

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Location Code: 042-K1614527

Contact: Ryan Stock

Contact Address: 525 E CASCADE AVE
SISTERS, OR 97759-5039

Phone: 5419125645

Email: ryan.stock@sisters.k12.or.us

Property Evaluated: Sisters School Administration
(Educational)
525 E CASCADE AVE
SISTERS, OR 97759-5039

Description: Fire Alarm (Panel)

Company: Watchdog Security

Address: 63043 Lower Meadow Dr., Suite 150
Bend, OR 97701

Company Phone: 541-617-6199

Company Fax: 541-617-6126

Inspector: Anthony Serna
5398LEA

Date of Work: 7/29/2020

Frequency: Annual

Attached Files

There are no attachments for this submission

Deficiency Summary

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

General Comments

There are no general comments for this submission

Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 7/29/2020

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

1. Property Information

Owner: Ryan Stock

Owner's Phone Number: 5419125645

Owner's Address: 525 E CASCADE AVE, SISTERS, OR, 97759-5039

Property Being Evaluated: Sisters School Administration (Educational)

Property Address: 525 E CASCADE AVE, SISTERS, OR, 97759-5039

Assembly Description: Fire Alarm (Panel)

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4. System Information

4.1 Control Unit: Simplex

Manufacturer: 4010

Model number: C

4.2 Software and Firmware Revision number: C

4.3 System Power: 120vac

4.3.1 Primary (Main) Power: 20

Nominal voltage: In Panel

Amps: Breaker

Location: 20

Overcurrent protection type: Panel A-1 Circuit 39

Amps: Battery

Disconnecting means location: In Panel

4.3.2 Secondary Power: Battery

Type: In Panel

Location: Lead-acid ☐ Nickel-cadmium ☐ Primary (dry cell) ☐ Sealed lead-acid ☒

Battery type (if applicable): Sealed lead-acid

Battery type (if applicable): Sealed lead-acid

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Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

In alarm mode (minutes):

In alarm mode (minutes):

In alarm mode (minutes):

In alarm mode (minutes):

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In alarm mode (minutes):

5. Notifications Made Prior To Testing

| | Contact | Time |
|--------------------------------|------------|-------|
| Monitoring organization: | RRMS | 12:00 |
| Building management: | Ryan Stock | 12:00 |
| Building occupants: | Yes | 12:00 |
| Authority Having Jurisdiction: | 911 | 12:00 |
| Other, if required: | | |

6. Testing Results

6.1 Control Unit and Related Equipment

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

6.2 Secondary Power

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

6.3 Alarm and Supervisory Alarm Initiating Device

Complete supplementary device test form for all initiating devices.

6.4 Notification Appliances

Complete supplementary appliance test form for all notification appliances.

6.5 Interface Equipment

Complete supplementary interface component test form for all interface components.

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

6.6 Supervising Station Monitoring

| Description | Yes/No | Time (sec) | Results |
|-------------------------|---|------------|--|
| Alarm signal | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 13 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A |
| Alarm restoration | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A |
| Trouble signal | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 8 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A |
| Trouble restoration | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A |
| Supervisory signal | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A |
| Supervisory restoration | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 12 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A |

6.7 Public Emergency Alarm Reporting System

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

7. Notifications That Testing Is Complete

| | Contact | Time |
|--------------------------------|------------|------|
| Monitoring organization: | RRMS | 1:00 |
| Building management: | Ryan Stock | 1:00 |
| Building occupants: | Yes | 1:00 |
| Authority Having Jurisdiction: | 911 | 1:00 |
| Other, if required: | | |

8. System Restored To Normal Operation

Date:

7/29/2020

Time:

1:00

9. Comments

Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.

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

10. Inspector's Information

Inspected By

Anthony Serna

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signature of Inspector

AS

Date

7/29/2020

Fire Alarm Supplementary Form



Location Code: 042-K1614527

Contact: Ryan Stock

Contact Address: 525 E CASCADE AVE
SISTERS, OR 97759-5039

Phone: 5419125645

Email: ryan.stock@sisters.k12.or.us

Property Evaluated: Sisters School Administration (Educational)

525 E CASCADE AVE
SISTERS, OR 97759-5039

Description: Fire Alarm Supplement (Devices)

Company: Watchdog Security

Address: 63043 Lower Meadow Dr., Suite 150
Bend, OR 97701

Company Phone: 541-617-6199

Company Fax: 541-617-6126

Inspector: Anthony Serna
5398LEA

Date of Work: 7/29/2020

Frequency: Annual

Attached Files

There are no attachments for this submission

Deficiency Summary

There are no reported deficiencies for this submission

General Comments

There are no general comments for this submission



Watchdog Security
63043 Lower Meadow Dr., Suite 150
Bend, OR 97701
Phone: 541-617-6199

Fire Alarm Supplementary Form

The work covered on this form is (select one):
Date of Work

Annual
7/29/2020

| Account Information | | | | Property Type: Educational | | Location Code: 042-K1614527 | | | | | |
|--|---------|---------------------------------------|------------|-------------------------------|-------------|--|----------|--------|------------|--------|--------|
| Facility Name: Sisters School Administration | | | | | | | | | | | |
| Service Address: 525 E CASCADE AVE, SISTERS, OR, 97759-5039 | | | | | | | | | | | |
| Owner: Ryan Stock | | | | Owner's Phone: 5419125645 | | | | | | | |
| Owner's Address: 525 E CASCADE AVE, SISTERS, OR, 97759-5039 | | | | | | | | | | | |
| Legend | | | | | | | | | | | |
| PS - Pull Station | | SD - Smoke Detector | | DD - Duct Detector | | MM - Monitor Module (Ansul, temp, CO, etc) | | | | | |
| CM - Control Module | | WF - Waterflow | | TS - Tamper Switch | | SC - Signal/Sounder Control | | | | | |
| Other | | SPKR - Speakers | | STROBE - Strobes | | BATT - Batteries | | | | | |
| Type | Total | Tested | Not Tested | Passed | Failed | Type | Total | Tested | Not Tested | Passed | Failed |
| HORN | 1 | 0 | 1 | 0 | 0 | PS | 3 | 3 | 0 | 3 | 0 |
| SD | 26 | 26 | 0 | 26 | 0 | | | | | | |
| Type | Address | Location | Notes | Frequency | Last Tested | Test Results | Comments | | | | |
| SD | 1 | Initiating - Basement Mechanical Room | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 2 | Initiating - Basement Mechanical Room | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 3 | Initiating - Basement Headend Room | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 4 | Initiating - Basement Electrical Room | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 5 | Initiating - 1FL Men's Restroom | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 6 | Initiating - 1FL Board Room | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 7 | Initiating - 1FL Board Room | | Annual | 7/29/2020 | Pass | | | | | |
| PS | 8 | Initiating - 1FL N Entry | | Annual | 7/29/2020 | Pass | | | | | |
| SD | 9 | Initiating - 1FL Entry | | Annual | 7/29/2020 | Pass | | | | | |

WATCHDOG SECURITY

Watchdog Security
63043 Lower Meadow Dr., Suite 150
Bend, OR 97701
Phone: 541-617-6199

| Type | Address | Location | Notes | Frequency | Last Tested | Test Results | Comments |
|------|---------|---------------------------------------|-------|-----------|-------------|--------------|----------|
| SD | 10 | Initiating - 1FL Waiting | | Annual | 7/29/2020 | Pass | |
| SD | 11 | Initiating - 1FL Faculty Tech Manager | | Annual | 7/29/2020 | Pass | |
| SD | 12 | Initiating - 1FL Break Room | | Annual | 7/29/2020 | Pass | |
| SD | 13 | Initiating - 1FL Women's Restroom | | Annual | 7/29/2020 | Pass | |
| PS | 14 | Initiating - 1FL E Entry | | Annual | 7/29/2020 | Pass | |
| SD | 15 | Initiating - 1FL Hall 107 E | | Annual | 7/29/2020 | Pass | |
| SD | 16 | Initiating - 1FL Hall 107 E | | Annual | 7/29/2020 | Pass | |
| SD | 17 | Initiating - 1FL Work Room | | Annual | 7/29/2020 | Pass | |
| SD | 18 | Initiating - 1FL Business Manager | | Annual | 7/29/2020 | Pass | |
| SD | 19 | Initiating - 1FL Accounts Receivable | | Annual | 7/29/2020 | Pass | |
| SD | 20 | Initiating - 1FL HR Director | | Annual | 7/29/2020 | Pass | |
| SD | 21 | Initiating - 1FL Hall S | | Annual | 7/29/2020 | Pass | |
| SD | 22 | Initiating - 1FL Conference Room | | Annual | 7/29/2020 | Pass | |
| SD | 23 | Initiating - 1FL Super Intendent | | Annual | 7/29/2020 | Pass | |
| SD | 24 | Initiating - 1FL Stairs | | Annual | 7/29/2020 | Pass | |
| SD | 25 | Initiating - 1FL Future Office | | Annual | 7/29/2020 | Pass | |
| SD | 26 | Initiating - 1FL Future Office | | Annual | 7/29/2020 | Pass | |
| SD | 27 | Initiating - 1FL Hallway 107 W | | Annual | 7/29/2020 | Pass | |
| SD | 28 | Initiating - 1FL Hallway 107 W | | Annual | 7/29/2020 | Pass | |
| PS | 29 | Initiating - 1FL W Entry | | Annual | 7/29/2020 | Pass | |
| HORN | X | Notification - Building wide | | | 12/15/2017 | N/A | |

Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Inspector's Information

Inspected By _____ Anthony Serna
I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.
Signature of Inspector AS

Date

7/29/2020