



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

MMB14037

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER

304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

SimplexGrimmell CP
2800 74 Ave. Suite 102
Charleston, WV 25387
304-746-4081

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL

1530 NORWAY AVENUE

HUNTINGTON, WV

25705

304-525-7801

DATE PRINTED

08/08/2013

BID OPENING DATE:

09/11/2013

BID OPENING TIME

1:30PM

LINE	QUANTITY	UOP	CAT. NO	ITEM NUMBER	UNIT PRICE	AMOUNT
THE STATE OF WEST VIRGINIA AND ITS AGENCY THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES; BUREAU OF HEALTH & HEALTH FACILITIES; MILDRED MITCHELL BATEMAN HOSPITAL LOCATED AT 1530 NORWAY AVE. HUNTINGTON, WV 25705 REQUEST A QUOTE FOR AN OPEN-END CONTRACT TO PROVIDE PREVENTATIVE AND CORRECTIVE MAINTENANCE FOR VARIOUS FIRE SUPPRESSION EQUIPMENT PER THE ATTACHED SPECIFICATIONS.						
0001	2	EA	936-33		\$ 210.00	\$ 420.00
	SEMI-ANNUAL TESTING & SERVICE OF COMMERCIAL HOOD SUPPRESSION SYSTEM.					
0002	4	EA	936-33		\$ 1600.00	\$ 6400.00
	QUARTERLY TESTING & SERVICE OF FIRE ALARM & DETECTION SYSTEMS.					
0003	4	EA	936-33		\$ 357.00	\$ 1428.00
	QUARTERLY TESTING & SERVICE OF SPRINKLER SYSTEM					

SIGNATURE

Robert A. D...
PSR

TELEPHONE

304-746-4081

DATE

9/11/13

TITLE

FEIN

58-2608861

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

MMB14037

PAGE

2

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SimplexGrinnell LP
2800 17th Ave. Suite 102
Charleston, WV 25381
304-746-4081

SHIP TO

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705 304-525-7801

DATE PRINTED

08/08/2013

BID OPENING DATE:

09/11/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0004	1	EA	936-33	ANNUAL INSPECTION, TESTING & SERVICE OF FIRE HYDRANTS.	7500.00	\$500.00
0005	12	EA	936-33	MONTHLY TESTING & SERVICE OF FIRE PUMP		
0006	2	EA	936-33	SEMI-ANNUAL INSPECTION & SERVICE OF FIRE DOORS & SMOKE DAMPERS.	\$100.00	\$200.00
0007	2	EA	936-33	SEMI-ANNUAL INSPECTION AND SERVICE OF SMOKE MANAGEMENT SYSTEM.	\$400.00	\$800.00

SIGNATURE

Rout D. R. H.

TELEPHONE

304-746-4081

DATE

9/11/13

TITLE

PSR

FEIN

58-2608861

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

MMB14037

PAGE

3

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

Simplex firmnell LP
2800 7th Ave - Suite 102
Charleston, WV 25381
304-746-4081

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705

304-525-7801

DATE PRINTED

08/08/2013

BID OPENING DATE:

09/11/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0008	4	EA	936-33	QUARTERLY INSPECTION, SERVICE AND CLEANING OF SMOKE & DUCT DETECTORS.	\$300.00	\$1200.00
0009	40	HR	936-33	SERVICE CALL - HOURLY RATE FOR MON-FRI 7A-4P	\$105.00	\$4200.00
0010	20	HR	936-33	SERVICE CALL - HOURLY RATE FOR NORMAL BUSINESS HOURS INCLUDING WEEKENDS & HOLIDAYS	\$125.00	\$2500.00
0011	500	EA	936-33	PERCENTAGE MARK UP FOR MATERIALS (SEE PRICING PAGE)	10%	\$550.00
SIGNATURE				TELEPHONE	DATE	
Rout QRT				304-746-4081	9/11/13	
TITLE				FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	
PSR				58-2608861		

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
MMB14037

PAGE
4

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY
TYPE NAME/ADDRESS HERE
VENDOR
SimplexGrinnell LP
2800 7th Ave. - Suite 102
Charleston, WV 25381
304-746-4081

SHIP TO
HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705 304-525-7801

DATE PRINTED
08/08/2013

BID OPENING DATE: 09/11/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MMB14037 ***** TOTAL:						\$18600.00
						\$18,600.00

SIGNATURE	TELEPHONE	DATE
<i>Routledge</i>	304-746-4081	9/11/13
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
PSR	58-2608861	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. **REVIEW DOCUMENTS THOROUGHLY:** The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.
2. **MANDATORY TERMS:** The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.
3. **PREBID MEETING:** The item identified below shall apply to this Solicitation.

☐

A pre-bid meeting will not be held prior to bid opening.

☐

A **NON-MANDATORY PRE-BID** meeting will be held at the following place and time:

☒

A **MANDATORY PRE-BID** meeting will be held at the following place and time:

August 20, 2013 at 10:30 am

Mildred Mitchell-Bateman Hospital
1530 Norway Ave.
Huntington, WV 25705

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing. Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility to locate the attendance sheet and provide the required

information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. **VENDOR QUESTION DEADLINE:** Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are non-binding.

Question Submission Deadline: August 22, 2013

Submit Questions to:

Roberta Wagner

2019 Washington Street, East
Charleston, WV 25305

Fax: 304-558-3970

Email: Roberta.A.Wagner@wv.gov

5. **VERBAL COMMUNICATION:** Any verbal communication between the Vendor and any State personnel is not binding, including that made at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.
6. **BID SUBMISSION:** All bids must be signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The bid delivery address is:

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

The bid should contain the information listed below on the face of the envelope or the bid may not be considered:

SEALED BID
 BUYER: Roberta Wagner
 SOLICITATION NO.: MBB 14037
 BID OPENING DATE: 10/10/13
 BID OPENING TIME: 1:30 pm
 FAX NUMBER: 304-746-4089

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus _____ convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: ☐ Technical
☐ Cost

7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time:

September 11, 2013 at 1:30 pm

Bid Opening Location:

Department of Administration, Purchasing Division
 2019 Washington Street East
 Charleston, WV 25305-0130

8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.
9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

GENERAL TERMS AND CONDITIONS:

1. **CONTRACTUAL AGREEMENT:** Issuance of a Purchase Order signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.
2. **DEFINITIONS:** As used in this Solicitation / Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation / Contract.
 - 2.1 **"Agency" or "Agencies"** means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.
 - 2.2 **"Contract"** means the binding agreement that is entered into between the State and the Vendor to provide the goods and services requested in the Solicitation.
 - 2.3 **"Director"** means the Director of the West Virginia Department of Administration, Purchasing Division.
 - 2.4 **"Purchasing Division"** means the West Virginia Department of Administration, Purchasing Division.
 - 2.5 **"Purchase Order"** means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the successful bidder and Contract holder.
 - 2.6 **"Solicitation"** means the official solicitation published by the Purchasing Division and identified by number on the first page thereof.
 - 2.7 **"State"** means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.
 - 2.8 **"Vendor" or "Vendors"** means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. **CONTRACT TERM; RENEWAL; EXTENSION:** The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:



Term Contract

Initial Contract Term: This Contract becomes effective on
September 1, 2013 thru July 31, 2014
and extends for a period of 10 months year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal must be submitted to the Purchasing Division Director thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to N/A successive one (1) year periods. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Reasonable Time Extension: At the sole discretion of the Purchasing Division Director, and with approval from the Attorney General's office (Attorney General approval is as to form only), this Contract may be extended for a reasonable time after the initial Contract term or after any renewal term as may be necessary to obtain a new contract or renew this Contract. Any reasonable time extension shall not exceed twelve (12) months. Vendor may avoid a reasonable time extension by providing the Purchasing Division Director with written notice of Vendor's desire to terminate this Contract 30 days prior to the expiration of the then current term. During any reasonable time extension period, the Vendor may terminate this Contract for any reason upon giving the Purchasing Division Director 30 days written notice. Automatic extension of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases, but Attorney General approval may be required.

Release Order Limitations: In the event that this contract permits release orders, a release order may only be issued during the time this Contract is in effect. Any release order issued within one year of the expiration of this Contract shall be effective for one year from the date the release order is issued. No release order may be extended beyond one year after this Contract has expired.



Fixed Period Contract: This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within days.

☐ **One Time Purchase:** The term of this Contract shall run from the issuance of the Purchase Order until all of the goods contracted for have been delivered, but in no event shall this Contract extend for more than one fiscal year.

☐ **Other:** See attached.

4. **NOTICE TO PROCEED:** Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Purchase Order will be considered notice to proceed

5. **QUANTITIES:** The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

☒ **Open End Contract:** Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

☐ **Service:** The scope of the service to be provided will be more clearly defined in the specifications included herewith.

☐ **Combined Service and Goods:** The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

☐ **One Time Purchase:** This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

6. **PRICING:** The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

7. **EMERGENCY PURCHASES:** The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute of breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

8. **REQUIRED DOCUMENTS:** All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.

☒ **BID BOND:** All Vendors shall furnish a bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

☒ **PERFORMANCE BOND:** The apparent successful Vendor shall provide a performance bond in the amount of 100% of the Vendor's Bid. The performance bond must be issued and received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.

☒ **LABOR/MATERIAL PAYMENT BOND:** The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be issued and delivered to the Purchasing Division prior to Contract award.

In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable.

☐ **MAINTENANCE BOND:** The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

☒ **WORKERS' COMPENSATION INSURANCE:** The apparent successful Vendor shall have appropriate workers' compensation insurance and shall provide proof thereof upon request.

☒ **INSURANCE:** The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award and shall list the state as a certificate holder:

☒ **Commercial General Liability Insurance:**
\$1,000,000.00 minimum or more.

☐ **Builders Risk Insurance:** builders risk – all risk insurance in an amount equal to 100% of the amount of the Contract.

☒ General Property Damage - \$1,000,000.00 minimum

☐
☐
☐
☐

The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

- ☒ **LICENSE(S) / CERTIFICATIONS / PERMITS:** In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

- ☒ West Virginia Contractor's License
- ☒ West Virginia State Fire Marshall Certificate/License
- ☐
- ☐

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

9. **LITIGATION BOND:** The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or \$5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.
10. **ALTERNATES:** Any model, brand, or specification listed herein establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.
11. **EXCEPTIONS AND CLARIFICATIONS:** The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or

other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

12. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount
for

This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

13. ACCEPTANCE/REJECTION: The State may accept or reject any bid in whole, or in part. Vendor's signature on its bid signifies acceptance of the terms and conditions contained in the Solicitation and Vendor agrees to be bound by the terms of the Contract, as reflected in the Purchase Order, upon receipt.

14. REGISTRATION: Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the \$125 fee if applicable.

15. COMMUNICATION LIMITATIONS: In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.

16. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

17. PAYMENT: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To."

18. UNIT PRICE: Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

19. DELIVERY: All quotations are considered freight on board destination ("F.O.B. destination") unless alternate shipping terms are clearly identified in the bid. Vendor's listing of shipping terms that contradict the shipping terms expressly required by this Solicitation may result in bid disqualification.

20. INTEREST: Interest attributable to late payment will only be permitted if authorized by the West Virginia Code. Presently, there is no provision in the law for interest on late payments.

21. PREFERENCE: Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code § 5A-3-37 and the West Virginia Code of State Rules. A Resident Vendor Certification form has been attached hereto to allow Vendor to apply for the preference. Vendor's

failure to submit the Resident Vendor Certification form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

22. **SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES:** For any solicitations publicly advertised for bid on or after July 1, 2012, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to submission of its bid to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.
23. **TAXES:** The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
24. **CANCELLATION:** The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-7.16.2.
25. **WAIVER OF MINOR IRREGULARITIES:** The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.
26. **TIME:** Time is of the essence with regard to all matters of time and performance in this Contract.
27. **APPLICABLE LAW:** This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.
28. **COMPLIANCE:** Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendors acknowledge that they have reviewed, understand, and will comply with all applicable law.
29. **PREVAILING WAGE:** On any contract for the construction of a public improvement, Vendor and any subcontractors utilized by Vendor shall pay a rate or rates of wages which shall not be less than the fair minimum rate or rates of wages (prevailing wage), as established by the West Virginia Division of Labor under West Virginia Code §§ 21-5A-1 et seq. and available at <http://www.sos.wv.gov/administrative-law/wagerates/Pages/default.aspx>. Vendor shall be responsible for ensuring compliance with prevailing wage requirements and determining when prevailing wage

requirements are applicable. The required contract provisions contained in West Virginia Code of State Rules § 42-7-3 are specifically incorporated herein by reference.

- 30. ARBITRATION:** Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.
- 31. MODIFICATIONS:** This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary, no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). **No Change shall be implemented by the Vendor until such time as the Vendor receives an approved written change order from the Purchasing Division.**
- 32. WAIVER:** The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.
- 33. SUBSEQUENT FORMS:** The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.
- 34. ASSIGNMENT:** Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.
- 35. WARRANTY:** The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.
- 36. STATE EMPLOYEES:** State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.
- 37. BANKRUPTCY:** In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

38. [RESERVED]

39. CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.

40. DISCLOSURE: Vendor's response to the Solicitation and the resulting Contract are considered public documents and will be disclosed to the public in accordance with the laws, rules, and policies governing the West Virginia Purchasing Division. Those laws include, but are not limited to, the Freedom of Information Act found in West Virginia Code § 29B-1-1 et seq.

If a Vendor considers any part of its bid to be exempt from public disclosure, Vendor must so indicate by specifically identifying the exempt information, identifying the exemption that applies, providing a detailed justification for the exemption, segregating the exempt information from the general bid information, and submitting the exempt information as part of its bid but in a segregated and clearly identifiable format. Failure to comply with the foregoing requirements will result in public disclosure of the Vendor's bid without further notice. A Vendor's act of marking all or nearly all of its bid as exempt is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor's act of marking a bid or any part thereof as "confidential" or "proprietary" is not sufficient to avoid disclosure and WILL NOT BE HONORED. In addition, a legend or other statement indicating that all or substantially all of the bid is exempt from disclosure is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor will be required to defend any claimed exemption for nondisclosure in the event of an administrative or judicial challenge to the State's nondisclosure. Vendor must indemnify the State for any costs incurred related to any exemptions claimed by Vendor. Any questions regarding the applicability of the various public records laws should be addressed to your own legal counsel prior to bid submission.

41. LICENSING: In accordance with West Virginia Code of State Rules §148-1-6.1.7, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

42. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Purchase Order from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the

purchasing agency tenders the initial payment to Vendor.

- 43. VENDOR CERTIFICATIONS:** By signing its bid or entering into this Contract, Vendor certifies (1) that its bid was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid for the same material, supplies, equipment or services; (2) that its bid is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this RFQ in its entirety; understands the requirements, terms and conditions, and other information contained herein. Vendor's signature on its bid also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency.

The individual signing this bid on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

- 44. PURCHASING CARD ACCEPTANCE:** The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

☐ Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

- 45. VENDOR RELATIONSHIP:** The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, *etc.* and the filing of all necessary documents, forms and returns pertinent to all of the foregoing. Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

- 46. INDEMNIFICATION:** The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered

by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

- 47. PURCHASING AFFIDAVIT:** In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of \$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.
- 48. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE:** This Contract may be utilized by and extends to other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). This Contract shall be extended to the aforementioned Other Government Entities on the same prices, terms, and conditions as those offered and agreed to in this Contract. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.
- 49. CONFLICT OF INTEREST:** Vendor, its officers or members or employees, shall not presently have or acquire any interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.
- 50. REPORTS:** Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:
- ☒ Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.
 - ☐ Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.
- 51. BACKGROUND CHECK:** In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state

repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision.

The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

52. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open hearth, basic oxygen, electric furnace, Bessemer or other steel making process.

The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:

- a. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
- b. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

53. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance

with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products.

This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

- 1. CONTRACTOR'S LICENSE:** West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor.

West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name: Simplex Girardell LP

Contractor's License No. WV 010306

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a purchase order/contract.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT:** W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit, or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid.
- 3. DRUG FREE WORKPLACE REPORT:** Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:
- (1) Information to show that the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided;
 - (2) The name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
 - (3) The average number of employees in connection with the construction on the public improvement;

- (4) Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor should utilize the attached Certified Drug Free Workplace Report Coversheet when submitting the report required hereunder.

3. **AIA DOCUMENTS:** All construction contracts that will be completed in conjunction with architectural services procured under Chapter 5G of the West Virginia Code will be governed by the AIA A101-2007 and A201-2007 or the A107-2007 documents, as amended by the Supplementary Conditions for the State of West Virginia, in addition to the terms and conditions contained herein.
4. **SUBCONTRACTOR LIST SUBMISSION:** In accordance with W. Va. Code § 5-22-1, The apparent low bidder on a contract for the construction, alteration, decoration, painting or improvement of a new or existing building or structure valued at more than \$250,000.00 shall submit a list of all subcontractors who will perform more than \$25,000.00 of work on the project including labor and materials. This provision shall not apply to any other construction projects, such as highway, mine reclamation, water or sewer projects. Additionally, if no subcontractors who will perform more than \$25,000.00 of work are to be used to complete the project, it will be noted on the subcontractor list.
 - a. **Required Information.** The subcontractor list shall contain the following information:
 - i. Bidder's name
 - ii. Name of each subcontractor
 - iii. License numbers as required by W. Va. Code § 21-11-1 et. seq.
 - iv. Notation that no subcontractor will be used to perform more than \$25,000.00 of work, when applicable
 - b. **Submission.** The completed subcontractor list shall be provided to the Purchasing Division within one business day of the opening of bids for review. Failure to submit the subcontractor list within one business day after the deadline for submitting bids shall result in disqualification of the bid.
 - c. **Substitution of Subcontractor.** Written approval must be obtained from the State Spending Unit before any subcontractor substitution is permitted. Substitutions are not permitted unless:
 - i. The subcontractor listed in the original bid has filed for bankruptcy;
 - ii. The subcontractor in the original bid has been debarred or suspended; or
 - iii. The contractor certifies in writing that the subcontractor listed in the original bill fails, is unable, or refuses to perform his subcontract.

5. **GREEN BUILDINGS MINIMUM ENERGY STANDARDS:** In accordance with § 22-29-4, all new building construction projects of public agencies that have not entered the schematic design phase prior to July 1, 2012, or any building construction project receiving state grant funds and appropriations, including public schools, that have not entered the schematic design phase prior to July 1, 2012, shall be designed and constructed complying with the ICC International Energy Conservation Code, adopted by the State Fire Commission, and the ANSI/ASHRAE/IESNA Standard 90.1-2007: *Provided*, That if any construction project has a commitment of federal funds to pay for a portion of such project, this provision shall only apply to the extent such standards are consistent with the federal standards.

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of Mildred Mitchell-Bateman Hospital (MMBH) to establish a contract for qualified vendors to inspect, test, maintain, perform preventive maintenance as well as necessary repairs, relocating of equipment, testing of various automatic fire extinguishing and sprinkler components Mildred Mitchell-Bateman Hospital located at 1530 Norway Avenue, Huntington, WV. Items to be maintained include sprinkler systems, fire hydrants, detection and smoke control systems. All systems shall be maintained to operate at the level for which they were originally designed. This shall include testing and inspection, as well as providing materials and labor for maintenance and repairs to all operational components. Performance of routine maintenance shall be prescribed by the WV Fire Code and the NFPA 25 (National Fire Protection Association) Standard Regulations and Code manual.

The intent of these specifications is to describe the minimum requirements for the inspection, preventative maintenance, and testing of fire protection equipment installed Mildred Mitchell-Bateman Hospital. These systems are sprinkler systems, fire hydrants, detection and smoke control systems. All inspections performed shall meet or exceed NFPA standards. All known deficiencies affecting extinguishing efficiency at any location in the buildings shall be identified and reported in writing to the Director of Safety upon completion of inspection. Report will include the type and location of any deficiency.

We have 6 fire hydrants on campus they are "wet" meaning the barrel is full and ready to extinguish immediately. There are approximately 1700 sprinkler heads throughout the hospital campus, which may need repaired or relocated at any time.

2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.
 - 2.1 **"Contract Services"** means the list of items identified in Section III, Subsection 1 below.
 - 2.2 **"Pricing Pages"** means the pages upon which Vendor should list its proposed price for the Contract Services. The Pricing Pages are either included on the last page of this RFQ or attached hereto as *Exhibit A*.
 - 2.3 **"RFQ"** means the official request for quotation published by the Purchasing Division and identified as *MMB14037*.
 - 2.4 **"MMBH"** means Mildred Mitchell-Bateman Hospital.
 - 2.5 **"NFPA"** means National Fire Protection Association.
 - 2.6 **"Preventive Maintenance"** as herein stated, shall mean scheduled semi-annual Fire Hydrant Inspections, as well as and the replacement of parts, components, and material on sprinkler heads or equipment on a pre-planned schedule prior to the failure or wear out period of the part, component, or material. The planned inspections and replacement of parts, components and materials shall be in accordance with the equipment manufacturer's specifications and recommendations. No preventive maintenance is to be performed without authorization by MMBH.

2.7 "Corrective Maintenance" as herein stated, shall mean maintenance performed on an as-needed basis to correct a malfunction or failure in a control system. No corrective maintenance is to be performed without authorization by MMBH.

3. QUALIFICATION REQUIREMENTS:

- 3.1 Vendor and vendor's staff assigned to this project must have a minimum of five (5) years' experience in inspecting, testing and maintaining fire suppression systems in commercial buildings. Vendor shall furnish information concerning the two (2) largest facility contracts it has completed, current vendor capacity, other relevant experience, and other similar contract obligations to provide similar work.
- 3.2 Vendor shall be trained and/or certified to provide inspection, testing and maintenance services on fire suppression systems and must provide Agency with documentation, satisfactory to the Agency at its sole discretion, to verify training and/or certification upon request. Vendor shall ensure that all work performed under this Contract is performed by an appropriate trained and licensed individual. Pursuant to West Virginia Code, Chapter 29 Article 3d and West Virginia Code of State Rules 103-3, effective January 1, 2009, no person may perform fire protection work as defined in 29-3D unless licensed by the State Fire Marshall and effective July 1, 2009, ALL fire protection work will include Portable Fire Extinguishers, Engineered and Pre-Engineered Suppression Systems (Range Hoods) as well as sprinkler fitters and Sprinkler Design Layout Technicians
- 3.3 Vendor must represent that it possess such expertise, experience and resources to perform the scope of services required in a diligent, timely and professional manner consistent with the standards of the industry. Vendor will supply at all times an adequate number of well-qualified personnel to perform the work. Vendor will provide a contact person available and authorized to remedy any non-conformity with this representation.

4. GENERAL REQUIREMENTS

4.1 **Mandatory Contract Services Requirements and Deliverables:** Contract Services meet or exceed the mandatory requirements listed below.

- 4.1.1 Vendor shall render the services to be provided pursuant to this agreement in compliance with all applicable Federal, State, and local laws, ordinances, rules, and regulations.
- 4.1.1.1 Vendor will be required to maintain a twenty-four (24) hour per day, seven (7) days per week emergency telephone contact. Vendor shall provide emergency services to address system and operational failures within response time outlined in Section 4.1.2.2.D and 4.1.2.2.E.
- 4.1.1.2 Vendor will provide a contract manager who will be responsible for the performance of the work. The name of this person, along with an alternate who will act for the contract manager when that person is absent, will be designated in writing to the Hospital prior to contract start date. Vendor will provide telephone numbers for these employees. The contract manager and the designated alternate must be able to read, write, speak and understand English.

- 4.1.1.3 Vendor's employees and their vehicles must be recognizable while at the Hospital. This must be accomplished by wearing distinctive clothing bearing the name of the company or by wearing appropriate ID badges with the company and employee's name and photo identification. In the event that the contract chooses to use badges, the contractor is responsible for acquiring an appropriate number of badges to meet their needs at his/her own expense.
- 4.1.1.4 All contracted personnel must have valid photo identification before entering the facility, whether by badge or other form of photo identification.
- 4.1.1.5 While at the Hospital, all vendor personnel shall comply with applicable safety requirements of the Occupational Safety and Health Act (OSHA).
- 4.1.1.6 Vendor shall be responsible for all damages to the Hospital facilities and equipment caused by his/her action.
- 4.1.1.7 Within forty-eight (48) hours of each service call, a detailed written report of the results shall be submitted to, and reviewed with the Director of Safety.
- 4.1.1.8 All damages to existing facilities caused by the Vendor or his employee or his agents shall be repaired or replaced at the Vendor's expense. All damages caused by the Vendor's actions or inaction shall also be the Vendor's responsibility.
- 4.1.1.9 The Hospital reserves the right to deny access or to request removal of any employee or agent, should such action be considered necessary by the Hospital.

4.1.2 Fire Protection Equipment on Hand:

Building #2

3 floors along with a basement
Stand Pipe System
Fire Department Connections
Sprinkler System – Wet

Building #3

4 floors along with a basement
Stand Pipe System
Fire Department Connections
Sprinkler System – Wet
Fire Pump – Centrifugal, Electric, 1000GPM, Model #6AF13

Building #5

3 floors along with a basement
Stand Pipe System
Fire Department Connections
Sprinkler System – Wet

Fire Hydrants

5 with 2 ½" connection with 5" steamer connections
1 with 2 ½" connection

4.1.2.1 Fire Protection and Detection Systems:

- A. Sprinkler Systems: The testing, maintenance and repair of the sprinkler systems shall be performed in accordance with NFPA 25 and manufacturer's recommendations. Service will be performed on a quarterly and annual basis by a certified technician.
- B. Door and Smoke Dampers: The inspection, testing, maintenance and repair of fire door and smoke dampers shall be performed in accordance with NFPA 80 and manufacturer's recommendations. Service will be performed on a semi-annual basis by a certified technician.
- C. Duct Detectors: The inspection, testing, maintenance and repair of the duct detectors shall be in accordance with NFPA 80 and manufacturer's recommendations. Service will be performed on a quarterly basis by a certified technician.
- D. Smoke Management System: The inspection, testing, maintenance and repair of stairwell pressurization shall be performed in accordance with NFPA 92A, 92B and NFPA 1 as well as the manufacturer's recommendations. Service will be performed on a semi-annual basis by a certified technician.
- E. Fire Hydrant: The inspection, testing, maintenance and repair of fire hydrants shall be performed in accordance with NFPA 25, as well as the manufacturer's recommendations. Service will be performed on a yearly basis by a certified technician.
- F. Kitchen Hood Suppression System: The testing, maintenance, and repair of the kitchen hood suppression system and fusible links shall be performed in accordance with NFPA 96. The vendor shall perform kitchen range hood suppression system maintenance and testing not less than every 6 months. Maintenance shall be performed in accordance with the manufacturer's guidelines, NFPA standards, and service tagged by a certified technician. Additionally, kitchen vent hood(s), exhaust ducts, exhaust fans and accessories shall be inspected to ensure against excess grease accumulations in accordance with manufacturer's guidelines. The vendor shall notify the Director of Safety when accumulations reach unsafe limits.

- G. Fire Pump: The inspection, testing, maintenance and repair of the fire pump shall be performed in accordance with NFPA 25 and manufacturer's recommendations. Service will be performed on a monthly and annual basis by a certified technician.
- H. Fire Alarm Systems: Quarterly testing, maintenance and repair of the fire alarm systems shall be performed in accordance with NFPA 72. Service will be performed on a quarterly and annual basis by a certified technician. Test shall be performed so that all initiating devices are tested at least once in a twelve (12) month period. Annual inspection and testing of the fire alarm systems to include, but not limited to, all smoke detectors, duct detectors, heat detectors, pull stations, strobes, horns, audio/visuals, beam detectors and flame detectors in accordance with NFPA 72 and manufacturer's recommendations. Cleaning and adjustment of detection devices is to be included in this contract.

4.1.2.2 Delivery of Service

- A. Vendors responding to this RFQ must be able to provide service twenty four (24) hours a day, (7) days a week, three hundred sixty-five days (365) days a year, including holidays for the duration of the agreement.
- B. The Hospital expects the Vendors to give "**Priority**" service to any service call. Vendor must commit to Emergency Response times required in Section 4.1.2.2.D and 4.1.2.2.E. A loss of fire suppression protection is a matter of life and death for the patients who reside, as well as public safety; therefore reliable Emergency Response capabilities are critical.
- C. Procedures for Normal Working Hours (**Routine Service**): Request for services shall originate from and shall be coordinated by the Director of Safety, during normal business hours, 7:00 AM to 4:00 PM, Monday through Friday. Any work outside the scope of the specified inspection/maintenance process will require an estimate for any service proposed. Estimates will be provided at no cost to the Hospital.
- D. Procedures for Normal Working Hours (**Emergency Service**): Request for services shall originate from and shall be coordinated by the Director of Safety, during normal business hours, 7:00 AM to 4:00 PM, Monday through Friday. Vendor must have a service technician on site within two (2) hours of receiving a call for service.
- E. Procedures for After Hours (**Emergency Service**): After hours emergency calls are defines as calls for service between the hours of emergency calls are defined as calls for service between the hours of 4:00 PM and 7:00 AM, Monday through Friday. Weekend emergency calls are defined as calls for service between the hours of 4:00 PM Friday until 7:00 AM Monday. Vendor shall have a technician on site within two (2) hours of receiving a call for service.

F. Parts and Materials

1. All parts and materials selected by the Vendor shall be approved by the Director of Safety prior to application or installation.
2. Hospital reserves the right to provide material and/or parts.
3. Vendor must provide all new and unused materials and parts necessary while maintaining the efficiency and safety as required by the original manufacturer(s).
4. Vendor shall furnish all equipment, tools and part necessary in the performance of these specifications. Equipment and tools will be provided by the Vendor at no cost to the Hospital.
5. Vendor shall be responsible for the replacement of ceiling grid and tiles should they become soiled or damaged by the Vendor. Agency will make final determination whether to clean or replace on a case-by-case basis.
6. Vendor shall provide the required materials and/or parts at cost plus the proposed percentage mark-up on the Pricing Pages. Copies of invoices for required materials/parts shall be submitted with the Vendor's invoice and request for reimbursement.
7. Vendor is responsible for procuring all necessary parts needed to perform under this Contract within the required time frame established by the Hospital. Vendor must, however obtain advanced written approval from the Agency prior to purchasing any materials.

- G. Work estimates (**Time and Materials**): Under contract for work that is outside the scope of the specified inspection and/or maintenance process, Vendor shall furnish the Director of Safety with a non-binding written estimate of the total cost to complete the work. The estimate must include the labor rate as specified on the Pricing Pages of this RFQ, and the total cost of material will include the cost for rental equipment. If the Procurement Officer and/or Chief Financial Officer determine that the estimated price is not fair and reasonable, the Hospital has the right to ask the contractor to re-evaluate the estimate. If the revised estimate is determined to be not fair and reasonable, the Procurement Officer reserves the right to obtain additional quotes from other vendors to justify the reasonableness of the Vendor's estimate.
- CORRECTIVE MAINTENANCE PERFORMED UNDER THIS CONTRACT SHALL NOT EXCEED \$25,000 PER PROJECT IN TOTAL COST.

- H. Vendor will furnish a warranty of ninety (90) days of labor and ninety (90) days on parts, components, and materials (or manufacturer's standard minimum warranty, whichever is greater). Written documentation of manufacturer's warranty shall be provided to MMBH within ten (10) working days following the completion of any service under this contract, if applicable to parts used during such service.
- I. Non-reusable parts, components, and materials used in the scope of preventive maintenance shall be supplied by the Vendor at no cost to MMBH. Such item may include grease, cleaning supplies, rags, etc. No additional cost for providing parts or tools shall be allowed (eg, no "truck Charges" no minimum charges for a service call, no "shop supplies" charges, or "shop supplies").

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide the Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

5.2 Pricing Page: Vendor should complete the Pricing Pages by completing Vendor's cost for each service and multiplying by quantities provided which will equal the annual cost of each service. The total costs for each service will be added to determine a total cost. Vendor shall complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Notwithstanding the foregoing, the Purchasing Division may correct errors as it deems appropriate. Vendor should type or electronically enter the information into the Pricing Pages to prevent errors in the evaluation.

- 6. **PERFORMANCE:** Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverable, unless such a schedule is already included herein by the Agency. In the event that this contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.
- 7. **PAYMENT:** Agency shall pay fees established on the Pricing Page, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.
- 8. **TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on the Vendor's bid, but such cost will not be paid by the Agency separately.

9. **FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

- 9.1 MMBH will permit Contractor access to the facilities. Access keys will be provided by MMBH and signed for by the Contractor
- 9.2 Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 9.2 Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 9.3 Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 9.4 Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 9.5 Vendor shall inform all staff of Agency's security protocol and procedures.
- 9.6 Vendor personnel must have valid photo ID

10. VENDOR DEFAULT:

- 10.1 The following shall be considered a vendor default under this contract

- 10.1.1 Failure to perform Contract Services in accordance with the requirements contained herein.
- 10.1.2 Failure to comply with other specifications and requirements contained herein.
- 10.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
- 10.1.4 Failure to remedy deficient performance upon request.

- 10.2 The following remedies shall be available to Agency upon default

- 10.2.1 Cancellation of the Contract.
- 10.2.3 Cancellation of one or more release orders issued under this Contract.
- 10.2.3 Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contract information below.

Contract Manager: Bob Peters
Telephone Number: 304-746-4081-office
Fax Number: 304-746-4089
Phone Number: 304-546-0165-cell

11.2 Alternative Contract Manager: During its performance of this Contract, Vendor must designate an alternative Contract Manager that can oversee the Vendor's responsibilities under this contract during his absence. The Alternative Contract Manager must be available during normal business hours to address any customer services or other issues related to this contract. Vendor should like its Alternative Contract Manager and his or her information below.

Contract Manager: Wayne Legursky
Telephone Number: 304-746-4081-office
Fax Number: 304-746-4089
Phone Number: 304-545-7804



State of West Virginia

PURCHASING DIVISION

Construction Bid Submission Review Form

This list has been provided for informational purposes only and is not to be construed as a complete list of request for quotation or bidding requirements for any individual construction project. This list does not and cannot include every item, mistake or oversight that could cause a contractor's bid to be disqualified. Rather, this list is intended to draw attention to some of the most common problems that the Purchasing Division encounters in the bidding process for construction projects. All potential bidders must read the request for quotation, all additional documents, and all instructions relating thereto ("Bid Documents") in their entirety to identify the actual request for quotation and bidding requirements. Failure to read the Bid Documents in their entirety and comply with the stated requirements contained therein may result in bid disqualification.

Errors That Shall Be Reason for Immediate Bid Disqualification

1. Failure to attend a mandatory pre-bid meeting
2. Failure to sign the bid
3. Failure to supply West Virginia contractor's license # on bid
4. Failure to supply a signed drug free workplace affidavit with the bid
5. Failure to supply a valid bid bond or other surety approved by the State of West Virginia
6. Failure to meet any mandatory requirement of the RFQ
7. Failure to acknowledge receipt of Addenda (only if stipulated as mandatory)
8. Failure to submit bid prior to the bid opening date and time
9. Federal debarment
10. State of West Virginia debarment or suspension

Errors that May Be Reason for Bid Disqualification Before Contract Award

1. Uncontested debt to the State exceeding \$1,000.00 (must be cured prior to award)
2. Workers' Compensation or Unemployment Compensation delinquency (must be cured prior to award)
3. Not registered as a vendor with the State (must be cured prior to award)
4. Failure to obtain required bonds and/or insurance
5. Failure to provide the sub-contractor listing within 1 business day of bid opening.
6. Failure to use the provided RFQ form (only if stipulated as mandatory).

BID BOND PREPARATION INSTRUCTIONS

0034

AGENCY (A)
RFQ/RFP# (B)

- (A) WV State Agency
(Stated on Page 1 "Spending Unit")
- (B) Request for Quotation Number (upper right corner of page #1)
- (C) Your Business Entity Name (or Individual Name if Sole Proprietor)
- (D) City, Location of your Company
- (E) State, Location of your Company
- (F) Surety Corporate Name
- (G) City, Location of Surety
- (H) State, Location of Surety
- (I) State of Surety Incorporation
- (J) City of Surety's Principal Office
- (K) Minimum amount of acceptable bid bond is 5% of total bid. You may state "5% of bid" or a specific amount on this line in words.
- (L) Amount of bond in numbers
- (M) Brief Description of scope of work
- (N) Day of the month
- (O) Month
- (P) Year
- (Q) Name of Business Entity (or Individual Name if Sole Proprietor)
- (R) Seal of Principal
- (S) Signature of President, Vice President, or Authorized Agent
- (T) Title of Person Signing for Principal
- (U) Seal of Surety
- (V) Name of Surety
- (W) Signature of Attorney in Fact of the Surety

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, (C) of (D) (E) as Principal, and (F) of (G) (H), a corporation organized and existing under the laws of the State of (I) with its principal office in the City of (J), as Surety, are held and firmly bound unto The State of West Virginia, as Oblige, in the penal sum of (K) (\$ (L)) for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the Department of Administration a certain bid or proposal, attached hereto and made a part hereof to enter into a contract in writing for

(M)

NOW THEREFORE

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the agreement created by the acceptance of said bid then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated

The Surety for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of time within which the Oblige may accept such bid: and said Surety does hereby waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and Surety, or by Principal individually if Principal is an individual, the (N) day of (O), 20 (P).

Principal Seal

(R)

(Q)
(Name of Principal)

By (S)
(Must be President, Vice President, or
Duly Authorized Agent)

(T)
Title

Surety Seal

(U)

(V)
(Name of Surety)

(W)
Attorney-in-Fact

NOTE 1: Dated Power of Attorney with Surety Seal must accompany this bid bond.

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

Agency _____
 REQ.P.O# _____

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, _____
 of _____, _____, as Principal, and _____
 of _____, _____, a corporation organized and existing under the laws of the State of _____
 with its principal office in the City of _____, as Surety, are held and firmly bound unto the State
 of West Virginia, as Obligee, in the penal sum of _____ (\$ _____) for the payment of which,
 well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
 Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for

NOW THEREFORE,

- (a) If said bid shall be rejected, or
 (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
 attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
 the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
 full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
 event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
 way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby
 waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
 Surety, or by Principal individually if Principal is an individual, this _____ day of _____, 20____.

Principal Seal

 (Name of Principal)

By _____
 (Must be President, Vice President, or
 Duly Authorized Agent)

 (Title)

Surety Seal

 (Name of Surety)

 Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and
 must attach a power of attorney with its seal affixed.**

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: MMB 14037
Contract Purpose: Life Safety Inspections and Maintenance
Agency Requesting Work: Mildred Mitchell Bateman Hospital

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- ☒ Information indicating the education and training service to the requirements of **West Virginia Code** § 21-1D-5 was provided;
- ☒ Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- ☒ Average number of employees in connection with the construction on the public improvement;
- ☒ Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: SimplexGrinnell LP Vendor Telephone: 304-746-4081
Vendor Address: 2800 7th Ave. Suite 102 Vendor Fax: 304-746-4089
Charleston, WV 25389

REQUEST FOR QUOTATION
MMB14037 Hydrant & Sprinkler Contract

0039

PRICING PAGE

EXHIBIT "A"

SEMI-ANNUAL TESTING & SERVICE OF COMMERCIAL HOOD SUPPRESSION SYSTEM		
COST TO SERVICE AND REPAIR	FREQUENCY	ANNUAL COST
(1) \$	2 X PER YEAR	\$
QUARTERLY TESTING & SERVICE OF FIRE ALARM & DETECTION SYSTEMS		
COST TO SERVICE FIRE ALARM SYSTEM	FREQUENCY	ANNUAL COST
(2) \$	4 X PER YEAR	\$
QUARTERLY TESTING & SERVICE OF SPRINKLER SYSTEM		
COST TO SERVICE SPRINKLER SYSTEM	FREQUENCY	ANNUAL COST
(3) \$	4 X PER YEAR	\$
ANNUAL INSPECTION, TESTING AND SERVICE OF FIRE HYDRANTS		
COST TO INSPECT & SERVICE SPRINKLER SYSTEM	FREQUENCY	ANNUAL COST
(4) \$	ONCE A YEAR	\$
MONTHLY TESTING & SERVICE OF FIRE PUMP		
COST TO SERVICE AND REPAIR FIRE PUMP	FREQUENCY	ANNUAL COST
(5) \$	12 X PER YEAR	\$
SEMI-ANNUAL INSPECTION AND SERVICE OF FIRE DOORS AND SMOKE DAMPERS		
COST TO INSPECT & SERVICE FIRE DOORS & SMOKE DAMPERS	FREQUENCY	ANNUAL COST
(6) \$	2 X PER YEAR	\$
SEMI-ANNUAL INSPECTION AND SERVICE OF SMOKE MANAGEMENT SYSTEM		
COST TO INSPECT & SERVICE SMOKE MANAGEMENT	FREQUENCY	ANNUAL COST
(7) \$	2 X PER YEAR	\$
QUARTERLY INSPECTION, SERVICE AND CLEANING OF SMOKE & DUCT DETECTORS		
COST TO INSPECT, SERVICE & CLEAN SMOKE SYSTEM	FREQUENCY	ANNUAL COST
(8) \$	4 X PER YEAR	\$
TOTAL OF (1) THROUGH (8)		(A) \$

REQUEST FOR QUOTATION
MMB14037 Hydrant & Sprinkler Contract

0040

SERVICE CALLS / TROUBLE SHOOTING: INDICATE THE HOURLY RATE AS SPECIFIC FOR SERVICE CALLS/ REPAIRS OUTSIDE THE SCOPE OF THE SPECIFIC INSPECTION / MAINTENANCE PROCESS. ALL INVOICES MUST BE ITEMIZED

DESCRIPTION	VENDOR RATE or MARK-UP	ESTIMATED HOURS	EXTENDED COST
(9) Cost per hour for service calls/repairs outside the scope of the specified inspection/maintenance process during NORMAL BUSINESS HOURS (7:00 AM TO 4:00 PM, Monday through Friday)	\$	120 hours*	\$
(10) Cost per hour for service calls/repair outside the scope of the specified inspection/maintenance process during normal business hours (Including weekends and holidays).	\$	40 hours*	\$
(11) Materials for repair to be bill at net cost. Include percentage allowed for overhead and profit. (Indicated this percentage in the space to the right). A copy of itemized materials invoice from the supplier must be included with all billings.	<u> </u> % mark-up	\$500.00 estimated materials*	\$
TOTAL OF (9) + (10) + (11)			(B) \$

*Hours and materials are estimates that will be utilized for evaluation purposes only. No future use of the Contract or any individual item is guaranteed or implied.

(A) TOTAL OF (1) THROUGH (8)	\$
(B) TOTAL OF (9) THROUGH (11)	\$
TOTAL COST OF (A) + (B)	GRAND TOTAL \$

Grand Total is calculated by adding (A) plus (B). All pricing quoted shall remain fixed for the term of the contract. Contract will be awarded to Vendor submitting lowest GRAND TOTAL of (A) + (B) who meet specifications.

COMPANY NAME	
ADDRESS	
CITY / STATE / ZIP CODE	
CONTACT PERSON	
SIGNATURE	
DATE	
PHONE NUMBER	
EMAIL ADDRESS	
FAX NUMBER	



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
MMB14037

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

*Simplex Grinnell LP
2800 17th Ave - Suite 102
Charleston, WV 25387
304 746-4081*

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL

1530 NORWAY AVENUE
HUNTINGTON, WV

25705

304-525-7801

DATE PRINTED
08/28/2013

BID OPENING DATE: 09/11/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1.	TO PROVIDE THE ANSWERS TO QUESTIONS RECEIVED.					
2.	TO PROVIDE THE MANDATORY PRE-BID SIGN IN SHEETS.					
3.	TO PROVIDE A REVISED PRICING PAGE.					
4.	TO PROVIDE THE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED & RETURNED WITH YOUR BID. FAILURE TO SIGN MAY RESULT IN DISQUALIFICATION OF OF YOUR BID.					
END OF ADDENDUM NO. 1						

SIGNATURE <i>Roberta D. Wagner</i>	TELEPHONE <i>304-746-4081</i>	DATE <i>9/11/13</i>
TITLE <i>PSR</i>	FEIN <i>58-2608861</i>	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: MMB14037

Addendum Number: 01

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☒ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☒ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

Description of Modification to Solicitation:

1. To provide the answers to questions received
2. To provide the mandatory pre-bid sign in sheets
3. To provide a revised Pricing Page.
4. To provide the addendum acknowledgment.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

Addendum #1 MMB14037

To respond to questions submitted by vendor.

Question #1:

We request that a full listing of all fire alarm devices be made using either past inspection reports. In order to provide a proper quote we would need the number of smoke detectors, heat detectors, duct detectors, pull stations and audio, visual or audio/visual notification devices. We would prefer to receive copies of the last four quarterly fire alarm inspections so that we would have everything tested in a calendar year that makes up a 100% annual test/inspect.

Answer #1:

We currently have an active contract for Quarterly Inspections for the four (4) - Fire Alarm Systems, Quarterly Inspections for the two (2) - sprinkler systems, Semi-Annual Inspection of the one (1) range hood, Yearly Inspection of one hundred forty seven (147) portable fire extinguishers, and Yearly Inspection of the one (1) Fire Pump. This contract will not cover these areas. This contract is for repairs and maintenance.

Question #2:

We request that we receive copies of the last four quarterly sprinkler inspections for use in determining the total number of risers, standpipes, etc that need to be tested.

Answer #2:

Please see the following pages attached to this addendum.

Question #3:

We request a full listing of all smoke dampers and fire doors.

Answer #3:

Bldg 2 Fire Doors - 6 sets	Bldg 2 Smoke Dampers - 0
Bldg 3 Fire Doors - 16 sets	Bldg 3 Smoke Dampers - 21
Bldgs 4 and 5 - N/A	Bldgs 4 and 5 - N/A

Question #4:

We request that the number of service hours during normal business hours included in the bid calculation be reduced to a more realistic number of 40 which would be four hours per month for the ten months of this contract duration. We feel that using an inflated number of 120 hours will unfairly price someone out of the contract when even though they might be a little higher per hour than another vendor, they could very well be cheaper in the inspection piece of the bid. Using 120 hours will take any hourly rate difference to an un-needed extreme.

Answer #4:

We reduced the number of hours from 120 to 40, please use the attached revised Pricing Page.

Question #5:

We request that the number of service hours for after normal business hours service included in the bid calculation be reduced to a more realistic number of 20 which would be two hours per month for the ten months of this contract duration. We feel that using an inflated number of 40 hours will unfairly price someone out of the contract when even though they might be a little higher per hour than another vendor, they could very well be cheaper in the inspection piece of the bid. Using 40 hours will take any hourly rate difference to an un-needed extreme.

Answer #4:

We reduced the number of hours from 40 to 20, please use the attached revised Pricing Page.

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #2

REPORT TO Mildred Mitchell Bateman Hosp BUILDING OR LOCATION Tammy White
STREET 1530 Norway Ave INSPECTOR Willard White
CITY & STATE Huntington WV 25709 DATE 8-24-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: Willard WhiteDate: 8-24-12Customer's Representative: X

Date: _____

Building #2

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- | DRY PIPE
OPERATING
TEST | | DRY VALVE | | | TRIP TEST TABLE | | | C.O.D. | | | |
|-------------------------------|--|--------------------------------|------|-------------------|-----------------|----------------------------|-----------------------------------|--------|----------------------------|----|--|
| | | MAKE | | MODEL | SERIAL NO. | MAKE | | MODEL | SERIAL NO. | | |
| | | | | | | | | | | | |
| | | Time to Trip
Thru Test Pipe | | Water
Pressure | Air
Pressure | Trip Point
Air Pressure | Time Water Reached
Test Outlet | | Alarm Operated
Properly | | |
| | | MIN. | SEC. | PSI | PSI | PSI | MIN. | SEC. | YES | NO | |
| Without
Q.O.D. | | | | | <i>NA</i> | | | | | | |
| With
Q.O.D. | | | | | | | | | | | |

- | TRIP TEST TABLE | | | | | | | | | |
|---------------------------|--|--|-------|----------------------------|--|--|---|--|---|
| DELUGE & PREACTION VALVES | Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC | | | | | | | | |
| | Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO | | | Detecting media Supervised | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | Does valve operate from the manual trip and/or remote control stations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| | Is there an accessible facility in each circuit for testing?
<input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | Method of testing circuits | | |
| | MAKE | | MODEL | | Does each circuit operate suspension line alarm
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | Does each circuit operate valve release
<input type="checkbox"/> YES <input type="checkbox"/> NO | | Maximum time to operate release
<input type="checkbox"/> YES <input type="checkbox"/> NO |

- ### Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Butterfly	YES	Taper	NO		
System Control Valves	1	Butterfly	YES	Taper	NO		
Other Control Valves	2	OS-Y	YES	Taper	NO		

See Control Valve Maintenance Table

- [illegible]

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	5-12	AT M. 5th	2"	60	30
This Water Flow Test	8-12	AT M. 5th	2"	60	30

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Form FS 7

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #3

REPORT TO Mildred Mitchell Bateman Hospital BUILDING OR LOCATION Tony White
STREET 1530 Nevada Ave INSPECTOR Willard White
CITY & STATE Huntington WV 25709 DATE 8-29-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician:

Willard White

Date:

8-29-12

Customer's Representative:

[Signature]

Date:



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #3

REPORT TO Mildred Mitchell Bateman Hosp. BUILDING OR LOCATION Towny White
STREET 1530 Norbury Ave INSPECTOR Willard White
CITY & STATE Huntington WV 25709 DATE 8-24-12

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)
13. Date quick-opening device tested NA (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN.	SEC.	PSI	PSI	PSI	PSI	MIN.	SEC.	YES	NO	YES	NO
Without Q.O.D.												
With Q.O.D.												

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE									
	Operation		<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
	Piping Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO		Detecting media Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	Does valve operate from the manual trip and/or remote control stations?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Is there an accessible facility in each circuit for testing?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Method of testing circuits	
	MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
					YES NO		YES NO		YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	OS:Y	YES	Tamper	NO		
Sectional Control Valves							
System Control Valves	1	OS:Y	YES	Tamper	NO		
Other Control Valves							

16. See Control Valve Maintenance Table.
Water Supply Source:

	City		Tank		Pump	
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	5-12	A + N. 5th	2"	140	70	
This Water Flow Test	8-12	A + N. 5th	2"	140	70	

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

Date:

Customer's Representative:

Date:

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #5

REPORT TO Michael Mitchell Bateman Hosp BUILDING OR LOCATION Town, White
STREET 1530 Norcross Ave INSPECTOR William White
CITY & STATE Huntington WV 25709 DATE 8-24-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (C.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarm(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: William WhiteDate: 8-24-12Customer's Representative: X [Signature]

Date: _____

AIRGAS

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #5

REPORT TO William M. Yehell Bateman H&P BUILDING OR LOCATION Tommy White
STREET 1530 Norway Ave INSPECTOR William White
CITY & STATE Huntington WV 25709 DATE 8-24-12

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Property		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Is there an accessible facility in each circuit for testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Method of testing circuits					
	MAKE	MODEL	Does each circuit operate successfully on alarm	Does each circuit operate valve release	Maximum time to operate release	
			YES NO	YES NO	Y NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	05:4	YES	YES	NO		
Other Control Valves	1	05:4	YES	YES	NO		

16. See Control Valve Maintenance Table.
Water Supply Source:

		City		Tank		Pump	
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure		
Last Water Flow Test	5-12	AT MISC	2"	55	50		
This Water Flow Test	8-12	AT MISC	2"	55	50		

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

William White
X

Date:

8-24-12

Customer's Representative:

Date:



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building R

REPORT TO Discreet Detective Bureau BUILDING OR LOCATION Same
STREET 1530 Norway Ave. INSPECTOR Tommy D. White
CITY & STATE Huntington, WV 25709 DATE 11-28-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- a. Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☒ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: Tommy D. White Date: 11-28-12

Customer's Representative: [Signature] Date: 11-28-12

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell Patterson BUILDING OR LOCATION home
STREET 1530 Moravia Ave. INSPECTOR T. Mitchell Williams
CITY & STATE Newington, WV 25709 DATE 11-26-72

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY VALVE			TRIP TEST TABLE			C.O.D.				
MAKE			MODEL	SERIAL NO.	MAKE		MODEL		SERIAL NO.	
DRY PIPE OPERATING TEST	Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Property		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO	
	Without O.O.D.									
	With O.O.D.									

14. Date deluge or preaction valve tested 11/1/11 (See Trip Test Table which follows.)

TRIP TEST TABLE											
DELUGE & PREACTION VALVES	Operation		<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC				
	Piping Supervised		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media Supervised				
							<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Does valve operate from the manual trip and/or remote control stations?							<input type="checkbox"/> YES <input type="checkbox"/> NO			
	Is there an accessible facility in each circuit for testing?							<input type="checkbox"/> YES <input type="checkbox"/> NO			
								Method of testing circuits			
	MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release		
					YES NO		YES NO		YI NO		

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Ball Valve					
System Control Valves	1	Ball Valve					
Other Control Valves	2	Ball Valve					

16. See Control Valve Maintenance Table.
Water Supply Source:

Water Supply Source:	Date	City	Test Pipe Location	Tank	Static Pressure	Pump
				Size of Test Pipe		Residual (Flow) Pressure
Last Water Flow Test	9-12	At River		2"	60	50
This Water Flow Test	9-12			2"	60	50

17. Explain any "No" answers and comments: _____

18. Adjustments or corrections made during this inspection: _____

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

Inspection Technician: [Signature] Date: 11-21-12
Customer's Representative: [Signature] Date: 11-21-12



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Michael Mitchell BUILDING OR LOCATION same
STREET 1530 Norway Dr. INSPECTOR Timothy J. White
CITY & STATE Charleston, WV 25309 DATE 11-23-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General

- a. Is the building occupied? ☒ Yes ☐ No
- b. Are all systems in service? ☒ Yes ☐ No
- c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
- d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
- e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA

2. Control Valves (See Item 15.)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
- b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No

3. Water Supplies (See Item 16.)

- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No

4. Tanks, Pumps, Fire Department Connections

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☒ Yes ☐ No ☐ NA
- b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
- c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA

5. Wet Systems

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
- b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
- c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
- d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA

6. Dry Systems (See Items 11 to 13.)

- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
- b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
- c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
- d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
- e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
- f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
- g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA

7. Special Systems (See Item 14.)

- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
- b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
- c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA

8. Alarms

- a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA

9. Sprinklers

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
- b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
- c. Is stock of spare sprinklers available? ☒ Yes ☐ No
- d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
- e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

10. Explain any "No" answers and comments:

Inspection Technician: Timothy J. White Date: 11-23-12

Customer's Representative: [Signature] Date: 11-23-12



Building 3

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Richard Mitchell BUILDING OR LOCATION None
STREET 1970 Norway Ave INSPECTOR T. J. White
CITY & STATE Huntington WV 25709 DATE 11-26-12

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without O.O.D.									
With O.O.D.									

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	Is there an accessible facility in each circuit for testing?					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	Method of testing circuits					
	MAKE	MODEL	Does each circuit operate supervision loss alarm	Does each circuit operate valve release	Maximum time to operate release	
			YES NO	YES NO	YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	<i>1</i>	<i>check</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	
Sectional Control Valves	<i>1</i>	<i>check</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	
System Control Valves	<i>2</i>	<i>check</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	
Other Control Valves	<i>3</i>	<i>check</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	

16. See Control Valve Maintenance Table.
Water Supply Source: City

	Date	Test Pipe Location	Tank		Pump	
			Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	<i>4-11</i>	<i>RT Pipe</i>	<i>2"</i>	<i>145</i>	<i>30</i>	
This Water Flow Test	<i>11-17</i>	<i>"</i>	<i>2"</i>	<i>145</i>	<i>30</i>	

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection: Annual Fire Pump Test

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: T. J. White

Date: 11-26-12

Customer's Representative: [Signature]

Date: 11-26-12



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 5

REPORT TO Michael Michael Palmer BUILDING OR LOCATION Building 5
STREET 15307 Norway Ave INSPECTOR Timothy White
CITY & STATE Huntington, WV 25702 DATE 11-22-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General

- a. Is the building occupied? ☒ Yes ☐ No
- b. Are all systems in service? ☒ Yes ☐ No
- c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
- d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
- e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA

2. Control Valves (See Item 15.)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☐ Yes ☐ No
- b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No

3. Water Supplies (See Item 16.)

- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No

4. Tanks, Pumps, Fire Department Connections

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
- b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
- c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA

5. Wet Systems

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
- b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
- c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
- d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA

6. Dry Systems (See Items 11 to 13.)

- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
- b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
- c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
- d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
- e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
- f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
- g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA

7. Special Systems (See Item 14.)

- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
- b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
- c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA

8. Alarms

- a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA

9. Sprinklers

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
- b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
- c. Is stock of spare sprinklers available? ☒ Yes ☐ No
- d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
- e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

10. Explain any "No" answers and comments:

Inspection Technician:

Date:

Customer's Representative:

Date:



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 5

REPORT TO Mildred Mitchell BUILDING OR LOCATION Home
STREET 1530 Garway Dr. INSPECTOR Timothy White
CITY & STATE Huntington, WV 25707 DATE 11-26-12

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

MAKE			MODEL		SERIAL NO.		MAKE			MODEL		SERIAL NO.	
DRY PIPE OPERATING TEST	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly		
	MIN.	SEC.	PSI		PSI		PSI		MIN.	SEC.	YES	NO	
	Without Q.O.D.												
	With Q.O.D.												

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE									
DELUGE & PREACTION VALVES		Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
		Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO				Detecting media Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO			
		Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Is there an accessible facility in each circuit for testing?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Method of testing circuits							
MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
				YES NO		YES NO		YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	1	2" NPS	yes	Topped	no		
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	4" NPS	yes	Topped	no		
Other Control Valves							

16. See Control Valve Maintenance Table.
Water Supply Source:

Water Supply Source:		City	Tank		Pump
Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	9-12-13 at Ryck	2"	55	55	
This Water Flow Test	9-13-13	2"	55	55	

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

Date: _____

Customer's Representative:

Date: _____

Airgas-Mid America

FIRE PUMP TEST REPORT

Mildred Mitchell Putman
1530 Norway Ave
Huntington, WV

TESTED BY: TW-WW

DATE: 11-20-12

PUMP MANUFACTURER: Perless

MODEL OR TYPE: 6PF13

RATED GPM: 1000

DRIVER MANUFACTURER:

ELECTRIC: 460 MODEL: 2885 HP: 30

VOLTS: 460 AMPS: 55 AMPS @ 150%: -

PHASE: 3 CYCLE: 60 SERVICE FACTOR: 1.15

CONTROLLER: Firetrol

MODEL OR TYPE: -

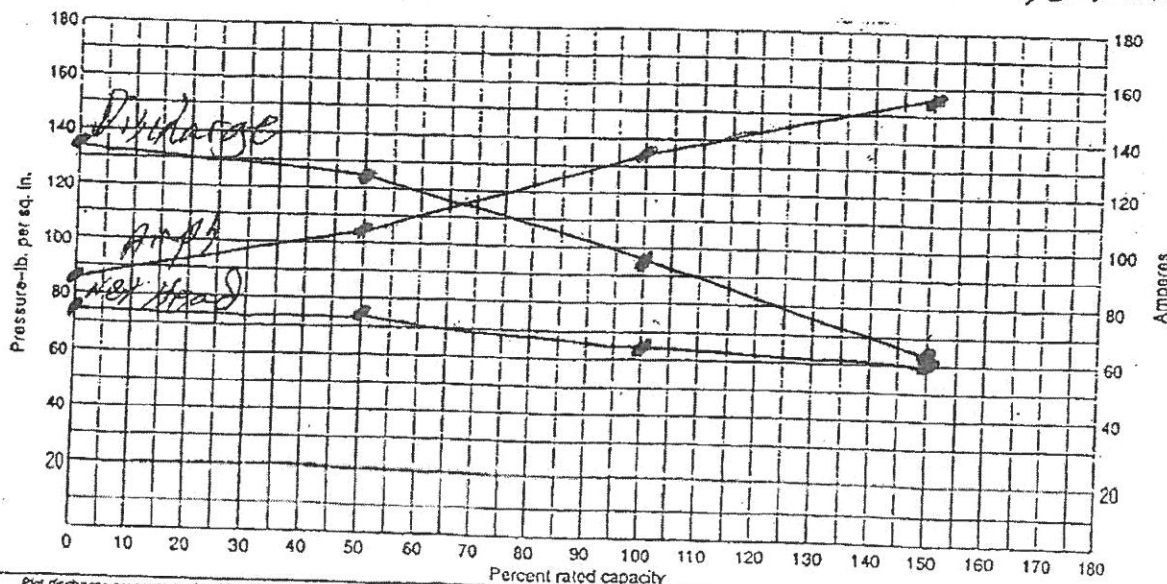
SHOP OR SERIAL NO: -

AUTOMATIC START, PRESSURE DROP 30 PSI

STOP: MANUAL - AUTOMATIC na

JOCKEY PUMP ON @ 25 PSI OFF @ 125 PSI

RPM	DISCHARGE PRESSURE	SUCTION PRESSURE	NET HEAD	NO. HOSES	SIZE	PITOT	GPM	PERCENT CAPACITY	AMPS	VOLTS
<u>1796</u>	<u>135</u>	<u>60</u>	<u>75</u>	CHURN	CHURN	CHURN	0	0%	<u>87</u>	<u>460</u>
<u>1792</u>	<u>125</u>	<u>50</u>	<u>75</u>	<u>1</u>	<u>1.75</u>	<u>32</u>	<u>514</u>	<u>50</u>	<u>103</u>	<u>460</u>
<u>1786</u>	<u>95</u>	<u>30</u>	<u>65</u>	<u>2</u>	<u>1.75</u>	<u>32</u>	<u>428</u>	<u>100</u>	<u>134</u>	<u>460</u>
<u>1780</u>	<u>65</u>	<u>5</u>	<u>60</u>	<u>3</u>	<u>1.75</u>	<u>26</u>	<u>1542</u>	<u>150</u>	<u>157</u>	<u>460</u>



Plot discharge pressure and net head curves for horizontal shaft pump. For vertical shaft pump, plot discharge pressure curve. For electric driven pump, plot amperes curve at 50.



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 2

REPORT TO Dillard Mitchell Bateman BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. White / W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General

- a. Is the building occupied? ☒ Yes ☐ No
- b. Are all systems in service? ☒ Yes ☐ No
- c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
- d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
- e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA

2. Control Valves (See Item 15.)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
- b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No

3. Water Supplies (See Item 16.)

- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No

4. Tanks, Pumps, Fire Department Connections

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
- b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
- c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA

5. Wet Systems

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
- b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
- c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
- d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA

6. Dry Systems (See Items 11 to 13.)

- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
- b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
- c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
- d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
- e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
- f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
- g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA

7. Special Systems (See Item 14.)

- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
- b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
- c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA

8. Alarms

- a. Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
- b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA

9. Sprinklers

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
- b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
- c. Is stock of spare sprinklers available? ☒ Yes ☐ No
- d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
- e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

10. Explain any "No" answers and comments:

Inspection Technician:

T. White / W. White
John [unclear]

Date:

2-20-13

Customer's Representative:

Date:

2-20-13



Building 2

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.				MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an accessible facility in each circuit for testing?				Method of testing circuits		
<input type="checkbox"/> YES <input type="checkbox"/> NO						
MAKE		MODEL		Does each circuit operate supervision loss alarm	Does each circuit operate valve release	Maximum time to operate release
				YES NO	YES NO	YES NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Butterfly	yes	Tamper	NO		
System Control Valves	1	Butterfly	yes	Tamper	NO		
Other Control Valves	2	Butterfly	yes	Tamper	NO		

16. See Control Valve Maintenance Table.

Water Supply Source:		City			Tank		Pump	
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure			
Last Water Flow Test	11-13	AT R. sec 5	2"	60	50			
This Water Flow Test	2-13	"	2"	60	50			

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: T. White/W. White Date: 2-20-13
Customer's Representative: John Schum Date: 2-20-13



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION Home
STREET 1530 Norway Dr. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General

- a. Is the building occupied? ☒ Yes ☐ No
- b. Are all systems in service? ☒ Yes ☐ No
- c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
- d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
- e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA

2. Control Valves (See Item 15.)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
- b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No

3. Water Supplies (See Item 16.)

- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No

4. Tanks, Pumps, Fire Department Connections

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☒ Yes ☐ No ☐ NA
- b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
- c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA

5. Wet Systems

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
- b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
- c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
- d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA

6. Dry Systems (See Items 11 to 13.)

- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
- b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
- c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
- d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
- e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
- f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
- g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA

7. Special Systems (See Item 14.)

- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
- b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
- c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA

8. Alarms

- a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- c. Did supervisory alarm service test satisfactorily? ☐ Yes ☐ No ☐ NA

9. Sprinklers

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
- b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
- c. Is stock of spare sprinklers available? ☒ Yes ☐ No
- d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
- e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

10. Explain any "No" answers and comments:

Inspection Technician:

Tony White/W. White
John A. White

Date:

2-20-13

Customer's Representative:

Date:

2-20-13



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO M. David Mitchell/Adnan BUILDING OR LOCATION same
STREET 1530 Norway Dr. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.	
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL	
	Time to Trip Thru Test Pipe		Water Pressure PSI		Air Pressure PSI		Trip Point Air Pressure PSI		Time Water Reached Test Outlet	
	MIN.	SEC.							MIN.	SEC.
Without Q.O.D.										
With Q.O.D.										

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

TRIP TEST TABLE										
DELUGE & PREACTION VALVES	Operation		<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC			
	Piping Supervised		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media Supervised			
							<input type="checkbox"/> YES <input type="checkbox"/> NO			
	Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO			
	Is there an accessible facility in each circuit for testing?						Method of testing circuits			
	<input type="checkbox"/> YES <input type="checkbox"/> NO									
MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release		
				YES NO		YES NC		YES NO		

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	Open	Yes	Tamped	NO		
Sectional Control Valves							
System Control Valves	1	Open	Yes	Tamped	NO		
Other Control Valves	1	Open	NO	Tamped	Yes		

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	City		Tank		Pump	
		Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure		
Last Water Flow Test	11-12	AT R. 301	2"	140	70		
This Water Flow Test	2-13	"	2"	140	70		

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

T. White/W. White

Date: 2-20-13

Customer's Representative:

James Spivey

Date: 2-20-13

Airtas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 5

REPORT TO Mildred Mitchell Latemar BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. White W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☐ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☐ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician:

T. White W. White

Date:

2-20-13

Customer's Representative:

James S. [Signature]

Date:

2-20-13



Building 5

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell Patenaa BUILDING OR LOCATION same
STREET 1530 Norway Pl. INSPECTOR T. White / W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.				MIN. SEC.	YES	NO	
Without O.O.D.									
With O.O.D.									

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Is there an accessible facility in each circuit for testing?			Method of testing circuits		
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	MAKE	MODEL	Does each circuit operate supervision loss alarm	Does each circuit operate valve release	Maximum time to operate release	
			YES NO	YES NO	YES NO	YES NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	Open	Not	Tamper	NO		
Other Control Valves	1	Open	Not	Tamper	NO		

16. See Control Valve Maintenance Table.

Water Supply Source:		City	Tank		Pump
Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	11-12	FT River	2"	55	50
This Water Flow Test	2-13		2"	55	50

17. Explain any "No" answers and comments: _____

18. Adjustments or corrections made during this inspection: _____

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

Inspection Technician: T. White / W. White Date: 2-20-13

Customer's Representative: Jim Seiborn Date: 2-20-13



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 2

REPORT TO Mildred Mitchell/Owner Rep BUILDING OR LOCATION same
STREET 1530 Norway Dr. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General

- a. Is the building occupied? ☒ Yes ☐ No
- b. Are all systems in service? ☒ Yes ☐ No
- c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
- d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
- e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA

2. Control Valves (See Item 15.)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
- b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No

3. Water Supplies (See Item 16.)

- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No

4. Tanks, Pumps, Fire Department Connections

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
- b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
- c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA

5. Wet Systems

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
- b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
- c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
- d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA

6. Dry Systems (See Items 11 to 13.)

- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
- b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
- c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
- d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
- e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
- f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
- g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA

7. Special Systems (See Item 14.)

- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
- b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
- c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA

8. Alarms

- a. Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
- b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
- c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA

9. Sprinklers

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
- b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
- c. Is stock of spare sprinklers available? ☒ Yes ☐ No
- d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
- e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

10. Explain any "No" answers and comments:

Inspection Technician:

T. White/W. White

Date:

5-28-13

Customer's Representative:

J. Smith

Date:

5-28-13



Building 2

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO M. J. Reed, Fire Protection Division BUILDING OR LOCATION Same
STREET 1530 Norway Dr. INSPECTOR T. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

- Inspector's Section (All responses reference current inspection) N/A = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Property	
	MIN. SEC.		PSI		PSI		PSI		MIN. SEC.		YES NO	
	Without Q.O.D.											
	With Q.O.D.											

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	Operation		PNEUMATIC		ELECTRIC		HYDRAULIC	
	Piping Supervised		YES		NO		Detecting media Supervised	
	Does valve operate from the manual trip and/or remote control stations?		YES		NO		Method of testing circuits	
	Is there an accessible facility in each circuit for testing?		YES		NO		Maximum time to operate release	
	MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		YES	
			YES		NO		YES	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Butterfly	NO	Tamper	NO		
System Control Valves	1	Check	NO	Tamper	NO		
Other Control Valves	2	Butterfly	NO	Tamper	NO		

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	City	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	2-13		At Risk	2"	50	50
This Water Flow Test	5-28-13			2"	50	50

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: T. White Date: 5-28-13
Customer's Representative: Septon Date: 5-28-13

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Mildred Mitchell Bateman Hogg BUILDING OR LOCATION same
STREET 1530 Norway Av. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☒ Yes ☐ No ☐ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☐ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician:

T. White/W. White

Date:

5-28-13

Customer's Representative:

J. S. S. S.

Date:

5-28-13



Building 3

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Michael Pateman BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Property	
	MIN.	SEC.	PSI	PSI	PSI	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without Q.O.D.												
With Q.O.D.												

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

TRIP TEST TABLE											
DELUGE & PREACTION VALVES	Operation		<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC				
	Piping Supervised		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media Supervised		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does valve operate from the manual trip and/or remote control stations?								<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is there an accessible facility in each circuit for testing?						Method of testing circuits				
	<input type="checkbox"/> YES <input type="checkbox"/> NO										
	MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release		
				YES	NO	YES	NO	YES	NO		

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	Flow	yes	Tamper	NO		
Sectional Control Valves							
System Control Valves	1	Flow	yes	Tamper	NO		
Other Control Valves							

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	City		Tank		Pump	
		Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure		
Last Water Flow Test	2-13	At River	2"	140	70		
This Water Flow Test	5-28-13	"	2"	140	70		

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

Customer's Representative:

Date:

Date:



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 5

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION Garage
STREET 1530 Norwood Dr. INSPECTOR Timothy W. White
CITY & STATE Huntington, WV 25709 DATE 5-25-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarms(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician:

Date:

5-25-13

Customer's Representative:

Date:

5-25-13



Building 5

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell Potemkin BUILDING OR LOCATION Same
STREET 1530 Norway Ave. INSPECTOR T. White / White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.				MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE									
DELUGE & PREACTION VALVES	Operation		<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC		
	Piping Supervised		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Is there an accessible facility in each circuit for testing?						Method of testing circuits:		
	<input type="checkbox"/> YES <input type="checkbox"/> NO								
	MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release
				YES	NO	YES	NO	YES	NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Other Control Valves	1	dry gas trap					

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	Test Pipe Location	Tank		Static Pressure	Pump Residual (Flow) Pressure
			Size of Test Pipe			
Last Water Flow Test	2-27	RT. AUSE	2"		55	50
This Water Flow Test	5-28-13	"	2"		55	50

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

Customer's Representative:

Date:

Date:

SIGN IN SHEET

Page ____ of ____

Request for Proposal No. MMB14037

PLEASE PRINT

Date: 08/21/2013

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>SimplerGrinnel</u>	<u>2800 7th Ave - Ste 102</u>	PHONE <u>304-746-4081</u>
Rep: <u>Bob Peters</u>	<u>Charleston WV 25387</u>	TOLL FREE
Email Address: <u>bpeters@simplergrinnel.com</u>		FAX <u>304-746-4089</u>
Company: <u>Sentry Fire Protection</u>	<u>114 8th Avenue West</u>	PHONE <u>304-523-7211</u>
Rep: <u>Jeff Long</u>	<u>Huntington, WV 25701</u>	TOLL FREE
Email Address: <u>jlong@sentryfireprotection.com</u>		FAX <u>304-523-7119</u>
Company: <u>Sentry Fire Protection</u>	<u>114 8th Ave West</u>	PHONE <u>304-523-7211</u>
Rep: <u>Jeff Long</u>	<u>Huntington, WV 25701</u>	TOLL FREE
Email Address: <u>jlong@sentryfireprotection.com</u>		FAX <u>304-523-7119</u>
Company: <u>Brewer & Co</u>	<u>3601 7th Ave.</u>	PHONE <u>304-744-5314</u>
Rep: <u>Robert McCallister</u>	<u>Charleston, WV 25387</u>	TOLL FREE <u>800-642-8598</u>
Email Address: <u>robert@brewersprinkler.com</u>		FAX <u>304-744-5353</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____

Fire Protection Contractors
BREWER
& COMPANY OF WV, INC.

3601 7th Avenue
Charleston, WV 25387
Ph. 304.744.5314
1.800.642.8598

Robert McCallister

Inspection/Service Division Manager

WV Cert # FPJ7044RRM0309

KY Cert # SSR-324

OH Cert # 54-31-1766

Fax 304.744.4899

Cell 304.549.2237

robert@brewersprinkler.com

www.brewersprinkler.com

SimplexGrinnell BE SAFE.

A Tyco International Company

Bob Peters

Sales Representative

2507 7th Avenue West

Charleston, WV 25307

P 304.206.0011 C 304.546.0165 F 304.746.4089 24-Hr. Toll-Free 800.999.0512

ropeters@simplexgrinnell.com • www.simplexgrinnell.com



**SENTRY FIRE
PROTECTION, INC.**

Fire Alarm Systems • Sprinkler & Suppression Systems • Fire Extinguishers

NOTIFIER

JEFF LONG
SALES - SERVICE

114 8TH AVENUE WEST
HUNTINGTON, WV 25701

(304) 523-7211
FAX (304) 523-7119

jlong@sentryfireprotection.com

www.sentryfireprotection.com



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

WV PURCHASING ACA SECT Fax 304-558-4115

Sep 10 2013 04:09pm P001/004

MMB14037

1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

SimplexGrinnell LP
2800 14th Ave-Suite 102
Charleston, WV 25387
304-746-4081

HEALTH AND HUMAN RESOURCES
 MILDRED MITCHELL-BATEMAN
 HOSPITAL
 1530 NORWAY AVENUE
 HUNTINGTON, WV

25705

304-525-7801

DATE PRINTED

09/10/2013

BID OPENING DATE:

09/25/2013

BID OPENING TIME

1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. ADDENDUM IS ISSUED TO MOVE THE BID OPENING DATE FROM: SEPTEMBER 11, 2013 @ 1:30 P.M. TO: SEPTEMBER 25, 2013 @ 1:30 P.M.						
2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO. 2 *****						

SIGNATURE

Robert A. P

TELEPHONE

304-746-4081

DATE

9/11/13

TITLE

PSR

FEIN

58-2608861

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: MMB14037**Addendum Number: 2**

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☐ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☒ Other

Description of Modification to Solicitation:

1. To move the bid opening date:
from: 09/11/2013 @ 1:30 P.M.
to: 09/25/2013 @ 1:30 P.M.
2. To provide addendum acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MMB14037

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

☒ Addendum No. 1

☐ Addendum No. 6

☒ Addendum No. 2

☐ Addendum No. 7

☒ Addendum No. 3

☐ Addendum No. 8

☒ Addendum No. 4

☐ Addendum No. 9

☐ Addendum No. 5

☐ Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

SimplexGrinnell
Company
Ron J. G. RA
Authorized Signature
10/10/13
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

WV PURCHASING ACT SECT. 5-1-1
 WV PURCHASING ACT SECT. 5-1-1

Sep 24 2013 08:24am P001/005

MMB14037

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

Simplex Grinnell
2800 7th Ave Suite 102
Charleston WV 25387

SHIP TO

HEALTH AND HUMAN RESOURCES
 MILDRED MITCHELL-BATEMAN
 HOSPITAL
 1530 NORWAY AVENUE
 HUNTINGTON, WV
 25705 304-525-7801

DATE PRINTED

09/23/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 3</p> <p>ADDENDUM IS ISSUED:</p> <p>1. TO MOVE THE BID OPENING DATE;</p> <p>FROM: SEPTEMBER 25, 2013 @ 1:30 P.M.</p> <p>TO: OCTOBER 10, 2013 @ 1:30 P.M.</p> <p>2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.</p> <p>***** END OF ADDENDUM NO. 3 *****</p>						
<p>SIGNATURE <i>R. W. G. DA</i> TELEPHONE <i>304-746-4081</i> DATE <i>10/10/13</i></p> <p>TITLE <i>PSR</i> FEIN <i>58-2608861</i> ADDRESS CHANGES TO BE NOTED ABOVE</p>						

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: MMB14037**Addendum Number: 3**

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☐ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☒ Other

Description of Modification to Solicitation:

1. To move the bid opening date:
from: September 25, 2013 @ 1:30 p.m.
to: October 10, 2013 @ 1:30 p.m.
2. To provide addendum acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A



MMB14037 Addendum #3

To move Opening Date:

From: Wednesday, September 25, 2013

To: Thursday, October 10, 2013

ADDENDUM ACKNOWLEDGEMENT FORM**SOLICITATION NO.: MMB14037**

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

[☒] Addendum No. 1

[☐] Addendum No. 6

[☒] Addendum No. 2

[☐] Addendum No. 7

[☒] Addendum No. 3

[☐] Addendum No. 8

[☒] Addendum No. 4

[☐] Addendum No. 9

[☐] Addendum No. 5

[☐] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Simplex Grinnell

Company

Robert G. Pitt

Authorized Signature

10/10/13

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 6/8/2012



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
MMB14037

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

V
E
N
D
O
R

*Simplex Grinnell
2800 7th Ave Suite 102
Charleston WV 25381*

S
H
I
P
T
O

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705 304-525-7801

DATE PRINTED
09/30/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 4						
1. ADDENDUM IS ISSUED TO ADDRESS ADDITIONAL QUESTIONS RECEIVED FROM VENDORS REGARDING THE ABOVE RFQ. ALSO TO PROVIDE LISTING OF FIRE ALARM DEVICES AS REQUESTED.						
2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO. 4 *****						
SIGNATURE <i>[Signature]</i> TELEPHONE <i>304-746-4081</i> DATE <i>10/10/13</i>						
TITLE <i>PSR</i> FEIN <i>58-2608861</i> ADDRESS CHANGES TO BE NOTED ABOVE						

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

MMB14037

PAGE

2

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

V
E
N
D
O
R

S
H
I
P
T
O

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705 304-525-7801

DATE PRINTED

09/30/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2	EA		936-33		
SEMI-ANNUAL TESTING & SERVICE OF COMMERCIAL HOOD SUPPRESSION SYSTEM.						
0002	4	EA		936-33		
QUARTERLY TESTING & SERVICE OF FIRE ALARM & DETECTION SYSTEMS.						
0003	4	EA		936-33		
QUARTERLY TESTING & SERVICE OF SPRINKLER SYSTEM						
0004	1	EA		936-33		
ANNUAL INSPECTION, TESTING & SERVICE OF FIRE HYDRANTS.						
SIGNATURE						
TITLE				TELEPHONE	DATE	
FEIN				ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

MMB14037

PAGE

3

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

V
E
N
D
O
R

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL

1530 NORWAY AVENUE
HUNTINGTON, WV

25705

304-525-7801

S
H
I
P
T
O

DATE PRINTED

09/30/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0005	12	EA	936-33	MONTHLY TESTING & SERVICE OF FIRE PUMP		
0006	2	EA	936-33	SEMI-ANNUAL INSPECTION & SERVICE OF FIRE DOORS & SMOKE DAMPERS.		
0007	2	EA	936-33	SEMI-ANNUAL INSPECTION AND SERVICE OF SMOKE MANAGEMENT SYSTEM.		
0008	4	EA	936-33	QUARTERLY INSPECTION, SERVICE AND CLEANING OF SMOKE & DUCT DETECTORS.		

SIGNATURE

TELEPHONE

DATE

TITLE

FEIN

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
MMB14037

PAGE
4

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

V
E
N
D
O
R

S
H
I
P
T
O

HEALTH AND HUMAN RESOURCES
MILDRED MITCHELL-BATEMAN
HOSPITAL
1530 NORWAY AVENUE
HUNTINGTON, WV
25705 304-525-7801

DATE PRINTED
09/30/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0009	120	HR	936-33	SERVICE CALL - HOURLY RATE FOR MON-FRI 7A-4P		
0010	40	HR	936-33	SERVICE CALL - HOURLY RATE FOR NORMAL BUSINESS HOURS INCLUDING WREKENDS & HOLIDAYS		
0011	500	BA	936-33	PERCENTAGE MARK UP FOR MATERIALS (SEE PRICING PAGE)		
***** THIS IS THE END OF RFQ MMB14037 ***** TOTAL:						

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: MMB14037**Addendum Number:** 4

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ | Modify bid opening date and time
- ☐ | Modify specifications of product or service being sought
- ☒ | Attachment of vendor questions and responses
- ☐ | Attachment of pre-bid sign-in sheet
- ☐ | Correction of error
- ☒ | Other

Description of Modification to Solicitation:

1. To address additional questions from Vendors and to provide listing for fire alarm devices.
2. To provide Addendum Acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

Addendum #4 MMB14037

To respond to questions submitted by vendor.

Question #1:

We request that a full listing of all fire alarm devices be made using either past inspection reports. In order to provide a proper quote we would need the number of smoke detectors, heat detectors, duct detectors, pull stations and audio, visual or audio/visual notification devices. We would prefer to receive copies of the last four quarterly fire alarm inspections so that we would have everything tested in a calendar year that makes up a 100% annual test/inspect.

Answer #1:

We currently have an **active contract** till 07/31/2014 that cover the inspections only for:

- Quarterly Inspections for the four (4) - Fire Alarm Systems,
- Quarterly Inspections for the two (2) - sprinkler systems,
- Semi-Annual Inspection of the one (1) range hood,
- Yearly Inspection of one hundred forty seven (147) portable fire extinguishers,
- Yearly Inspection of the one (1) Fire Pump.

MMB14037 will **not** cover the required Inspections list directly above however; any other NFPA inspections not listed above and/or included in the specification of the MMB14037 solicitation would be covered. MMB14037 will cover the only service, repair and maintenance for the Inspections listed above along with the ones included in the original solicitation.

Question #2:

We request that we receive copies of the last four quarterly sprinkler inspections for use in determining the total number of risers, standpipes, etc that need to be tested.

Answer #2:

Please see the following pages attached to this addendum. We have provided the inspection reports from 08/2012 – 08/2013 for your viewing.

Question #3:

Requested listing of fire alarm devices:

Answer #3:

Building #2

Heat Sensing Initiating Devices	16
Smoke Sensing Initiating Devices	63
Duct Detectors	4
Manual Stations	24
<u>INDICATING DEVICES</u>	
Horns	37
Visual Combined	37
Visual Separate	11

Building #3

Heat Sensing Initiating Devices	0
Smoke Sensing Initiating Devices	85
Duct Detectors	0
Manual Stations	34

INDICATING DEVICES

Bells	26
Horns	2
Visual Combined	2
Visual Separate	15

Building #4

Heat Sensing Initiating Devices	0
Smoke Sensing Initiating Devices	3
Duct Detectors	0
Manual Stations	7

INDICATING DEVICES

Bells	5
Visual Combined	4

Building #5

Heat Sensing Initiating Devices	0
Smoke Sensing Initiating Device	45-Ionization, 25 -Photoelectric
Duct Detectors	0
Manual Stations	48

INDICATING DEVICES

Horns	1
Chimes	32
Visual Combined	33

Totals:

Heat Sensing Initiating Devices	16
Smoke Sensing Initiating Devices	221
Duct Detectors	4
Manual Stations	113

INDICATING DEVICES

Bells	31
Horns	40
Chimes	32
Visual Combined	76
Visual Separate	26



Building 3

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO *Mr. David D. White* BUILDING OR LOCATION *Same*
STREET *530 Norwood Pk.* INSPECTOR *T. White/W. White*
CITY & STATE *Huntington, WV 25709* DATE *5-28-13*

- Inspector's Section (All responses reference current inspection) **NA = NOT APPLICABLE**
11. Date dry-pipe valve trip tested (control valve partially open) *(See Trip Test Table which follows.)*
12. Date dry-pipe valve trip tested (control valve fully open) *(See Trip Test Table which follows.)*
13. Date quick-opening device tested *(See Trip Test Table which follows.)*

DRY PIPE OPERATING TEST		TRIP TEST TABLE						C.O.D.	
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.		
	Time to Trip Thru Test Pipe								
	MIN								
	SEC								
Without Q.O.D.									
With Q.O.D.									

14. Date deluge or preaction valve tested *(See Trip Test Table which follows.)*

DELUGE & PREACTION VALVES		TRIP TEST TABLE					
		Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does valve operate from the manual trip end/or remote control stations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
	Is there an accessible facility in each circuit for testing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Method of testing circuits			
		MAKE	MODEL	Does each circuit operate supervision loss alarm	Does each circuit operate valve release	Maximum time to operate release	
				YES	NO	YES	NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	<i>2</i>	<i>Flow</i>	<i>yes</i>	<i>Tamper</i>	<i>NO</i>		
Sectional Control Valves							
System Control Valves	<i>1</i>	<i>Flow</i>	<i>yes</i>	<i>Tamper</i>	<i>NO</i>		
Other Control Valves							

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Pump Residual (Flow) Pressure
Last Water Flow Test	<i>2-13</i>	<i>At River</i>	<i>2"</i>	<i>140</i>	<i>70</i>
This Water Flow Test	<i>5-28-13</i>	<i>"</i>	<i>2"</i>	<i>140</i>	<i>70</i>

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: *T. White* Date: *5-28-13*
Customer's Representative: *J. Smith* Date: *5-28-13*



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 5

REPORT TO Michael Mitchell, Antenna BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR Michael W. White
CITY & STATE Huntington, WV 25709 DATE 5-25-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☒ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☐ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☒ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☒ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☒ NA Are they in service? ☐ Yes ☐ No ☒ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☒ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☒ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☒ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☒ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☒ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☒ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: Tommy WhiteDate: 5-25-13Customer's Representative: J. SmithDate: 5-25-13



Building 5

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell BUILDING OR LOCATION Same
STREET 1530 Norwood Ave INSPECTOR T. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN.	SEC.	PSI	PSI	PSI	PSI	MIN.	SEC.	YES	NO		
	Without Q.O.D.											
	With Q.O.D.											

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation					
	<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC					
	Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO Detecting media Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Does valve operate from the manual trip and/or remote control stations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Is there an accessible facility in each circuit for testing? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	MAKE		MODEL		Does each circuit operate valve release	
					YES	NO
					YES	NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Other Control Valves							

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	Test Pipe Location	Tank		Pump	
			Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	<u>2-7-13</u>	<u>AT 1st</u>	<u>2"</u>	<u>55</u>	<u>50</u>	
This Water Flow Test	<u>5-28-13</u>	<u>" "</u>	<u>2"</u>	<u>55</u>	<u>50</u>	

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: T. White

Date: 5-28-13

Customer's Representative: J. White

Date: 5-28-13

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #2

REPORT TO Michael M. Fabel Bateman - H&P BUILDING OR LOCATION Tanning White
STREET 1530 Academy Ave. INSPECTOR William White
CITY & STATE Huntington WV 25709 DATE 8-24-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☒ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the damage or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - b. Did electric alarm(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: William WhiteDate: 8-24-12Customer's Representative: X

Date: _____



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4181

Building #2

REPORT TO Mildred M. Tolak Bateman Hosp BUILDING OR LOCATION Terry White
STREET 1530 Norway Ave INSPECTOR Willard White
CITY & STATE Huntington WV 25709 DATE 8-24-12
Inspector's Section (All town inspectors)

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)

12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)

13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

[illegible]

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE									
Operation		<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC			
Piping Supervised		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is there an accessible facility in each circuit for testing?						<input type="checkbox"/> YES <input type="checkbox"/> NO			
MAKE		MODEL		Does each circuit operate suspension loss alarm		Does each circuit operate valve release		Maximum time to operate release	
				YES NO		YES NO		YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Butterfly	YES	Tamper	NO		
System Control Valves	1	Butterfly	YES	Tamper	NO		
Other Control Valves	2	OS-VI	YES	Tamper	NO		

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	City	Tank	Pump	
		Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	5-12	AFN, SE	8"	60	30
This Water Flow Test	8-12	AFN, SE	8"	60	30

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

Date: _____

Customer's Representative:

Date:



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #3

REPORT TO Mildred Mitchell Bateman Hosp. #3 BUILDING OR LOCATION Tammy White
STREET 1530 Nevada Ave INSPECTOR William White
CITY & STATE Huntington WV 25709 DATE 8-29-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the non-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: William WhiteDate: 8-29-12Customer's Representative: [Signature]

Date: _____



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #3

REPORT TO Mildred Mitchell Bateman Hosp. BUILDING OR LOCATION Town White
STREET 1530 Maryland Ave
CITY & STATE Huntington WV 25709 INSPECTOR Willard White
DATE 8-24-12

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)
13. Date quick-opening device tested NA (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE				TRIP TEST TABLE				C.O.D.			
		MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
		Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
		MIN.	SEC.	PSI	PSI	PSI	PSI	MIN.	SEC.	YES	NO		
Without C.O.D.													
With C.O.D.													

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES		TRIP TEST TABLE					
		Operation		PNEUMATIC		ELECTRIC	
		Piping Supervised		YES		NO	
		Does valve operate from the manual trip and/or remote control stations?		YES		NO	
		Is there an accessible facility in each circuit for testing?		YES		NO	
		Method of testing circuits		YES		NO	
		MAKE		MODEL		Does each circuit operate supervision test alarm	
						YES	
						NO	
						YES	
						NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	OS:Y	YES	Tamper	NO		
Sectional Control Valves							
System Control Valves	1	OS:Y	YES	Tamper	NO		
Other Control Valves							

16. See Control Valve Maintenance Table.
Water Supply Source:

	City		Tank		Pump	
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	5-12	A+M:501	2"	140	70	
This Water Flow Test	8-12	A+M:501	2"	140	70	

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: Willard White

Date: 8-24-12

Customer's Representative: [Signature]

Date:

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1288
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #5

REPORT TO Michael M. Hall / Bortman Hosp BUILDING OR LOCATION Tonaw, White
STREET 1530 Norcross Ave INSPECTOR W. Hank White
CITY & STATE Huntington WV 25709 DATE 8-24-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with stamped switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☒ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: Michael M. HallDate: 8-24-12Customer's Representative: X E. J. Hall

Date: _____



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building #5

REPORT TO Mr. Robert M. Yehell, Baymar Harbor BUILDING OR LOCATION Garage White
STREET 1530 Maryland Ave
CITY & STATE Huntington WV 25709 INSPECTOR William White
DATE 8-24-12

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)
13. Date quick-opening device tested NA (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.				MIN.	SEC.	YES	NO
Without O.O.D.									
With O.O.D.									

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations? Is there an accessible facility in each circuit for testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Method of testing circuits	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	MAKE	MODEL	Does each circuit operate successfully to alarm	Does each circuit operate valve release	Maximum time to operate release	
			YES NO	YES NO	YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Sign	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	OS:4	YES	YES	NO		
Other Control Valves	1	OS:4	YES	YES	NO		

16. See Control Valve Maintenance Table.
Water Supply Source:

	City		Tank		Pump	
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure	
Last Water Flow Test	5-12	AT MISC	2"	55	50	
This Water Flow Test	8-12	AT MISC	2"	55	50	

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: William White

Date: 8-24-12

Customer's Representative: X

Date:

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 2

REPORT TO William Mitchell BUILDING OR LOCATION Home
STREET 1530 Newland Ave INSPECTOR Timothy White
CITY & STATE Huntington, WV 25709 DATE 11-26-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did electric alarms(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did supervisory alarm service test satisfactorily? ☐ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: Timothy White Date: 11-26-12
Customer's Representative: William Mitchell Date: 11-26-12



Builing 2

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mr. Fred Mitchell, Interman BUILDING OR LOCATION same
STREET 1530 Maryland Ave INSPECTOR F. Mitchell
CITY & STATE Quantico, VA 22070 DATE 11-26-77
Inspector's Section (All _____)

Inspector's Section (All responses reference current inspection) DATE 11-28-2010

11. Date dry-pipe valve trip tested (control valve partially open) NA = NOT APPLICABLE

12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)

13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

[illegible]

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES		TRIP TEST TABLE							
		Operation		<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC					
		Piping Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO		Detecting media Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Is there an accessible facility in each circuit for testing?						Method of testing circuits	
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
				YES NO		YES NO		YI NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							
Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Handwheel	Open	Secured	Closed		
System Control Valves	1	Handwheel	Open	Secured	Closed		
Other Control Valves	2	Handwheel	Open	Secured	Closed		

16. See Control Valve Maintenance Table.
Water Supply Source:

Water Supply Source:		City	Tank		Pump
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	5-12-12	At A-1	7.5"	60'	50'
This Water Flow Test	11-12-12	At A-1	7.5"	60'	50'
Explain any "bleed" occurrences:					

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: Gregory W. Schmitt Date: 11-25-12
Customer's Representative: [Signature] Date: 11-25-12



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Mitchell, Mitchell & Proctor BUILDING OR LOCATION same
STREET 2570 Norwood Rd INSPECTOR Timothy J. White
CITY & STATE Huntington, WV 25709 DATE 11-26-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☒ Yes ☐ No ☐ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☒ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarms(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - c. Did supervisory alarm service test satisfactorily? ☐ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☐ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: Timothy J. White Date: 11-26-12
Customer's Representative: John F. White Date: 11-26-12



Building 3

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO *Richard Michael Berman* BUILDING OR LOCATION *None*
STREET *1570 Parkway Dr.* INSPECTOR *T. H. White*
CITY & STATE *Huntington WV 25709* DATE *11-22-12*

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN.	SEC.	PSI	PSI	PSI	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without O.O.D.												
With O.O.D.												

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE										
	Operation			<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
	Piping Supervised			<input type="checkbox"/> YES <input type="checkbox"/> NO		Detecting media Supervised			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Is there an accessible facility in each circuit for testing? <input type="checkbox"/> YES <input type="checkbox"/> NO						Method of testing circuits				
MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release			
				YES NO		YES NO		YES NO			

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	1	Hand	Open	Secured	NO		
Sectional Control Valves	2	Hand	Open	Secured	NO		
System Control Valves	2	Hand	Open	Secured	NO		
Other Control Valves	3	Hand	Open	Secured	NO		

16. See Control Valve Maintenance Table.
Water Supply Source: *(City)*

	Date	Test Pipe Location	Tank Size of Test Pipe	Static Pressure	Pump Residual (Flow) Pressure
Last Water Flow Test	9-11	At Pipe	2"	145	70
This Water Flow Test	11-17	At Pipe	2"	145	70

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection: *Annual Fire Pump Test*

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: *T. H. White* Date: *11-22-12*
Customer's Representative: *John L. White* Date: *11-22-12*

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4181

Building 5

REPORT TO Midway Medical Building BUILDING OR LOCATION 1000 E. 10th St.
STREET 1630 Harrison Ave. INSPECTOR John E. White
CITY & STATE Huntington, WV 25701 DATE 11-28-12

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☐ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA
 - Are they in service? ☐ Yes ☐ No ☐ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: John E. WhiteDate: 11-28-12Customer's Representative: John E. WhiteDate: 11-28-12



Building 5

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred, Richard, Patricia BUILDING OR LOCATION Laurel
STREET 1570 Norway Ave INSPECTOR Tim White
CITY & STATE Charleston, WV 25307 DATE 11-26-12

- Inspector's Section (All responses reference current inspection) NA - NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE				TRIP TEST TABLE				C.O.D.			
		MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
		Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
		MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO			
Without C.O.D.													
With C.O.D.													

Airgas-Mid America

FIRE PUMP TEST REPORT

Mildred Mitchell Bateman
1530 Norway Ave
Huntington, WV

TESTED BY: TW-10W

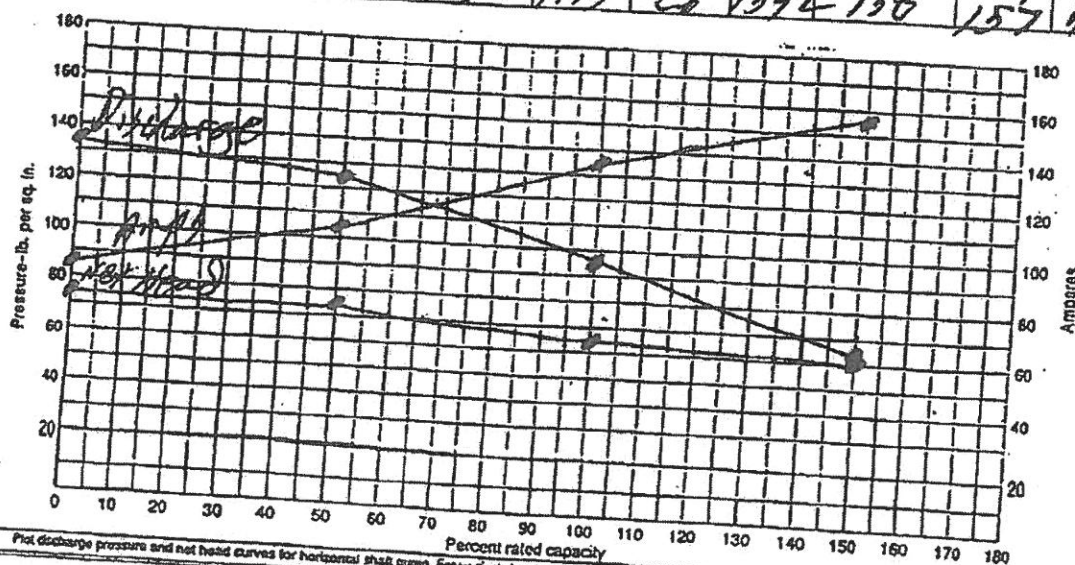
DATE: 11-26-12

PUMP MANUFACTURER: Perless
 MODEL OR TYPE: 6PF13
 RATED GPM: 1000

DRIVER MANUFACTURER: ELECTRIC: 460 MODEL: 282T HP: 30
VOLTS: 460 AMPS: 55 AMPS @ 150%: -
PHASE: 3 CYCLE: 60 SERVICE FACTOR: 1.15

CONTROLLER: Firetrol
 MODEL OR TYPE:
 SHOP OR SERIAL NO:
 AUTOMATIC START, PRESSURE DROP 80 PSI
 STOP: MANUAL - AUTOMATIC NO
 JOCKEY PUMP ON @ 85 PSI OFF @ 125 PSI

RPM	DISCHARGE PRESSURE	SUCTION PRESSURE	NET HEAD	NO. HOSES	SIZE	PITOT	GPM	PERCENT CAPACITY	AMPS	VOLTS
1776	135	60	75	CHURN	CHURN	CHURN	0	0%	87	460
1792	125	50	75	1	1.75	32	514	50	103	460
1788	95	30	65	2	1.75	32	1128	100	134	460
1760	65	5	60	3	1.75	26	1542	150	157	460



Plot discharge pressure and net head curves for horizontal shaft pump. For vertical shaft pump, plot discharge pressure curve. For electric-driven pump, plot ampere curve also.

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 2

REPORT TO Edward M. DeLoe, Patenon BUILDING OR LOCATION same
STREET 1530 Norway Dr. INSPECTOR T. White / W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Owner's Section (To be answered by Owner or Occupant)

A. Explain any occupancy hazard changes since the previous inspection.

B. Describe fire protection modifications made since last inspection.

C. Describe any fires since last inspection.

D. When was the system piping last checked for stoppage, corrosion or foreign material?

E. When was the dry-piping system last checked for proper pitch?

F. Are dry valves adequately protected from freezing?

Inspector's Section (All responses reference current inspection)

NA = NOT APPLICABLE

1. General

- a. Is the building occupied? ☒ Yes ☐ No
b. Are all systems in service? ☒ Yes ☐ No
c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA

2. Control Valves (See Item 15.)

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No

3. Water Supplies (See Item 16.)

- a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No

4. Tanks, Pumps, Fire Department Connections

- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA

5. Wet Systems

- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA

6. Dry Systems (See Items 11 to 13.)

- a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA

7. Special Systems (See Item 14.)

- a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA

8. Alarms

- a. Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
c. Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA

9. Sprinklers

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☐ Yes ☐ No
c. Is stock of spare sprinklers available? ☒ Yes ☐ No
d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No

10. Explain any "No" answers and comments:

Inspection Technician: T. White / W. White Date: 2-20-13Customer's Representative: James [Signature] Date: 2-20-13



Building 2

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION same
STREET 1530 Norwood Ave. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		TRIP TEST TABLE									
		MAKE		MODEL		SERIAL NO.		MAKE		MODEL	
		Time to Trip Thru Test Pipe		Water Pressure PSI		Air Pressure PSI		Trip Point Air Pressure PSI		Time Water Reached Test Outlet	
		MIN.	SEC.								
Without Q.O.D.											
With Q.O.D.											
										Alarm Operated Properly	
										YES	NO

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES		TRIP TEST TABLE									
		Operation		PNEUMATIC		ELECTRIC		HYDRAULIC			
		Piping Supervised		YES		NO		Detecting media Supervised		YES	
		Does valve operate from the manual trip and/or remote control stations?		YES		NO		Is there an accessible facility in each circuit for testing?		YES	
				YES		NO		Method of testing circuits			
		MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
						YES		YES		YES	
						NO		NO		NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Butterfly	YES	Tamper	NO		
System Control Valves	1	Butterfly	YES	Tamper	NO		
Other Control Valves	2	Butterfly	YES	Tamper	NO		

16. See Control Valve Maintenance Table.
Water Supply Source:

	Date	City		Tank		Pump	
		Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure		
Last Water Flow Test	11-13	AT R. 40.5	2"	60	50		
This Water Flow Test	2-13	"	2"	60	50		

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: T. White/W. White Date: 2-20-13
Customer's Representative: John Schum Date: 2-20-13

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Mildred Mitchell Betermar BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☒ Yes ☐ No ☐ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - Were low points draining during this inspection? ☐ Yes ☐ No ☐ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician:

T. White/W. White

Date:

2-20-13

Customer's Representative:

James D. White

Date:

2-20-13



Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Mildred Mitchell BUILDING OR LOCATION same
STREET 1530 Norway St. INSPECTOR T. White
CITY & STATE Hartington, WV 25709 DATE 2-20-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.				MIN.	SEC.	YES	NO
Without C.O.D.									
With C.O.D.									

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

TRIP TEST TABLE									
DELUGE & PREACTION VALVES	Operation			<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC			
	Piping Supervised			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is there an accessible facility in each circuit for testing?					Method of testing circuits			
	<input type="checkbox"/> YES <input type="checkbox"/> NO								
MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
				YES NO		YES NO		YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	dry	yes	Tamped	NO		
Sectional Control Valves							
System Control Valves	1	dry	yes	Tamped	NO		
Other Control Valves	1	dry	no	Tamped	yes		

16. See Control Valve Maintenance Table.

Water Supply Source:			Tank		Pump	
Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure		
Last Water Flow Test	11-12 AT Riser	2"	140	70		
This Water Flow Test	2-13 "	2"	140	70		

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: T. White

Date: 2-20-13

Customer's Representative: John S. S. S.

Date: 2-20-13



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 5

REPORT TO Mildred Mitchell Latimer BUILDING OR LOCATION same
STREET 1530 Norway Pl INSPECTOR T. White W. White
CITY & STATE Hartington, WV 25709 DATE 2-20-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
 - a. Is the building occupied? ☒ Yes ☐ No
 - b. Are all systems in service? ☒ Yes ☐ No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - d. Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - b. Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - c. Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
 - a. Are cold weather valves (U.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - b. Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - c. Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☐ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - c. Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - d. Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - e. Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - b. Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - c. Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - b. Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - c. Did supervisory alarm service test satisfactorily? ☐ Yes ☐ No ☐ NA
9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - c. Is stock of spare sprinklers available? ☒ Yes ☐ No
 - d. Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - e. Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician:

T. White W. White

Date:

2-20-13

Customer's Representative:

James S. [Signature]

Date:

2-20-13



Building 5

Fire Protection Division
One Oregon Street
P.O. Box 1288
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION same
STREET 1930 Norway Pl. INSPECTOR T. White / M. White
CITY & STATE Huntington, WV 25709 DATE 2-20-13

- Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE
11. Date dry-pipe valve trip tested (control valve partially open) (See Trip Test Table which follows.)
12. Date dry-pipe valve trip tested (control valve fully open) (See Trip Test Table which follows.)
13. Date quick-opening device tested (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE		TRIP TEST TABLE				C.O.D.	
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL
	Time to Trip Thru Test Pipe		Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet	Alarm Operated Properly	
	MIN.	SEC.				MIN.	SEC.	YES NO
Without Q.O.D.								
With Q.O.D.								

14. Date deluge or preaction valve tested (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC		
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is there an accessible facility in each circuit for testing?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	Method of testing circuits					
	MAKE	MODEL	Does each circuit operate supervision loss alarm	Does each circuit operate valve release	Maximum time to operate release	
			YES NO	YES NO	YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	2" dry	Yes	Tamper	NO		
Other Control Valves	1	2" dry	Yes	Tamper	NO		

16. See Control Valve Maintenance Table.
Water Supply Source: City

	Date	Test Pipe Location	Tank	Static Pressure	Pump
			Size of Test Pipe		Residual (Flow) Pressure
Last Water Flow Test	11-12	AT River	2"	55	50
This Water Flow Test	2-13		2"	55	50

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician: Tony White / M. White Date: 2-20-13
Customer's Representative: John Smith Date: 2-20-13

Airgas

Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 2

REPORT TO Mildred Mitchell Peterson Hays BUILDING OR LOCATION same
STREET 1530 Norway Av. INSPECTOR James J. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☐ Yes ☐ No ☒ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☒ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☒ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☒ NA Are they in service? ☐ Yes ☐ No ☒ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☒ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☒ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☒ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☒ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☒ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☒ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☐ Yes ☐ No ☒ NA
 - Did electric alarm(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: James J. WhiteDate: 5-28-13Customer's Representative: J. SmithDate: 5-28-13



Building 2

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Mildred McLeod Johnson BUILDING OR LOCATION Same
STREET 1530 Norway Dr. INSPECTOR T. White
CITY & STATE Huntington, WV 25709 DATE 5-25-13

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)

12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)

13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
Time to Trip		Water		Air		Trip Point		Time Water Reached		Alarm Operated	
Thru Test Pipe		Pressure		Pressure		Air Pressure		Test Outlet		Properly	
MIN. SEC.		PSI		PSI		PSI		MIN. SEC.		YES NO	
Without Q.O.D.											
With Q.O.D.											

14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

TRIP TEST TABLE							
DELUGE & PREACTION VALVES	Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC						
	Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO		Detecting media Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Does valve operate from the manual trip end/or remote control stations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	Is there an accessible facility in each circuit for testing?					Method of testing circuits	
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release
		YES	NO	YES	NO	YES	NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Butterfly	NO	NO	NO		
System Control Valves	1	Gate	NO	NO	NO		
Other Control Valves	2	Butterfly	NO	NO	NO		

16. See Control Valve Maintenance Table.

Water Supply Source:		City	Tank		Pump
	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	2-12	At Kiln	2"	6.7	5.7
This Water Flow Test	6-24-12		2"	6.7	5.7

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Inspection Technician:

Date: 4-28-15

Customer's Representative:

Date: 5-28-13



Mountain States Airgas

Fire Protection Division
One Oregon Street
P.O. Box 1268
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

Building 3

REPORT TO Mildred Mitchell Pateman Hogg BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. White / W. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. _____
- B. Describe fire protection modifications made since last inspection. _____
- C. Describe any fires since last inspection. _____
- D. When was the system piping last checked for stoppage, corrosion or foreign material? _____
- E. When was the dry-piping system last checked for proper pitch? _____
- F. Are dry valves adequately protected from freezing? _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- Is the building occupied? ☒ Yes ☐ No
 - Are all systems in service? ☒ Yes ☐ No
 - Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? ☒ Yes ☐ No
 - Does all electrical heat tape appear to be satisfactory? ☐ Yes ☐ No ☒ NA
 - Does the hand hose on the sprinkler system(s) appear to be satisfactory? ☐ Yes ☐ No ☒ NA
2. Control Valves (See Item 15.)
- Are all sprinkler system control valves and all other valves in the appropriate open or closed position? ☒ Yes ☐ No
 - Are all control valves in the open position locked, sealed or equipped with a tamper switch? ☒ Yes ☐ No
3. Water Supplies (See Item 16.)
- Was a water flow test of main drain made at the sprinkler riser(s)? ☒ Yes ☐ No
4. Tanks, Pumps, Fire Department Connections
- Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? ☒ Yes ☐ No ☐ NA
 - Are fire department connections in satisfactory condition, couplings free caps in place, and check valves tight? ☒ Yes ☐ No ☐ NA
 - Are they accessible and visible? ☒ Yes ☐ No ☐ NA
5. Wet Systems
- Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? ☐ Yes ☐ No ☒ NA
 - Have antifreeze system solutions been tested? ☐ Yes ☐ No ☒ NA
 - Were the antifreeze test results satisfactory? ☐ Yes ☐ No ☒ NA
 - In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? ☒ Yes ☐ No ☐ NA Do all exterior openings appear to be protected against freezing? ☒ Yes ☐ No ☐ NA
6. Dry Systems (See Items 11 to 13.)
- Are dry valve(s) in service? ☐ Yes ☐ No ☐ NA
 - Are the air pressures and priming water levels in accordance with the manufacturer's instructions? ☐ Yes ☐ No ☐ NA
 - Has the operation of the air or nitrogen supplies been tested? ☐ Yes ☐ No ☐ NA Are they in service? ☐ Yes ☐ No ☐ NA
 - Were low points drained during this inspection? ☐ Yes ☐ No ☐ NA
 - Did quick-opening devices operate satisfactorily? ☐ Yes ☐ No ☐ NA
 - Did the dry valve(s) trip properly during the trip pressure test? ☐ Yes ☐ No ☐ NA
 - Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? ☐ Yes ☐ No ☐ NA
7. Special Systems (See Item 14.)
- Did the deluge or pre-action valves operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the heat-responsive devices operate properly during testing? ☐ Yes ☐ No ☐ NA
 - Did the supervisory devices operate during testings? ☐ Yes ☐ No ☐ NA
8. Alarms
- Did water motor(s) and gong(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did electric alarms(s) test satisfactorily? ☒ Yes ☐ No ☐ NA
 - Did supervisory alarm service test satisfactorily? ☒ Yes ☐ No ☐ NA
9. Sprinklers
- Are all sprinklers free from corrosion, loading or obstruction to spray discharge? ☒ Yes ☐ No
 - Are sprinklers less than 50 years old? (Older sprinklers require sample testing) ☒ Yes ☐ No
 - Is stock of spare sprinklers available? ☒ Yes ☐ No
 - Does the exterior condition of sprinkler system appear to be satisfactory? ☒ Yes ☐ No
 - Are sprinklers of proper temperature ratings for their locations? ☒ Yes ☐ No
10. Explain any "No" answers and comments: _____

Inspection Technician: T. White / W. White

Date: 5-28-13

Customer's Representative: J. S. [Signature]

Date: 5-28-13

PRICING PAGE

EXHIBIT "A"

SEMI-ANNUAL TESTING & SERVICE OF COMMERCIAL HOOD SUPPRESSION SYSTEM		
COST TO SERVICE AND REPAIR	FREQUENCY	ANNUAL COST
(1) \$ 210.00	2 X PER YEAR	\$ 420.00

QUARTERLY TESTING & SERVICE OF FIRE ALARM & DETECTION SYSTEMS		
COST TO SERVICE FIRE ALARM SYSTEM	FREQUENCY	ANNUAL COST
(2) \$ 1600.00	4 X PER YEAR	\$ 6400.00

QUARTERLY TESTING & SERVICE OF SPRINKLER SYSTEM		
COST TO SERVICE SPRINKLER SYSTEM	FREQUENCY	ANNUAL COST
(3) \$ 357.00	4 X PER YEAR	\$ 1428.00

ANNUAL INSPECTION, TESTING AND SERVICE OF FIRE HYDRANTS		
COST TO INSPECT & SERVICE SPRINKLER SYSTEM	FREQUENCY	ANNUAL COST
(4) \$ 402.00	ONCE A YEAR	\$ 402.00 (402.00)

MONTHLY TESTING & SERVICE OF FIRE PUMP		
COST TO SERVICE AND REPAIR FIRE PUMP	FREQUENCY	ANNUAL COST
(5) \$ 500.00	12 X PER YEAR	\$ 500.00

SEMI-ANNUAL INSPECTION AND SERVICE OF FIRE DOORS AND SMOKE DAMPERS		
COST TO INSPECT & SERVICE FIRE DOORS & SMOKE DAMPERS	FREQUENCY	ANNUAL COST
(6) \$ 100.00	2 X PER YEAR	\$ 200.00

SEMI-ANNUAL INSPECTION AND SERVICE OF SMOKE MANAGEMENT SYSTEM		
COST TO INSPECT & SERVICE SMOKE MANAGEMENT	FREQUENCY	ANNUAL COST
(7) \$ 400.00	2 X PER YEAR	\$ 800.00

QUARTERLY INSPECTION, SERVICE AND CLEANING OF SMOKE & DUCT DETECTORS		
COST TO INSPECT, SERVICE & CLEAN SMOKE SYSTEM	FREQUENCY	ANNUAL COST
(8) \$ 300.00	4 X PER YEAR	\$ 1200.00

TOTAL OF (1) THROUGH (8)		(A) \$
--------------------------	--	-----------

SERVICE CALLS / TROUBLE SHOOTING: INDICATE THE HOURLY RATE AS SPECIFIC FOR SERVICE CALLS/ REPAIRS OUTSIDE THE SCOPE OF THE SPECIFIC INSPECTION / MAINTENANCE PROCESS.
ALL INVOICES MUST BE ITEMIZED

DESCRIPTION	VENDOR RATE or MARK-UP	ESTIMATED HOURS	EXTENDED COST
(9) Cost per hour for service calls/repairs outside the scope of the specified inspection/maintenance process during NORMAL BUSINESS HOURS (7:00 AM TO 4:00 PM, Monday through Friday)	\$ 105.00	40 hours*	\$ 4200.00
(10) Cost per hour for service calls/repair outside the scope of the specified inspection/maintenance process during normal business hours (Including weekends and holidays).	\$ 125.00	20 hours*	\$ 2500.00
(11) Materials for repair to be bill at net cost. Include percentage allowed for overhead and profit. (Indicated this percentage in the space to the right). A copy of itemized materials invoice from the supplier must be included with all billings.	10 % mark-up	\$500.00 estimated materials*	\$ 550.00
TOTAL OF (9) + (10) + (11)			(B) \$ 7250.00

*Hours and materials are estimates that will be utilized for evaluation purposes only. No future use of the Contract or any individual item is guaranteed or implied.

(A) TOTAL OF (1) THROUGH (8)	\$ 11350.00
(B) TOTAL OF (9) THROUGH (11)	\$ 7250.00
TOTAL COST OF (A) + (B)	GRAND TOTAL \$ 18600.00

Grand Total is calculated by adding (A) plus (B). All pricing quoted shall remain fixed for the term of the contract. Contract will be awarded to Vendor submitting lowest GRAND TOTAL of (A) + (B) who meet specifications.

COMPANY NAME	Simplex Grinnell
ADDRESS	2800 7th Ave Suite 102
CITY / STATE / ZIP CODE	Charleston WV 25381
CONTACT PERSON	Bob Peters
SIGNATURE	Bob Peters
DATE	10/10/13
PHONE NUMBER	304-746-4081
EMAIL ADDRESS	bpeters@simplexgrinnell.com
FAX NUMBER	304-746-4089

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MMB14037

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input checked="" type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

SimplexGunnell LP
 Company
Ron A. [Signature]
 Authorized Signature
9/11/13
 Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012

POLICIES AND PROCEDURES

Intent

As part of our commitment to safeguarding the health of our employees, providing a safe place for our employees to work, supplying our customers with the highest quality of products and services, and to ensure consistency with the federal "Drug Free Workplace Act of 1988," we have established the requirements listed below regarding the use, possession, sale, distribution, manufacture, or being under the influence of illegal drugs, controlled substances and/or alcohol.

Limitations

State or local laws or collective bargaining agreements may limit application of this policy. Check with your Safety Manager, HR Manager or one of the Tyco Corporate Labor and Employment Attorneys before implementing any portion of this policy other than the pre-employment, post-accident testing. **This policy excludes the State of Maine.**

Responsibility For Implementation

Management at each district office or corporate department within the United States is responsible for implementing and ensuring compliance with this Policy.

Human Resources will provide guidance and assistance to employees and management in fulfilling the intent of this Policy.

Scope

This policy applies to all employees and employment candidates including temporary employees who are to be assigned for two weeks or more in the United States, except where limited by state or local laws or collective bargaining agreements. As a condition of employment, all employees are required to abide by the terms of this policy.

Prohibited Acts

The following acts are strictly prohibited if they occur during your work hours, on company business or in company vehicles:

1. Manufacturing, possessing, using, selling, purchasing, dispensing and/or distributing any illegal drug or controlled substance or alcoholic beverage.
2. Possessing and/or using any prescription drug unless it is authorized by a valid prescription issued to you and its use is in accordance with such prescription.
3. Misusing over-the-counter medications or other legally acquired substances and/or misusing any prescription drug.

ISSUED BY

Scott Horton, VP HR
SimplexGrinnell

EFFECTIVE DATE
August 11, 2008

SUPERSEDES
August 1, 2006

PAGE
1 of 4

POLICIES AND PROCEDURES

4. Reporting to work or working while under the influence of illegal drugs or controlled substances, alcohol, or misused prescription or over-the-counter medications.
5. Positive Test on a drug and/or alcohol testing.

Note: There is a limited exception for alcohol use at approved company functions. Exceptions must be approved by a member of the Company's senior leadership team.

Searches

In order to protect the safety of the workplace and to enforce this policy, the Company reserves the right to inspect the workplace, including searches of employees' toolboxes, lockers and vehicles. During such searches, to the extent consistent with adequate investigation and appropriate corrective action, the Company will protect the privacy and confidentiality of the employee. All employees are subject to confidential searches. An employee's consent to a search is required as a condition of employment, and the employee's refusal to consent may result in disciplinary action, including discharge, even for a first refusal.

Required Notices

All employees are required to notify their location manager or the HR department in the event he or she enters a plea of guilty, a plea of no contest, or a conviction is imposed with reference to a violation of any federal or state criminal drug statute. Employees who drive company vehicles must also notify their location manager or the HR department if they enter a plea of guilty, a plea of no contest or a conviction is imposed with reference to a DUI, DWI or other traffic violation involving the use of alcohol. Such notification must be given by the employee no later than 24 hours or the next business day after a plea of guilty, a plea of no contest, or a conviction is imposed with reference to a violation of any federal or state criminal drug statute or the DWI, DUI or other traffic violation involving the use of alcohol. Failure of an employee to provide notice under this policy will constitute a violation of these rules and will result in corrective action up to and including termination. Any employee who drives a company vehicle and who has a driver's license suspended for a drug or alcohol-related offense must report the suspension to HR or their supervisor within 24 hours.

Procedures

All job candidates, interns, Co-Op students, contract employees (Agency, Self –Employed), and SG Temporary Help are required to participate in pre-employment and post-accident drug/alcohol testing. Anyone whose pre-employment test results are positive is not eligible for hire. **See the Drug/Alcohol Administrative guideline manual for further details.**

ISSUED BY
Scott Horton, VP HR
SimplexGrinnell

EFFECTIVE DATE
August 11, 2008

SUPERSEDES
August 1, 2006

PAGE
2 of 4

POLICIES AND PROCEDURES

At the Company's sole discretion, any accident, regardless of cause, may result in a referral for drug/alcohol testing. Any employee required to take a post-accident drug/alcohol test must complete it within eight hours of the accident.

The Drug/Alcohol Administrative guideline manual will be used for administering this process.

Disciplinary Action

The following disciplinary actions should be taken when this drug and alcohol policy has been violated:

1. **Refusal to Test:** Compliance with this drug and alcohol-testing policy is a condition of employment. Refusal to take a required drug and/or alcohol test will be considered insubordination and will result in termination.
2. **Positive Test Results:** If the employee tests positive for either drugs and/or alcohol in violation of this policy (as defined in this Policy, including diluted urine samples, adulterated urine samples or urine samples outside the proper temperature range), they will be subject to disciplinary action up to and including termination. Except for positive test results from post accident testing or reasonable suspicion testing, first time offenders may be subject to 90-day suspension of driving privileges for any company owned, leased or rented vehicle, mandatory EAP and one year's probation with random drug and alcohol testing during the probation period. Any subsequent positive drug and alcohol tests will result in termination. Affected employees will be required to sign the Notice & Consent form for continued testing in Attachment 5 and Attachment 6 Letter of Understanding.
3. **Voluntary Rehabilitation:** The Company has provided a process that enables an employee to voluntarily report substance abuse problems in a confidential manner. That process is for the employee to take the responsibility to seek treatment by accessing care available through the substance abuse benefit of the EAP and notifying his or her manager. This notification will be held in strict confidence by management. This notification must be made by the employee prior to the Company requiring the employee to submit to testing for controlled substances or alcohol. Those coming forward after this notification are subject to the standards of this policy. Upon successful completion of rehabilitation, affected employees will be required to sign the Notice & Consent form for continued testing in Attachment 5 and Attachment 6 Letter of Understanding.

ISSUED BY

Scott Horton, VP HR
SimplexGrinnell

EFFECTIVE DATE
August 11, 2008

SUPERSEDES
August 1, 2006

PAGE
3 of 4

POLICIES AND PROCEDURES

4. Upon successful completion of rehabilitation, affected employees will be required to sign the Notice & Consent form for continued testing in Attachment 5.
5. Prohibited Acts Violations: Disciplinary action will be taken against employees who engage or participate in any prohibited act up to and including termination.

Discretion to Interpret the Policy

The Company, acting through the Human Resources Department, shall have complete discretion to interpret the terms and provisions of this policy and to make any determinations in connection with the administration or operation of the policy. To the maximum extent permitted by law, all such interpretations or determinations that are made in the exercise of this discretion under this policy are final and binding on all the parties concerned.

Amendment and Termination of the Policy

The Company reserves the right to amend or modify, in any respect whatsoever, or to suspend or terminate the policy at any time.

Employment at Will

Except where prohibited by law or modified by a collective bargaining contract, this Policy does not modify an employee's at-will employment status, in which either the employee or the Company may terminate the employment relationship at any time, with or without cause or notice. Furthermore, neither this Policy nor any other communication from management relating to this policy is intended to in any way create a promise or contract of employment for any specified duration of employment or any procedures that the Company must follow prior to discharging any employee.

Governing Law

All rights under this Policy shall be governed by, and construed in accordance with, the laws of the applicable state, without regard to its principles of conflicts of law.

ISSUED BY

Scott Horton, VP HR
SimplexGrinnell

EFFECTIVE DATE
August 11, 2008

SUPERSEDES
August 1, 2006

PAGE
4 of 4



**State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5**

STATE OF West Virginia
COUNTY OF Kanawha, TO-WIT:

I, _____, after being first duly sworn, depose and state as follows:

1. I am an employee of SimplexGrinnell LP; and,
(Company Name)
2. I do hereby attest that SimplexGrinnell LP
(Company Name)

maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D-5**.

The above statements are sworn to under the penalty of perjury.

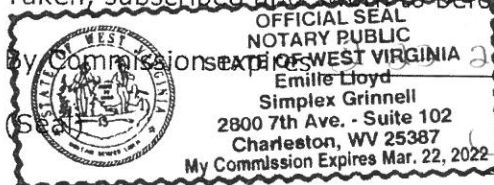
SimplexGrinnell LP
(Company Name)

By: _____

Title: Branch Mgr

Date: 10-10-2013

Taken, subscribed and sworn to before me this 10 day of October 2013



Emille Lloyd
(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

RFQ No. MMB14037STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

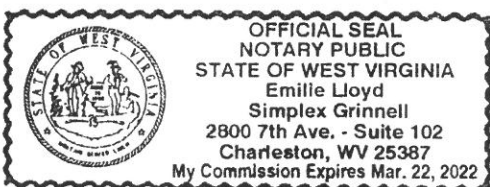
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: Simplex Grinnell LPAuthorized Signature: [Signature] Date: 9/11/13State of WVCounty of Kanawha, to-wit:Taken, subscribed, and sworn to before me this 10 day of October, 2013My Commission expires 2-22, 2013**AFFIX SEAL HERE****NOTARY PUBLIC**[Signature]

Purchasing Affidavit (Revised 07/01/2012)



CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

SimplexGrinnell LP
(Company)

R. A. P.
(Authorized Signature)

PSR
(Representative Name, Title)

304-746-4081-P 304-746-4089-F
(Phone Number) (Fax Number)

9/11/13
(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MMB14037

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

☒ Addendum No. 1

☐ Addendum No. 6

☒ Addendum No. 2

☐ Addendum No. 7

☒ Addendum No. 3

☐ Addendum No. 8

☒ Addendum No. 4

☐ Addendum No. 9

☐ Addendum No. 5

☐ Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

SimplexGrinnell LP
Company
Ron A. PA
Authorized Signature
9/11/13
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MMB14037

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

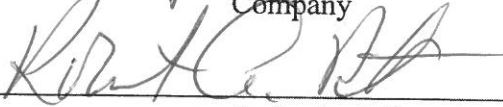
Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input checked="" type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.



 Company


 Authorized Signature
 10/10/13

 Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012