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

Solicitation

NUMBER	PAGE
MMB14037	1

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

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE

SHIP TO
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	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: 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 Hospital BUILDING OR LOCATION Jenny 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 Itme 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: 8-24-12

Customer's Representative: X _____ Date: _____

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 M. Tabor Bateman Hosp BUILDING OR LOCATION Jenny White
STREET 1530 Norway 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 _____ *(See Trip Test Table which follows.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST	DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

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

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

TRIP TEST TABLE

DELUGE & PREACTION VALVES

Operation ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC							
Piping Supervised ☐ YES ☐ NO				Detecting media 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			
MAKE	MODEL	Does each circuit operate supervision loss alarm YES	NO	Does each circuit operate valve release YES	NO	Maximum time to operate release YES	NO
		NA					

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	Butterfly	Yes	Tamper	No		
System Control Valves	1	Butterfly	Yes	Tamper	No		
Other Control Valves	2	OS-Y	Yes	Tamper	No		

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	City: Test Pipe Location	City: Size of Test Pipe	Tank: Static Pressure	Pump: Residual (Flow) Pressure
Last Water Flow Test	5-12	At riser	2"	60	50
This Water Flow Test	8-12	At riser	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: Willard 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 #3

REPORT TO Mildred Mitchell Bateman Hospital BUILDING OR LOCATION Tammy White
STREET 1530 Norway Ave INSPECTOR Wilford 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 Itme 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: Wilford White Date: 8-24-12
Customer's Representative: X _____ Date: _____

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. BUILDING OR LOCATION Tommy White
STREET 1530 Norway 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 _____ *(See Trip Test Table which follows.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

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

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

TRIP TEST TABLE

DELUGE & PREACTION VALVES

Operation ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC						
Piping Supervised ☐ YES ☐ NO		Detecting media 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				
MAKE	MODEL	Does each circuit operate supervision loss alarm YES	NO	Does each circuit operate valve release YES	NO	Maximum time to operate release YES	NO
		NA					

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	#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	At riser	2"	140	50
This Water Flow Test	8-12	At riser	2"	140	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: _____ Date: 8-24-12

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 Mildred Mitchell Bateman Hosp BUILDING OR LOCATION Tommy 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 Itme 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: [signature] Date: 8-24-12

Customer'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 Mildred M. Tickell Bateman Hall ~~BUILDING OR LOCATION~~ Tommy White
STREET 1530 Norway 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 _____ *(See Trip Test Table which follows.)*

TRIP TEST TABLE

DRY VALVE

MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

C.O.D.

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.				NA					

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

TRIP TEST TABLE

DELUGE & PREACTION VALVES

Operation	☐ PNEUMATIC	☐ ELECTRIC	☐ HYDRAULIC				
Piping Supervised	☐ YES	☐ NO	Detecting media 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				

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

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	1	OS:Y	YES	Tamper	NO		
Other Control Valves	1	OS:Y	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	5-12	At Riser	2"	55	50
This Water Flow Test	8-12	At Riser	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: _____ Date: 8-24-12

Customer's Representative: X _____ Date: _____

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 2

REPORT TO Dilbert Mitchell Gateman BUILDING OR LOCATION Same
STREET 1530 Norway Ave INSPECTOR Tabitha Wilkinson
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 Itme 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: Tabitha Wilkinson Date: 11-28-12
Customer's Representative: _____ Date: 11-28-12

Airgas

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 Mr. Jared Ortzel Fisherman BUILDING OR LOCATION Home
STREET 1530 Hoover Rd INSPECTOR Tony Pritchett
CITY & STATE Huntington, WV 25705 DATE 11-21-12

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.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST	DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

	Time to Trip Thru Test Pipe MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly 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	☐ PNEUMATIC	☐ ELECTRIC	☐ HYDRAULIC				
Piping Supervised	☐ YES	☐ NO	Detecting media 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				

MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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	Butterfly	Gate	Tamper	NO		
System Control Valves	1	Butterfly	Gate	Tamper	NO		
Other Control Valves	2	Butterfly	Gate	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	9-12	At Riser	2"	60	50
This Water Flow Test	11-12		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: Tony Pritchett Date: 11-21-12
Customer's Representative: Patricia Mc Date: 11-21-12

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

Building 3

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION Same
STREET 2530 Norway Dr INSPECTOR Tim Tolliver
CITY & STATE Huntington, WV 25705 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 Itme 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: Tim Tolliver Date: 11-26-12
Customer's Representative: [illegible] Date: 11-26-12

Airgas

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. Fred Distel Assoc. BUILDING OR LOCATION James Enterprises
STREET 1920 Norway Ave INSPECTOR Todd Whitehurst
CITY & STATE Huntington, WV 25709 DATE 11-22-17

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.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST	DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

	Time to Trip Thru Test Pipe MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly 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	☐ PNEUMATIC	☐ ELECTRIC	☐ HYDRAULIC	
Piping Supervised	☐ YES	☐ NO	Detecting media 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	

MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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	1	OS&Y	yes	Tamper	no		
Sectional Control Valves	-						
System Control Valves	2	OS&Y	yes	Tamper			
Other Control Valves	3	OS&Y	no	no	Gate		

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	6-11	At Pump	2½"	130	30
This Water Flow Test	11-17	"	"	130	30

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: Todd Whitehurst Date: 11-22-17
Customer's Representative: _____ Date: 11-22-17

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 5

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION Same
STREET 1530 Norway Av. INSPECTOR [illegible]
CITY & STATE Huntington, WV 25709 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 Itme 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: [illegible] Date: 11-22-12
Customer's Representative: [illegible] Date: 11-22-12

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 Source
STREET 1530 Kanawha Blvd. INSPECTOR Tim Whitehouse
CITY & STATE Charleston, WV 25312 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 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 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	☐ PNEUMATIC	☐ ELECTRIC	☐ HYDRAULIC	
Piping Supervised	☐ YES	☐ NO	Detecting media 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	

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

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve	1	OS&Y	yes	Tamper	no		
Tank Control Valves							
Pump Control Valves							
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	6-7-12	8" Riser	2"	55	50
This Water Flow Test	11-26-12		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: Tim Whitehouse Date: 11-26-12
Customer's Representative: [signature] Date: 11-26-12

Form FS 7

Airgas-Mid America

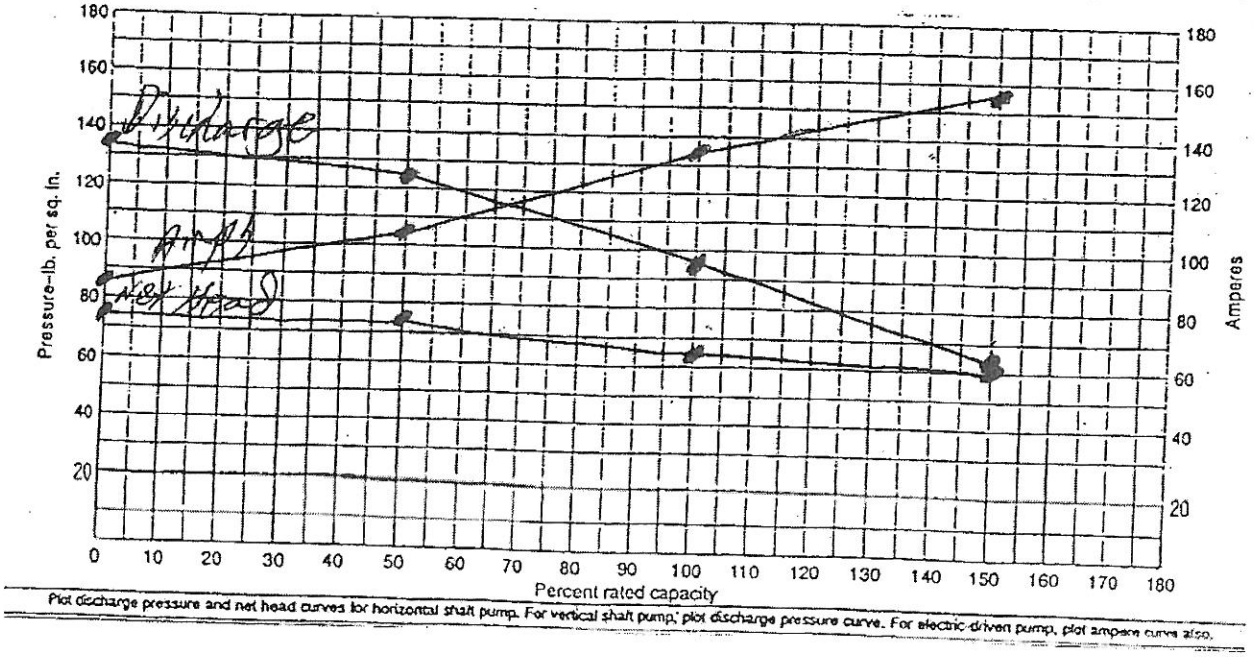
FIRE PUMP TEST REPORT

Mildred Mitchell Veteran
1538 Norway Ave
Huntington, WV

TESTED BY: TW-WW DATE: 11-28-12

PUMP MANUFACTURER: Peerless
MODEL OR TYPE: 6BF13
RATED GPM: 1000
DRIVER MANUFACTURER: _____
ELECTRIC: 460 MODEL: 286T 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 yes
JOCKEY PUMP ON @ 85 PSI OFF @ 125 PSI

RPM	DISCHARGE PRESSURE	SUCTION PRESSURE	NET HEAD	NO. HOSES	SIZE	PITOT	GPM	PERCENT CAPACITY	AMPS	VOLTS
1796	135	60	75	CHURN	CHURN	CHURN	0	0%	84	460
1792	125	50	75	1	1.75	32	514	50	103	460
1786	95	30	65	2	1.75	32	1025	100	134	460
1766	65	5	60	3	1.75	24	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 Mildred Mitzel 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 Itme 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: _____ Date: 2-20-13

Airgas

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 2-20-13 *(See Trip Test Table which follows.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST	DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

	Time to Trip Thru Test Pipe MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly 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 ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC					
Piping Supervised ☐ YES ☐ NO		Detecting media 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			

MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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	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 Riser	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: _____ Date: 2-20-13

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 BUILDING OR LOCATION Jane C. White
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 Itme 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: _____ Date: 2-20-13

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 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.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST	DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

	Time to Trip Thru Test Pipe MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly 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 ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC
Piping Supervised ☐ YES ☐ NO Detecting media 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

MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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	2	Okay	yes	Tamper	No		
Sectional Control Valves							
System Control Valves	1	Okay	yes	Tamper	No		
Other Control Valves	1	okay	No	Tamper	yes		

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	1-12	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/W. White Date: 2-20-13
Customer's Representative: _____ Date: 2-20-13

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 5

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

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 Itme 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: _____ Date: 2-20-13

Amgas

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 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.)*

TRIP TEST TABLE

DRY VALVE

MAKE	MODEL	SERIAL NO.

C.O.D.

MAKE	MODEL	SERIAL NO.

DRY PIPE OPERATING TEST

	Time to Trip Thru Test Pipe MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly NO
Without Q.O.D.			77						
With Q.O.D.									

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

TRIP TEST TABLE

DELUGE & PREACTION VALVES

Operation ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC							
Piping Supervised ☐ YES ☐ NO				Detecting media 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			
MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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							
System Control Valves	1	Alarm	Yes	Tamper	NO		
Other Control Valves	1	Alarm	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	11-12	AT Riser	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: _____ 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 Bateman Hosp BUILDING OR LOCATION Same
STREET 1530 Norway Dr. INSPECTOR Tony White/Jud 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 Itme 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/Jud White Date: 5-28-13
Customer's Representative: _____ Date: 5-28-13

Airgas

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 McDaniel Veteran Hosp BUILDING OR LOCATION Same
STREET 1530 Norway Ave. INSPECTOR T. Whitehead 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 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 MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly 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 ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC			Detecting media Supervised ☐ YES ☐ NO	
Piping Supervised ☐ YES ☐ NO				
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				

MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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	Butterfly	S	Tamper	NO		
System Control Valves	1	Gate	S	Tamper	NO		
Other Control Valves	2	Butterfly	S	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	2-13	At Riser	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. Whitehead White Date: 5-28-13
Customer's Representative: _____ Date: 5-28-13

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 Hosp. BUILDING OR LOCATION Same
STREET 1530 Norway Av. INSPECTOR T. White / W. White
CITY & STATE Huntington, WV 25709 DATE 5-22-13

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 Itme 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: 5-23-13
Customer's Representative: T. Sowers Date: 5-23-13

Airgas

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 Mitchell Bateman Hosp. 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) 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.*)

TRIP TEST TABLE

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

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

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

TRIP TEST TABLE

DELUGE & PREACTION VALVES

Operation ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC							
Piping Supervised ☐ YES ☐ NO				Detecting media 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			
MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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	2	Post	yes	Tamper	NO		
Sectional Control Valves							
System Control Valves	1	Post	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	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: T. White/W. White Date: 5-28-13
Customer's Representative: Sexton Date: 5-28-13

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 5

REPORT TO Mildred Mitchell Bateman BUILDING OR LOCATION Same
STREET 1530 Norway Av. INSPECTOR Teddie 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 Itme 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: [signature] Date: 5-28-13
Customer's Representative: [signature] Date: 5-28-13

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 Same
STREET 1530 Norway Ave. INSPECTOR T. White/C. 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.)*

TRIP TEST TABLE

DRY PIPE OPERATING TEST	DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	C.O.D. MAKE	C.O.D. MODEL	C.O.D. SERIAL NO.

	Time to Trip Thru Test Pipe MIN.	Time to Trip Thru Test Pipe SEC.	Water Pressure PSI	Air Pressure PSI	Trip Point Air Pressure PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly YES	Alarm Operated Properly 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 ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC							
Piping Supervised ☐ YES ☐ NO				Detecting media 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			
MAKE	MODEL	Does each circuit operate supervision loss alarm YES	Does each circuit operate supervision loss alarm NO	Does each circuit operate valve release YES	Does each circuit operate valve release NO	Maximum time to operate release YES	Maximum time to operate release 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							
System Control Valves	1	Gate	Yes	Yes	NO		
Other Control Valves		Gate	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	2-13	At Base	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: _____ Date: 5-28-13
Customer's Representative: _____ Date: 5-28-13

Form FS 7

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: Simplex Grinnell	2800 7th Ave - Ste 102	PHONE 304-746-4081
Rep: Bob Peters	Charleston WV 25387	TOLL FREE
Email Address: rpeters@simplexgrinnell.com		FAX 304-746-4059
Company: Sentry Fire Protection	114 8th AVENUE West	PHONE 304-523-7241
Rep: Jeff Loory	Huntington, WV 25701	TOLL FREE
Email Address: jloory@sentryfireprotection.com		FAX 304-523-7119
Company: Sentry Fire Protection	114 8th Ave West	PHONE 304-523-7241
Rep: Matt Copley	Huntington, WV 25701	TOLL FREE
Email Address: MCopley@SentryFireProtection.com		FAX 304-523-7119
Company: Brewer & Co	3601 7th Ave.	PHONE 304-744-5314
Rep: Robert McCallister	Charleston, WV 25387	TOLL FREE 800-642-8598
Email Address: robert@brewersprinkler.com		FAX 304-744-5353
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
Fax 304.744.4899
Cell 304.549.2237
robert@brewersprinkler.com
www.brewersprinkler.com

Robert McCallister
Inspection/Service Division Manager
WV Cert # FPJ7044RRM0309
KY Cert # SSR-324
OH Cert # 54-31-1766

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A Tyco International Company

Bob Peters
Service Sales Representative

2650 7th Ave - Suite 102
Charleston, WV 25307
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rpeters@simplexgrinnell.com • www.simplexgrinnell.com

NOTIFIER

SENTRY FIRE PROTECTION, INC.
Fire Alarm Systems • Sprinkler & Suppression Systems • Fire Extinguishers

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SALES - SERVICE

114 8TH AVENUE WEST
HUNTINGTON, WV 25701
(304) 523-7211
FAX (304) 523-7119
jlong@sentryfireprotection.com
www.sentryfireprotection.com

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) $

Revised Pricing Page 8/28/2013
Addendum No. 1 - MMB14037

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 serivce 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)	$	40 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).	$	20 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.	_____ % 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	

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.

_____
Company

_____
Authorized Signature

_____
Date

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