



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

Solicitation

NUMBER
MMB14037

PAGE
1

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

RFQ COPY

TYPE NAME/ADDRESS HERE

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

DATE PRINTED
09/30/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 4		
				1. ADDENDUM IS ISSUED TO ADDRESS ADDITIONAL QUESTIONS RECEIVED FROM VENDORS REGARDING THE ABOVE RFQ. ALSO TO PROVIDE LISTING OF FIRE ALARM DEVICES AS REQUESTED.		
				2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.		
				***** END OF ADDENDUM NO. 4 *****		

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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



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 MILDRED MITCHELL-BATEMAN
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 1530 NORWAY AVENUE
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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2	EA		936-33		
				SEMI-ANNUAL TESTING & SERVICE OF COMMERCIAL HOOD SUPRESSION SYSTEM.		
0002	4	EA		936-33		
				QUARTERLY TESTING & SERVICE OF FIRE ALARM & DETECTION SYSTEMS.		
0003	4	EA		936-33		
				QUARTERLY TESTING & SERVICE OF SPRINKLER SYSTEM		
0004	1	EA		936-33		
				ANNUAL INSPECTION, TESTING & SERVICE OF FIRE HYDRANTS.		

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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VENDOR

SHIP TO

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

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

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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MMB14037

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4

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

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

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

DATE PRINTED
09/30/2013

BID OPENING DATE: 10/10/2013

BID OPENING TIME 1:30PM

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

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: MMB14037
Addendum Number: 4

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

Applicable Addendum Category:

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

Description of Modification to Solicitation:

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

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

Terms and Conditions:

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

ATTACHMENT A

Addendum #4 MMB14037

To respond to questions submitted by vendor.

Question #1:

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

Answer #1:

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

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

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

Question #2:

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

Answer #2:

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

Question #3:

Requested listing of fire alarm devices:

Answer #3:

Building #2

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

Building #3

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

INDICATING DEVICES

Bells	26
Horns	2
Visual Combined	2
Visual Separate	15

Building #4

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

INDICATING DEVICES

Bells	5
Visual Combined	4

Building #5

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

INDICATING DEVICES

Horns	1
Chimes	32
Visual Combined	33

Totals:

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

INDICATING DEVICES

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



Building 3

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

REPORT TO Mildred N. [unclear] External BUILDING OR LOCATION Home
STREET 1530 Narrows Blvd INSPECTOR T. White / W. White
CITY & STATE Huntington, WV 25709 DATE 5-28-13

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

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

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

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

- 15. See 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	plug	yes	Tagged	NO		
Sectional Control Valves							
System Control Valves	1	plug	yes	Tagged	NO		
Other Control Valves							

- 16. See Control Valve Maintenance Table.

	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: J. [unclear] Date: 5-28-13



Mountain States Airgas

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

Building 5

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

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

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

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

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

10. Explain any "No" answers and comments:

Inspection Technician: [Signature] Date: 5-25-13
Customer's Representative: [Signature] Date: 5-25-13



Building 5

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

REPORT TO Mildred Mitchell BUILDING OR LOCATION Same
 STREET 1570 Norway Ave. INSPECTOR T. White
 CITY & STATE Huntington, WV 25709 DATE 5-28-13

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

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

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

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

15. See Control Valve Maintenance Table.

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

16. See Control Valve Maintenance Table.

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

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

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

Inspection Technician: Tony White Date: 5-28-13
 Customer's Representative: J. White Date: 5-28-13



Mountain States Airgas

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

Building #2

REPORT TO Michael Mitchell Raymer Hoff BUILDING OR LOCATION Tennon White
STREET 1530 Nevada Ave INSPECTOR Willard White
CITY & STATE Huntington WV 25709 DATE 8-24-12

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

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

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

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

Inspection Technician: Willard White Date: 8-24-12
Customer's Representative: X [Signature] Date: _____



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. Tahel Batman Hosp BUILDING OR OCCUPATION 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.)

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

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

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

15. See Control Valve Maintenance Table.

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

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	City	Tank	Static Pressure	Pump
		Test Pipe Location	Size of Test Pipe		Residual (Flow) Pressure
Last Water Flow Test	5-12	A-F-1-Set	2"	60	30
This Water Flow Test	8-12	A-F-1-Set	2"	60	30

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

 18. Adjustments or corrections made during this inspection: _____

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

Inspection Technician: Willard White Date: 8-24-12
 Customer's Representative: [Signature] Date: _____



Mountain States Airgas

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

Building #3

REPORT TO Wilder Memorial Bateman Hospital BUILDING OR LOCATION Tanning facility
STREET 1530 Memorial Ave INSPECTOR Wilder White
CITY & STATE Huntington WV 25709 DATE 8-29-12

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

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

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

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

Inspection Technician: Wilder White Date: 8-29-12
Customer's Representative: [Signature] Date: _____



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

Building #3

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

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

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE		MODEL	SERIAL NO.		MAKE		MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Tripp 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.)

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

15. See Control Valve Maintenance Table.

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

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	City	Tank	Static Pressure	Residual (Flow) Pressure
		Test Pipe Location	Size of Test Pipe		
Last Water Flow Test	5-12	A+M:SC	2"	140	70
This Water Flow Test	8-12	A+M:SC	2"	190	70

17. Explain any "No" answers and comments:

18. Adjustments or corrections made during this inspection:

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

Inspection Technician: Willard White Date: 8-24-12
 Customer's Representative: [Signature] Date: _____



Mountain States Airgas

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

Building #5

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

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

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

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

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

Inspection Technician: *William White* Date: *8-24-12*
Customer's Representative: *[Signature]* Date: _____



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

Building #5

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

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

DRY PIPE OPERATING TEST	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.)

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

15. See Control Valve Maintenance Table.

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

16. See Control Valve Maintenance Table.

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

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

18. Adjustments or corrections made during this inspection: _____

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

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



Mountain States Airgas

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

Building A

REPORT TO William Mitchell BUILDING OR LOCATION Game
STREET 1530 Norway Ave INSPECTOR T. White
CITY & STATE Huntington, WV 25709 DATE 11-28-12

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

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

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

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

Inspection Technician: T. White Date: 11-28-12
Customer's Representative: _____ Date: 11-28-12



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 Dorothy Mitchell Interman BUILDING OR LOCATION same
 STREET 1570 Macmillan Ave INSPECTOR T. J. White
 CITY & STATE Charleston, WV 25309 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.)

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

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

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

15. See Control Valve Maintenance Table.

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

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	City	Test Pipe Location	Tank	Size of Test Pipe	Static Pressure	Pump	Residual (Flow) Pressure
Last Water Flow Test	5-12		At Rise		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: T. J. White Date: 11-21-12
 Customer's Representative: [Signature] Date: 11-21-12



Mountain States Airgas

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

Building 3

REPORT TO Mrs. Fred Mitchell Robinson BUILDING OR LOCATION same
STREET 2530 Norway Ave INSPECTOR Timothy J. White
CITY & STATE Huntington, WV 25709 DATE 11-21-12

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

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

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

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

Inspection Technician: Timothy J. White Date: 11-21-12
Customer's Representative: [Signature] Date: 11-21-12



Building 3

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

REPORT TO William Mitchell Adams BUILDING OR LOCATION Game
 STREET 1970 Norway Ave INSPECTOR Leah White
 CITY & STATE Huntington, WV 25709 DATE 11-22-12

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

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

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

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

15. See Control Valve Maintenance Table.

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

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	9-11	OT Pipe	2"	140	20
This Water Flow Test	11-17	"	2"	140	20

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: Leah White Date: 11-22-12
 Customer's Representative: William Adams Date: 11-22-12



Mountain States Airgas

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

Building 5

REPORT TO Mildred M. White BUILDING OR LOCATION same
STREET 1530 Norway Ave. INSPECTOR T. WHITE
CITY & STATE Huntington, WV 25701 DATE 11-22-12

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

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

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

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

Inspection Technician: T. White Date: 11-22-12
Customer's Representative: _____ Date: 11-22-12



Building 5

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

REPORT TO Mildred Bishop BUILDING OR LOCATION Lowell
 STREET 15702 Norway Ave INSPECTOR Frank White
 CITY & STATE Martinsburg, WV 26109 DATE 11-26-12

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

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

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

DELUGE & PREACTION VALVES	TRIP TEST TABLE					
	Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC					
	Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO			Detecting media Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Does valve operate from the manual trip and/or remote control stations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is there an accessible facility in each circuit for testing? <input type="checkbox"/> YES <input type="checkbox"/> NO						
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 Valves	Number	Type	Control Valve Maintenance Table				Signs	Explain Abnormal Condition
			Open	Secured	Closed			
City Connection Control Valve	1	alarm	open	secured	closed	NO		
Tank Control Valves								
Pump Control Valves								
Sectional Control Valves								
System Control Valves	1	alarm	open	secured	closed	NO		
Other Control Valves								

16. See Control Valve Maintenance Table.

Water Supply Source:	Date	Test Pipe Location	Tank		Static Pressure	Pump Residual (Flow) Pressure
			Size of Test Pipe			
Last Water Flow Test	9-12	at Road	2"		55	50
This Water Flow Test	11-17	"	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: Frank White Date: 11-26-12
 Customer's Representative: [Signature] Date: 11-26-12

Airgas-Mid America
FIRE PUMP TEST REPORT

Mildred Mitchell Bateman
1530 Norway Dr
Huntington, WV

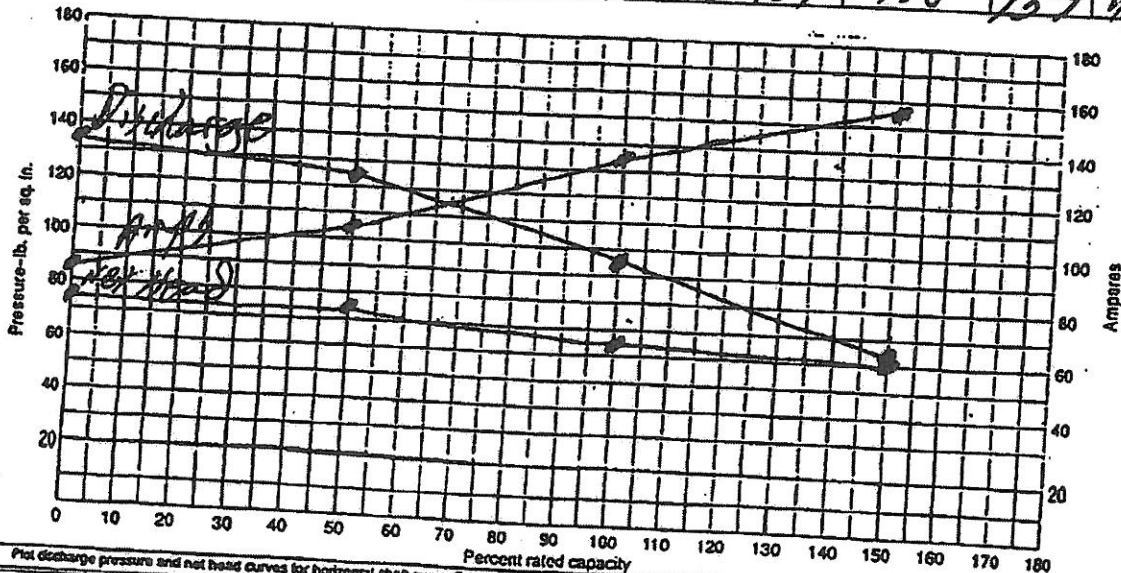
TESTED BY: *T.W. WW* DATE: *11-26-12*

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

DRIVER MANUFACTURER: _____
ELECTRIC: *460* MODEL: *2825* 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 _____
JOCKEY PUMP ON @ *85* PSI OFF @ *125* PSI

RPM	DISCHARGE PRESSURE	SUCTION PRESSURE	NET HEAD	NO. HOSES	SIZE	PITOT	GPM	PERCENT CAPACITY	AMPS	VOLTS
<i>1796</i>	<i>135</i>	<i>60</i>	<i>75</i>	CHURN	CHURN	CHURN	0	0%	<i>84</i>	<i>460</i>
<i>1792</i>	<i>125</i>	<i>50</i>	<i>75</i>	<i>1</i>	<i>1.75</i>	<i>32</i>	<i>514</i>	<i>50</i>	<i>103</i>	<i>460</i>
<i>1786</i>	<i>95</i>	<i>30</i>	<i>65</i>	<i>2</i>	<i>1.75</i>	<i>32</i>	<i>1028</i>	<i>100</i>	<i>134</i>	<i>460</i>
<i>1780</i>	<i>65</i>	<i>5</i>	<i>60</i>	<i>3</i>	<i>1.75</i>	<i>26</i>	<i>1542</i>	<i>150</i>	<i>157</i>	<i>460</i>



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



Mountain States Airgas

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

Building 2

REPORT TO Michael Michael Anteman BUILDING OR LOCATION same
 STREET 1530 Norway Av. INSPECTOR T. White / W. White
 CITY & STATE Huntington, WV 25709 DATE 2-20-13

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

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

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

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

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



Building 2

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

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

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

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

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

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

15. See Control Valve Maintenance Table.

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

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

Date	Test Pipe Location	Size of Test Pipe	Static Pressure		Residual (Flow) Pressure
			City	Pump	
Last Water Flow Test	11-13	AT RIGS	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: Mildred Mitchell Bateman Date: 2-20-13



Mountain States Airgas

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

Building 3

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

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

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

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

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

Inspection Technician: Tony White/W. White Date: 2-20-13
 Customer's Representative: John C. [Signature] Date: 2-20-13



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

Building 3

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

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

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

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

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

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

- 15. See Control Valve Maintenance Table.

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

- 16. See Control Valve Maintenance Table.

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

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

- 18. Adjustments or corrections made during this inspection: _____

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

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



Mountain States Airgas

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

Building 5

REPORT TO Mildred Mitchell Lateman BUILDING OR LOCATION same
STREET 1530 Norway Pl. INSPECTOR T. White/W. White
CITY & STATE Huntington, WV 25709 DATE 7-20-13

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

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

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

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

Inspection Technician: T. White/W. White Date: 7-20-13
Customer's Representative: [Signature] Date: 7-20-13



Building 5

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

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

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

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

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

DELUGE & PREACTION VALVES	TRIP TEST TABLE								
	Operation	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> HYDRAULIC					
	Piping Supervised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Detecting media Supervised		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does valve operate from the manual trip and/or remote control stations?						<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is there an accessible facility in each circuit for testing?						<input type="checkbox"/> YES <input type="checkbox"/> NO			
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 Valves	Number	Type	Control Valve Maintenance Table				Signs	Explain Abnormal Condition
			Open	Secured	Closed			
City Connection Control Valve								
Tank Control Valves								
Pump Control Valves								
Sectional Control Valves								
System Control Valves	1	dry	yes	secured	no			
Other Control Valves	1	dry	yes	secured	no			

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

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

- 17. Explain any "No" answers and comments: _____
- 18. Adjustments or corrections made during this inspection: _____
- 19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

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



Mountain States Airgas

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

Building 2

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

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

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

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

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

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



Building 2

Fire Protection Division
One Oregon Street
P.O. Box 1266
Charleston, WV 25325
PHONE: 304-342-4124
FAX: 304-342-4191

REPORT TO Michael Mitchell BUILDING OR LOCATION same
STREET 1530 Norway Dr. INSPECTOR F. 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

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

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

TRIP TEST TABLE

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

- 15. See Control Valve Maintenance Table.

Control Valve Maintenance Table

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	NO	Tagged	NO		
System Control Valves	1	Other	NO	Tagged	NO		
Other Control Valves	2	Butterfly	NO	Tagged	NO		

- 16. See Control Valve Maintenance Table.

Water Supply Source:

	Date	City	Tank	Static Pressure	Pump
		Test Pipe Location	Size of Test Pipe		Residual (Flow) Pressure
Last Water Flow Test	2-13	At River	3"	60	50
This Water Flow Test	5-28-13		3"	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: F. White Date: 5-28-13

Customer's Representative: [Signature] Date: 5-28-13



Mountain States Airgas

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

Building 3

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

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

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

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

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

Inspection Technician: T. White/W. White Date: 5-28-13
Customer's Representative: J. Scott Date: 5-28-13

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MMB14037

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1

<input type="checkbox"/> Addendum No. 2

<input type="checkbox"/> Addendum No. 3

<input type="checkbox"/> Addendum No. 4

<input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 6

<input type="checkbox"/> Addendum No. 7

<input type="checkbox"/> Addendum No. 8

<input type="checkbox"/> Addendum No. 9

<input type="checkbox"/> Addendum No. 10 |
|---|--|

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

Company

Authorized Signature

Date

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