CITY OF TUCSON
DEVELOPMENT SERVICES DEPARTMENT

CERTIFICATE OF OCCUPANCY

This certificate is issued pursuant to the requirements of Section 309 of the Uniform Administrative Code certifying that at the time of issuance the following structure was in compliance with the various ordinances regulating building construction or use.

Business Name: AMERISCHOOLS COLLEGE PREP
Activity Number: T02CM02250
Business Address: 7444 E BROADWAY BL TUC
Business Use: TI:CHARTER SCHOOL
Building Square Footage: 11234
Maximum Occupant Load: 328
Building Owner Information: 7444 E BROADWAY L L C
ATTN: GREG FURRIER
4050 E CAMINO MO
TUCSON AZ 85718
Occupancy Group: E
Construction Type: VA/AS

Building Official

Date: 08-22-2002

This Certificate Must Be Posted Permanently In A Conspicuous Place

CITY OF TUCSON
DEVELOPMENT SERVICES DEPARTMENT

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TUCSON AZ 85718
Occupancy Group: E
Construction Type: VA/AS

Building Official

Date: 08-22-2002

This Certificate Must Be Posted Permanently In A Conspicuous Place

OP ID: TG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Arizona Group
3325 E. Baseline Rd.
Gilbert, AZ 85234
Judith M. North

480-892-8755
480-892-7625

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: AMERI08

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: WRM America	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Ideabanc Inc dba: AmeriSchools
The Charter Foundation Inc;
Prep Academy: The Charter Foundation....
1150 N Country Club
Tucson, AZ 85716

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			AZEPP3548000	07/01/11	07/01/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			AZCAP3549000	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION $ 0			AZEXL3551000	07/01/11	07/01/12	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

COLLA

Collaborative Pathways, Inc.
9 South La Creciente
Tucson, AZ 85711

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Teresina Graham Teresina Graham

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ARIZONA STATE FIRE MARSHAL
INSPECTION REPORT

INSPECTION DATE: 2-23-12	AZOFM Form 526 A Rev. 02/06	DEPUTY FIRE MARSHAL: GEORGE P. CHAVEZ, Arizona State Fire Marshal's Office, 400 W. CONGRESS SUITE 121, TUCSON, ARIZONA 85701, (O) 520-349-1025 (F) Fax #628-6930. Signed:
OFM FACILITY ID: 1942	REVIEWED:	
OFM BULDING ID: 18552	DEPUTY #: 58	
FACILITY NAME: AMERISCHOOLS COLLEGE PREP ACADEMY		
FACILITY ADDRESS: 7444 E. BROADWAY		
FACILITY CITY: TUCSON	COUNTY: Pima	PERMIT #:
CONTACT PERSON: JACK	PHONE: 465-1416	INSPECTION TIME: 1.0 / TRAVEL TIME: 1.0
BUILDING NAME: SAA		TAG: ☐ GREEN ☐ RED ☐ YELLOW
FACILITY OWNER: PRIVATE		OCCUPANCY CLASSIFICATION: E
Inspected Fire Systems: ☒ Fire Sprinklers ☒ Fire alarms ☐ Hood Extinguishing		TYPE OF INSPECTION: ☒ Scheduled ☐ Licensing ☐ Complaint ☐ Construction ☐ DHS / DES Other
ADEQ Underground Tank Inspection: ☐ Install ☐ Removal	IMMEDIATE ACTION REQUIRED: ☐	

#	OFM Bldg #	Violation Description	CORRECTION REQUIRED BY THIS DATE:	Initial and Date When Corrected
	2003	INTERNATIONAL FIRE CODE SECTION ANNUAL INSPECTION		
		ALL VIOLATIONS FROM INSPECTION OF 12-8-2009 HAVE BEEN CORRECTED.		
		APPROVED		
		FAXED 722-0052		

The items noted above, unless otherwise stated, are in violation of the Arizona State Fire Code, A.A.C. R4-36-201 adopted pursuant to A.R.S. 41-2146). This is an official notice of violation requiring correction. Failure to comply with these requirements may lead to legal action (A.R.S. 41-2163A). This inspection is for your safety and the safety of the citizens of Arizona. Your cooperation is appreciated.

Please return a dated & initialed copy of this report to the Inspector upon correction of the violations.

Report Received by: _____ Lic #: _____ Date: 2/23/12 Page 1 of 1

INSPECTION AND TESTING FORM

Job Number _____

DATE: 7/13/11
TIME: _____

SERVICE ORGANIZATION
Name: Central Alarm
Address: 2550 N 14th
Representative: B. Costanzo / D. Halliday
License No.: _____
Telephone: 882-8142

PROPERTY NAME (USER)
Name: Amerischool
Address: 7444 E. Broadway
Owner Contact: Carol
Telephone: 465-1415 (Beth)

MONITORING ENTITY
Contact: Central Alarm
Telephone: 622-8824
MONITORING ACCOUNT REF. NO.: _____

APPROVING AGENCY
Contact: _____
Telephone: _____

TYPE TRANSMISSION
[ ] - McCulloh
[ ] - Multiplex
[✓] - Digital
[ ] - Reverse Polarity
[ ] - RF
[ ] - Other (Specify)

SERVICE
[ ] - Weekly
[ ] - Monthly
[ ] - Quarterly
[ ] - Semiannually
[✓] - Annually
[ ] - Other (Specify)

Control Unit Manufacturer: Fire lite
Model No.: MS-4424
Circuit Styles: 6, 2
Number of Circuits: 5
Software Rev.: N/A
Last Date System Had Any Service Performed: —
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
3	6	3	Manual Fire Alarm Boxes
			Ion Detectors
9	6	9	Photo Detectors
			Duct Detectors
			Heat Detectors
1	6	1	Waterflow Switches
1	6	1	Supervisory Switches
			Other (Specify):

Alarm Verification feature is disabled ✓ enabled _____.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			BELLS
7	2	7	HORNS
			CHIMES
14	2	14	STROBES
			SPEAKERS
			OTHER (SPECIFY):

No. of alarm notification appliance circuits: 1
Are circuits monitored for integrity? [ ] YES [ ] NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temperature
			Site Water Temperature
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (*see NFPA 72, Table 6.6.1*):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120v, Amps _____

Overcurrent Protection: Type Circuit breaker, Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: Panel A #30

b. Secondary (Standby):

2x12v (24v) Storage Battery: Amp-Hr. Rating 7

Calculated capacity to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

[ ] Dry Cell [ ] Lead-Acid

[ ] Nickel-Cadmium [ ] Other (Specify):

[✓] Sealed Lead-Acid

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	[✓]	[ ]	Central	
Building Occupants	[ ]	[ ]		
Building Management	[✓]	[ ]		
Other (Specify)	[ ]	[ ]		
AHJ Notified of Any Impairments	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Unit	[✓]	[✓]	
Interface Equipment	[✓]	[✓]	
Lamps/LEDS	[✓]	[✓]	
Fuses	[✓]	[✓]	
Primary Power Supply	[✓]	[✓]	
Trouble Signals	[✓]	[✓]	
Disconnect Switches	[✓]	[✓]	
Ground Fault Monitoring	[✓]	[✓]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	[✓]		7/2011
Load Voltage		[✓]	26.8v
Discharge Test		[✓]	25.3v
Charger Test		[✓]	20.4v
Specific Gravity		[ ]	
TRANSIENT SUPPRESSORS	[ ]		
REMOTE ANNUNCIATORS	[ ]	[ ]	
NOTIFICATION APPLIANCES			
Audible	[✓]	[✓]	
Visual	[✓]	[✓]	
Speakers	[ ]	[ ]	
Voice Clarity		[ ]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	[ ]	[ ]	
Phone Jacks	[ ]	[ ]	
Off-Hook Indicator	[ ]	[ ]	
Amplifier(s)	[ ]	[ ]	
Tone Generators(s)	[ ]	[ ]	
Call-In Signal	[ ]	[ ]	
System Performance	[ ]	[ ]	

JOB NUMBER OR NAME Ames school Page _____ of _____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
main entr	MP	[✓]	[✓]			[✓]	[ ]
"	SD	[✓]	[✓]			[✓]	[ ]
by rest rms	SD	[✓]	[✓]			[✓]	[ ]
by mens rm	SD	[✓]	[✓]			[✓]	[ ]
rm behind FACP	WF	[✓]	[✓]			[✓]	[ ]
large rm w	SD	[✓]	[✓]			[✓]	[ ]
" ctr	SD	[✓]	[✓]			[✓]	[ ]
" E	SD	[✓]	[✓]			[✓]	[ ]
Comp rm	MP	[✓]	[✓]			[✓]	[ ]
Ctr hall	SD	[✓]	[✓]			[✓]	[ ]
N hall	SD	[✓]	[✓]			[✓]	[ ]
W exit	SD	[✓]	[✓]			[✓]	[ ]
"	MP	[✓]	[✓]			[✓]	[ ]
@ Riser	VT	[✓]	[✓]			[✓]	[ ]
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		[ ]	[ ]			[ ]	[ ]

COMMENTS: _____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	[ ]	[ ]	[ ]
Carbon Monoxide Detector/System	[ ]	[ ]	[ ]
(Specify) _____	[ ]	[ ]	[ ]
INTERFACE EQUIPMENT			
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING:	YES	NO	TIME	COMMENTS
Alarm Signal	[✓]	[ ]		
Alarm Restoration	[✓]	[ ]		
Trouble Signal	[✓]	[ ]		
Trouble Signal Restoration	[✓]	[ ]		
Supervisory Signal	[ ]	[ ]		
Supervisory Restoration	[ ]	[ ]		

NOTIFICATIONS THAT TESTING IS COMPLETE:	YES	NO	WHO	TIME
Building Management	[✓]	[ ]		
Monitoring Agency	[✓]	[ ]	central	
Building Occupants	[ ]	[ ]		
Other (Specify)	[ ]	[ ]		

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7/13/11 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Brian Costanza

Date: 7/13/11 Time: _____

Signature: [signature]

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: [signature]

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Distributed by: AFAA P.O. Box 1569 Jasper, GA 30143 Web—www.afaa.org
Phone 678-454-FIRE (3473) Fax 678-454-3474 e-mail - fire-alarm@afaa.org

INSPECTION AND TESTING FORM

Job Number _____

DATE: 7/13/11
TIME: _____

SERVICE ORGANIZATION
Name: Central Alarm
Address: 2550 N 14th
Representative: B. Costanza / D. Halliday
License No.: _____
Telephone: 882-8142

PROPERTY NAME (USER)
Name: Amerischool
Address: 7444 E. Broadway
Owner Contact: Carol
Telephone: 465-1415 (Work)

MONITORING ENTITY
Contact: Central Alarm
Telephone: 622-8824
MONITORING ACCOUNT REF. NO.: _____

APPROVING AGENCY
Contact: _____
Telephone: _____

TYPE TRANSMISSION
[ ] - McCulloh
[ ] - Multiplex
[X] - Digital
[ ] - Reverse Polarity
[ ] - RF
[ ] - Other (Specify)

SERVICE
[ ] - Weekly
[ ] - Monthly
[ ] - Quarterly
[ ] - Semiannually
[✓] - Annually
[ ] - Other (Specify)

Control Unit Manufacturer: Fire Lite
Model No.: MS-4424
Circuit Styles: 6, 2
Number of Circuits: 5
Software Rev.: N/A
Last Date System Had Any Service Performed: —
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: N/A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
3	6	3	Manual Fire Alarm Boxes
			Ion Detectors
9	6	9	Photo Detectors
			Duct Detectors
			Heat Detectors
1	6	1	Waterflow Switches
1	6	1	Supervisory Switches
			Other (Specify): _____

Alarm Verification feature is disabled ✓ enabled _____.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			BELLS
7	2	7	HORNS
			CHIMES
14	2	14	STROBES
			SPEAKERS
			OTHER (SPECIFY): _____

No. of alarm notification appliance circuits: 1
Are circuits monitored for integrity? [ ] YES [ ] NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temperature
			Site Water Temperature
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Generator In Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (*see NFPA 72, Table 6.6.1*):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120v, Amps _____

Overcurrent Protection: Type circuit breaker, Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: Panel A #30

b. Secondary (Standby):

2x12v (24v) Storage Battery: Amp-Hr. Rating 7

Calculated capacity to operate system for _____ hours

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

[ ] Dry Cell [ ] Lead-Acid

[ ] Nickel-Cadmium [ ] Other (Specify):

[✓] Sealed Lead-Acid

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

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	[✓]	[ ]	Central	
Building Occupants	[ ]	[ ]		
Building Management	[✓]	[ ]		
Other (Specify)	[ ]	[ ]		
AHJ Notified of Any Impairments	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Unit	[✓]	[✓]	
Interface Equipment	[✓]	[✓]	
Lamps/LEDS	[✓]	[✓]	
Fuses	[✓]	[✓]	
Primary Power Supply	[✓]	[✓]	
Trouble Signals	[✓]	[✓]	
Disconnect Switches	[✓]	[✓]	
Ground Fault Monitoring	[✓]	[✓]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	[✓]		7/2011
Load Voltage		[✓]	26.8v
Discharge Test		[✓]	25.3v
Charger Test		[✓]	20.4v
Specific Gravity		[ ]	
TRANSIENT SUPPRESSORS	[ ]		
REMOTE ANNUNCIATORS	[ ]	[ ]	
NOTIFICATION APPLIANCES			
Audible	[✓]	[✓]	
Visual	[✓]	[✓]	
Speakers	[ ]	[ ]	
Voice Clarity		[ ]	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	[ ]	[ ]	
Phone Jacks	[ ]	[ ]	
Off-Hook Indicator	[ ]	[ ]	
Amplifier(s)	[ ]	[ ]	
Tone Generators(s)	[ ]	[ ]	
Call-In Signal	[ ]	[ ]	
System Performance	[ ]	[ ]	

JOB NUMBER OR NAME Ames school Page _____ of _____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
main entry	MP	[✓]	[✓]			[✓]	[ ]
"	SD	[✓]	[✓]			[✓]	[ ]
by rest rms	SD	[✓]	[✓]			[✓]	[ ]
by mens rm	SD	[✓]	[✓]			[✓]	[ ]
rm behind FAP	WF	[✓]	[✓]			[✓]	[ ]
large rm w	SD	[✓]	[✓]			[✓]	[ ]
" ctr	SD	[✓]	[✓]			[✓]	[ ]
" E	SD	[✓]	[✓]			[✓]	[ ]
Comp rm	MP	[✓]	[✓]			[✓]	[ ]
Ctr hall	SD	[✓]	[✓]			[✓]	[ ]
N hall	SD	[✓]	[✓]			[✓]	[ ]
NW exit	SD	[✓]	[✓]			[✓]	[ ]
"	MP	[✓]	[✓]			[✓]	[ ]
@ Riser	VT	[✓]	[✓]			[✓]	[ ]
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COMMENTS: _____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	[ ]	[ ]	[ ]
Carbon Monoxide Detector/System	[ ]	[ ]	[ ]
(Specify) _____	[ ]	[ ]	[ ]
INTERFACE EQUIPMENT			
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]
(SPECIFY) _____	[ ]	[ ]	[ ]

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING:	YES	NO	TIME	COMMENTS
Alarm Signal	[✓]	[ ]		
Alarm Restoration	[✓]	[ ]		
Trouble Signal	[✓]	[ ]		
Trouble Signal Restoration	[✓]	[ ]		
Supervisory Signal	[ ]	[ ]		
Supervisory Restoration	[ ]	[ ]		

NOTIFICATIONS THAT TESTING IS COMPLETE:	YES	NO	WHO	TIME
Building Management	[✓]	[ ]		
Monitoring Agency	[✓]	[ ]	central	
Building Occupants	[ ]	[ ]		
Other (Specify)	[ ]	[ ]		

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7/13/11 TIME _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Brian Costanza

Date: 7/13/11 Time: _____

Signature: [signature]

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: [signature]

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