICH / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X	X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	128	115
2.	2"	130	115
3.	2"	125	115
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains						Tested?	Yes	No
1.	IT X 3 AT RISER						X	
2.								
3.	IT - INSIDE BOILER RM ON ROOF						X	
4.								

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	YES
4	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
3	ELEVATOR (OS&Y)	YES	YES	YES	YES	N/A	YES	N/A	N/A
1	JOCKEY (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	HERSEY	EDC III	6"	1999	2010	OUTSIDE MECHANICAL RM
2.	BYPASS	VIKING	G-1	6"	1994	2010	OUTSIDE MECHANICAL RM
3.	PUMP	NIBCO	KW900-W	6"	1995	2010	OUTSIDE MECHANICAL RM
4.	FDC	GLOBE	CV-1-S	4"	1985	2010	OUTSIDE MECHANICAL RM
5.	JOCKEY	NIBCO	SWING	1"	1994	2010	OUTSIDE MECHANICAL RM
6.	SENSING LINE	NIBCO	SWING	½"	1994	2010	OUTSIDE MECHANICAL RM
7.	SENSING LINE	NIBCO	SWING	½"	1994	2010	OUTSIDE MECHANICAL RM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	RICH / DAVID KUFFNER	2:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

1 UPRIGHT SPRINKLER PENDANT POSITION SOUTH WALL OF AIR HANDLER ROOM ON ROOF  
CEILING TILES OUT IN 2ND FLOOR WORK ROOM

NO COVERAGE IN 18'X12' DARKROOM INSIE RM 1035  
NO COVERAGE IN 18'X20' ACOUSTIC CHAMBER IN ROOM 1044

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/15/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES

If no, please explain reason:	
-------------------------------	--



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	6/15/12
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244884

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: MANUFACTURING ENGINEERING
Address: 4815 FOURTH ST.
DETROIT, MI 48202
Owner Contact: RICH/DAVID KUFFNER
Telephone: (313) 684-0342
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0342	RICH/ DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	500
MODEL	P-2494.2	RATE PSI	75
SERIAL NUMBER	96-205854-01-01	PSI @ 150%	68
TYPE	8100	MAX PRESSURE	82
RATED RPM	1770	AUTO START	90
IMPELLER SIZE	13.6	SATISFIED PSI	135
HORSE POWER	40	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	US ELECTRIC	FRAME	324T	RATED RPM	1775
MODEL	R357B	VOLTAGE	460	HZ	60
SERIAL NUMBER	Z072135R098R-38	AMP	47	HORSE POWER	40
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15





FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	40
MODEL	M300-40-460C	VOLTAGE	460
SERIAL NUMBER	NE-9662771-01	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8"
MODEL		START PRESSURE (ON)	105
SERIAL NUMBER	316P497	STOP PRESSURE (OFF)	128
HORSE POWER	Y3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	LOBBY PANEL	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1790	1782	1780
Voltage During Test		478 478 480	478 479 480	479 479 480
Amperage During Test		18 18 19	36 38 36	43 42 42
RATED NET HEAD		75		
SUCTION PRESSURE		36	36	30
DISCHARGE PRESSURE		123	112	106
NET HEAD		87	76	76
RATED GPM	500	0		
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	503	750
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	RICH / DAVID KUFFNER	2:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP OPERATED PROPERLY AT TIME OF TEST				
NOTE: INSTALLED 2 1/2" VALVE ON TEST HEADER - 2012				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	6/15/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE	DAVID KUFFNER			
NAME OF OWNER/ REPRESENTATIVE				
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/15/2012
ARRIVAL TIME:	1:00pm
WORK ORDER NUMBER:	244863

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - BIOENGINEERING
Address:	818 W. HANCOCK DETROIT, MI 48202
Owner Contact:	RICH / DAVID KUFFNER
Telephone:	(313) 684-0342
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0342	RICH / DAVID KUFFNER	1:00PM
MONITORING ENTITY	X		CAMPUS SECURITY	1:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?		X	



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?		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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?		X	
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>		X	
15. Was Main Drain Test performed? <i>(See Table 2)</i>	X		
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?		X	
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?		X	
5. Is alarm valve trim OK & set properly?	X		
6. No leakage from retard chambers or alarm drains?	X		
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2"	48	44
2.	2"	55	44
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT - 2ND FLR BY COPIER WEST SIDE					X	
2.							
3.	IT - LOADING DOCK PIPE STOREROOM					X	
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	NO	YES	YES	NO	NO	N/A	N/A	N/A
2	SECTIONAL (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	GLOBE	YES	YES	YES	YES	YES	NA	NA	NA

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	HERSEY	EDC				IN PIT IN RISER ROOM
2.	ALARM CHECK	ROCKWOOD	B	8"	1924		IN ROOM 1213
3.	ALARM CHECK	ROCKWOOD	B	5"	1923		IN ROOM 1213
4.	FDC			4"			IN PIT IN RISER ROOM
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			ONLY TO POLICE DEPT. THROUGH PHONE SYSTEM
ALARM RESTORAL	X			NOW TIED INTO SIMPLEX PANEL
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL				
SUPERVISORY RESTORAL				

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	RICH/DAVID KUFFNER	3:30PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
INSPECTOR'S COMMENTS AND RECOMMENDATIONS	
<p>BUILDING IN PROCESS OF HAVING A NEW FIRE ALARM INSTALLED. OLD 110V SYSTEM IS REMOVED ONLY MONITERED FLOW DEVICE IS ON 2ND FLOOR WEST IN OFFICE BY COPY MACHINE</p> <p>THERE ARE NO TAMPER SWITCHS OR FLOW SWITCHES INSTALLED IN RM 1213 FOR THE NEW FIRE ALARM SPRINKLER PORTION VALVED IN PIT ARE CORRODED AND PIT IS CONSIDERED A CONFINED SPACE</p> <p>TIME TO ALARM 2ND FLOOR WEST FLOW IS 22 SECONDS, ONLY GOES DIRECTLY TO POLICE DEPARTMENT</p> <p>THERE ARE MANY 1956 DATED SPRINKLERS IN BUILDING OLDER THEN 50 YEARS</p> <p>SYSTEM STILL HAS HEADS PIPED FROM ¾" PIPING</p> <p>SYSTEM HAS SPRINKLER HEADS ABOVE DROP CEILINGS AND NOT COVERING BELOW THEM</p> <p>1 HEAD TO CLOSE TO PARTITION WALL. IT IS WITHIN 4" IN RM 1329 - HEAD OBSTRUCTED BY LIGHT IN ELECTRICAL RM 1329</p> <p>NO COVERAGE UNDER GARAGE DOORS ON 1ST FLOOR IN TEST ROOMS</p> <p>5" OSY FOR RISER 2 NEEDS REPACKED</p> <p>PIPING IN WEST STAIRWELL LEADING TO ROOF. WRAPPED IN HEAT TAPE</p> <p>INSTALLED TAMPER SEALS ON OS&amp;Y VALVES IN RISER RM 1213 UNTIL TAMPER SWITCHES ARE ADDED</p>	



SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/15/12	TIME	2:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?	Yes or No	YES		
Have the noted deficiencies/violations been corrected?	Yes or No	NO		
Have the deficiencies/violations been authorized for repair?	Yes or No	YES		
If no, please explain reason:				





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

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Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/15/2012
ARRIVAL TIME:	1:00PM
WORK ORDER NUMBER:	244878

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - HILLBERRY THEATER - 189
Address:	4743 CASS DETROIT, MI 48202
Owner Contact:	DAVID KUFFNER
Telephone:	313-268-2371
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS		313-684-7804	TONY	1:00PM
BUILDING MANAGEMENT	X	(313) 268-2371	STEVE / DAVID KUFFNER	1:00PM
MONITORING ENTITY	X		CAMPUS SECURITY	1:00PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO
1. Is the building occupied as in past?	X	
2. Is the building fully sprinkled?		X
3. System(s) in service without modification since the last inspection?	X	
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X	
7. Wet system areas are adequately heated?	X	



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	90	
2.			
3.	ITV -	3RD FLR RM SW	CORNER BY WINDOW
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT 3RD FLR SW CORNER BY WINDWO					X	35 SEC
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	PUMP (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	BYPASS (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	JOCKEY (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	TEST HEADER (OS&Y)	YES	YES	N/C	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	VIKING	C-1	6"	1970		AIR PLENUM EAST
2.	DETECTOR BYPASS	U/S	SWING	3/4"	1970		AIR PLENUM EAST
3.	PUMP	KENNEDY	UT	6"	1970	2010	BASEMENT RISER ROOM
4.	BYPASS	TCIW	6806B	6"	1970	2010	BASEMENT RISER ROOM
5.	JOCKEY	U/S	SWING	3/4"	1970	2010	BASEMENT RISER ROOM
6.	FDC	TCIW	6806A	4"	1970	2010	AIR PLENUM EAST
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X	TONY	8:30AM
BUILDING MANAGEMENT	X	DAVID KUFFNER	8:30AM
MONITORING ENTITY	X	CAMPUS SECURITY	8:30AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

TIME TO ALARM 35 SECS

(2) 5 YR CHECKS UNABLE TO DO, 6" OS&Y WOULD NOT ISOLATE SYSTEM, NEED REPLACED (CITY SHUT OFF)

COSTUME HANGER PIP HANGING FROM SPRINKLER PIPING IN RM 207

18" RULE IN OFFICE MECHANICAL ROOM

(4) CONTROL VALVES IN PUMP ROOM NEED TO BE REPLACED - BUILDING IS ONLY 95% SPRINKLED

DRAIN OUTSIDE PUMP ROOM DOES NOT TAKE FULL FLOW AND FLOODS ROOM - NO FLOOR DRAINS IN PUMP ROOM

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/15/12	TIME	8:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/15/12
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244878

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

PROPERTY NAME
Name: HILBERRY THEATER - 189
Address: 4743 CASS DETROIT, MI 48202
Owner Contact: DAVID KUFFNER
Telephone: (313) 268-2371
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS		(313) 684-7804	TONY	7:00AM
BUILDING MANAGEMENT	X		DAVID KUFFNER	7:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	AURORA	RATE GPM	500
MODEL	70-80311	RATE PSI	92.5
SERIAL NUMBER		PSI @ 150%	
TYPE	481-BF	MAX PRESSURE	
RATED RPM	1770	AUTO START	67
IMPELLER SIZE		SATISFIED PSI	95
HORSE POWER	20	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	7 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	MARATHOIN ELECTRIC	FRAME	2561	RATED RPM	1745
MODEL	8F256TTDR7065A8W	VOLTAGE	208	HZ	60
SERIAL NUMBER	799639	AMP	56	HORSE POWER	20
TYPE	ELECTRIC / TDR-BE	PHASE	3	SERVICE FACTOR	1115



FIRE PUMP CONTROL			
MANUFACTURER	CLARK	HORSE POWER RATING	20
MODEL	B10630	VOLTAGE	208
SERIAL NUMBER	219144-1-1	AMP RMS	25,000
JOCKEY PUMP DATA			
MANUFACTURER	MARATHON	INLET/OUTLET SIZE	1" IN + ¾" OUT
MODEL	BUL56T34D5563B-P	START PRESSURE (ON)	75
SERIAL NUMBER	9589P12151	STOP PRESSURE (OFF)	88
HORSE POWER	2	VOLTAGE	110
REMOTE ALARMS PROVIDED			
DISPLAYED AT	N/A	PHASE REVERSAL	N/A
PUMP RUNNING	N/A	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	N/A	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1780	1775	1763
Voltage During Test		207 207 208	205 206 206	207 206 205
Amperage During Test		32 32 31	43 44 43	50 51 50
RATED NET HEAD		92.5		
SUCTION PRESSURE		33	30	25
DISCHARGE PRESSURE		88	78	69
NET HEAD		55	48	44
RATED GPM	500			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	503	750
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	DAVID KUFFNER	8:30AM
MONITORING ENTITY	X	CAMPUS SECURITY	8:30AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

PUMP OPERATED PROPERLY AT TIME OF TEST

NO DRAIN IN PUMP ROOM

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/15/12	TIME	8:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?				
			Yes or No	YES
Have the noted deficiencies/violations been corrected?				
			Yes or No	NO
Have the deficiencies/violations been authorized for repair?				
			Yes or No	YES
If no, please explain reason:				





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/17/2012
ARRIVAL TIME:	8:00AM
WORK ORDER NUMBER:	244870

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - CUSTODIAL/GROUNDS BLDG
Address:	5743 WOODWARD DETROIT, MI 48202
Owner Contact:	CARL / MIKE / DAVID K
Telephone:	313-684-4459 / 313-469-4134
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-4459	CARL / DAVID K	8:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?		X	
2. Did Central Station receive Flow Alarm Test?		X	
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?		X	
6. No leakage from retard chambers or alarm drains?		X	
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?		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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)		X	
7. Dry pipe valves are in heated area?	X		
8. Was customer informed that they need to drain all drum drips on a monthly basis?	X		



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	52	38
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.	3	CUSTODIAL STOREROOM	NA	52	52		
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	BY EAST GARAGE DOOR					X	
2.	BY EAST GARAGE DOOR (ITV)					X	
3.							
4.	WET IT FOUNDRY AREA BY EXIT DOOR					X	

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	VIKING	C-1	8"	1959		CUSTODIAL STOREROOM
2.	DETECTOR BYPASS	FAIRBANKS	SWING	3/4"	1983		CUSTODIAL STOREROOM
3.	ALARM CHECK	STAR	B	8"	1959	2010	CUSTODIAL STOREROOM
4.	DRY VALVE	STAR	D	3"	1959	2010	CUSTODIAL STOREROOM
5.	FDC	TCIW	UT	4"	1959	2010	CUSTODIAL STOREROOM
6.	WATER GONG	P&P	SWING	3/4"	1959	2010	CUSTODIAL STOREROOM
7.	WATER GONG	P&P	SWING	3/4"	1959	2010	CUSTODIAL STOREROOM
8.	DRAIN LINE	P&P	SWING	3/4"	1971	2010	CUSTODIAL STOREROOM



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL				
TROUBLE RESTORAL				
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	CARL / DAVID KUFFNER	9:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	9:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO HEADBOX OR WRENCH AT RISER

8" FLOW SWITCH NO ALARM AT THIS TIME. NEEDS FLOW SWITCH INSTALLED

BOTH SYSTEMS 8" OS&YS DON'T FULLY ISOLATE SYSTEM. UNABLE TO PERFORM 5 YEAR INSPECTIONS ON DETECTOR CHECK AND BYPASS

2 SPRINKLER DROPS IN GROUNDS NEED RAISED (1) NORTH WAREHOUSE AND (1) SOUTH WAREHOUSE

TILES MISSING IN SERVER ROOM

STORAGE AREA BEHIND OFFICES, CEILING MISSING

STORAGE RM BY RISER MANY AREA OF MISSING PLASTER WHICH WOULD ALLOW PROPER HEAT COLLECTION AROUND SPRINKLERS

NO COVERAGE IN BRONZING AREA OF FOUNDRY PIPE CAPPED OFF OUTSIDE ROOM

CABLES AND RIGGING HANGING FROM SPRINKLER PIPING IN FOUNDRY TOOL ROOM

4 HEADS AND PIPE NEEDS TO BE REMOVED SW CORNER OF FOUNDRY, ALREADY PROTECTED BY UPRIGHTS (LIKELY RM OR BOOTH REMOVED)

TAPE ON 1 SPRINKLER HEAD IN SW CORNER OF FOUNDRY

NO ALARM DEVICES ON DRY RISER

6 PENDANT HEADS IN UPRIGHT POSTION OUTSIDE BY EAST GARAGE DOOR

DRY SYSTEM INSPECTORS TEST AND DRUM DRAIN NEED SUPPORTED AND REHUNG

INSTALLED SIGNAGE WHERE NEEDED - (3) CONTROL VALVE, (1) INSPECTOR TEST, (1) AIR-LINE, (2) MAIN DRAIN, (1) ALARM LINE, (2) AUX DRAIN

WATER MOTOR GONG REMOVED AND PLUGGED AT ALARM CHECK IN ORDER TO BRING SYSTEM BACK ONLINE, BUT STILL NO WORKING ALARM

PERFORMED (6) 5 YEAR CHECK VALVE MAINTENANCE

UPON ARRIVAL FOUND DRY SYSTEM TRIPPED. FURTHER TROUBLE SHOOTING REQUIRED BEFORE WINTER

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/17/12	TIME	9:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?	Yes or No	YES		
Have the noted deficiencies/violations been corrected?	Yes or No	NO		
Have the deficiencies/violations been authorized for repair?	Yes or No	YES		
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/17/2012
ARRIVAL TIME:	10:00AM
WORK ORDER NUMBER:	244906

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - WESTINGHOUSE - 202
Address:	6000 CASS DETROIT, MI 48202
Owner Contact:	TOM / WALTER
Telephone:	(313) 613-3500
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 613-3500	TOM / DAVID KUFFNER	10:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	10:00AM
2ND MONITORING ENTITY		313-993-7655	WALLY POACIASK	10:00AM
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?			X
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	45	35
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT BY GARAGE DOOR ENTRY						
2.						X	23 SEC
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	OS&Y	YES	YES	YES	YES	N/A	N/A	YES	YES

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	EDC-III	4"	1989	2010	AT RISER
2.	DETECTOR BYPASS	U.S.	SWING	3/4"	1989	2010	AT RISER
3.	MAIN	NIBCO	W-900-W	4"	1989	2010	AT RISER
4.	FDC	GLOBE	CV-1	4"	1990	2010	AT RISER
5.							
6.							
7.							





ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL				N/A
ALARM RESTORAL				N/A
TROUBLE SIGNAL				N/A
TROUBLE RESTORAL				N/A
SUPERVISORY SIGNAL				N/A
SUPERVISORY RESTORAL				N/A

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	TOM / DAVID KUFFNER	11:0AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:0AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO WRENCH IN HEAD BOX

ALL CEILING TILES IN MENS RESTROOM JANITORS CLOSET - NO HEAT COLLECTION AROUND SPRINKLER HEAD

EXPOSED CEILING AREA ABOVE DROP CEILING NO FIREWALL ON EAST, LEAVING A LARGE OPENING 4'X 15' APPROX SHOULD BE SPRINKLED OR ENCLOSED.

BUILDING HAZARDOUS STORAGE AND PERSONEL MOVED TO NEW LOCATION. STILL USED FOR STORAGE.

NOTE: SYSTEM ALARM IS ON LY 110V BELL BY RISER - PANEL LOCATED SMALL CLOSET OUTSIDE ROOM BREAKER 12

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/17/12	TIME	11:30AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/17/2012
ARRIVAL TIME:	9:00AM
WORK ORDER NUMBER:	244907

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - POLICE DEPARTMENT - 203
Address:	6050 CASS AVE DETROIT, MI 48202
Owner Contact:	GEORGE COOL / DAVID KUFFNER
Telephone:	
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-7804	GEORGE COOL / DAVID KUFFNER	9:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?		X	
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	50	40
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.						X	65 SEC
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	OS&Y	YES	YES	YES	YES	N/A	YES	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	WATTS	774D	4"	2008	2010	BASEMENT
2.	FDC	GLOBE	CU-1	4"	1988	2010	BASEMENT
3.							
4.							
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	GEORGE COOL/DAVID KUFFNER	10:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	10:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

MISSING (1) CONCEALED ESCUTCHEON IN INFORMATION TECHNOLOGY OFFICE 2ND FLOOR

NOTE: ALARM PANEL IN LOBBY, ITV TOP OF SOUTH STAIRWELL, MAIN DRAIN BSMT AND 1ST FLR IN EVEDENCE RM.

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/17/12	TIME	10:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/12/2012
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244892

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - RACKHAM - 499
Address:	60 FARNSWORTH DETROIT, MI 48202
Owner Contact:	STEVE / DAVID KUFFNER
Telephone:	586-556-1621
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	586-556-1021	STEVE / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?	X		
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



ANTI-FREEZE LOOP													
TABLE 1													
No.		Location of Loop				No. of Heads		Type of Backflow		Temp			
		N/A											
MAIN DRAIN TEST													
TABLE 2													
Riser No.		Drain Size	Static Pressure (PSI)		Residual Pressure (PSI)								
1.		2	185		148								
2.													
3.													
4.													
DRY SYSTEM TEST													
TABLE 3													
No.	Valve Size	Location of Dry Valve		Full or Partial Trip		Starting Air Pressure		Starting Water Pressure		Trip Air Pressure		Trip Time	
1.		N/A											
2.													
3.													
Location of Drum Drains								Tested?		Yes		No	
1.													
2.													
3.													
4.													
CONTROL VALVE INFORMATION													
TABLE 4													
Qty	Type of Valve		Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational			
1	BFLY (TEST HEADER)												
1	MAIN (OS&Y)		YES	YES	YES	YES	N/A	N/A	YES	YES			
3	BYPASS (BFLY)		YES	YES	YES	YES	N/A	N/A	YES	YES			
1	PUMP (BFLY)		YES	YES	YES	YES	N/A	N/A	YES	YES			
2	JOCKEY (OS&Y)		YES	YES	YES	YES	YES	N/A	N/A	N/A			
2	JOCKEY (BALL)		YES	YES	YES	YES	YES	N/A	N/A	N/A			
6	SECTIONAL		YES	YES	YES	YES	N/A	N/A	YES	YES			
BACKFLOW/CHECK VALVE INFORMATION													
TABLE 5													
No.	PURPOSE		MFG	MODEL	SIZE	YEAR	LAST INSPECTED		LOCATION				
1.	DETECTOR CHECK		AMES	DCU	8"	2005	2010		WATER METER RM 000				
2.	BY PASS		VIKING	G-1	8"	2005	2010		WATER METER RM 000				
3.	PUMP		VIKING	G-1		2005	2010		WATER METER RM 000				
4.	JOCKEY		UNITED	SWING	1¼"	2005	2010		WATER METER RM 000				
5.	FDC		GLOBE	RCV	4"	2005	2010		WATER METER RM PIT				
6.	FDC		WATEROUS	604	4"	2003	2010		WATER METER RM PIT				
7.													





ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	STEVE / DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

MISSING CEILING TILE AROUND CONCEALED HEAD IN LIBRARY MEZANINE STORAGE BEHIND ELEVATOR

NO WRENCH IN HEAD BOX - NO SIDEWALLS IN HEAD BOX

BUILDING IS PARTIALLY SPRINKLED

NOTE: ALARM PANEL IS IN LOBBY EAST END, 3 FLOWS IN WEST STAIRWELL, (1) FLOW IN BASEMENT ROOM 022

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/17/12	TIME	3:30 PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	8/17/12
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244892

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WAYNE STATE - RACKHAM - 499
Address: 60 FARNSWORTH
DETROIT, MI 48202
Owner Contact: STEVE/DAVID K
Telephone: 586-556-1021
Approving Agency: DETROIT FIRE DEPT.

Technician: JASON JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	586-556-1021	STEVE / DAVID KUFFNER	6:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	100
MODEL	8X8X9.5	RATE PSI	110
SERIAL NUMBER	05-043261-05-011	PSI @ 150%	96
TYPE	7L83	MAX PRESSURE	147
RATED RPM	3550	AUTO START	140
IMPELLER SIZE	9.5	SATISFIED PSI	180
HORSE POWER	100	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	7 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	EMERSON	FRAME	365SP	RATED RPM	3535
MODEL	AD3B	VOLTAGE	200	HZ	60
SERIAL NUMBER	FF10DS1XV	AMP	264	HORSE POWER	100
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	100
MODEL	MP300-100-208C	VOLTAGE	208
SERIAL NUMBER	MA-05N19354-11	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNFOS	INLET/OUTLET SIZE	1¼
MODEL	CR-1	START PRESSURE (ON)	148
SERIAL NUMBER	HK-05N19354-21	STOP PRESSURE (OFF)	165
HORSE POWER	1.5	VOLTAGE	208
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL IN LOBBY	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?		X	
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3550	3546	3542
Voltage During Test		200 198 200	198 196 198	199 198 199
Amperage During Test		225 220 225	275 270 273	300 301 300
RATED NET HEAD		110		
SUCTION PRESSURE		42	17	17
DISCHARGE PRESSURE		188	118	118
NET HEAD		146	101	101
RATED GPM	1000			
OUTLET A PITOT		NA	503	550
OUTLET B PITOT		NA	503	550
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1100
RATED % OF FLOW			101%	110%
Does Fire Pump meet system specifications?				
		PASS		FAIL X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	STEVE / DAVID KUFFNER	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:30 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP FAILED T REACH 150% BEFORE LOW SUCTION. ONLY ABLE TO ACHIEVE 1100 GPM DUE TO LOW SUPPLY				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	8/17/12	TIME	3:30 PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/10/2012
ARRIVAL TIME:	6:30AM
WORK ORDER NUMBER:	244802

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - THOMPSON HOME - 504
Address:	4756 CASS DETROIT, MI 48202
Owner Contact:	TONY / DAVID K
Telephone:	313-684-7804
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-7804	TONY / DAVID K	6:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	6:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?		X	
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	45	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	IT - BOILER RM OF BASEMENT					X	
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	OS&Y	YES	YES	YES	YES	N/A	N/A	YES	YES
1	ELEVATOR 4TH FL	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	ELEVATOR BSMT	YES	YES	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	GRINELL	A-Z	4"	1963	2010	BASEMENT IN RM 010
2.	DETECTOR BYPASS	NIBCO	SWING	3/4"	1963	2010	BASEMENT IN RM 010
3.	ALARM CHECK	RELIABLE	E	4"	1979	2010	BASEMENT IN RM 010
4.	FDC	STANDARD	STD	4"	1977	2010	BASEMENT IN RM 010
5.							
6.							
7.							





ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	TONY	3:30 PM
MONITORING ENTITY	X	CAMPUS SECURITY	
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
STORAGE TO SPRINKLER HEAD IN RM 415 AND RM 210 STORAGE CLOSETS				
TIME TO ALARM 35 SEC 110V BELL NOT WORKING, REQUIRES INVESTIGATION AND GONG IS MISSING, NEEDS NEW 110 BELL				
MISSING CHROME ESCUTCHEONS OUTER RING IN BSMT BY ALARM PANEL AND HALL BY RM 324				
CEILING TILES MISSSING BY HEAD IN HALLWAY BY RM 324				
MAIN DRAIN DOES NOT ACCEPT FLOW IN RISER CLOSET -				
SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/10/12	TIME	12:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?				
		Yes or No	YES	
Have the noted deficiencies/violations been corrected?				
		Yes or No	NO	
Have the deficiencies/violations been authorized for repair?				
		Yes or No	YES	
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/10/2012
ARRIVAL TIME:	8:00AM
WORK ORDER NUMBER:	244899

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

Technician:	JASON JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - SKILLMAN - 510
Address:	100 E. PALMER
DETROIT, MI 48202	
Owner Contact:	DAVID KUFFNER
Telephone:	313-969-0605
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 969-0605	DAVID K.	8:00 AM
MONITORING ENTITY				
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?		X	
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?			X
14. FDC equipped with ball drip? (if yes, in good working order?)			X
15. Was Main Drain Test performed? (See Table 2)			X
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?			X
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?			X
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?			X
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow	Temp			
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.		30	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.	ITV ABOVE CEILING IN WOMENS BATHROOM - SYSTEM ISOLATED						
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	OS&Y	YES	NO	YES	YES	NO	NO	YES	N/A
2	BALL	YES	YES	YES	YES	YES	NO	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	KENNEDY	SWING	2"			KNAPP BUILDING RM 050
2.	BACKFLOW	AMES		2"			KNAPP BUILDING RM 050
3.							
4.							
5.							
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	LARRY WILSON	9:00AM
MONITORING ENTITY			
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>ONLY VISUAL INSPECTION</p> <p>(1) wet riser in sub bsmt off of 110 v lightening ckt works. Properly located by gerontology store door.</p> <p>(1) wet for skillman has been removed and plugged main valve is secured.</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/10/12	TIME	9:00 AM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/10/2012
ARRIVAL TIME:	9:00AM
WORK ORDER NUMBER:	244861

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - APPELBAUM COLLEGE OF
Address:	PHARMACY
259 MACK	
DETROIT, MI 48202	
Owner Contact:	DAVID KUFFNER
Telephone:	(313) 753-8865
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0899	TONY / DAVID KUFFNER	9:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?	X		
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?	X		
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>		X	
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?		X	
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?	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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>	X		
7. Dry pipe valves are in heated area?	X		
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1										
ANTI-FREEZE LOOP										
No.	Location of Loop				No. of Heads	Type of Backflow		Temp		
	N/A									
TABLE 2										
MAIN DRAIN TEST										
Riser No.	Drain Size	Static Pressure (PSI)		Residual Pressure (PSI)						
1.	2"	175		N/A						
2.										
3.										
4.										
5.										
TABLE 3										
DRY SYSTEM TEST										
No.	Valve Size	Location of Dry Valve		Full or Partial Trip		Starting Air Pressure	Starting Water Pressure		Trip Air Pressure	Trip Time
1.	3	BASEMENT MECH ROOM		PARTIAL		49	170		20	25 SEC
2.										
3.										
Location of Drum Drains							Tested?	Yes	No	
1.	N/A									
2.	RECOMMEND ADDING A DRUM DRAIN ON DRY SYSTEM AT RISER TO BE USED AS									
3.	A INSPECTORS TEST VALVE									
4.										
TABLE 4										
CONTROL VALVE INFORMATION										
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational	
2	MAIN/BACKFLOW (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES	
3	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES	
1	BYPASS (BUTTERFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES	
1	JOCKEY (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES	
1	TEST HD (BUTTERFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES	
2	SECTIONAL (BUTTERFLY)	YES	NO	N/C	YES	N/A	N/A	YES	YES	
1	ELEVATOR (BBALL)	YES							YES	
TABLE 5										
BACKFLOW/CHECK VALVE INFORMATION										
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED		LOCATION		
1.	DETECTOR CHECK	GP	416-53096	8"	2000	2010		BASEMENT MECH ROOM		
2.	MAIN	NIBCO	KW900N	8"	2000	2010		BASEMENT MECH ROOM		
3.	BYPASS DCU	SWING CHECK	BRASS	¾"	2000	2010		BASEMENT MECH ROOM		
4.	JOCKEY	SWING CHECK	BRASS	1¼"	2000	2010		BASEMENT MECH ROOM		
5.	PUMP	NIBCO	KW900W	6"	2000	2010		BASEMENT MECH ROOM		
6.	BYPASS	FIRELOCK	S717	6"	2000	2010		BASEMENT MECH ROOM		
7.	FDC	FIRELOCK	S717	6"	2000	2010		BASEMENT MECH ROOM		





ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	TONY / DAVID KUFFNER	3:45 PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:45 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

DROP CEILING NEEDS ADDED IN MICROSCOPE CLOSET OF LAB 5421 TO MAKE SPRINKLER ORIENTATION CORRECT

RELIEF VALVE FOR SYSTEM IN STAIRWELL 2B. LEAKES BY (IN PROGRESS OF BEING REPAIRED, PLUGGED FOR NOW)

NO CONCELLED HEADS IN SPARE HEADBOX AND MORE 3/4" VIKING CHROME 17/32 ORIFICES ELO K FACTOR 11.5 NEEDED TO FILL HEAD BOX

STORAGE TO CLOSE TO SPRINKLER ON SHELF IN RM 4254. RECOMMEND INSPECTORS TEST FOR DRY SYSTEM

STAIRWELL "A" MANIFOLDED DRAINS GO INTO SLOP SINK BY CUSTODIAN CLOSET AND DOES NOT ACCEPT FULL FLOW.

PARTIAL TRIP REFORMED ON DRY AS SYSTEM COVERS MAIN ELECTRICAL ROOM. NO AIR MAINTENANCE DEVICE OR SHUTOFF FOR COMPRESS

MISSING ESCUTCHEONS IN RM 5365 OEHS INSTRUMENT RM, WEST HALL 4TH FLR RM 4240, 4TH FLR. OUTSIDE MENS RESTROOM/RM 4104, HALL

OUTSIDE RM 3530, HALL OUTSIDE RM 3520, HALL ABOVE SAFETY SHOWER RM 3520, HALL BY RM 1350, HALLWAY BY CUSTODIAL RM 100,

BASEMENT BY MENS RESTROOM IN HALL, AND OUTSIDE PHARMACY RM 1420 IN HALL

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/10/12	TIME	3:00PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	YES
Have the deficiencies/violations been authorized for repair?	Yes or No	YES

If no, please explain reason:	
-------------------------------	--



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐Quarterly ☐Semi-Annual ☐Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/10/12
ARRIVAL TIME:	9:00AM
WORK ORDER NUMBER:	244861

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: WSU - APPLEBAUM PHARMACY
Address: 259 MACK
DETROIT, MI 48202
Owner Contact: DAVID KUFFNER
Telephone: (313) 577-0311
Approving Agency: DETROIT FIRE DEPT.

Technician: J. JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS			TONY	9:00 AM
BUILDING MANAGEMENT	X	(313) 684-0899	DAVID KUFFNER / BILL AARON	9:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	9:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	1000
MODEL	SPLITCASE	RATE PSI	120
SERIAL NUMBER	00-032636-01-01	PSI @ 150%	108
TYPE	8100	MAX PRESSURE	130
RATED RPM	1780	AUTO START	135
IMPELLER SIZE	17.2	SATISFIED PSI	180
HORSE POWER	60	AUTO STOP	
WATER SUPPLY	CITY	RUN TIMER	

#### FIRE PUMP DRIVER

MANUFACTURER	US ELECTRIC	FRAME	405TS	RATED RPM	1780
MODEL	AD05A	VOLTAGE	460	HZ	60
SERIAL NUMBER	D0701058178-011R-D1	AMP	141	HORSE POWER	60
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	125
MODEL	C3C214-4T4	VOLTAGE	480
SERIAL NUMBER	201816	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-2	START PRESSURE (ON)	155
SERIAL NUMBER	F400	STOP PRESSURE (OFF)	175
HORSE POWER	2	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	LOBBY PANEL	PHASE REVERSAL	NO
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?		X	
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?			X
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok? DOUBLE ENDED SYSTEM	X		

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1796	1792	1789
Voltage During Test		485 485 483	482 484 476	478 480 480
Amperage During Test		67 67 68	109 109 110	131 131 130
RATED NET HEAD		120		
SUCTION PRESSURE		52	45	42
DISCHARGE PRESSURE		175	168	153
NET HEAD		123	123	111
RATED GPM	1000	0		
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	TONY / DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
PUMP OPERATED PROPERLY AT TIME OF INSPECTION				
NOTE: POWER TO SYSTEM IS DOUBLE ENDED AN GOES THROUGH TRANSFER SWITCH NOT TIED INTO ANY GENERATOR, BLDG HAS NONE.				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/10/12	TIME	3:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	YES
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/11/2012
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244885

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	MAZUREK MEDICAL EDUCATION COMMONS
Address:	4325 BRUSH DETROIT, MI 48202
Owner Contact:	GERALD / DAVID KUFFNER
Telephone:	313-684-0852
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0852	DAVID KUFFNER/HAROLD	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)	X		
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
1	1ST FLR STAIRWELL A COVERS FRONT ENTRY				1	1" AMES 4000B		-30°	

TABLE 2 MAIN DRAIN TEST				
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)	
1.	2"	177	162	
2.				
3.				
4.				

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.	RISERS ARE IN STAIRS A AND STAIRS B						
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
1	PUMP (OS&Y)	YES	NO	YES	YES	N/A	N/A	YES	YES
3	BYPASS (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	JOCKEY (OS&Y)	YES	NO	YES	YES	YES	N/A	NO	N/A
3	ELEVATOR (BBALL)	YES	YES	YES	YES	N/A	N/A	YES	YES
11	SECTIONAL	YES	YES	YES	YES	N/A	N/A	YES	YES
1	BALL AF LOOP	YES	NO	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW	AMES	3000SS	8	2008	2009	MECHANICAL RM 139
2.	BACKFLOW BYPASS	AMES	2000B	3/4"	2008	2009	MECHANICAL RM 139
3.	PUMP	MUELLER	WAFER	8"	2008		MECHANICAL RM 139
4.	BYPASS	GRUVLOCK	D1	8"	2007		MECHANICAL RM 139
5.	JOCKEY	UNITED	SWING	1 1/4"			MECHANICAL RM 139
6.	FDC	GLOBE	CU-1	4"	2008		1ST FLR STAIRWELL A
7.	AF LOOP	AMES	4000B	1"	2010		1ST FLR STAIRWELL A



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	GERALD / DAVID KUFFNER/HAROLD	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>PENTHOUSE ALL HEADS UNDER DUCTS ARE INSTALLED WITH BUSHING INSTEAD OF REDUCER ELBOWS</p> <p>ALL SIGNALS RECEIVED AND RESET</p> <p>NO COVERAGE IN ELECTRICAL RM 313.08</p> <p>MISSING (1) CHROME ¾ ESCUTCHEON IN SHIFFAN LIBRARY BY ROWS RJ482-RM171</p> <p>NOTE: ALARM PANEL IN FIRE PUMP MECH ROOM</p> <p>BLOCK KEY IN WEST SHIPPING/RECEIVING ROOM</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/11/12	TIME	11:00AM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
 Quarterly ☐  
 Semi-Annual ☐  
 Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/11/12
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244885

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: MAZUREK MEDICAL ED. COMMONS
Address: 4325 BRUSH
DETROIT, MI 48202
Owner Contact: HAROLD / D KUFFNER
Telephone: (313) 684-0859
Approving Agency: DETROIT FIRE DEPT.

Technician: J. JOHNSTON
Telephone: 800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0859	GERALD / DAVID KUFFNER	10:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	10:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT	RATE GPM	1000
MODEL	8X8X9½	RATE PSI	105
SERIAL NUMBER	08-052322-01-01/GKG178	PSI @ 150%	89
TYPE	IN-LINE (1580)	MAX PRESSURE	135
RATED RPM	3550	AUTO START	146
IMPELLER SIZE	9.2"	SATISFIED PSI	185
HORSE POWER	100	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	N/A

#### FIRE PUMP DRIVER

MANUFACTURER	U.S MOTORS	FRAME	365JP	RATED RPM	3530
MODEL	AD-39	VOLTAGE	460	HZ	60
SERIAL NUMBER	FF10051EV	AMP	116	HORSE POWER	100
TYPE	RF-1 ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	100
MODEL	MP430-100-480C	VOLTAGE	480
SERIAL NUMBER	NA-08N38353-11	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	GROUNFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-1	START PRESSURE (ON)	157
SERIAL NUMBER	HK-08N38353-21	STOP PRESSURE (OFF)	172
HORSE POWER	1	VOLTAGE	480
REMOTE ALARMS PROVIDED			
DISPLAYED AT	SIMPLEX PANEL	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?		X	
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?	X		

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3535	3525	3522
Voltage During Test		460 460 461	462 460 465	456 456 460
Amperage During Test		80 86 86	110 112 114	123 123 122
RATED NET HEAD		0		
SUCTION PRESSURE		40	35	33
DISCHARGE PRESSURE		175	133	112
NET HEAD		135	98	79
RATED GPM	1000			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	GERALD / DAVID KUFFNER/HAROLD	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
FIRE PUMP DRAIN LINES NEED UNCLOGGED, LINES ARE HARD PIPED				
FIRE PUMP OPERATED PROPERLY AT TIME OF TEST				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/11/12	TIME	11:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/11/2012
ARRIVAL TIME:	11:00 AM
WORK ORDER NUMBER:	244867

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - C.S. MOTT CENTER
Address:	275 E. HANCOCK DETROIT, MI 48202
Owner Contact:	ALLEN / DAVID KUFFNER
Telephone:	313-684-0897
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0897	ALLEN / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?		X	
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?	X		
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?	X		
6. No leakage from retard chambers or alarm drains?	X		
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1										
ANTI-FREEZE LOOP										
No.	Location of Loop				No. of Heads	Type of Backflow		Temp		
	N/A									
TABLE 2										
MAIN DRAIN TEST										
Riser No.	Drain Size	Static Pressure (PSI)		Residual Pressure (PSI)						
1.	2"	135								
2.	2"	135								
3.	2"	135								
4.	2"	137								
5.	1"	125								
TABLE 3										
DRY SYSTEM TEST										
No.	Valve Size	Location of Dry Valve		Full or Partial Trip		Starting Air Pressure	Starting Water Pressure		Trip Air Pressure	Trip Time
1.	1 1/2	JANITORS CLOSET		PARTIAL		55	125			
2.		VIKING MOD F		DELUGE VIC						
Location of Drum Drains							Tested?	Yes	No	
1.	2 SMOKES, 4 SPRINKLERS							X		
2.	2 12V 7AH BATTERIES DATED 08									
TABLE 4										
CONTROL VALVE INFORMATION										
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational	
1	ELEVATOR (BBALL)	YES	NO	YES	YES	YES	N/A	YES	YES	
1	PREACTION (BBALL)	YES	NO	YES	YES	YES	N/A	YES	YES	
1	MAIN (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A	
1	PUMP (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A	
3	BYPASS (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A	
4	SECTIONAL (OS&Y)	YES	NO	YES	YES	YES	N/A	YES	YES	
4	SECTIONAL (BFLY)	YES	NO	YES	YES	N/A	N/A	YES	YES	
1	JOCKEY (OS&Y)	YES	NO	YES	N/A	N/A	N/A	N/A	N/A	
1	TEST HEADER	YES	NO	N/C	N/A	N/A	N/A	N/A	N/A	
TABLE 5										
BACKFLOW/CHECK VALVE INFORMATION										
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED		LOCATION		
1.	DETECTOR CHECK	VIKING	D	8"	1971			BSMT MECH RM 087.1		
2.	DETECTOR BYPASS	N1S	SWING	¾"	1971			BSMT MECH RM 087.1		
3.	ALARM CHECK	HODGEMAN	B	6"	1971	2010		BSMT MECH RM 087.1		
4.	PUMP	TCIW	6808B	8"	1970	2010		BSMT MECH RM 087.1		
5.	BYPASS	TCIW	6808B	8"	1970	2010		BSMT MECH RM 087.1		
6.	JOCKEY	POWELL	SWING	¾"	1971	2010		BSMT MECH RM 087.1		
7.	JOCKEY	POWELL	SWING	1"	1971	2010		BSMT MECH RM 087.1		
8.	FDC	TCIW	6808B	4"	1971	2010		BSMT MECH RM 087.1		



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ALLEN / DAVID KUFFNER	2:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

ISOLATE FULLY TO DO 5 YR CHECK

SYSTEM HAS (2) HEADS COVERED IN HEAT TRACE IN RM 311, FLAMABLE STORAGE RM.

MISSING GLOBE ½" SEMI RECESSED OUTER TRIM RINGS: (2) HALL BY RM 338, (3) STORAGE RM 313, (1) RM 315 GROUP RM, (1) TISSUE CULTURE RM 331, (1) LAB SUPPORT RM, (1) RM 322 IMAGING LAB, (1) OFFICE RM 307

PREACTION OPERATED PROPERLY AIR = 55 WATER = 125

REPLACED (3) GAUGES OLDER THE 5YEARS ON PREACTION SYSTEM. (2) 12V7.5AH BATTERIES NEED REPLACED ON PRE ACT SYSTEM

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/11/12	TIME	2:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐Quarterly ☐Semi-Annual ☐Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/11/12
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244867

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

PROPERTY NAME	
Name:	C.S. MOTT CENTER - 609
Address:	275 E. HANCOCK
DETROIT, MI 48202	
Owner Contact:	ALLEN / D KUFFNER
Telephone:	(313) 684-0897
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0897	ALLEN / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	AURORA	RATE GPM	1000
MODEL	SPLITCASE 5-481-11C	RATE PSI	75
SERIAL NUMBER	71-80568	PSI @ 150%	63.6
TYPE	5-481-15	MAX PRESSURE	71
RATED RPM	1760	AUTO START	87
IMPELLER SIZE		SATISFIED PSI	135
HORSE POWER	60	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	2 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	LINCOLN	FRAME	364TS	RATED RPM	1775
MODEL	LINGUARD	VOLTAGE	208	HZ	60
SERIAL NUMBER	87982	AMP	178	HORSE POWER	60
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	CLARK	HORSE POWER RATING	60
MODEL	C10-294109	VOLTAGE	208
SERIAL NUMBER	261833-1-1	AMP RMS	25,000
JOCKEY PUMP DATA			
MANUFACTURER	AURORA	INLET/OUTLET SIZE	1" / 3/4"
MODEL	9M145TTDR801 5ACW	START PRESSURE (ON)	92
SERIAL NUMBER	939227	STOP PRESSURE (OFF)	135
HORSE POWER	3	VOLTAGE	200
REMOTE ALARMS PROVIDED			
DISPLAYED AT	N/A	PHASE REVERSAL	N/A
PUMP RUNNING	N/A	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	N/A	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?		X	
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1785	1772	1771
Voltage During Test		190 190 188	192 194 193	191 190 192
Amperage During Test		90 96 94	152 152 150	165 168 165
RATED NET HEAD		75		
SUCTION PRESSURE		43	38	30
DISCHARGE PRESSURE		136	110	93
NET HEAD		93	72	63
RATED GPM	1000			
OUTLET A PITOT		NA	503	700
OUTLET B PITOT		NA	503	700
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1400
RATED % OF FLOW			101%	140%
Does Fire Pump meet system specifications?		PASS		FAIL X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL				N/A
ALARM RESTORAL				N/A
TROUBLE SIGNAL				N/A
TROUBLE RESTORAL				N/A
SUPERVISORY SIGNAL				N/A
SUPERVISORY RESTORAL				N/A

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ALLEN / DAVID KUFFNER	2:00 PM
MONITORING ENTITY	X	CAMPUS SECURITY	2:00 PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>CONTROLLER NOT TIED INTO ALARM PANEL</p> <p>POWER ON BULB BURNED OUT ON CONTROLLER</p> <p>NO VALVES ON TEST HEADER (IPT THREADED MALES)</p> <p>UNABLE TO REACH 150% DUE TO LOW SUCTION</p> <p>NOTE: SENSING LINES SEPARATED - 2012</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/11/12	TIME	3:30 PM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/12/2012
ARRIVAL TIME:	8:00AM
WORK ORDER NUMBER:	244879

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - LANDE MEDICAL RESEARCH
Address:	550 E. LANFIELD DETROIT, MI 48202
Owner Contact:	HAROLD / DAVID KUFFNER
Telephone:	(313) 684-6749
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6744	HAROLD / DAVID KUFFNER	8:00 AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:00 AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?		X	
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	95	
2.			
3.	ITV =	RM 21 JANITORS	CLOSET
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
3	BYPASS (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	PUMP (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	SECTIONAL (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
4	ROOF HYDRANTS	YES	N/A	N/C	N/A	N/A	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	MAIN	VIKING	G	6"	1963		MECH RM
2.	MAIN	VIKING	G	6"	1963		MECH RM
3.	BYPASS	VIKING	B	4"	1963	2010	MECH RM
4.	PUMP	VIKING	B	4"	1963	2010	MECH RM
5.	FDC	VIKING	B	4"	1963	2010	MECH RM
6.							
7.							



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL				N/A
TROUBLE RESTORAL				N/A
SUPERVISORY SIGNAL				N/A
SUPERVISORY RESTORAL				N/A

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	HAROLD / DAVID KUFFNER	10:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	10:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

NO HEADBOX OR HEAD WRENCH - BUILDING ONLY PARTIALLY SPRINKLED IN BASEMENT AND HAS STANDPIPE

MAIN OS&Y CONTROL VALVE DOESN'T OPERATE, IT IS SEIZED UP AND NEEDS REPLACED. UNABLE TO DO 5 YR. INSPECTION ON MAIN CHECKS

ALL FIRE HOSES DATED 1963 AND SEVERAL MISSING NOZZLES - RM 28 VIOLATES 18" RULE (1) ABOVE CABINET AND (1) ABOVE COOLER

MISSING VIKING MOD E-1SEMI RECESSED CHROME ESCUTCHEONS: (1) RM 30, (2) RM 32 AND (1) NEEDS LOWERED

PLUGGED OFF HEADS: (1) RM 46.3, (2) RM 46.8, (2) RM 46.9

MISSING CEILING TILES IN RM 10 AND IN RM 46.7

ACTUAL FIRE DEPARTMENT CONNECTION NOT FOUND

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/12/12	TIME	10:00AM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

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Monthly ☐  
Quarterly ☐  
Semi-Annual ☐  
Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/12/12
ARRIVAL TIME:	8:00AM
WORK ORDER NUMBER:	244879

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

PROPERTY NAME	
Name:	LANDE MEDICAL RESEARCH
Address:	550 E. CANFIELD
DETROIT, MI 48202	
Owner Contact:	HAROLD / D KUFFNER
Telephone:	(313) 684-6749
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-6749	HAROLD / DAVID KUFFNER	8:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ALLIS - CHALMERS	RATE GPM	500
MODEL	204-117-502	RATE PSI	60
SERIAL NUMBER	816-2373-1	PSI @ 150%	39
TYPE	SPLITCASE	MAX PRESSURE	80
RATED RPM	3530	AUTO START	YES
IMPELLER SIZE	6.75	SATISFIED PSI	70
HORSE POWER	40	AUTO STOP	138
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	ALLIS - CHALMERS	FRAME	3265	RATED RPM	3530
MODEL	G100	VOLTAGE	440	HZ	60
SERIAL NUMBER	5-1-679-003-192	AMP	48	HORSE POWER	40
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	CUTLER - HAMMER	HORSE POWER RATING	40
MODEL	12030HA	VOLTAGE	440
SERIAL NUMBER	12030H90A-1	AMP RMS	30,000
JOCKEY PUMP DATA			
MANUFACTURER	N/A	INLET/OUTLET SIZE	N/A
MODEL	N/A	START PRESSURE (ON)	N/A
SERIAL NUMBER	N/A	STOP PRESSURE (OFF)	N/A
HORSE POWER	N/A	VOLTAGE	N/A
REMOTE ALARMS PROVIDED			
DISPLAYED AT	N/A	PHASE REVERSAL	N/A
PUMP RUNNING	N/A	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	N/A	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?			X
4. Is alarm panel clear?			X
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?			X
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?			X
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?			X
16. Is test header in good condition and drained?			X
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3574	3565	3561
Voltage During Test		469 470 468	412 408 409	459 465 463
Amperage During Test		20 21 21	33 32 32	36 36 35
RATED NET HEAD		60		
SUCTION PRESSURE		40	35	30
DISCHARGE PRESSURE		133	115	108
NET HEAD		93	80	78
RATED GPM	500			
OUTLET A PITOT		NA	503	590
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	503	590
RATED % OF FLOW			101%	118%
Does Fire Pump meet system specifications?		PASS	FAIL	X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	N/A			
TROUBLE RESTORAL	N/A			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	HAROLD / DAVID KUFFNER	10:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	10:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
<p>NO JOCKEY PUMP ON SYSTEM - NO MONITORING OF PUMP RW, POWER LOSS OR PHASE REVERSAL AT NEW PANEL</p> <p>PUMP WAS UNABLE TO REACH 150% TESTING</p> <p>POWER BULB MISSING</p> <p>NO TEST HEADER USED. ROOF HYDRANTS ARE ALONG WAY FROM PUMP</p>				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/12/12	TIME	10:00AM
NAME OF INSPECTOR	JASON JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	NO
If no, please explain reason:	QUOTE	



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/12/2012
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244897

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - SCOTT HALL - 612
Address:	540 E. CANFIELD
DETROIT, MI 48202	
Owner Contact:	ORLANDIS / MIKE / DAVID K
Telephone:	313-684-0849 / 313-684-8839
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-4459	ORLANDIS / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)	X		
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)		X	
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?		X	
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X





TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop	No. of Heads	Type of Backflow	Temp					
1	LOADING DOCK	8	2" BRASS SWING	-18°					
2	11TH FLOOR (COVER ROOF DAMPERS)		2" BRASS SWING	-15°					

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	160	
2.	2	156	
3.	2	160	
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.							
2.		N/A					
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	SECTIONAL (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	BBALL (ELEVATOR)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	PUMP (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
3	BYPASS (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
2	JOCKEY (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	TEST HEADER (OS&Y)	YES	NO	N/C	YES	YES	N/A	N/A	N/A
3	SECTIONAL MAIN	YES	NO	YES	YES	YES	N/A	N/A	N/A
8	SECTIONAL (BFLY)	YES	NO	YES	YES	YES	N/A	N/A	N/A
2	AFLOOP (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BY PASS	NIBCO	908W	8"	1988	2010	BSMENT MECH RM 100
2.	BY PASS	TCIW	UT	8"	1968	2010	BSMENT MECH RM 100
3.	PUMP	TCIW	UT	8"	1968	2010	BSMENT MECH RM 100
4.	JOCKEY	N/S	SWING	1"	1975	2010	BSMENT MECH RM 100
5.	JOCKEY	N/S	SWING	1"	1975	2010	BSMENT MECH RM 100
6.	FDC	TCIW	UT	6"	1968	2010	IN PIT SE CORNER OUTSIDE



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ORLANDIS / DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
INSPECTOR'S COMMENTS AND RECOMMENDATIONS	
<p>NO HEAD BOX OR WRENCH AT RISER</p> <p>FREIGHT ELEVATOR BBALL VALVE NOT TIED INTO ALARM CORRECTED BY TAMPER SEALING</p> <p>TWO HEADS WITHIN 6' OF EACH ONE NEEDING PLUGGED OFF IN RM 6237.1</p> <p>AREAS OF NO COVERAGE: BSMT ENTRY WAY IN STORAGE RM 359, OFFICE OF RM 9345, ALL DISTILLED SMALL WATER ROOMS, BOTH ROOMS IN RM 9105, END OF SHORT HALLS BY MAIN ELEVATOR FLRS 9 THRU 7, RM 9107, ENTRY WAY IN LAB 9126, RM 8219, LAB 8217 OFFICE, HOOD RM OF LAB 7312, REAR 2 ROOMS OF LAB 6321, BACK ROOM OF LAB 6263, ROOM INSIDE RM 6123, RM 8223, RM 8333 IN ENTRY WAY, POCKET OF HALL BY RM 5307, RIGHT SIDE OF RM 0212 BY ELEVATORS</p> <p>(1) UPRIGHT IN LAB RM 4251, (1) UPRIGHT IN RM 4245</p> <p>MISSING ESCUTCHEONS (THREADED STYLE CHROME SEMI RECESSED): (1) HALL BY RM 9275, (1) BY ELEVATORS 9TH FLR, (1) CORRODED ESCUTCHEON HALL BY RM 8239, (1) HALL OUTSIDE RM 2202, (1) DARK ROOM OF RM 2353, (1) RM 2353, (3) BSMT HALL BY ELEVATORS, (2) ABOVE COOLER IN RM 325</p> <p>MISSING CEILING TILES OR STORAGE TO CLOSE (18" RULE): JANITORS CLOSET RM 3339, 4TH FLR, STORAGE RM ACROSS FROM 4202</p> <p>OBSTRUCTED HEADS: (1) LOADING DOCK BY LIGHT, (2) BY DUCTWORK IN GRADUATE STUDY RM 8275, (1) BY DUCT IN RM 7277</p> <p>NO BALL DRIP ON FDC CHECK VALVE IN PIT</p> <p>NOTES: ALARM IN LOBBY AND 110 HONEYWELL IN BASEMENT MECHANICAL ROOM 100, NEED DISABLED BEFORE TESTING.</p> <p>BAD 6" FLOW SWITCH RETURN DEVICED BROKEN, ALARMS INSTANTLY ON FLOW LOCATED IN HALLWAY OUTSIDE RM 1329</p>	

**VANGUARD**

<b>SYSTEM RESTORED TO NORMAL OPERATION</b>		<b>DATE</b>	9/12/12	<b>TIME</b>	3:00PM
<b>NAME OF INSPECTOR</b>		JASON JOHNSTON			
<b>INSPECTOR'S SIGNATURE</b>					
<b>NAME OF PROPERTY OWNER/REPRESENTATIVE</b>		DAVID KUFFNER			
<b>SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE</b>					
<b>Is system code compliant with occupancy &amp; stored commodity?</b>		<b>Yes or No</b>	YES		
<b>Have the noted deficiencies/violations been corrected?</b>		<b>Yes or No</b>	NO		
<b>Have the deficiencies/violations been authorized for repair?</b>		<b>Yes or No</b>	YES		
<b>If no, please explain reason:</b>					



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
 Quarterly ☐  
 Semi-Annual ☐  
 Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/12/12
ARRIVAL TIME:	11:00AM
WORK ORDER NUMBER:	244897

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME	
Name:	SCOTT HALL - 612
Address:	540 E. LANFIELD
DETROIT, MI 48202	
Owner Contact:	ORLANDIS/D KUFFNER
Telephone:	(313) 684-0849
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0849	ORLANDIS / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ITT A-C	RATE GPM	1000
MODEL		RATE PSI	90
SERIAL NUMBER	05-044721-01-01 / QKA395	PSI @ 150%	71
TYPE	8100	MAX PRESSURE	113
RATED RPM	3550	AUTO START	110
IMPELLER SIZE	8.33	SATISFIED PSI	155
HORSE POWER	75	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	NOT SET

#### FIRE PUMP DRIVER

MANUFACTURER	WEG	FRAME	364-5TS	RATED RPM	3550
MODEL	075360P3E364TS	VOLTAGE	460	HZ	60
SERIAL NUMBER	075360P3E364TS	AMP	80.6	HORSE POWER	75
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	METRON	HORSE POWER RATING	75
MODEL	MP300-75-480C	VOLTAGE	480
SERIAL NUMBER	MA-05N20798-11	AMP RMS	100,000
JOCKEY PUMP DATA			
MANUFACTURER	PEERLESS	INLET/OUTLET SIZE	2 1
MODEL	PB1X2X8-5	START PRESSURE (ON)	137
SERIAL NUMBER	362266	STOP PRESSURE (OFF)	155
HORSE POWER	7.5	VOLTAGE	460
REMOTE ALARMS PROVIDED			
DISPLAYED AT	PANEL LOBBY	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?		X	
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?	X		

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		3570	3550	3548
Voltage During Test		476 480 479	465 480 468	468 480 480
Amperage During Test		66 66 68	100 102 102	110 111 111
RATED NET HEAD		90		
SUCTION PRESSURE		45	35	33
DISCHARGE PRESSURE		155	133	118
NET HEAD		110	98	85
RATED GPM	1000			
OUTLET A PITOT		NA	503	750
OUTLET B PITOT		NA	503	750
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1006	1500
RATED % OF FLOW			101%	150%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ORLANDIS / DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS			
INSPECTOR'S COMMENTS AND RECOMMENDATIONS			
<p>SENSING LINES NOT SEPARATE - CASING RELIEF VALVE NEEDS REPLACED, DOES NOT WORK PROPERLY</p> <p>NO GUARD ON JOCKY PUMP SHAFT</p>			
<p>NOTES: PUMP HAS LOW SUCTION. SHUTOFF PANEL IN MAIN MECH RM. TEST HEADER IS IN PIT SE CORNER OF BLDG</p>			

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/12/12	TIME	3:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/12/2012
ARRIVAL TIME:	2:30PM
WORK ORDER NUMBER:	244865

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - BONSTELLE THEATER - 620
Address:	3424 WOODWARD DETROIT, MI 48202
Owner Contact:	MARK / DAVID KUFFNER
Telephone:	313-684-0878
Approving Agency:	DETROIT FIRE DEPARTMENT

Technician:	J. JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0878	MARK / DAVID KUFFNER	2:30PM
MONITORING ENTITY	X		CAMPUS SECURITY	2:30PM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		





VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?	X		
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?		X	
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?			X
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop			No. of Heads	Type of Backflow		Temp		
	N/A								

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	52	30
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.		N/A					
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							
4.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
1	TANK DISCH (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	FILL TANK (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	SYSTEM (B-FLY)	YES	NO	YES	YES	N/A	N/A	YES	YES
2	BACKFLOW (BALL)	YES	NO	YES	YES	YES	N/A	N/A	N/A
1	FILL (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	BACKFLOW (FILL)	AMES	2000B	2"	2002	2011	BOILER ROOM
2.	FILL	WATTS	SWING	1½"	2002	2010	BOILER ROOM
3.	FILL	WATTS	SWING	1½"	2002	2010	BOILER ROOM
4.	ALARM CHECK	VIKING	A	4"	1951	2010	LIGHTNING ROOM
5.	FDC	VIKING	G-1	4"	2004	2010	BACK STAGE N.E.
6.							
7.							



ON / OFF PREMISES MONITORING					
TYPE	YES	NO	TIME	COMMENTS	
ALARM SIGNAL	X				
ALARM RESTORAL	X				
TROUBLE SIGNAL	X				
TROUBLE RESTORAL	X				
SUPERVISORY SIGNAL	X				
SUPERVISORY RESTORAL	X				
NOTIFICATIONS THAT TESTING IS COMPLETE					
TYPE	YES	WHO		TIME	
BUILDING OCCUPANTS					
BUILDING MANAGEMENT	X	MARK / DAVID KUFFNER		3:30PM	
MONITORING ENTITY	X	CAMPUS SECURITY		3:30PM	
2ND MONITORING ENTITY					
AHJ (NOTIFIED) OF IMPAIRMENTS					
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS					
INSPECTOR'S COMMENTS AND RECOMMENDATIONS					
SEVERAL HEADS PIPED WITH ¾" PIPE					
SPRINKLER HEADS OLDER THEN 50 YEARS (20 ON FLOORS 1-6, (10) IN BASEMENT - STAR ½" UPRIGHT 195°					
BOTTOM VALVE ON TANK LEAKS WHEN OPENED, SHOULD BE REPLACED					
NOTE: ALARM PANEL 1ST FL, FILL PUMP IN BOILER RM., RISER IN LIGHTING RM, TANK ON UPPER LEVEL - PANEL HAS UNSILENCABLE VOICE EVA					
SYSTEM RESTORED TO NORMAL OPERATION		DATE	9/12/12	TIME	3:30PM
NAME OF INSPECTOR		J. JOHNSTON			
INSPECTOR'S SIGNATURE					
NAME OF PROPERTY OWNER/REPRESENTATIVE		DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE					
Is system code compliant with occupancy & stored commodity?					
Have the noted deficiencies/violations been corrected?			Yes or No	YES	
Have the deficiencies/violations been authorized for repair?			Yes or No	NO	
If no, please explain reason:			Yes or No	YES	



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/13/2012
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244872

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
28221 Beck Rd., Suite A-9, Wixom MI  
1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>
Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - ELIMAN CLINICAL RESEARCH
Address:	421 E. CANFIELD DETROIT, MI 48202
Owner Contact:	GERALD / DAVID KUFFMAN
Telephone:	(313) 684-0852
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0852	GERALD / DAVID KUFFMAN	7:00AM
MONITORING ENTITY	X	(313) 684-0899 TONY	CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?	X		



VALVE INFORMATION	YES	NO	N/A
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?			X
SPRINKLER & PIPING INFORMATION (SI)	YES	NO	N/A
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?	X		
7. System ID securely attached & legible?	X		
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)	X		
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
ALARM INFORMATION (AI)	YES	NO	N/A
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?		X	
6. No leakage from retard chambers or alarm drains?		X	
7. Was Inspector Test performed and results OK?	X		
DRY PIPE SYSTEM INSPECTION (DI)	YES	NO	N/A
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop		No. of Heads	Type of Backflow	Temp				
1	JANITORS STORAGE RM 1210 - COVERS LOADING DOCK		5	SWING	-20°				

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	135	
2.			
3.			
4.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.							
2.							
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	N/A	N/A	YES	YES
	PUMP	YES	YES	YES	YES	YES	N/A	N/A	N/A
	BYPASS	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	JOCKEY (BBALL)	YES	NO	YES	YES	YES	N/A	N/A	N/A
	SECTIONAL (BFLY)	YES	YES	YES	YES	N/A	N/A	YES	N/A
3	ELEVATOR (BALL)	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	AFLOOP (OS&Y)	YES	NO	YES	YES	YES	N/A	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	HERSEY	56Y82	6"	1973		MECHANICAL RM 0257
2.	MAIN	KENNEDY	WAFER	6"	1973		MECHANICAL RM 0257
3.	BYPASS	KENNEDY	WAFER	6"	1986	2010	MECHANICAL RM 0257
4.	PUMP	KENNEDY	WAFER	6"	1986	2010	MECHANICAL RM 0257
5.	FDC				1986	2010	MECHANICAL RM 0257
6.	JOCKEY	NIBCO	SWING	½"	1986	2010	MECHANICAL RM 0257
7.	JOCKEY	NIBCO	SWING	½"	1986	2010	MECHANICAL RM 0257
8.	SENSING LINE	NIBCO	SWING	½"	1986	2010	MECHANICAL RM 0257
9.	DETECTOR CHECK	N/S	SWING	¾"	1980		MECHANICAL RM 0257



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	GERALD / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS	
INSPECTOR'S COMMENTS AND RECOMMENDATIONS	
<p>NOTE: FCI ALARM PANEL IN ELECTRICAL RM BY RISERS AND BREAKER LOCATED IN RM 0504</p> <p>ALL LABS WITH FUME HOODS, HEADS ARE OBSTRUCTED AND NEED RELOCATED</p> <p>(1) HEAD IN ELEVATOR EQUIPMENT ROOM MISSING ESCUTCHEON AND NEEDS RASIED</p> <p>5 YR CHECK VALVE INSPECTIONS PERFORMED, WAS UNABLE TO DO MAIN, DETECTOR CHECK AND BYPASS BECAUSE MAIN 6" OS&amp;Y WOULDN'T ISOLATE SYSTEM, NEEDS TO BE REPLACED,</p> <p>MISSING ESCUTCHEONS ½" SEMI-RECESSED CHROME - (1) HALLWAY BY RM 3205, (1) RM 3134, (1) RM 2206 (NEEDS LOWERED, (1) DARK AREAS OF NO COVERAGE: UNDER DUCT DETECTOR 4' IN RM 3113, AND IN RM 2128</p> <p>2 FDC CAPS MISSING. (CORRECTED AT INSPECTION)</p>	

VANGUARD



SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/13/12	TIME	11:00AM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?	Yes or No	YES		
Have the noted deficiencies/violations been corrected?	Yes or No	NO		
Have the deficiencies/violations been authorized for repair?	Yes or No	YES		
If no, please explain reason:				





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐  
 Quarterly ☐  
 Semi-Annual ☐  
 Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/13/12
ARRIVAL TIME:	7:00AM
WORK ORDER NUMBER:	244872

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME	
Name:	ELIMAN CLINICAL RESEARCH
Address:	421 E. CANFIELD
DETROIT, MI 48202	
Owner Contact:	GERALD / D KUFFNER
Telephone:	(586) 612-5203
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0852	GERALD / DAVID KUFFNER	7:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	7:00AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	ALLIS CHALMERS	RATE GPM	750
MODEL		RATE PSI	75
SERIAL NUMBER	881-80940-01-01	PSI @ 150%	65
TYPE	MSJF	MAX PRESSURE	200
RATED RPM	1765	AUTO START	45
IMPELLER SIZE	13.5	SATISFIED PSI	138
HORSE POWER	50	AUTO STOP	NO
WATER SUPPLY	CITY	RUN TIMER	10 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	LINCOLN	FRAME	326TS	RATED RPM	1770
MODEL	LINGUARD	VOLTAGE	460	HZ	60
SERIAL NUMBER	3307369	AMP	62.5	HORSE POWER	50
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	JOSLYN-CLARK	HORSE POWER RATING	50
MODEL	C8B174-4	VOLTAGE	460
SERIAL NUMBER	72710600-1-1	AMP RMS	30,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8"
MODEL	ELECTRIC	START PRESSURE (ON)	97
SERIAL NUMBER	316P497	STOP PRESSURE (OFF)	130
HORSE POWER	1/3	VOLTAGE	110
REMOTE ALARMS PROVIDED			
DISPLAYED AT	FCI	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



### INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

### FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1795	1783	1780
Voltage During Test		486 480 480	481 483 487	480 480 483
Amperage During Test		27 28 29	55 56 53	60 60 63
RATED NET HEAD				
SUCTION PRESSURE		52	40	30
DISCHARGE PRESSURE		135	118	100
NET HEAD		83	78	70
RATED GPM	750			
OUTLET A PITOT		NA	750	560
OUTLET B PITOT		NA		560
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	750	1120
RATED % OF FLOW			100%	149%
Does Fire Pump meet system specifications?				
		PASS	X	FAIL



DIESEL BATTERY INSPECTION				
TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	N/A			
ALARM RESTORAL	N/A			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	GERALD / DAVID KUFFNER	11:00AM
MONITORING ENTITY	X	CAMPUS SECURITY	11:00AM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS				
INSPECTOR'S COMMENTS AND RECOMMENDATIONS				
SENSING LINES NOT SEPARATED				
POWER BULB MISSING ON JOCKEY PUMP CONTROLLER				

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/13/12	TIME	11:00AM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

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Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/13/2012
ARRIVAL TIME:	11:30AM
WORK ORDER NUMBER:	244855

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

2101 Martindale Ave. SW, Grand Rapids MI  
7646 S. Sprinkle Rd., Portage MI  
1633 S. Champagne Dr, Saginaw MI  
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Vanguard Fire & Security 2101 Martindale Ave. SW Grand Rapids, MI 49509

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	110 E. WARREN - 637
Address:	110 E. WARREN DETROIT, MI 48202
Owner Contact:	ALLEN / DAVID KUFFNER
Telephone:	(586) 354-7585
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(313) 684-0852	ALLEN / DAVID KUFFNER	11:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?	X		
3. System(s) in service without modification since the last inspection?	X		
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?	X		
7. Wet system areas are adequately heated?		X	



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?		X	
3. Are control valves secure?	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?			X
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?	X		
3. Are all sprinkler heads less than 50 years old?	X		
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? <i>(if yes, complete Table 1)</i>			X
12. Are Relief Valves on gridded system OK?	X		
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? <i>(if yes, in good working order?)</i>	X		
15. Was Main Drain Test performed? <i>(See Table 2)</i>	X		
16. Are Backflow Preventers / Check Valves present <i>(if yes, complete Table 5)</i>	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?	X		
4. Are alarm devices free from physical damage & all electrical connections secure?		X	
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK <i>(See Table 3)</i>			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1									
ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	
	N/A								

TABLE 2									
MAIN DRAIN TEST									
Riser No.	Drain Size	Static Pressure (PSI)		Residual Pressure (PSI)					
1.	2"	130		115					
2.									
3.									

TABLE 3									
DRY SYSTEM TEST									
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure		Trip Air Pressure	Trip Time	
1.		N/A							
2.									
3.									

Location of Drum Drains						Tested?	Yes	No
1.								
2.								
3.								

TABLE 4									
CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	YES	N/A	N/A	N/A
3	BYPASS	YES	YES	YES	YES	YES	N/A	N/A	N/A
1	PUMP	YES	YES	YES	YES	YES	N/A	N/A	N/A
2	JOCKEY	YES	YES	YES	YES	YES	N/A	N/A	N/A
7	SECTIONAL	YES	YES	YES	YES	N/A	N/A	YES	YES
3	ELEVATOR	YES	YES	YES	YES	N/A	N/A	YES	YES
1	TEST HEADER (OS&Y)	YES	YES	N/C	YES	YES	N/A	N/A	N/A
4	SECTIONAL (OS&Y)	YES	YES	YES	YES	N/A	N/A	N/A	N/A

TABLE 5									
BACKFLOW/CHECK VALVE INFORMATION									
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED		LOCATION	
1.	DETECTOR CHECK	VIKING	D-1	6"	1971			BSMNT MECH RM 0134	
2.	DETECTOR BYPASS		SWING	¾"	1971			BSMNT MECH RM 0134	
3.	MAIN	TCIW	6806	6"	1971			BSMNT MECH RM 0134	
4.	BYPASS	TCIW	6806	6"	1971			BSMNT MECH RM 0134	
5.	PUMP	TCIW	6806	6"	1971			BSMNT MECH RM 0134	
6.	FDC	TCIW	6806	4"	1971			BSMNT MECH RM 0134	
7.	JOCKEY	BPWI	SWING	1¼"	2006			BSMNT MECH RM 0134	
8.	JOCKEY	BPWI	SWING	1¼"	2006			BSMNT MECH RM 0134	



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ALLEN / DAVID KUFFNER	12:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	12:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

UNABLE TO FULLY ISOLATE SYSTEM TO DO CHECK VALVE MAINTENANCE - TRIED SEVERAL TIMES.

UPON ARRIVAL FOUND GARAGE SYSTEM ISOLATED AND PANEL IN TROUBLE - M1-196 2ND FLR GARAGE TAMPER

ALL (60) GARAGE DRY PENDANTS HAVE CORROSION, PAINTED OR BENT DEFLECTORS. NEED TO BE REPLACED.

MISSING CEILING TILE AROUND SPRINKLER HEAD IN RM 0121

MISSING GLOBE ½" CHROME SEMI-RECESSED ESCUTCHEONS: (1) HALL BY RM 6101, (1) HALL BY RM 6104, (1) HALL BY RM 4116

ALL OS&Y VALVES NEED REPLACED AND (3) 6" OS&Y AT MAIN NEED REPLACED

OLD FIRE HOSES NEED REMOVED THEY ARE VERY OLD

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/13/12	TIME	3:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		





# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐Quarterly ☐Semi-Annual ☐Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/13/12
ARRIVAL TIME:	11:30AM
WORK ORDER NUMBER:	244855

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

PROPERTY NAME	
Name:	110 E WARREN - 637
Address:	110 E WARREN
DETROIT, MI 48202	
Owner Contact:	ALLEN / D KUFFNER
Telephone:	(586) 354-7585
Approving Agency:	DETROIT FIRE DEPT.

Technician:	J. JOHNSTON
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS				
BUILDING MANAGEMENT	X	(586) 354-7585	ALLEN / DAVID KUFFNER	11:30AM
MONITORING ENTITY	X		CAMPUS SECURITY	11:30AM
2ND MONITORING ENTITY				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	AURORA	RATE GPM	750
MODEL		RATE PSI	50
SERIAL NUMBER	71-80459	PSI @ 150%	
TYPE	4-481-11A	MAX PRESSURE	
RATED RPM	1760	AUTO START	85
IMPELLER SIZE		SATISFIED PSI	122
HORSE POWER	30	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	3 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	MARATHON	FRAME	286T	RATED RPM	1765
MODEL	9J286TTDR7026BCW	VOLTAGE	460	HZ	60
SERIAL NUMBER	905624	AMP	37.5	HORSE POWER	30
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	CLARK	HORSE POWER RATING	30
MODEL	810630	VOLTAGE	460
SERIAL NUMBER	247698-1-1	AMP RMS	30,000
JOCKEY PUMP DATA			
MANUFACTURER	GRUNDFOS	INLET/OUTLET SIZE	1¼"
MODEL	CR-1	START PRESSURE (ON)	105
SERIAL NUMBER	HK09N72277-11	STOP PRESSURE (OFF)	124
HORSE POWER	1.5	VOLTAGE	480
REMOTE ALARMS PROVIDED			
DISPLAYED AT	N/A	PHASE REVERSAL	N/A
PUMP RUNNING	N/A	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	N/A	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?		X	
11. Main relief valve functions ok?		X	
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?			X
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?			X
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?		X	
17. Supplying tank or reservoir appears to be in satisfactory condition?		X	
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?			X
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?	X		
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1787		
Voltage During Test		480 478 480		
Amperage During Test		20 21 20		
RATED NET HEAD				
SUCTION PRESSURE		46		
DISCHARGE PRESSURE		108		
NET HEAD		62	0	0
RATED GPM	750	0		
OUTLET A PITOT		NA		
OUTLET B PITOT		NA		
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	0	0
RATED % OF FLOW			0%	0%
Does Fire Pump meet system specifications?				
	PASS	X	FAIL	



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL				N/A
ALARM RESTORAL				N/A
TROUBLE SIGNAL				N/A
TROUBLE RESTORAL				N/A
SUPERVISORY SIGNAL				N/A
SUPERVISORY RESTORAL				N/A

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS			
BUILDING MANAGEMENT	X	ALLEN / DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY			
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

UNABLE TO READ PUMP PLACARD COMPLETELY DUE TO GUARD INSTALLED OVER TOP OF IT

NOT ABLE TO FLOW PUMP. TEST HEADER VALVE LEAKED NEAR ELECTRICAL PANELS. CHURN ONLY

BULB ON CONTROLLER IS OUT AND NEEDS TO BE REPLACED

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/13/12	TIME	3:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly

Quarterly

Semi-Annual

Annual

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

## FIRE SPRINKLER SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/14/2012
ARRIVAL TIME:	8:00AM
WORK ORDER NUMBER:	244887

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

<b>SERVICE ORGANIZATION (CORPORATE)</b>	
Vanguard Fire & Security	
2101 Martindale Ave. SW	
Grand Rapids, MI 49509	

Technician:	J. JOHNSTON
Telephone:	800-444-8719

<b>PROPERTY NAME</b>	
Name:	WAYNE STATE - METROPOLITAN CENTER
Address:	2727 SECOND AVE
DETROIT, MI 48202	
Owner Contact:	PETE
Telephone:	(313) 684-0870
Approving Agency:	DETROIT FIRE DEPARTMENT

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBERS	WHO	TIME
BUILDING OCCUPANTS	X		SECURITY DESK	
BUILDING MANAGEMENT	X	(313) 684-0870	PETE / DAVID KUFFNER	8:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:00AM
2ND MONITORING ENTITY		248-374-5705	SECURITY CORP	8:00AM
AHJ (NOTIFIED) OF IMPAIRMENTS				

### SYSTEM INFORMATION

GENERAL INFORMATION (GI)	YES	NO	N/A
1. Is the building occupied as in past?	X		
2. Is the building fully sprinkled?		X	
3. System(s) in service without modification since the last inspection?		X	
4. Spare heads and head box with 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, in 5-yr calibration, and showing normal pressures?		X	
7. Wet system areas are adequately heated?		X	



<b>VALVE INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all main control valves open?	X		
2. Main control valves in good condition and identified?	X		
3. Are control valves secure?	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?		X	
<b>SPRINKLER &amp; PIPING INFORMATION (SI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are all sprinkler heads unobstructed?		X	
2. Are sprinkler heads free of corrosion, tape, paint &/or physical damage?		X	
3. Are all sprinkler heads less than 50 years old?		X	
4. Are sprinkler heads of proper temperature rating?	X		
5. Are riser(s) in good condition & unobstructed?	X		
6. Hydraulic nameplate in place and OK?			X
7. System ID securely attached & legible?			X
8. Pipe in good condition, free of damage, obstructions, and leaks?	X		
9. Are all hangers OK?	X		
10. Seismic bracing OK?			X
11. Is Anti-Freeze Loop present? (if yes, complete Table 1)			X
12. Are Relief Valves on gridded system OK?			X
13. Fire Department Connection (FDC) & Caps OK?	X		
14. FDC equipped with ball drip? (if yes, in good working order?)	X		
15. Was Main Drain Test performed? (See Table 2)	X		
16. Are Backflow Preventers / Check Valves present (if yes, complete Table 5)	X		
<b>ALARM INFORMATION (AI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was the local alarm tested & OK?	X		
2. Did Central Station receive Flow Alarm Test?	X		
3. Did Central Station receive Tamper Test?			X
4. Are alarm devices free from physical damage & all electrical connections secure?	X		
5. Is alarm valve trim OK & set properly?			X
6. No leakage from retard chambers or alarm drains?			X
7. Was Inspector Test performed and results OK?	X		
<b>DRY PIPE SYSTEM INSPECTION (DI)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Dry pipe valves in service & in good external condition?			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 accelerator(s) in good condition?			X
6. All dry valves have been trip tested & OK (See Table 3)			X
7. Dry pipe valves are in heated area?			X
8. Was customer informed that they need to drain all drum drips on a monthly basis?			X



TABLE 1 ANTI-FREEZE LOOP									
No.	Location of Loop				No. of Heads	Type of Backflow		Temp	

TABLE 2 MAIN DRAIN TEST			
Riser No.	Drain Size	Static Pressure (PSI)	Residual Pressure (PSI)
1.	2	160	148
2.	2	160	148
3.			

TABLE 3 DRY SYSTEM TEST							
No.	Valve Size	Location of Dry Valve	Full or Partial Trip	Starting Air Pressure	Starting Water Pressure	Trip Air Pressure	Trip Time
1.							
2.		N/A					
3.							

Location of Drum Drains					Tested?	Yes	No
1.							
2.							
3.							

TABLE 4 CONTROL VALVE INFORMATION									
Qty	Type of Valve	Accessible	Signs	Open	Secured	Sealed	Locked	Supervised	Tamper Operational
2	MAIN (OS&Y)	YES	YES	YES	YES	N/A	YES	N/A	N/A
1	PUMP (OS&Y)	YES	YES	YES	YES	N/A	YES	N/A	N/A
3	BYPASS (OS&Y)	YES	YES	YES	YES	N/A	YES	N/A	N/A
1	JOCKEY	YES	YES	YES	YES	N/A	YES	N/A	N/A
12	SECTIONAL (OS&Y)	YES	YES	YES	YES	N/A	YES	N/A	N/A
1	TEST HEADER (OS&Y)	YES	YES	N/C	YES	N/A	YES	N/A	N/A

TABLE 5 BACKFLOW/CHECK VALVE INFORMATION							
No.	PURPOSE	MFG	MODEL	SIZE	YEAR	LAST INSPECTED	LOCATION
1.	DETECTOR CHECK	VIKING	C	8"	1929		BSMT BOILER ROOM
2.	PUMP			8"			BSMT BOILER ROOM
3.	BYPASS	MHU&F CO.	SWING	8"	1973	2010	BSMT BOILER ROOM
4.	JOCKEY	U/S	SWING	½"	1975	2010	BSMT BOILER ROOM
5.	ALARM CHECK	VIKING	TAYDEN	8"	1929		BSMT BOILER ROOM
6.	ALARM CHECK	VIKING	TAYDEN	8"	1929	2010	RM G-27
7.	FDC	P&C	220A4	4"	1929	2010	NORTH END GARAGE
8.	FDC	P&C	220A4	4"	1929	2010	SOUTH END GARAGE
9.	STANDPIPE	P&C	220A4	4"	1929	2010	NORTH END GARAGE
10.	STANDPIPE	P&C	220A4	4"	1929	2010	SOUTH END GARAGE



ON / OFF PREMISES MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	N/A			
SUPERVISORY RESTORAL	N/A			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X	SECURITY	3:00PM
BUILDING MANAGEMENT	X	PETE / DAVID KUFFNER	3:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	3:00PM
2ND MONITORING ENTITY	X	SECURITY CORP	
AHJ (NOTIFIED) OF IMPAIRMENTS			

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

RISER PIPING IN BOILER RM IS HEAT TREATED AND INSULATED

SYSTEM HAS (2) WATER GONGS

(2) HEADS OBSTRUCTED BY HOOD IN RM 510 LAB

NUMEROUS HEADS OLDER THE 50 YEARS (VIKING 160° 1929 HEADS) ON GROUND FLOOR

(2) PAINTED HEADS IN RM G-27 RISER ROOM (OLD STYLE HEADS)

(1) UNDER DUCT IN GARAGE, HEAD APPEARS TO HAVE BEEN STRUCK AND HAS BENT DEFLECTOR AND MADE PIPE CROOKED

RISER BY PUMP IS INSULATED AND HEAT TRACED

SOUTH END GROUND FLOOR, HEADS IN HALLWAY ABOVE DROP CEILING

MANY HEADS ARE PIPED OFF OF ¾" PIPE GROUND FLOOR

120 ALARM PANEL IN LOBBY ONLY GROUND + 5TH FLOOR SPRINKLER, THE REST IS STANDPIPE





VANGUARD



SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/14/12	TIME	1:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF PROPERTY OWNER/REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				
Is system code compliant with occupancy & stored commodity?	Yes or No	YES		
Have the noted deficiencies/violations been corrected?	Yes or No	NO		
Have the deficiencies/violations been authorized for repair?	Yes or No	YES		
If no, please explain reason:				



# Vanguard Fire & Security

Fax 616-245-7541

24-Hour Service 1-800-826-8577

Monthly ☐Quarterly ☐Semi-Annual ☐Annual ☒

## FIRE PUMP SYSTEM INSPECTION AND TESTING REPORT

DATE:	9/14/12
ARRIVAL TIME:	8:00AM
WORK ORDER NUMBER:	244887

<input type="checkbox"/>	2101 Martindale Ave. SW, Grand Rapids MI
<input type="checkbox"/>	7646 S. Sprinkle Rd., Portage MI
<input checked="" type="checkbox"/>	1633 S. Champagne Dr, Saginaw MI
<input type="checkbox"/>	28221 Beck Rd., Suite A-9, Wixom MI
<input type="checkbox"/>	1050 Arbor Tech Dr. Suite F, Hebron KY

SERVICE ORGANIZATION (CORPORATE)
Vanguard Fire & Security
2101 Martindale Ave. SW
Grand Rapids, MI 49509

PROPERTY NAME
Name: METROPOLITAN CENTER 992
Address: 2727 SECOND AVE.
DETROIT, MI 48202
Owner Contact: PETE / D KUFFNER
Telephone: (313) 684-0870
Approving Agency: DETROIT FIRE DEPT.

Technician:	J. JOHNSTON / T. TYLER
Telephone:	800-444-8719

### PRIOR TO ANY TESTING

NOTIFICATIONS	YES	PHONE NUMBER	WHO	TIME
BUILDING OCCUPANTS	X		SECURITY	
BUILDING MANAGEMENT	X	(313) 684-0870	PETE / DAVID KUFFNER	8:00AM
MONITORING ENTITY	X		CAMPUS SECURITY	8:00AM
2ND MONITORING ENTITY		248-374-5705	SECURITY CORP	8:00AM
AHJ (NOTIFIED) OF ANY IMPAIRMENTS			PSWD: MCHT	

### FIRE PUMP & JOCKEY PUMP INFORMATION

#### FIRE PUMP DATA

MANUFACTURER	AURORA	RATE GPM	1500
MODEL	5x37	RATE PSI	
SERIAL NUMBER		PSI @ 150%	
TYPE	481	MAX PRESSURE	
RATED RPM	1750	AUTO START	125
IMPELLER SIZE		SATISFIED PSI	160
HORSE POWER	100	AUTO STOP	YES
WATER SUPPLY	CITY	RUN TIMER	7 MIN

#### FIRE PUMP DRIVER

MANUFACTURER	MARATHON	FRAME	404TS	RATED RPM	1775
MODEL	404TSTD57026DD	VOLTAGE	460	HZ	60
SERIAL NUMBER	A1-96616-13-1	AMP	122	HORSE POWER	100
TYPE	ELECTRIC	PHASE	3	SERVICE FACTOR	1.15



FIRE PUMP CONTROL			
MANUFACTURER	CLARK	HORSE POWER RATING	100
MODEL	B10630	VOLTAGE	460
SERIAL NUMBER	399447-1-1	AMP RMS	22,000
JOCKEY PUMP DATA			
MANUFACTURER	PROCON	INLET/OUTLET SIZE	3/8
MODEL		START PRESSURE (ON)	130
SERIAL NUMBER		STOP PRESSURE (OFF)	155
HORSE POWER	1/3	VOLTAGE	115
REMOTE ALARMS PROVIDED			
DISPLAYED AT	SIMPLEX PANEL	PHASE REVERSAL	YES
PUMP RUNNING	YES	PUMP ROOM LOW TEMP	N/A
AC LOSS OF POWER	YES	LOW DIESEL FUEL	N/A
FIRE PUMP TEST REPORT			
Inspection of Pump	YES	NO	N/A
1. System found in service?	X		
2. Fire pump controller in automatic service?	X		
3. Jockey pump controller in service on auto?	X		
4. Is alarm panel clear?	X		
5. Is pump room secure?	X		
6. Heat, light and ventilation ok?	X		
7. Is pump room clean, dry and orderly?	X		
8. Ventilating louvers free to operate?			X
9. Suction, discharge and bypass valves open?	X		
10. Piping, valves and fittings free from leaks?	X		
11. Main relief valve functions ok?	X		
Electronic Pump Inspection	YES	NO	N/A
1. Isolation switch and circuit breaker exercised?	X		
Diesel Pump Inspection	YES	NO	N/A
1. Fuel tank at least two-thirds full?			X
2. Controller selector switch in auto position?			X
3. Battery voltage and reading normal?			X
4. Battery charging current reading normal?			X
5. Battery terminal free from corrosion?			X
6. Battery acid level ok?			X
7. All alarm indicators off?			X
8. Oil levels normal?			X
9. Crankcase breather cleaned and ok?			X
10. Water strainer cleaned?			X
11. Wire chafing inspected?			X
12. Pressure recorder reset and graph paper present?			X
13. Engine coolant level normal?			X
14. Does Heat Exchanger Solenoid function properly?			X



## INSPECTION OF FIRE PUMP AND PIPING COMPONENTS

	YES	NO	N/A
1. Valves in proper position and in good condition?	X		
2. Are all valves listed for application?	X		
3. Valves locked, sealed or supervised?	X		
4. Are all valves tagged and identified?	X		
5. Jockey pump operational?	X		
6. Packing glands appear properly adjusted?	X		
7. Bi-monthly test records available?	X		
8. Were automatic starts performed?	X		
9. Were manual starts performed?	X		
10. Did automatic and manual <i>starts</i> and <i>stops</i> function properly?	X		
11. Remote alarm conditions demonstrated?	X		
12. Are drains operational and ok?	X		
13. Does fire pump shaft and coupling appear to be properly aligned?	X		
14. Does jockey pump appear to be aligned ok?	X		
15. Does fire pump have casing relief valve and does it function properly?	X		
16. Is test header in good condition and drained?	X		
17. Supplying tank or reservoir appears to be in satisfactory condition?			X
18. Tank water level ok?			X
19. At completion, was pump returned to automatic operation and all valves normal?	X		
20. Site personnel were offered instruction in pump operations?	X		
21. Sensing lines for jockey and fire pump separate?		X	
22. Power transfer switch tested and ok?			X

## FLOW INSPECTION REPORT

Fire Pump Flow Test Report		CHURN	100% FLOW	150% FLOW
RPM During Test		1795	1753	
Voltage During Test		490 490 495	490 490 487	
Amperage During Test		55 57 55	120 118 119	
RATED NET HEAD				
SUCTION PRESSURE		62	14	
DISCHARGE PRESSURE		170	99	
NET HEAD		108	85	
RATED GPM	1500			
OUTLET A PITOT		NA	750	
OUTLET B PITOT		NA	750	
OUTLET C PITOT		NA		
OUTLET D PITOT		NA		
OUTLET E PITOT		NA		
TOTAL FLOW		0	1500	
RATED % OF FLOW			100%	
Does Fire Pump meet system specifications?				
		PASS	FAIL	X



DIESEL BATTERY INSPECTION				
TYPE	VISUAL		FUNCTIONAL	COMMENTS
BATTERY CONDITION	N/A			
VOLTAGE				
BATTERY SIZE				
CHARGER VOLTAGE				

EMERGENCY COMMUNICATION EQUIPMENT:ON/OFF MONITORING				
TYPE	YES	NO	TIME	COMMENTS
ALARM SIGNAL	X			
ALARM RESTORAL	X			
TROUBLE SIGNAL	X			
TROUBLE RESTORAL	X			
SUPERVISORY SIGNAL	X			
SUPERVISORY RESTORAL	X			

NOTIFICATIONS THAT TESTING IS COMPLETE			
TYPE	YES	WHO	TIME
BUILDING OCCUPANTS	X	SECURITY	1:00PM
BUILDING MANAGEMENT	X	DAVID KUFFNER	1:00PM
MONITORING ENTITY	X	CAMPUS SECURITY	1:00PM
2ND MONITORING ENTITY		SECURITY CORP	
AHJ (NOTIFIED) OF ANY IMPAIRMENTS		PSWD: MCHT	

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

**INSPECTOR'S COMMENTS AND RECOMMENDATIONS**

SENSING LINES NOT SEPARATE

NOT ABLE TO ACHIEVE 150% DUE TO LOW CITY PRESSURE

AIR RELIEF ON CASING NEEDS REPLACED

CONTROLLER BREAKER DISCONNECT HANDLE IS BROKEN AND NEEDS REPLACED

POWER BULB ON PUMP CONTROLLER IS INOPERATIVE AND NEEDS TO BE REPLACED

SYSTEM RESTORED TO NORMAL OPERATION	DATE	9/14/12	TIME	1:00PM
NAME OF INSPECTOR	J. JOHNSTON			
INSPECTOR'S SIGNATURE				
NAME OF OWNER/ REPRESENTATIVE	DAVID KUFFNER			
SIGNATURE OF PROPERTY OWNER/REPRESENTATIVE				

Is system code compliant with occupancy & stored commodity?	Yes or No	YES
Have the noted deficiencies/violations been corrected?	Yes or No	NO
Have the deficiencies/violations been authorized for repair?	Yes or No	YES
If no, please explain reason:		