

CONTRACT DOCUMENTS

**CITY OF LINCOLN/LANCASTER COUNTY
NEBRASKA**

**ANNUAL REQUIREMENTS
FOR
Fire Suppression Inspection, Testing and Maintenance
Quote 4913**

**General Fire & Safety Equipment Company, Inc.
2431 Fairfield Street
Lincoln, Ne 68521
402-476-4646**

**CITY OF LINCOLN/LANCASTER COUNTY, NEBRASKA
CONTRACT TERMS**

THIS CONTRACT, made and entered into by and between **General Fire & Safety Equipment Company, Inc., 2431 Fairfield Street, Lincoln, NE 68521**, hereinafter called "Contractor", and the City of Lincoln, Nebraska, a municipal corporation, and the County of Lancaster, Nebraska, a political subdivision of the State of Nebraska, hereinafter called the "Owners".

WHEREAS, the Owner has caused to be prepared, in accordance with law, Specifications, Plans, and other Contract Documents for the Work herein described, and has approved and adopted said documents and has caused to be published an advertisement for and in connection with said Work, to-wit:

Annual Requirements for Fire Suppression Inspection, Testing and Maintenance, Quote No. 4913 and,

WHEREAS, the Contractor, in response to such advertisement, has submitted to the Owners, in the manner and at the time specified, a sealed Proposal/Supplier Response in accordance with the terms of said advertisement; and,

WHEREAS, the Owners, in the manner prescribed by law has publicly opened, read aloud, examined, and canvassed the Proposals/Supplier Responses submitted in response to such advertisement, and as a result of such canvass has determined and declared the Contractor to be the lowest responsible bidder for the said Work for the sum or sums named in the Contractor's Proposal/Supplier Responses, a copy thereof being attached to and made a part of this Contract;

NOW, THEREFORE, in consideration of the sums to be paid to the Contractor and the mutual covenants herein contained, the Contractor and the Owners have agreed and hereby agree as follows:

1. The Contractor agrees to (a) furnish all tools, equipment, supplies, superintendence, transportation, and other accessories, services, and facilities; (b) furnish all materials, supplies, and equipment specified to be incorporated into and form a permanent part of the complete work; (c) provide and perform all necessary labor in a substantial and workmanlike manner and in accordance with the provisions of the Contract Documents; and (d) execute and complete all Work included in and covered by the Owners' award of this Contract to the Contractor, such award being based on the acceptance by the Owner of the Contractor's Proposal, or part thereof, as follows:

Agreement to lines 5 and 6, and 8-17 of Contractor's Proposal

2. The Owners agree to pay to the Contractor for the performance of the Work embraced in this Contract, the Contractor agrees to accept as full compensation therefore, the following sums and prices for all Work covered by and included in the Contract award and designated above, payment thereof to be made in the manner provided by the Owners:

The Owners will pay for products/service, according to the Line Item pricing as listed in Contractors Proposal/Supplier Response, a copy thereof being attached to and made a part of this Contract. The Owners shall order on an as- needed basis for the duration of the contract. The total cost of products or services for County agencies shall not exceed \$300.00, plus any additional cost for repairs not to exceed \$800.00 each year, for a total not to exceed \$4,400.00 during the contract term without approval by the Board of Commissioners. The total cost of products or services for City departments shall not exceed \$1,100.00, plus any additional cost for repairs not to exceed \$4,500.00 each year, for a total not to exceed \$22,400.00 during the contract term without approval.

3. Equal Employment Opportunity. In connection with the carrying out of this project, the contractor shall not discriminate against any employee or applicant for employment because of race, color,

religion, sex, national origin, ancestry, disability, age or marital status. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, ancestry, disability, age or marital status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other compensation; and selection for training, including apprenticeship.

4. E-Verify. In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section.
5. Termination. This Contract may be terminated by the following:
 - 5.1) Termination for Convenience. Either party may terminate this Contract upon thirty (30) days written notice to the other party for any reason without penalty.
 - 5.2) Termination for Cause. The Owners may terminate the Contract for cause if the Contractor:
 - 5.2.1) Refuses or fails to supply the proper labor, materials and equipment necessary to provide services and/or commodities.
 - 5.2.2) Disregards Federal, State or local laws, ordinances, regulations, resolutions or orders.
 - 5.2.3) Otherwise commits a substantial breach or default of any provision of the Contract Document. In the event of a substantial breach or default the Owners will provide the Contractor written notice of said breach or default and allow the Contractor ten (10) days from the date of the written notice to cure such breach or default. If said breach or default is not cured within ten (10) days from the date of notice, then the contract shall terminate.
6. Independent Contractor. It is the express intent of the parties that this contract shall not create an employer-employee relationship. Employees of the Contractor shall not be deemed to be employees of the Owners and employees of the Owners shall not be deemed to be employees of the Contractor. The Contractor and the Owners shall be responsible to their respective employees for all salary and benefits. Neither the Contractor's employees nor the Owners' employees shall be entitled to any salary, wages, or benefits from the other party, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. Contractor shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, and for payment of all federal, state, local and any other payroll taxes with respect to its employees' compensation.
7. Owner Inclusion. It is understood and agreed by all parties that "Owner/s" shall include the City of Lincoln and Lancaster County, Nebraska. Whenever in the Contract documents, including the instructions to bidders, specifications, insurance requirements, bonds, and terms and conditions or any other documents which are a part of the Contract, a singular entity is referenced (i.e., "the City" or "the County") it shall mean the "Owners" encompassing the City of Lincoln, and Lancaster County.
8. Period of Performance. This Contract shall be effective upon execution by all parties. The term of the Contract shall be a (4) four-year term.

9. The Contract Documents comprise the Contract, and consist of the following:
1. Contract Terms
 2. Accepted Proposal\Supplier Response
 3. Addendums No. 1 and 2
 4. Special Provisions
 5. Specifications
 6. Lancaster Adult Detention Center Inspection Report
 7. Pinnacle Bank Arena Inspection Report
 8. Instructions to Bidders
 9. Insurance Requirements
 10. Sales Tax Exemption Forms 13

The herein above mentioned Contract Documents form this Contract and are a part of the Contract as if hereto attached.

The Contractor and the Owners hereby agree that all the terms and conditions of this Contract shall be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Contractor and the Owners do hereby execute this contract.

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

CITY OF LINCOLN, NEBRASKA

City Clerk

Mayor

Resolution No. _____

Dated _____

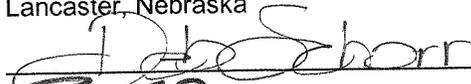
EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

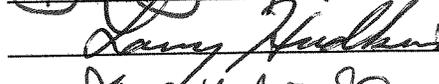


Deputy Lancaster County Attorney

The Board of County Commissioners of
Lancaster, Nebraska









Amundson Absent

Dated _____

10/21/14

EXECUTION BY CONTRACTOR

IF A CORPORATION:

General Fire and Safety Equipment Co of Lincoln Inc
Name of Corporation

ATTEST:

2431 Fairfield Str. Ste A Lincoln, NE 68521
(Address)

_____(SEAL)
Secretary

By: M. J.
Duly Authorized Official

President
Legal Title of Official

IF OTHER TYPE OF ORGANIZATION:

Name of Organization

Type of Organization

(Address)

By: _____
Member

By: _____
Member

IF AN INDIVIDUAL:

Name

Address

Signature

COMMENTARY TO ACCOMPANY BONDS

A. GENERAL INFORMATION

Bonds are required by statutes for public work in many jurisdictions and are widely used for other projects as well.

The Performance Bond is an instrument that is used to assure the availability of funds to complete the project.

The objective underlying the re-writing of bond forms is to make it more understandable to provide guidance to users. The intention was to define the rights and responsibilities of the parties, without changing the traditional rights and responsibilities that have been decided by the courts. The new bond form provides helpful guidance regarding time periods for various notices and actions and clarify the extent of available remedies.

The concept of pre-default meeting has been incorporated into the Performance Bond. All of the participants favored early and informal resolution of the problems that may precipitate a default, but some Surety companies were reluctant to participate in pre-default settings absent specific authorization in the bond form.

The responsibilities of the Owner and the options available to the Surety when a default occurs are set forth in the Performance Bond.

Normally the amount of the bond is 100 percent of the contract amount.

B. COMPLETING THE FORMS

Bonds have important legal consequences; consultation with an attorney and a bond specialist is encouraged with respect to federal, state and local laws applicable to bonds and with respect to completing or modifying the bond forms.

Bond forms have a similar format and the information to be filled in is ordinarily the same on both bonds. If modification is necessary, the modifications may be different.

The bond form is prepared for execution by the Contractor and the Surety. Evidence of authority to bind the Surety is usually provided in the form of a power of attorney designating the agent who is authorized to sign on behalf of the Surety. The power of attorney should be filed with the signed bond.

Preferably the bond date should be the same date as the contract, but in no case should the bond date precede the date of the contract.

PERFORMANCE BOND

Bond No. 740829

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR (Name and Address):
General Fire & Safety Equipment Company, Inc
2431 Fairfield St.
Lincoln, NE 68521

SURETY (Name and Principal
Place of Business):
Nationwide Mutual Insurance Company
PO Box 80758
Lincoln, NE 68501

Owner (Name and Address):
City of Lincoln, Nebraska and Lancaster County, Nebraska
555 South 10th St.
Lincoln, NE 68508

CONTRACT

Date: **9-15-2014**
Amount: **\$3,000.00**

Description (Name and Location):
For all labor, material and equipment necessary for Annual Requirements for Fire Suppression Inspection, Testing and Maintenance, Quote 4913 (9/15/2014 to 9/15/2015 Only)

BOND

Date: **9-15-2014**
Amount: **\$3,000.00**
Modifications to this Bond Form:

CONTRACTOR AS PRINCIPAL
Company: (Corp. Seal)
(Corp. Seal)
General Fire & Safety Equipment Company, Inc
2431 Fairfield Street
Lincoln, NE 68521

SURETY
Company:
Nationwide Mutual Insurance Company
PO Box 80758
Lincoln, NE 68501

Signature: 
Name and Title:
Roger J. Lipert, President

Signature: 
Name and Title:
Carol A. Dorn, Attorney-in-Fact

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation
Farmland Mutual Insurance Company, an Iowa corporation
Nationwide Agribusiness Insurance Company, an Iowa corporation

AMCO Insurance Company, an Iowa corporation
Allied Property and Casualty Insurance Company, an Iowa corporation
Depositors Insurance Company, an Iowa corporation

hereinafter referred to severally as the "Company" and collectively as the "Companies," each does hereby make, constitute and appoint:

JEFFREY CRAIG GREENWALD

CAROL A. DORN

ROHN PAUL LOYD

LINCOLN NE

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

ONE MILLION FIVE HUNDRED THOUSAND AND NO/100 DOLLARS

\$ 1,500,000.00

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 30th day of April, 2013.



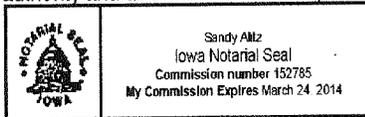
Terrance Williams, President and Chief Operating Officer of Nationwide Agribusiness Insurance Company and Farmland Mutual Insurance Company; and **Vice President** of Nationwide Mutual Insurance Company, AMCO Insurance Company, Allied Property and Casualty Insurance Company, and Depositors Insurance Company



ACKNOWLEDGMENT

STATE OF IOWA, COUNTY OF POLK: ss

On this 30th day of April, 2013, before me came the above-named officer for the Companies aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Companies aforesaid, that the seals affixed hereto are the corporate seals of said Companies, and the said corporate seals and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Companies.



Notary Public
My Commission Expires
March 24, 2014

CERTIFICATE

I, Robert W Horner III, Secretary of the Companies, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Terrance Williams was on the date of the execution of the foregoing power of attorney the duly elected officer of the Companies, and the corporate seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Secretary, and affixed the corporate seals of said Companies this 15th day of September 20 14.

Secretary

This Power of Attorney Expires 12/29/16

Certified Statement Pursuant to Neb. Rev. Stat. § 77-1323

§ 77-1323 Every person, partnership, limited liability company, association, or corporation furnishing labor or material in the repair, alteration, improvement, erection, or construction of any public improvement shall furnish a certified statement to be attached to the contract that all equipment to be used on the project, except that acquired since the assessment date, has been assessed for taxation for the current year, giving the county where assessed.

Pursuant to Neb. Rev. Stat. § 77-1323, I, Roger Lipert, do hereby certify that all equipment to be used on City Project/Annual Requirements for Fire Suppression Inspection, Testing and Maintenance, Quote No. 4913, except that equipment acquired since the assessment date, has been assessed for taxation for the current year, in Lancaster County, Nebraska.

DATED this 25 day of September, 2014.

By: mg  Roger Lipert
Title: President

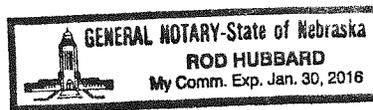
STATE OF NEBRASKA)
)ss.
COUNTY OF Lancaster)

On Sept 25, 2014, before me, the undersigned Notary Public duly commissioned for and qualified in said County, personally came Roger Lipert, to me known to be the identical person, whose name is affixed to the foregoing instrument and acknowledged the execution thereof to be his voluntary act and deed.

Witness my hand and notarial seal the day and year last above written.

Rod Hubbard
Notary Public

(S E A L)



City of Lincoln/Lancaster County (Lincoln Purchasing) Supplier Response

Bid Information		Contact Information		Ship to Information
Bid Creator	Shelly Hinze, Buyer	Address	Purchasing	Address
Email	rhinze@lincoln.ne.gov		440 S. 8th St.	
Phone	1 (402) 441-8313		Lincoln, NE 68508	
Fax	1 (402) 441-6513	Contact	Shelly Hinze, Buyer	Contact
Bid Number	4913 Addendum 2	Department		Department
Title	Annual Requirements for Fire Suppression Inspection, Testing and Maintenance	Building	Suite 200	Building
Bid Type	Quote	Floor/Room		Floor/Room
Issue Date	08/21/2014	Telephone	1 (402) 441-8313	Telephone
Close Date	9/3/2014 11:00:00 PM CT	Fax	1 (402) 441-6513	Fax
Need by Date		Email	rhinze@lincoln.ne.gov	Email

Supplier Information

Company General Fire & Safety Equipment Company Inc.
 Address 2431 Fairfield St.
 Lincoln, NE 68521
 Contact
 Department
 Building
 Floor/Room
 Telephone 1 (402) 476-4646
 Fax 1 (402) 476-5268
 Email
 Submitted 9/2/2014 5:16:39 PM CT
 Total \$1,800.00

Signature _____

Supplier Notes

Bid Notes

Added addendum 2

Bid Activities

Bid Messages

Please review the following and respond where necessary

#	Name	Note	Response
1	Bid Documents	I acknowledge and accept that it is my responsibility as a Bidder to promptly notify the Purchasing Department Staff prior to the close of the bid of any ambiguity, inconsistency or error which I may discover upon examination of the bid documents including, but not limited to the Specifications.	Yes
2	Instructions to Bidders	I acknowledge reading and understanding the Instructions to Bidders.	Yes
3	Insurance Requirements	I acknowledge reading and understanding the Insurance Requirements.	Yes
4	Specifications	I acknowledge reading and understanding the specifications.	Yes
5	Special Provision Term Contract Provisions	I acknowledge reading and understanding the Special Provision Term Contract Provisions.	Yes
6	Sample Contract	I acknowledge reading and understanding the sample contract.	Yes
7	Term Clause with Escallation/De-Escalation	I acknowledge that the term of the contract will be a (4) four year term from the date of the executed contract. (a) Bid prices firm for the first full contract period. YES or NO (b) Bid prices subject to escalation/de-escalation YES or NO (c) If (b), state period for which prices will remain firm: through _____	a - no, b - yes, c - two years till 2016 (may not have to increase)
8	Performance/Payment Bonds	I acknowledge that a Performance Bond and a Payment Bond each in the amount of \$3,000.00 will be required with the signed contract upon award of this job.	Yes
10	Employee Class Act EO	I acknowledge reading and understanding the Employee Classification Act, Executive Order 83319.	Yes
11	Employee Class Act Affidavit	I acknowledge if awarded the contract I will abide by the law, notarize and attach the Employee Classification Act Affidavit to my contract.	Yes
12	Percentage Markup of Material, Excluding Freight.	Percentage Markup of Material, Excluding Freight. ONLY ENTER A NUMBER IN THE SPACE PROVIDED! An invoice showing the material type AND cost of material from 3rd Party Vendor may be requested with the final invoice to verify quoted price.	15
13	References	LIST two references including a contact person, address, telephone number and a listing of the type of work completed for them. Information can be listed in this section or attached to the response attachment section of your bid. ONE REFERENCE MUST BE A CORRECTION TYPE FACILITY.	Yes
14	Bid award	I acknowledge and understand that the City, County and/or Public Building Commission reserves the right to award bids item-by-item, with or without alternates/options, by groups, or "lump sum" such as shall best serve the requirements and interests of the City, County and/or Public Building Commission. If your pricing is based on an all-or-nothing basis, please indicate so in the Supplier Notes section of your E-Bid response.	Yes

15	Labor Rate Regular Hours	List your labor rate per hour for regular hours from 8:00am - 4:00pm	\$45.00
16	Labor Rate After Hours/Emergency Hours/Weekend Rate	List your labor rate per hour for after hours/emergency hours/Weekend rate. After Hour Rate \$_____ Emergency Rate \$_____ Weekend Rate \$_____.	\$85.00 - ER \$85.00 - WR \$85.00
17	165 Degree Replacement of Fuse Links	List your price to replace a 165° fuse link	\$6.00
18	360 Degree fuse link replacement	List your price to replace a 360° fuse link	\$6.00
19	450 Degree fuse link replacement	List your price to replace a 450° fuse link	\$7.00
20	500 Degree fuse link replacement	List your price to replace a 500° fuse link	\$7.00
21	Hydro-Test	List your price for Hydro-Test tank connected to the suppression system.	\$200.00
22	Extinguisher Hydro-Test	List your price for Hydro-Test for fire extenguisher associated with the suppression system.	\$150.00
23	5 lb. recharge	List your price to recharge a 5 pound extinguisher in the area for the suppression system.	\$23.00
24	10 lb. recharge	List your price to recharge a 10 pound extinguisher in the area for the suppression system.	\$25.00
25	Contact	Name of person submitting this bid:	Jon Ryan Pohlmann
26	Electronic Signature	Please check here for your electronic signature.	Yes
27	Agreement to Addendum No. 1	Respondent hereby certifies that the change set forth in this addendum has been incorporated in their proposal and is part of their bid. Reason: See Bid Attachments section for Addendum information.	Yes
28	Agreement to Addendum No. 2	Respondent hereby certifies that the change set forth in this addendum has been incorporated in their proposal and is part of their bid. Reason: See Bid Attachments section for Addendum information.	Yes
29	Certification	I acknowledge that I have attached our companies certification(s) of the suppression systems that I have been certified in under the suppliers response attachment section.	yes

Line Items

#	Qty	UOM	Description	Response
1	2	Ea per year	Belmont Rec Center Semi Annual Inspection, Testing and Maintenance - 1234 Judson Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood				
Supplier Notes: Certified Kidde-Fenwal Distributer. Certified Kidde-Fenwal Technicians.				
2	2	Ea per year	"F" Street Rec Center Semi Annual Inspection, Testing and Maintenance - 1225 "F" Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
3	2	Ea per year	Star City Shores Semi Annual Inspection, Testing and Maintenance - 4376 South 33 Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood				
Supplier Notes: Certified Pyro-chem Distributer. Certified Pyro-chem Technicians.				
4	2	Ea per year	Aging Downtown Sr. Center Semi Annual Inspection, Testing and Maintenance - 1005 "O" Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood				
Supplier Notes: Certified Kidde-Fenwal Distributer. Certified Kidde-Fenwal Technicians.				
5	2	Ea per year	Lancaster Adult Probation Main Kitchen Semi Annual Inspection, Testing and Maintenance - 3801 West "O" Street, consists of 2 hoods	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 2 hoods.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
6	2	Ea per year	Lancaster Adult Probation Staff Dining Hall Semi Annual Inspection, Testing and Maintenance - 3801 West "O" Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				

7	2	Ea per year	Information Services Semi Annual Inspection, Testing and Maintenance - 233 South 10th Street	\$100.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance				
Supplier Notes: Certified Fike Distributer. Certified Fike Technicians.				
8	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room C511 - 600 R Street, consists of 2 hoods	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 2 hoods.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
9	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room A521 - 600 R Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
10	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Level 4 Pizza Oven - 600 R Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
11	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room C305 Area - 600 R Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
12	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room D305- 600 R Street, consists of 2 hoods	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 2 hoods.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				

13	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room D314- 600 R Street, consists of 2 hoods	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 2 hoods.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
14	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room A305 - 600 R Street, consists of 2 hoods	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 2 hoods.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
15	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Club Room - 600 R Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
16	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for D157 - 600 R Street, consists of 1 hood	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 1 hood.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
17	2	Ea per year	Pinnacle Bank Arena Semi Annual Inspection, Testing and Maintenance for Room A113B - 600 R Street, consists of 6 hoods	\$50.00
Item Notes: Unit price is per (1) semi annual inspection, testing and maintenance for 6 hoods.				
Supplier Notes: Certified Ansul Distributer. Certified Ansul Technicians.				
Response Total:				\$1,800.00

#13 References

1. Larry Balm
Pinnacle Bank Arena
600 R St. Lincoln NE, 68508
(402)-904-5670
General Fire and Safety has done Inspections and Maintenance for Larry Balm at the Pinnacle Bank Arena on the Fire suppression systems.

2. Kurt Anderson
Lincoln Regional Center
Van Dorn and Folsom Lincoln NE, 68522
(402)-471-4444
General Fire and Safety has done and is currently doing the Inspections and Maintenance for Kurt at the Regional Center on the Fire suppression systems.

3. Michelle Klein
Lincoln Housing Authority, Family Resource Center
4621 N.W. 48th Lincoln NE, 68524
(402)-434-2621
General Fire and Safety has and is currently doing Inspections and Maintenance for Michelle at the Family Resource Center/Church on the Fire Alarm system, also has done work on the Fire suppression systems in the past.



Kidde Fire Systems

A UTC Fire & Security Company

Certificate of Completion

This is to certify that

Everette Smith

An employee of

General Fire & Safety, Lincoln, NE

an AUTHORIZED KIDDE DISTRIBUTOR

has successfully completed a certification training session covering design, installation, operation and maintenance and has demonstrated a practical knowledge of following Kidde systems/products:

WHDR Wet Chemical System Recertification

Issue Date: 06/20/2012

Expiration Date: 06/20/2015

Certificate No: 50543


Scott Ginsberg, Technical Training Manager

This certificate is non-transferable. Certificate is only valid as long as the above named company employs the certified individual. Acceptance of this certificate implies agreement to abide by the terms of distributor agreement by the above named company and individual. Any violation or alteration of this certificate will result in the immediate voiding of this certificate.

Everette Smith, employee of
General Fire & Safety Equipment
Lincoln, NE
Completed a training course in:
R-102 Restaurant Fire Suppression System-
Design, Installation, Recharge & Maintenance
Training Date: June 1, 2012
Expiration Date: June 1, 2015

Be it known that

Everette Smith

While employed by

General Fire & Safety Equipment Company, Inc.

Lincoln, NE

Completed web-based training on:

R-102 Restaurant Fire Suppression System- Design, Installation, Recharge & Maintenance

This certificate is considered valid only if the above named individual is an employee of the authorized ANSUL distributor listed at the above location.

Training Date: June 1, 2012
Expiration Date: June 1, 2015
Hours: 8



Mark E. Fessenden - Director, Services- Americas



A Tyco International Company

Doug Smejdir, employee of
General Fire & Safety Equipment
Lincoln, NE
Completed a training course in:
R-102 Restaurant Fire Suppression System-
Design, Installation, Recharge & Maintenance
Training Date: June 1, 2012
Expiration Date: June 1, 2015

Be it known that
Doug Smejdir
While employed by
General Fire & Safety Equipment Company, Inc.
Lincoln, NE

Completed web-based training on:
R-102 Restaurant Fire Suppression System- Design, Installation, Recharge & Maintenance

This certificate is considered valid only if the above named individual is an employee of the authorized ANSUL distributor listed at the above location.

Training Date: June 1, 2012
Expiration Date: June 1, 2015
Hours: 8

Mark E. Fessenden
Mark E. Fessenden - Director, Services- Americas



A Tyco International Company

Shaun J. Jones, employee of
General Fire & Safety Equipment
Omaha, NE
Completed a training course in:
KITCHEN KNIGHT II Restaurant Fire
Suppression System- Design, Installation,
Recharge & Maintenance
Training Date: December 17, 2013
Expiration Date: December 17, 2016

Be it known that

Shaun J. Jones

While employed by

General Fire & Safety Equipment Company of Omaha, Inc.

Omaha, NE

Completed a training course in:

KITCHEN KNIGHT II Restaurant Fire Suppression System- Design,
Installation, Recharge & Maintenance

conducted by a Factory Authorized Instructor

This certificate is considered valid only if the above named individual is an
employee of the authorized Pyro-Chem distributor listed at the above location.

Training Date: December 17, 2013

Expiration Date: December 17, 2016

Hours 8



Mark E. Fessenden-Director, Services- Americas



A Tyco International Company

Tim Haes, employee of
General Fire & Safety, NE
Completed a training course in:
KITCHEN KNIGHT II Restaurant Fire
Suppression System- Design, Installation,
Recharge & Maintenance
Training Date: May 29, 2013
Expiration Date: May 29, 2016

Be it known that

Tim Haes

While employed by

General Fire & Safety

Omaha, NE

Completed a training course in:

**KITCHEN KNIGHT II Restaurant Fire Suppression System- Design,
Installation, Recharge & Maintenance**

conducted by a Factory Authorized Instructor

This certificate is considered valid only if the above named individual is an
employee of the authorized Pyro-Chem distributor listed at the above location.

Training Date: May 29, 2013

Expiration Date: May 29, 2016

Hours 8



Mark E. Fessenden-Director, Services- Americas



A Tyco International Company

Certificate of Training

This is to certify that

Jon Pohmann

Student ID 114444, as an employee of

General Fire & Safety

has completed the manufacturer's recertification requirements for

Detection / Control – Single Hazard Panel (SHP Pro™)

and has achieved an acceptable grade on a written and/or practical examination covering the subject.

Cuba Warren

Cuba Warren

Fike®

November 04, 2011

Date of issue

Expires 2 years from date of issue

704 South 10th Street • P.O. Box 610 • Blue Springs, Missouri 64013 • Tel: (800) 979-FIKE, x21 • Fax: (816) 229-0314



Kidde Fire Systems

A UTC Fire & Security Company

Certificate of Completion

This is to certify that

Jon Pohlmann

An employee of

General Fire & Safety, Lincoln, NE

an AUTHORIZED KIDDE DISTRIBUTOR

has successfully completed a certification training session covering design, installation, operation and maintenance and has demonstrated a practical knowledge of following Kidde systems/products:

WHDR Wet Chemical System Recertification

Issue Date: 06/20/2012

Expiration Date: 06/20/2015

Certificate No: 50544



Scott Ginsberg, Technical Training Manager

This certificate is non-transferable. Certificate is only valid as long as the above named company employs the certified individual. Acceptance of this certificate implies agreement to abide by the terms of distributor agreement by the above named company and individual. Any violation or alteration of this certificate will result in the immediate voiding of this certificate.

Jon Pohlmann, employee of
General Fire & Safety Equipment
Lincoln, NE
Completed a training course in:
R-102 Restaurant Fire Suppression System-
Design, Installation, Recharge & Maintenance
Training Date: June 1, 2012
Expiration Date: June 1, 2015

Be it known that

Jon Pohlmann

While employed by

General Fire & Safety Equipment Company, Inc.

Lincoln, NE

Completed web-based training on:

R-102 Restaurant Fire Suppression System- Design, Installation, Recharge & Maintenance

This certificate is considered valid only if the above named individual is an employee of the authorized ANSUL distributor listed at the above location.

Training Date: June 1, 2012

Expiration Date: June 1, 2015

Hours: 8



Mark E. Fessenden - Director, Services- Americas



A Tyco International Company

**Annual Requirements for
Fire Suppression System
Inspection, Testing and Maintenance**

1. SUPPLEMENTAL TO INSTRUCTIONS TO BIDDERS

- 1.1 The City of Lincoln, Lincoln Lancaster County and Public Building Commission (hereafter referred to as "Owners") will enter into a contract for the Annual Requirements for Fire Suppression System Inspection, Testing and Maintenance.
 - 1.1 Contractor shall be responsible for furnishing all materials, supplies, equipment, parts and labor for service, maintenance, inspection test, calibration, modifications, retrofit and/or repairs.
- 1.2 The contract term shall be a four (4) year term from the date of execution upon approval by both parties.
- 1.3 Bidder shall submit bid documents and all supporting material via e-bid.
- 1.4 All inquiries regarding these specifications shall be directed via e-mail or faxed written request to Rachelle Hinze, Buyer (rhinze@lincoln.ne.gov) or fax: (402) 441-6513.
 - 1.4.1 These inquiries and/or responses shall be distributed to prospective bidders electronically as an addenda..
 - 1.4.2 No direct contact is allowed between Contractor and other Owner's staff throughout the bid process.
 - 1.4.2.1 Failure to comply with this directive may result in Contractor bid being rejected.
- 1.5 Pricing shall not deviate from those listed in e-bid for a period of one year from date of execution unless stated in the attribute section.
 - 1.5.1 Any price deviation shall be sent on company letterhead to City of Lincoln, Purchasing to amend the contract with a 30 day notification.

2. RESPONSIBILITIES OF THE CONTRACTOR

- 2.1 Testing, inspections and maintenance shall be completed on normal business days.
(Monday - Friday; 8:00am - 4:00pm).
 - 2.1.1 Contractor shall contact the department representative to schedule the inspection 24 hours prior to the service.
- 2.2 Contractor shall provide two (2) scheduled preventative maintenance services during the year which shall consist of 100% mechanical and electrical inspection of all kitchen suppression system and fire extinguishers for each suppression system.
- 2.3 All cleaning, testing and inspections must comply with all City of Lincoln, State of Nebraska and Federal regulations for this type of service(s) as well as those of the National Fire Protection Association (NFPA) 17, 17a, 72, 96, or the latest edition of each, OSHA and manufacturers recommended procedure, as applicable.
- 2.4 Contractor must be licensed under the State of Nebraska and show proof at the time of the contract.
- 2.5 Emergency requests shall be responded to within a 2 hour period, 24 hours a day.
- 2.6 Contractor shall attach a maintenance testing tag to each fire suppression system with the inspector's initials, date, and confirmation on maintenance/inspections performed.

- 2.7 Fusible links shall be changed semi-annually
 - 2.7.1 Where fusible links are used, the manufacture and the installation dates for the links shall be marked on the system inspection tab.
- 2.8 A signed and dated log of maintenance and a certificate showing date of exhaust system inspection of cleaning shall be available in the departments representatives office.
- 2.9 Wet chemical fire-extinguishing system shall comply with standard UL 300.
- 2.10 If repairs are needed the contractor shall provide an estimate of repairs prior to servicing the system to the department representative.
 - 2.10.1 Estimates shall be signed by designated department representative prior to completion of work.
- 2.11 Contractor shall furnish a one year labor and materials for any repairs.
- 2.12 Unit price shall include a flat rate amount for services specified including the cost of labor, direct and indirect cost, travel, fuel, delivery of items needing repaired.
- 2.13 Fuel surcharges or any other charges are **NOT** acceptable for this service.
- 2.14 Contractor shall not be allowed to bill an additional trip charge to retrieve the needed materials, supplies, equipment and parts that are needed for repairs.
- 2.15 If required as a result of a test, inspection or service call any device indicating trouble shall be adjusted for proper operation.
- 2.16 Any invoices that are presented for payment, that do not have a signed work order backup, by an Owner's representative, will not be paid by the Owners.
- 2.17 All parts replaced must be U.L approved
- 2.18 If equipment requires parts/replacement it shall be at the Owner's expense.
 - 2.18.1 Contractor shall obtain all applicable permits and inspection necessary for completion of repairs.
- 2.19 Sufficient amounts of spare parts for all systems shall be maintained at all times by the service company to prevent an extended shutdown due to the malfunction of the systems.

3. **EXAMINATION OF THE EQUIPMENT AND PREMISES**

- 3.1 The contractor shall take all precautions to protect the Owner's property from injury and be held responsible for all employees or any person or persons, instruments or devices directly or indirectly employed by him.
- 3.2 Any corresponding damages shall be replaced, repaired, and paid by the Contractor to the satisfaction of all parties.

4. **REFERENCES**

- 4.1 Contractor shall give two references to include a contact person, address, telephone number and a listing of the type of work completed for them.
 - 4.1.1 References shall be included in the e-bid response either in the attribute section or as a Contractor Response Attachment.

5. **TERMINATION OF CONTRACT**

- 5.1 This contract may also be terminated by either party upon thirty (30) days prior notice in writing to the other party.
 - 5.1.1 The Owner may terminate this contract immediately, under breach of contract, if the Contractor fails to perform in accordance with the terms and conditions.
 - 5.1.2 In the event of any termination of contract by the Contractor, the Owner may purchase such supplies and/or services similar to those so terminated, and for the duration of the contract period the Contractor will

be liable for all costs in excess of the established contract pricing.

SPECIAL PROVISIONS FOR TERM CONTRACTS

PURCHASING DEPARTMENT CITY OF LINCOLN/LANCASTER COUNTY, NEBRASKA

1. ESTIMATED QUANTITIES

- 1.1 The quantities set forth in the line items and specification document are approximate and represent the estimated requirements for the contract period.
- 1.2 Items listed may or may not be an inclusive requirements for this category.
- 1.3 Category items not listed, but distributed by bidder are to be referred to as kindred items. Kindred items shall receive the same percentage of discount or pricing structure as items listed in the specification document.
- 1.4 The unit prices and the extended total prices shall be used as a basis for the evaluation of bids. The actual quantity of materials necessary may be more or less than the estimates listed in the specification document, but the City/County shall be neither obligated nor limited to any specified amount. If possible, the Owners will restrict increases/decreases to 20% of the estimated quantities listed in the specification document.

2. CONTRACT PERIOD

- 2.1 The material shall be delivered as ordered during the contract period, beginning from the date of contract execution and ending as indicated in the specifications or in the Attribute Section of the bid.
- 2.2 Bidder must indicate in the Bid, if extension renewals are an option.
- 2.3 By mutual consent of both parties it is understood and agreed that the contract may be renewed at the same prices and/or under the same conditions governing the original contract.

3. BID PRICES

- 3.1 Bidders must state in the Attribute Section if the bid prices will remain firm for the full contract period; or if the bid prices will be subject to escalation/de-escalation.
- 3.2 Escalation/De-escalation Clause: In the event that prevailing market conditions warrant an adjustment in bid prices contained in the contract, the following escalation/de-escalation clause shall be the only clause applicable or acceptable:
 1. Contractor shall give written notice to the Purchasing Agent of any proposed changes from contract prices not less than thirty (30) calendar days prior to the effective date of said price changes.
 2. Such notice must be accompanied by a certified copy of the supplier's advisory or notification to the contractor of price changes.
 3. No price escalation will be authorized in excess of the amount of the increase referred to on the supplier's notice.
 4. Purchasing shall issue a contract Addendum with revised pricing upon receipt and approval. The Addendum will be executed by both parties for the remaining term of the contract.
 5. The approved price change shall be honored for all orders received by the contractor after the effective date of such price change.
 6. Approved price changes are not applicable to orders already issued and in process at time of price change.

7. Purchasing reserves the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

8. The Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interests of the City/County.

9. If in the opinion of the Purchasing Agent any proposed increase is found unacceptable, the Purchasing Agent reserves the right to cancel the contract upon thirty (30) calendar days written notice.

10. Contractors must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Contractor will put the Purchasing Agent on the mailing lists for such publication so that the Purchasing Agent can monitor said changes. Such membership will be no cost to the Owners.

4. CONTRACT ADMINISTRATION

- 4.1 The Purchasing Division will issue a Contract to all successful bidders. Such contract will incorporate the specifications and all other forms used during the bid process.
- 4.2 Orders for materials will be made as needed by the various Agencies following execution by all parties.
- 4.3 Contractor may be asked to assist the Purchasing Agent with the development of a list of repetitively purchased commodities, to periodically update such list, and to assist in the development of a list of suitable substitutions.
- 4.4 Contractor shall provide technical advice upon request, and assist in the evaluation of new products.
- 4.5 Contractor shall monitor orders to ensure the highest possible fill rate and minimize back-orders.

5. QUARTERLY REPORT

- 5.1 Upon request, the contractor shall provide to the Purchasing Agent a quarterly report, showing all purchases made under the terms and conditions of the contract.
- 5.2 Such quarterly report shall itemize the following information:
 1. Each ordering department.
 2. Items and quantities purchased by department.
 3. Total dollar amount of purchases by department.

**Addendum #1
for
Annual Requirements for
Fire Suppression Inspection, Testing and Maintenance
Quote 4913**

Addenda are instruments issued by the City prior to the date for receipt of offers which will modify or interpret the specification document by addition, deletion, clarification or correction.

Please acknowledge receipt of this addendum in the space provided in the Attribute Section.

Be advised of the following changes and clarifications to the City's specification and bidding documents:

Q. How many hood fire suppression system cover each hood? For example one system with two tanks can protect two hoods so this would be bid out as one system with additional tanks which is still one system.?

A.	Room C511	2 tanks
	Room A521	1 tank
	Level 4 Pizza Oven	1 tank
	Room C305	1 tank
	Room D305	2 tanks
	Room D314	2 tanks
	Room A305	2 tanks
	Club Room	1 tank
	Room D157	1 tank
	Room A113B	6 tanks

Q. Is a bid bond necessary?

A. The bid bond has been removed from the bid

NOTE the performance and payment bond has been changed to \$3,000.00.

All other terms and conditions shall remain unchanged.

Dated this 25th day of August, 2014.

Shelly Hinze,
Buyer

**Addendum #2
for
Annual Requirements for
Fire Suppression Inspection, Testing and Maintenance
Quote 4913**

Addenda are instruments issued by the City prior to the date for receipt of offers which will modify or interpret the specification document by addition, deletion, clarification or correction.

Please acknowledge receipt of this addendum in the space provided in the Attribute Section.

Be advised of the following changes and clarifications to the City's specification and bidding documents:

NOTE: Bid closing date has been changed to Wednesday, September 3, 2014 at 11:00am.

- Q.** Will the City of Lincoln follow the current NFPA 17, 17A & 96 requirements, which states that any service technician providing system inspection must have proper certification to do so? If so, will other companies that are not authorized distributors, or who will not have manufactures certification or training, and do not receive regular bulletins and manuals be accepted for the contract?
- A.** Per section 2.3 of the specifications All cleaning, testing and inspections must comply with all City of Lincoln, State of Nebraska and Federal regulations for this type of service(s) as well as those of the National Fire Protection Association (NFPA) 17, 17a, 72, 96, or the latest edition of each, OSHA and manufacturers recommended procedure, as applicable.

Vendor shall submit a copy of manufacturer(s) certification licensing and/or training of the suppression systems they are certified in.

All other terms and conditions shall remain unchanged.

Dated this 28th day of August, 2014.

Shelly Hinze,
Buyer

REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM

DATE OF INSPECTION 5-28-14

NAME OF FACILITY: Lancaster Adult Detention

ADDRESS: 3801 W. O St

CITY: Lincoln

OCCUPIED AS: Main Kitchen

SEND REPORT TO: _____

REASON FOR REPORT: () INITIAL INSTALLATION; (X) SEMI-ANNUAL INSP.; () ANNUAL INSP.; OTHER (specify): _____

SYSTEM MANUFACTURER AND MODEL: Ansol R-102

1. TYPE OF SYSTEM: () DRY-CHEMICAL; (X) WET-CHEMICAL; () HALON; () CARBON DIOXIDE; OTHER (specify) _____

2. EXTINGUISHING AGENT: () POTASSIUM BICARBONATE; () MONAMMONIUM PHOSPHATE; () SODIUM BICARBONATE; () POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONATE; () HALON; () CARBON DIOXIDE; (X) WATER AND POTASSIUM CARBONATE-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE-BASED CHEMICAL; OTHER (specify) _____

3. AMOUNT OF AGENT: 9 LBS/GAL; NO. OF AGENT CONTAINERS 3 DATE AGENT CHANGED/CHARGED 2012

4. NOZZLES: TOTAL NO. INSTALLED 14; FOR SURFACE 6, DUCT 4, PLENUM 4, OTHER (specify) _____

5. PIPING: CORRECT SIZE (YES) NO: PROPERLY INSTALLED (YES) (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (YES) (NO)

6. DETECTION DEVICES: (X) FUSIBLE METAL ALLOY TYPE LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify) _____; TEMPERATURE RATING 10-ML 350 May 14

7. EQUIPMENT PROTECTED: () DEEP FRYERS, NO. _____; (X) GRILLS, NO. 3; () RANGE TOP, NO. OF BURNERS _____; () GRIDDLES, NO. _____; () CHAR-BROILERS, NO. _____; () UPRIGHT BROILERS, NO. _____; (OTHER) (specify) 2 stew pots

8. EXPELLANT: () CARBON DIOXIDE CARTRIDGE - _____ WT.; () NITROGEN CARTRIDGE - _____ PSI NORMAL PRESSURE; PRESSURIZED CYLINDER _____ PSI; () COMPRESSED AIR, (X) NITROGEN; OTHER (specify) _____

9. AUTOMATIC SHUTDOWN: (X) YES () NO; FOR (X) ELECTRICITY (X) FUEL; TYPE FUEL (specify) Gas; FUEL LINE SIZE 2"; TYPE, MAKE, AND MODEL OF SHUTDOWN DEVICE: A75V1; MANUAL RESET ONLY ON SHUTDOWN DEVICE (X) YES () NO; DEVICE OPERATES PROPERLY (X) YES () NO

10. MANUAL RELEASE: PROPER LOCATION (X) YES () NO; OPERATES PROPERLY (X) YES () NO

11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC TEST 2012 THE FOLLOWING DEVICES WERE TESTED: () PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALVE ASSEMBLIES; AUXILIARY PRESSURE CONTAINERS; OTHER (specify) _____

12. ALARM: THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE ALARM SYSTEM WHEN OPERATED? (X) YES () NO IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE THE SYSTEM WAS TESTED (X) YES () NO; NAME OF PERSON CONTACTED Local AT _____ ALARM OPERATION WAS SATISFACTORY (X) YES () NO

13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY INSTALLED (X) YES () NO; A FULL SYSTEM TEST WAS CONDUCTED? (X) YES () NO; OWNER HAS A COPY OF INSTALLATION/MAINTENANCE DOCUMENTS? (X) YES () NO; THE SYSTEM WAS LEFT IN SERVICE AND WAS FULLY OPERATIONAL? (X) YES () NO

14. REMARKS: EXPLAIN ANY "NO" ANSWERS _____

REPORT OF INSPECTION - RANGEHOOD EXTINGUISHING SYSTEM

DATE OF INSPECTION 5-28-14

NAME OF FACILITY: LANCASTER DETENTION CENTER
ADDRESS: 3801 W. O ST
CITY: LANCASTER
OCCUPIED AS: STAFF DINING HALL
SEND REPORT TO: _____

REASON FOR REPORT: () INITIAL INSTALLATION; SEMI-ANNUAL INSP.; () ANNUAL INSP.; OTHER (specify): _____

SYSTEM MANUFACTURER AND MODEL: ANSUL R-102

1. TYPE OF SYSTEM: () DRY-CHEMICAL; WET-CHEMICAL; () HALON; () CARBON DIOXIDE; OTHER (specify) _____

2. EXTINGUISHING AGENT: () POTASSIUM BICARBONATE; () MONAMMONIUM PHOSPHATE; () SODIUM BICARBONATE;
() POTASSIUM CHLORIDE; () UREA POTASSIUM BICARBONATE; () HALON _____;
() CARBON DIOXIDE; WATER AND POTASSIUM CARBONATE-BASED CHEMICAL; () WATER AND POTASSIUM ACETATE-BASED CHEMICAL; OTHER (specify) _____

3. AMOUNT OF AGENT:
12 LBS/GAL, NO. OF AGENT CONTAINERS 4 DATE AGENT CHANGED/CHARGED 2012

4. NOZZLES: TOTAL NO. INSTALLED 16; FOR SURFACE 8, DUCT 4, PLENUM 4, OTHER (specify) _____

5. PIPING: CORRECT SIZE NO: PROPERLY INSTALLED (NO); FREE OF PHYSICAL DEFECTS/OBSTRUCTIONS (NO)

6. DETECTION DEVICES: FUSIBLE METAL ALLOY TYPE LINKS; () BULB TYPE; () HEAT DETECTORS; OTHER (specify) _____
TEMPERATURE RATING 4 - ML 500 2 - ML 300 May 14

7. EQUIPMENT PROTECTED: () DEEP FRYERS, NO. _____; () GRILLS, NO. _____; () RANGE TOP, NO. OF BURNERS _____;
() GRIDDLES, NO. _____; () CHAR-BROILERS, NO. _____; () UPRIGHT BROILERS, NO. _____ OTHER (specify) over steam

8. EXPELLANT: () CARBON DIOXIDE CARTRIDGE - _____ WT.; NITROGEN CARTRIDGE - _____ PSI NORMAL PRESSURE;
PRESSURIZED CYLINDER _____ PSI; () COMPRESSED AIR, () NITROGEN; OTHER (specify) _____

9. AUTOMATIC SHUTDOWN: YES () NO; FOR ELECTRICITY FUEL; TYPE FUEL (specify) Gas
FUEL LINE SIZE 3/4"; TYPE, MAKE, AND MODEL OF SHUTDOWN DEVICE: ANSUL
MANUAL RESET ONLY ON SHUTDOWN DEVICE YES () NO; DEVICE OPERATES PROPERLY YES () NO

10. MANUAL RELEASE: PROPER LOCATION YES () NO; OPERATES PROPERLY YES () NO

11. HYDROSTATIC TEST: DATE OF CURRENT HYDROSTATIC TEST 2012 THE FOLLOWING DEVICES WERE TESTED: () PRESSURE CYLINDER(S); () AGENT CYLINDER(S); () VALVE ASSEMBLIES; AUXILIARY PRESSURE CONTAINERS; OTHER (specify) _____

12. ALARM: THE EXTINGUISHING SYSTEM ACTIVATES THE FIRE ALARM SYSTEM WHEN OPERATED? YES () NO
IF YES, THE ALARM RECEIPT LOCATION WAS NOTIFIED BEFORE THE SYSTEM WAS TESTED YES () NO; NAME OF PERSON CONTACTED Local AT _____
ALARM OPERATION WAS SATISFACTORY YES () NO

13. OTHER: ALL SAFETY DEVICES AND/OR SEALS ARE PROPERLY INSTALLED YES () NO; A FULL SYSTEM TEST WAS CONDUCTED? YES () NO; OWNER HAS A COPY OF INSTALLATION/MAINTENANCE DOCUMENTS? YES () NO; THE SYSTEM WAS LEFT IN SERVICE AND WAS FULLY OPERATIONAL? YES () NO

14. REMARKS: EXPLAIN ANY "NO" ANSWERS _____

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM. OF CYLS
CONTACT	PHONE	FAX	
CITY	STATE	ZIP	CUSTOMER NUMBER
INSPECTION TYPE			

COMPANY Pinnacle Bank Arena
 ADDRESS 6000 R. Street
 AHJ/FIRE PROTECTION DISTRICT AHJ

CONTACT Larry Bolan
 CITY Lincoln
 PHONE 904-444
 STATE NE ZIP 68508
 SYSTEM MFG. Amaz P-102
 SYSTEM CAPACITY 4.5 gal
 SYSTEM TYPE wet
 NUM. OF CYLS 2
 INSPECTION TYPE INITIAL ANNUAL SEMI-ANNUAL

Initial Action/Observations

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Is this the initial visit to this customer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Last Serviced By? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were building personnel notified of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the monitoring company notified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the system disarmed/disabled prior to maintenance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. System found charged/functioning at time of technician's arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. System un-tampered with since last visit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. System found to be at proper pressure upon arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Visually Check System

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 9. Baffle-type filters installed in hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. System (and appliance layout) appear unchanged since last service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were the nozzle caps in place at time of arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Visible piping/nozzles properly connected, braced, free of damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Piping/conduit/cabling free from observable obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Nozzle(s) inspected and found to be clear of obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Correct nozzle type(s) for protected equip, plenum, and ducts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Nozzle(s) properly positioned over appliances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Nozzle(s) properly positioned in duct(s) and plenum(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there a fan warning sign on hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Flow points/extinguishing agent within mfg's allowed maximums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hazard Inspection

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 20. Hazard configuration appeared to remain unchanged? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are all observable penetrations to the hood and duct sealed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. No readily observable obstructions or interference that could impact effectiveness of the suppression system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

System Functional Test

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 23. System disarmed per manufacturer's recommendations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Mechanical detection line tested and found to operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Proper number and placement of detectors/links? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Did system operate properly from activation of manual pull station? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Replaced links with proper temperature rating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>3</u> at <u>360</u> Degrees (<u>13</u>) at _____ Degrees | | | |
| <u>3</u> at <u>500</u> Degrees (<u>14</u>) at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 28. Is the manual reset for electric gas valves operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. All electrical appliances shut off upon system operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Exhaust fan(s) shut down upon system activation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Did the make-up air shut down? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Did the alarm system activate when the system tripped? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Control head(s)/cylinder releasing device(s) operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cylinders and Agent

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 34. Cylinder Pressure _____ psi / Weight <u>415 lbs</u> - <u>9-11-01</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Hydrostatic test date of cylinder checked. Due: <u>2024x2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Hydrostatic test date of regulator checked. Due: <u>2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. System cylinder(s) within 6-year maintenance date? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Did all cylinders appear free of external corrosion and/or damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are all cylinders securely mounted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>0.15</u> - <u>2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

System Reactivation

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 41. Test adapters/links, keeper pins, etc., removed from system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Detection (link) line has proper tensioning? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Was the control head reset? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Were all fuel sources and power restored? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Were all pilot lights supplied by the gas valve relit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Microswitch/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Are all nozzle caps in place? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Were all filters reinstalled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Were all cartridges reinstalled? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Tandem/slave releasing device(s) reset properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Final

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 51. Operator's manual provided to customer/contractor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Class K portable extinguisher available and properly serviced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Remote manual release free from obstructions & operable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has the system been placed back in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Monitoring company notified that the system is back in full service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Have you received a signature from the building personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Inspection tag affixed to system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Deficiency

Comments and Recommendations

* System test o.k.

Griddle / Fryers x 3

AUTHORIZED CUSTOMER REF	AUTHORIZED COMP
SIGNATURE: _____	SIGNATURE _____
PRINT NAME: _____	PRINT NAME _____
Customer acknowledges this document.	CERTIFICATE

System is Compliant System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE 1-15-14	HAZARD AREA PROTECTOR RM # A521	SYSTEM MFG. Ansol R-102	SYSTEM CAPACITY 3 gallons	SYSTEM TYPE wet	NUM OF CYLS 1
COMPANY Pinnacle Bank Arena	CONTACT Larry Balm	PHONE 904-4444	FAX	STATE NE	ZIP 68503	CUSTOMER NUMBER
ADDRESS 600 R. Street	CITY Lincoln	INSPECTION TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>		AHI/FIRE PROTECTION DISTRICT AHJ		

Initial Actions/Observations

- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Is this the initial visit to this customer? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Last Serviced By? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were building personnel notified of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the monitoring company notified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the system disarmed/disabled prior to maintenance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. System found charged/functioning at time of technician's arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. System un-tampered with since last visit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. System found to be at proper pressure upon arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Visually Check System

- | | Y | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 9. Baffle-type filters installed in hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. System (and appliance layout) appear unchanged since last service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were the nozzle caps in place at time of arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Visible piping/nozzles properly connected, braced, free of damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Piping/conduit/cabing free from observable obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Nozzle(s) inspected and found to be clear of obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Correct nozzle type(s) for protected equip, plenum, and ducts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Nozzle(s) properly positioned over appliances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Nozzle(s) properly positioned in duct(s) and plenum(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there a fan warning sign on hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Flow points/extinguishing agent within mfg's allowed maximums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hazard Inspection

- | | Y | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 20. Hazard configuration appeared to remain unchanged? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are all observable penetrations to the hood and duct sealed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. No readily observable obstructions or interference that could impact effectiveness of the suppression system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

System Functional Test

- | | Y | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 23. System disarmed per manufacturer's recommendations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Mechanical detection line tested and found to operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Proper number and placement of detectors/links? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Did system operate properly from activation of manual pull station? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Replaced links with proper temperature rating? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 at 500 Degrees (14) at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 28. Is the manual reset for electric gas valves operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. All electrical appliances shut off upon system operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Exhaust fan(s) shut down upon system activation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Did the make-up air shut down? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Did the alarm system activate when the system tripped? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Control head(s)/cylinder releasing device(s) operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cylinders and Agent

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 34. Cylinder Pressure _____ psi / Weight 3 lbs. gallons | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Hydrostatic test date of cylinder checked. Due: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Hydrostatic test date of regulator checked. Due: 2024 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. System cylinder(s) within 6-year maintenance date? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Did all cylinders appear free of external corrosion and/or damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are all cylinders securely mounted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight O.K. 2024 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

System Reactivation

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 41. Test adapters/links, keeper pins, etc., removed from system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Detection (link) line has proper tensioning? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Was the control head reset? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Were all fuel sources and power restored? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Were all pilot lights supplied by the gas valve relit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Microswitch/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Are all nozzle caps in place? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Were all filters reinstalled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Were all cartridges reinstalled? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Tandem/slave releasing device(s) reset properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Final

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 51. Operator's manual provided to customer/contractor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Class K portable extinguisher available and properly serviced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Remote manual release free from obstructions & operable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has the system been placed back in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Monitoring company notified that the system is back in full service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Have you received a signature from the building personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Inspection tag affixed to system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Deficiency

Comments and Recommendations

* System test O.K.
 * Five links in Ansol Box
 Gooddle / Fyres x 2

AUTHORIZED CUSTOMER RT SIGNATURE: _____ PRINT NAME: _____ Customer acknowledges that all work performed is per the terms and conditions on rear of this document.	AUTHORIZED COA SIGNATURE: _____ PRINT NAME: _____ CERTIFICATION: _____
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System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE 1-15-14	HAZARD AREA PROTECTED Level 4 Pizza Oven
SYSTEM MFG. Ansul R-102	SYSTEM CAPACITY 1.5 gal/min	SYSTEM TYPE Wet
NUM OF CYLS 1	PHONE 904-4444	FAX
COMPANY Pinnacle Bank Arena	CONTACT Larry Balm	CITY Lincoln
ADDRESS 600 R. Street	STATE NE	ZIP 68508
AHJ/FIRE PROTECTION DISTRICT AHS	INSPECTION TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>	CUSTOMER NUMBER

Initial Actions/Observations

	Y	N	N/A
1. Is this the initial visit to this customer?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Last Serviced By? ___	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were building personnel notified of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the monitoring company notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the system disarmed/disabled prior to maintenance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. System found charged/functioning at time of technician's arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. System un-tampered with since last visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. System found to be at proper pressure upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Visually Check System

9. Baffle-type filters installed in hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. System (and appliance layout) appear unchanged since last service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Visible piping/nozzles properly connected, braced, free of damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Piping/conduit/cabling free from observable obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Correct nozzle type(s) for protected equip, plenum, and ducts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there a fan warning sign on hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Inspection

20. Hazard configuration appeared to remain unchanged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System Functional Test

23. System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Proper number and placement of detectors/links?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Did system operate properly from activation of manual pull station?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Replaced links with proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 at 500 Degrees (14) at ___ Degrees			
___ at ___ Degrees			
___ at ___ Degrees			

28. Is the manual reset for electric gas valves operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. All electrical appliances shut off upon system operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Exhaust fan(s) shut down upon system activation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Did the make-up air shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Did the alarm system activate when the system tripped?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Control head(s)/cylinder releasing device(s) operate properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cylinders and Agent

34. Cylinder Pressure ___ psi / Weight 1.5 gal/min	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Hydrostatic test date of cylinder checked. Due: 2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Hydrostatic test date of regulator checked. Due: 2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. System cylinder(s) within 6-year maintenance date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Did all cylinders appear free of external corrosion and/or damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Are all cylinders securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight O.K. 2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System Reactivation

41. Test adapters/links, keeper pins, etc., removed from system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Detection (link) line has proper tensioning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Was the control head reset?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Were all fuel sources and power restored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Were all pilot lights supplied by the gas valve relit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Microswitch/relay(s) reset - electric appliances "on"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are all nozzle caps in place? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Were all filters reinstalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Were all cartridges reinstalled? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Tandem/slave releasing device(s) reset properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Final

51. Operator's manual provided to customer/contractor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Class K portable extinguisher available and properly serviced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Remote manual release free from obstructions & operable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Has the system been placed back in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Monitoring company notified that the system is back in full service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Were building personnel notified of the system condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Have you received a signature from the building personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Inspection tag affixed to system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Deficiency

Comments and Recommendations

* System test O.K.

* Fire label in Ansul Box

Pizza Oven

AUTHORIZED CUSTOMER RE

SIGNATURE: _____
PRINT NAME: _____

Customer acknowledges that all work performed is per the terms and conditions on rear of this document.

AUTHORIZED COMPANY F

SIGNATURE: _____
PRINT NAME: _____
CERTIFICATION _____

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE <u>7-15-14</u>	HAZARD AREA PROTECTED <u>KM# C305</u>
SYSTEM MFG. <u>Ansul R-102</u>	SYSTEM CAPACITY <u>3 gal</u>	SYSTEM TYPE <u>Unit</u>
NUM OF CYLS <u>1</u>	PHONE <u>904-944-4444</u>	FAX
CITY <u>Lincoln</u>	STATE <u>FL</u>	ZIP <u>32508</u>
INSPECTION TYPE	<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL
	<input checked="" type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>

COMPANY Pinnacle Bank Arena
 ADDRESS 600 R Street
 AHJ/FIRE PROTECTION DISTRICT AHS

CONTACT Larry Bolon
 CITY Lincoln

- Initial Actions/Observations**
- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Is this the initial visit to this customer? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Last Serviced By? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were building personnel notified of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the monitoring company notified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the system disarmed/disabled prior to maintenance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. System found charged/functioning at time of technician's arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. System un-tampered with since last visit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. System found to be at proper pressure upon arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Visually Check System**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 9. Baffle-type filters installed in hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. System (and appliance layout) appear unchanged since last service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were the nozzle caps in place at time of arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Visible piping/nozzles properly connected, braced, free of damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Piping/conduit/cabling free from observable obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Nozzle(s) inspected and found to be clear of obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Correct nozzle type(s) for protected equip, plenum, and ducts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Nozzle(s) properly positioned over appliances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Nozzle(s) properly positioned in duct(s) and plenum(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there a fan warning sign on hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Flow points/extinguishing agent within mfg's allowed maximums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Hazard Inspection**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 20. Hazard configuration appeared to remain unchanged? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are all observable penetrations to the hood and duct sealed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. No readily observable obstructions or interference that could impact effectiveness of the suppression system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- System Functional Test**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 23. System disarmed per manufacturer's recommendations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Mechanical detection line tested and found to operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Proper number and placement of detectors/links? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Did system operate properly from activation of manual pull station? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Replaced links with proper temperature rating? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>3</u> at <u>360</u> Degrees (<u>13</u>) at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 28. Is the manual reset for electric gas valves operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. All electrical appliances shut off upon system operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Exhaust fan(s) shut down upon system activation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Did the make-up air shut down? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Did the alarm system activate when the system tripped? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Control head(s)/cylinder releasing device(s) operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Cylinders and Agent**
- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 34. Cylinder Pressure _____ psi / Weight <u>3 lbs</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Hydrostatic test date of cylinder checked. Due: <u>2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Hydrostatic test date of regulator checked. Due: <u>2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. System cylinder(s) within 6-year maintenance date? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Did all cylinders appear free of external corrosion and/or damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are all cylinders securely mounted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>6.4</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- System Reactivation**
- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 41. Test adapters/links, keeper pins, etc., removed from system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Detection (link) line has proper tensioning? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Was the control head reset? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Were all fuel sources and power restored? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Were all pilot lights supplied by the gas valve relit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Microswitch/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Are all nozzle caps in place? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Were all filters reinstalled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Were all cartridges reinstalled? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Tandem/slave releasing device(s) reset properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Final**
- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 51. Operator's manual provided to customer/contractor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Class K portable extinguisher available and properly serviced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Remote manual release free from obstructions & operable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has the system been placed back in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Monitoring company notified that the system is back in full service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Have you received a signature from the building personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Inspection tag affixed to system? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Description of Deficiency

Comments and Recommendations

System test ok
Fire links in Alarm Box
Gradeable / over

AUTHORIZED CUSTOMER RE

SIGNATURE: _____
 PRINT NAME _____
 Customer acknowledges that all work performed is per the terms and conditions on rear of this document.

AUTHORIZED COMPANY

SIGNATURE: _____
 PRINT NAME: _____
 CERTIFICATION: _____

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
	1-15-14	Rm D305
SYSTEM MFG	SYSTEM CAPACITY	SYSTEM TYPE
Anso-LR-102	6 gallons	Wet
PHONE	FAX	NUM OF CYLS
904-9444		2
CITY	STATE	ZIP
Fort Lauderdale	FL	33308
CUSTOMER NUMBER		

COMPANY: Pinnacle Bank Branch
 ADDRESS: 600 N. Broward Blvd
 AHJ/FIRE PROTECTION DISTRICT: AHS

CONTACT: Jimmy Bolton
 CITY: Fort Lauderdale

INSPECTION TYPE: INITIAL ANNUAL SEMI-ANNUAL

Initial Actions/Observations	Y	N	N/A
1. Is this the initial visit to this customer?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Last Serviced By? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were building personnel notified of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the monitoring company notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the system disarmed/disabled prior to maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. System found charged/functioning at time of technician's arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. System un-tampered with since last visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. System found to be at proper pressure upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Visually Check System	Y	N	N/A
9. Baffle-type filters installed in hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. System (and appliance layout) appear unchanged since last service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Visible piping/nozzles properly connected, braced, free of damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Piping/conduit/cabing free from observable obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Correct nozzle type(s) for protected equip, plenum, and ducts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there a fan warning sign on hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Inspection	Y	N	N/A
20. Hazard configuration appeared to remain unchanged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System Functional Test	Y	N	N/A
23. System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Proper number and placement of detectors/links?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Did system operate properly from activation of manual pull station?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Replaced links with proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4</u> at <u>500</u> Degrees (<u>14</u>) at _____ Degrees			
_____ at _____ Degrees _____ at _____ Degrees			
_____ at _____ Degrees _____ at _____ Degrees			

28. Is the manual reset for electric gas valves operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. All electrical appliances shut off upon system operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Exhaust fan(s) shut down upon system activation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Did the make-up air shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Did the alarm system activate when the system tripped?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Control head(s)/cylinder releasing device(s) operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cylinders and Agent	Y	N	N/A
34. Cylinder Pressure _____ psi / Weight <u>6 lbs.</u> g.o.l.s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Hydrostatic test date of cylinder checked. Due: <u>2024x2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Hydrostatic test date of regulator checked. Due: <u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. System cylinder(s) within 6-year maintenance date?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. Did all cylinders appear free of external corrosion and/or damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Are all cylinders securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>OK</u> <u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System Reactivation	Y	N	N/A
41. Test adapters/links, keeper pins, etc., removed from system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Detection (link) line has proper tensioning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Was the control head reset?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Were all fuel sources and power restored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Were all pilot lights supplied by the gas valve relit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Microswitch/relay(s) reset - electric appliances "on"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are all nozzle caps in place? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Were all filters reinstalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Were all cartridges reinstalled? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Tandem/slave releasing device(s) reset properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Final	Y	N	N/A
51. Operator's manual provided to customer/contractor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Class K portable extinguisher available and properly serviced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Remote manual release free from obstructions & operable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Has the system been placed back in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Monitoring company notified that the system is back in full service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Were building personnel notified of the system condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Have you received a signature from the building personnel?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58. Inspection tag affixed to system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Deficiency

Comments and Recommendations

* System test O.K.
* Fuse 1-10 in Annual Box

Exhibit 2

AUTHORIZED CUSTOMER REPRESENTATIVE

SIGNATURE: _____
 PRINT NAME: _____
 Customer acknowledged this document.

AUTHORIZED COMPANY REPRESENTATIVE

SIGNATURE: _____
 PRINT NAME: _____
 CERTIFICATION: _____

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM. _____ DATE 1-15-14 HAZARD AREA PROTECTED KIM D314
 SYSTEM MFG. Ansul R-102 SYSTEM CAPACITY 600 lbs SYSTEM TYPE wet NUM. OF CYLS 2

COMPANY Pennaco Bank Arena CONTACT Laboratory PHONE 904-4446 FAX _____
 ADDRESS 400 R Street CITY Lincoln STATE NE ZIP 68508 CUSTOMER NUMBER _____
 AHI/FIRE PROTECTION DISTRICT AHJ INFLECTION TYPE INITIAL ANNUAL SEMI-ANNUAL

Initial Actions/Observations	Y	N	N/A			
1. Is this the initial visit to this customer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Is the manual reset for electric gas valves operational?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Last Serviced By? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All electrical appliances shut off upon system operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Were building personnel notified of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Exhaust fan(s) shut down upon system activation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was the monitoring company notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Did the make-up air shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was the system disarmed/disabled prior to maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Did the alarm system activate when the system tripped?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. System found charged/functioning at time of technician's arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Control head(s)/cylinder releasing device(s) operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. System un-tampered with since last visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders and Agent		
8. System found to be at proper pressure upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Cylinder Pressure _____ psi / Weight <u>600 lbs 9 lbs</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Visually Check System	Y	N	N/A			
9. Baffle-type filters installed in hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Hydrostatic test date of cylinder checked. Due: <u>2024x2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. System (and appliance layout) appear unchanged since last service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Hydrostatic test date of regulator checked. Due: <u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. System cylinder(s) within 6-year maintenance date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Visible piping/nozzles properly connected, braced, free of damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Did all cylinders appear free of external corrosion and/or damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Piping/conduit/cabling free from observable obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Are all cylinders securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>0.16 2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Hazard Inspection	Y	N	N/A			
15. Correct nozzle type(s) for protected equip, plenum, and ducts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Reactivation		
16. Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Test adapters/links, keeper pins, etc., removed from system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Detection (link) line has proper tensioning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Is there a fan warning sign on hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Was the control head reset?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Were all fuel sources and power restored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

System Functional Test	Y	N	N/A			
20. Hazard configuration appeared to remain unchanged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Were all pilot lights supplied by the gas valve relit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Microswitch/relay(s) reset -- electric appliances "on"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Are all nozzle caps in place? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

System Functional Test	Y	N	N/A			
23. System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Were all filters reinstalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Were all cartridges reinstalled? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Proper number and placement of detectors/links?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Tandem/slave releasing device(s) reset properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Did system operate properly from activation of manual pull station?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final		
27. Replaced links with proper temperature rating? <u>5</u> at <u>500</u> Degrees (<u>141</u>) at _____ Degrees _____ at _____ Degrees _____ at _____ Degrees _____ at _____ Degrees _____ at _____ Degrees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Operator's manual provided to customer/contractor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of Deficiency
* Appliance is not 6 inches inside the hood on both ends.

Comments and Recommendations
* System test ok.
* Fuse links in Appliance Box
Flat / Char / Fyler x 4
Grill / Grill

AUTHORIZED CUSTOMER RE: SIGNATURE: _____ PRINT NAME: _____ Customer acknowledges this document.

AUTHORIZED COM: SIGNATURE: _____ PRINT NAME: _____ CERTIFICATE

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM. _____ DATE 1-15-14 HAZARD AREA PROTECTED Rm A 305
 SYSTEM MFG. Ansel R-102 SYSTEM CAPACITY 6 gallons SYSTEM TYPE wet NUM OF CYCLES 2

COMPANY Pinnacle Bank Arena
 ADDRESS 600 R St.
 AHJ/FIRE PROTECTION DISTRICT AHJ

CONTACT Larry Belm PHONE 904-444 FAX _____
 CITY Lincoln STATE NE ZIP 68508 CUSTOMER NUMBER _____
 INSPECTION TYPE INITIAL ANNUAL SEMI-ANNUAL

Initial Actions/Observations	Y	N	N/A			
1. Is this the initial visit to this customer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Is the manual reset for electric gas valves operational?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Last Serviced By? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All electrical appliances shut off upon system operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Were building personnel notified of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Exhaust fan(s) shut down upon system activation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was the monitoring company notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Did the make-up air shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was the system disarmed/disabled prior to maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Did the alarm system activate when the system tripped?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. System found charged/functioning at time of technician's arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Control head(s)/cylinder releasing device(s) operate properly?	<input type="checkbox"/>	<input type="checkbox"/>
7. System un-tampered with since last visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders and Agent		
8. System found to be at proper pressure upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Cylinder Pressure _____ psi / Weight <u>6 lbs. 16 oz.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visually Check System				35. Hydrostatic test date of cylinder checked. Due: <u>2024x2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Baffle-type filters installed in hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Hydrostatic test date of regulator checked. Due: <u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. System (and appliance layout) appear unchanged since last service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. System cylinder(s) within 6-year maintenance date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Did all cylinders appear free of external corrosion and/or damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Visible piping/nozzles properly connected, braced, free of damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Are all cylinders securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Piping/conduit/cabing free from observable obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>O.K. 2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Reactivation		
15. Correct nozzle type(s) for protected equip, plenum, and ducts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Test adapters/links, keeper pins, etc., removed from system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Detection (link) line has proper tensioning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Was the control head reset?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Is there a fan warning sign on hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Were all fuel sources and power restored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Were all pilot lights supplied by the gas valve relit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazard Inspection				46. Microswitch/relay(s) reset - electric appliances "on"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Hazard configuration appeared to remain unchanged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Are all nozzle caps in place? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Were all filters reinstalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Were all cartridges reinstalled? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Functional Test				50. Tandem/slave releasing device(s) reset properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final		
24. Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Operator's manual provided to customer/contractor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Proper number and placement of detectors/links?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Class K portable extinguisher available and properly serviced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Did system operate properly from activation of manual pull station?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Remote manual release free from obstructions & operable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Replaced links with proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Has the system been placed back in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>3</u> at <u>360</u> Degrees (<u>13</u>) at _____ Degrees				55. Monitoring company notified that the system is back in full service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u> at <u>500</u> Degrees (<u>14</u>) at _____ Degrees				56. Were building personnel notified of the system condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____ at _____ Degrees _____ at _____ Degrees				57. Have you received a signature from the building personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				58. Inspection tag affixed to system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of Deficiency

Comments and Recommendations

* System left O.K.

✓ Fire links in Ansel Box

Goodle / Fyox

AUTHORIZED CUSTOMER REF

SIGNATURE: _____

PRINT NAME: _____

Customer acknowledges that all work performed is per the terms and conditions on rear of this document.

AUTHORIZED COMPANY

SIGNATURE: _____

PRINT NAME: _____

CERTIFICATIO _____

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
	1-15-14	Club Rm #
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE
Ansul 10-10	1.5 g/min	wet
		NUM OF CYLS
		1

COMPANY	CONTACT	PHONE	FAX
Pinnacle Bank Arena	Larry Belton	907-4444	
ADDRESS	CITY	STATE	ZIP
600 R St.	Las Vegas	NE	68508
AHJ/FIRE PROTECTION DISTRICT	INSPECTION TYPE		
ALT	<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>		

- Initial Actions/Observations**
- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Is this the initial visit to this customer? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Last Serviced By? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were building personnel notified of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the monitoring company notified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the system disarmed/disabled prior to maintenance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. System found charged/functioning at time of technician's arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. System un-tampered with since last visit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. System found to be at proper pressure upon arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Visually Check System**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 9. Baffle-type filters installed in hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. System (and appliance layout) appear unchanged since last service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were the nozzle caps in place at time of arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Visible piping/nozzles properly connected, braced, free of damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Piping/conduit/cablling free from observable obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Nozzle(s) inspected and found to be clear of obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Correct nozzle type(s) for protected equip, plenum, and ducts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Nozzle(s) properly positioned over appliances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Nozzle(s) properly positioned in duct(s) and plenum(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there a fan warning sign on hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Flow points/extinguishing agent within mfg's allowed maximums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Hazard Inspection**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 20. Hazard configuration appeared to remain unchanged? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are all observable penetrations to the hood and duct sealed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. No readily observable obstructions or interference that could impact effectiveness of the suppression system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- System Functional Test**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 23. System disarmed per manufacturer's recommendations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Mechanical detection line tested and found to operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Proper number and placement of detectors/links? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Did system operate properly from activation of manual pull station? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Replaced links with proper temperature rating? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 at 500 Degrees (14) at _____ Degrees | | | |
| _____ at _____ Degrees | | | |
| _____ at _____ Degrees | | | |

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 28. Is the manual reset for electric gas valves operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. All electrical appliances shut off upon system operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Exhaust fan(s) shut down upon system activation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Did the make-up air shut down? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Did the alarm system activate when the system tripped? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Control head(s)/cylinder releasing device(s) operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Cylinders and Agent**
- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 34. Cylinder Pressure _____ psi / Weight <u>112 lbs. g. 16</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Hydrostatic test date of cylinder checked. Due: <u>2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Hydrostatic test date of regulator checked. Due: <u>2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. System cylinder(s) within 6-year maintenance date? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 38. Did all cylinders appear free of external corrosion and/or damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are all cylinders securely mounted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>0.6 2024</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- System Reactivation**
- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 41. Test adapters/links, keeper pins, etc., removed from system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Detection (link) line has proper tensioning? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Was the control head reset? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Were all fuel sources and power restored? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Were all pilot lights supplied by the gas valve relit? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46. Microswitch/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Are all nozzle caps in place? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Were all filters reinstalled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Were all cartridges reinstalled? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Tandem/slave releasing device(s) reset properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Final**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 51. Operator's manual provided to customer/contractor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Class K portable extinguisher available and properly serviced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Remote manual release free from obstructions & operable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has the system been placed back in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Monitoring company notified that the system is back in full service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Have you received a signature from the building personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Inspection tag affixed to system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Deficiency

Comments and Recommendations

* System test O.K.

* Fix links in Arrival Box

Double / wires x 2

AUTHORIZED CUSTOMER REF

SIGNATURE: _____

PRINT NAME: _____

Customer acknowledges that all work performed is per the terms and conditions on rear of this document.

AUTHORIZED COMP

SIGNATURE _____

PRINT NAME _____

CERTIFICAT _____

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
	1-15-14	AM DIS 7	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM OF CYLS
Amco P-102	3 cylinders	wet	1
COMPANY	CONTACT	PHONE	FAX
Pinnacle Bank Arena	Larry Belm	907-4444	
ADDRESS	CITY	STATE	ZIP
600 P. St	Lincoln	NE	68508
AHJ/FIRE PROTECTION DISTRICT	INSPECTION TYPE	CUSTOMER NUMBER	
AHT	<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>		

Initial Actions/Observations	Y	N	N/A			
1. Is this the initial visit to this customer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Is the manual reset for electric gas valves operational?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Last Serviced By? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All electrical appliances shut off upon system operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Were building personnel notified of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Exhaust fan(s) shut down upon system activation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was the monitoring company notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Did the make-up air shut down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was the system disarmed/disabled prior to maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Did the alarm system activate when the system tripped?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. System found charged/functioning at time of technician's arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Control head(s)/cylinder releasing device(s) operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. System un-tampered with since last visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders and Agent		
8. System found to be at proper pressure upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Cylinder Pressure _____ psi / Weight <u>3 lbs</u> / <u>11.1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visually Check System				35. Hydrostatic test date of cylinder checked. Due: <u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Baffle-type filters installed in hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Hydrostatic test date of regulator checked. Due: <u>2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. System (and appliance layout) appear unchanged since last service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. System cylinder(s) within 6-year maintenance date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Were the nozzle caps in place at time of arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Did all cylinders appear free of external corrosion and/or damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Visible piping/nozzles properly connected, braced, free of damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Are all cylinders securely mounted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Piping/conduit/cabling free from observable obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight <u>O.K. 2024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Nozzle(s) inspected and found to be clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Reactivation		
15. Correct nozzle type(s) for protected equip, plenum, and ducts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Test adapters/links, keeper pins, etc., removed from system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Nozzle(s) properly positioned over appliances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Detection (link) line has proper tensioning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Nozzle(s) properly positioned in duct(s) and plenum(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Was the control head reset?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Is there a fan warning sign on hood?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Were all fuel sources and power restored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Flow points/extinguishing agent within mfg's allowed maximums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Were all pilot lights supplied by the gas valve relit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazard Inspection				46. Microswitch/relay(s) reset - electric appliances "on"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Hazard configuration appeared to remain unchanged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Are all nozzle caps in place? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Are all observable penetrations to the hood and duct sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Were all filters reinstalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. No readily observable obstructions or interference that could impact effectiveness of the suppression system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Were all cartridges reinstalled? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Functional Test				50. Tandem/slave releasing device(s) reset properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. System disarmed per manufacturer's recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final		
24. Mechanical detection line tested and found to operate properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Operator's manual provided to customer/contractor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Proper number and placement of detectors/links?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Class K portable extinguisher available and properly serviced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Did system operate properly from activation of manual pull station?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Remote manual release free from obstructions & operable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Replaced links with proper temperature rating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Has the system been placed back in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>3</u> at <u>500</u> Degrees (<u>14</u>) at _____ Degrees				55. Monitoring company notified that the system is back in full service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____ at _____ Degrees _____ at _____ Degrees				56. Were building personnel notified of the system condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____ at _____ Degrees _____ at _____ Degrees				57. Have you received a signature from the building personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				58. Inspection tag affixed to system?	<input type="checkbox"/>	<input type="checkbox"/>

Description of Deficiency

Comments and Recommendations

* System test O.K.

* Fire links in Amco Box

Fyfe x 2 / Griddle

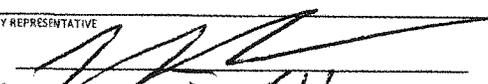
AUTHORIZED CUSTOMER REPRESENTATIVE

SIGNATURE: 

PRINT NAME: _____

Customer acknowledges that all work performed is per the terms and conditions on rear of this document.

AUTHORIZED COMPANY REPRESENTATIVE

SIGNATURE: 

PRINT NAME: Larry Belm

CERTIFICATION #: #10750

System is Compliant

System is Non-Compliant

FIRE SUPPRESSION SYSTEM INSPECTION REPORT

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
AB1012	1-15-14	KITCH - 4113B
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE
Abuel R. 102	18 Gallons	Unit
		NUM. OF CYLS
		6

COMPANY	CONTACT	PHONE	FAX
Pinnacle Bank America	Larry Belton	804-4444	
ADDRESS	CITY	STATE	ZIP
6000 R St	Roanoke	VA	24088
AH/FIRE PROTECTION DISTRICT	INSPECTION TYPE	CUSTOMER NUMBER	
AHJ	<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>		

- Initial Actions/Observations**
- | | Y | N | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Is this the initial visit to this customer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Last Serviced By? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were building personnel notified of the inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the monitoring company notified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the system disarmed/disabled prior to maintenance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. System found charged/functioning at time of technician's arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. System un-tampered with since last visit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. System found to be at proper pressure upon arrival? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Visually Check System**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 9. Baffle-type filters installed in hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. System (and appliance layout) appear unchanged since last service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were the nozzle caps in place at time of arrival? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Visible piping/nozzles properly connected, braced, free of damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Piping/conduit/cabing free from observable obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Nozzle(s) inspected and found to be clear of obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Correct nozzle type(s) for protected equip, plenum, and ducts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Nozzle(s) properly positioned over appliances? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Nozzle(s) properly positioned in duct(s) and plenum(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is there a fan warning sign on hood? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Flow points/extinguishing agent within mfg's allowed maximums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Hazard Inspection**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 20. Hazard configuration appeared to remain unchanged? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are all observable penetrations to the hood and duct sealed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. No readily observable obstructions or interference that could impact effectiveness of the suppression system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- System Functional Test**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 23. System disarmed per manufacturer's recommendations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Mechanical detection line tested and found to operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Proper number and placement of detectors/links? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Did system operate properly from activation of manual pull station? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Replaced links with proper temperature rating? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 at 500 Degrees (14) _____ at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |
| _____ at _____ Degrees _____ at _____ Degrees | | | |

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 28. Is the manual reset for electric gas valves operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. All electrical appliances shut off upon system operation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Exhaust fan(s) shut down upon system activation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Did the make-up air shut down? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Did the alarm system activate when the system tripped? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Control head(s)/cylinder releasing device(s) operate properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Cylinders and Agent**
- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 34. Cylinder Pressure _____ psi / Weight 18 lbs 30.16-3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Hydrostatic test date of cylinder checked. Due: 2024X6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Hydrostatic test date of regulator checked. Due: 2024X3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. System cylinder(s) within 6-year maintenance date? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Did all cylinders appear free of external corrosion and/or damage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are all cylinders securely mounted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 6.6-2024X3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- System Reactivation**
- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 41. Test adapters/links, keeper pins, etc., removed from system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Detection (link) line has proper tensioning? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Was the control head reset? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Were all fuel sources and power restored? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Were all pilot lights supplied by the gas valve relit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Microswitch/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Are all nozzle caps in place? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Were all filters reinstalled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Were all cartridges reinstalled? (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Tandem/slave releasing device(s) reset properly? (initials) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Final**
- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 51. Operator's manual provided to customer/contractor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Class K portable extinguisher available and properly serviced? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Remote manual release free from obstructions & operable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has the system been placed back in service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Monitoring company notified that the system is back in full service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Have you received a signature from the building personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Inspection tag affixed to system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Deficiency

→ The kettle is being used for soups only, there is no coverage over it at this time

→ Needs Rein Shield between Fryer and Char Grill

Comments and Recommendations

AHJ Kettle / simulator 2 / Double / De-16 / Jabber / Char / Fryer 2 / Flat
 S101kt x 2 color / oven x 2 / Range x 2 / Grill / Grill

* System test ok
 * Found links in Arrival Bay

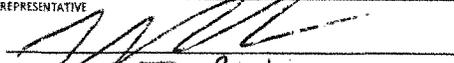
AUTHORIZED CUSTOMER REPRESENTATIVE

SIGNATURE: 

PRINT NAME: Larry Belton

Customer acknowledges that all work performed is per the terms and conditions on rear of this document.

AUTHORIZED COMPANY REPRESENTATIVE

SIGNATURE: 

PRINT NAME: Joe P. H. Linn

CERTIFICATION #: #10712

INSTRUCTIONS TO BIDDERS

City of Lincoln, Nebraska, County of Lancaster, Public Building Commission

E-Bid

1. BIDDING PROCEDURE

- 1.1 Sealed bid, formal and informal, subject to Instructions and General Conditions and any special conditions set forth herein, will be received in the office of the Purchasing Division, 440 So. 8th St., Lincoln, NE 68508, until the bid closing date and time indicated for furnishing the City of Lincoln, Lancaster County and Building Commission, hereafter referred to as "Owners" the materials, supplies, equipment or services shown in the electronic bid request.
- 1.2 Bidders shall use the electronic bid system for submitting bids and must complete all required fields. If you do not care to bid, please respond to the bid request and note your reason.
- 1.3 Identify the item you will furnish by brand or manufacturer's name and catalog numbers. Also furnish specifications and descriptive literature if not bidding the specific manufacturer or model as listed in the specifications.
- 1.4 Any person submitting a bid for a firm, corporation, or other organization must show evidence of his authority so to bind such firm, corporation, or organization.
- 1.5 Bids received after the time and date established for receiving bids will be rejected.
- 1.6 The Bidders and public are invited, but not required, to attend the formal opening of bids. At the opening, prices will be displayed electronically and/or read aloud to the public. The pricing is also available for immediate viewing on-line. No decisions related to an award of a contract or purchase order will be made at the opening.
- 1.7 If bidding on a construction contract, the City's Standard Specifications for Municipal Construction 2011 shall apply.
 - 1.7.1 Bidders may obtain this document from the City's Design Engineering Division of the Public Works & Utilities Department for a small fee.
 - 1.7.2 Said document can be reviewed at Design Engineering or the office of the Purchasing Division.
 - 1.7.3 Said document is available on the web site.
<http://www.lincoln.ne.gov/city/pworks/engine/dconst/standard/stndspec/index.htm>

2. BID SECURITY

- 2.1 Bid security, as a guarantee of good faith, in the form of a certified check, cashier's check, or bidder's bond, may be required to be submitted with this bid document, as indicated on the bid.
 - 2.1.1 Bid security, if required, shall be in the amount specified on the bid. The bid security must be scanned and attached to the "Response Attachments" section of your response or it can be faxed to the Purchasing Office at 402-441-6513. The original bid security should then be sent or delivered to the office of the Purchasing Division, 440 S. 8th St., Ste. 200, Lincoln, NE 68508 to be received within three (3) days of bid closing.
 - 2.1.2 If bid security is not received in the Office of the Purchasing Division as stated above, the vendor may be determined to be non-responsive.
- 2.2 If alternates are submitted, only one bid security will be required, provided the bid security is based on the amount of the highest gross bid.
- 2.3 Such bid security will be returned to the unsuccessful Bidders when the award of bid is made.
- 2.4 Bid security will be returned to the successful Bidder(s) as follows:
 - 2.4.1 For single order bids with specified quantities: upon the delivery of all equipment or merchandise, and upon final acceptance by the Owners.
 - 2.4.2 For all other contracts: upon approval by the Owners of the executed contract and bonds.
- 2.5 Owners shall have the right to retain the bid security of Bidders to whom an award is being considered until either:
 - 2.5.1 A contract has been executed and bonds have been furnished.
 - 2.5.2 The specified time has elapsed so that the bids may be withdrawn.
 - 2.5.3 All bids have been rejected.
- 2.6 Bid security will be forfeited to the Owners as full liquidated damages, but not as a penalty, for any of the following reasons, as pertains to this specification document:
 - 2.6.1 If the Bidder fails or refuses to enter into a contract on forms provided by the Owners, and/or if the Bidder fails to provide sufficient bonds or insurance within the time period as established in this specification document.

3. BIDDER'S REPRESENTATION

- 3.1 Each Bidder by electronic signature and submitting a bid, represents that the Bidder has read and understands the specification documents, and the bid has been made in accordance therewith.
- 3.2 Each Bidder for services further represents that the Bidder has examined and is familiar with the local conditions under which the work is to be done and has correlated the observations with the requirements of the bid documents.

4. CLARIFICATION OF SPECIFICATION DOCUMENTS

- 4.1 Bidders shall promptly notify the Purchasing Agent of any ambiguity, inconsistency or error which they may discover upon examination of the specification documents.
- 4.2 Bidders desiring clarification or interpretation of the specification documents for formal bids shall make a written request which must reach the Purchasing Agent at least five (5) calendar days prior to the date and time for receipt of formal bids.
- 4.3 Changes made to the specification documents will be issued electronically. All vendors registered for that bid will be notified of the addendum. Subsequent Bidders will only receive the bid with the addendum included.
- 4.4 Oral interpretations or changes to the bidding documents made in any manner other than written form will not be binding on the Owners; and Bidders shall not rely upon such interpretations or changes.

5. ADDENDA

- 5.1 Addenda are instruments issued by the Owners prior to the date for receipt of bids which modify or interpret the specification document by addition, deletion, clarification or correction.
- 5.2 Addenda notification will be made available to all registered vendors immediately via e-mail for inspection on-line.
- 5.3 No formal bid addendums will be issued later than forty-eight (48) hours prior to the date and time for receipt of formal bids, except an addendum withdrawing the invitation to bid, or an addendum which includes postponement of the bid.

6. INDEPENDENT PRICE DETERMINATION

- 6.1 By signing and submitting this bid, the Bidder certifies that the prices in this bid have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor; unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder prior to bid opening directly or indirectly to any other Bidder or to any competitor; no attempt has been made, or will be made, by the Bidder to induce any person or firm to submit, or not to submit, a bid for the purpose of restricting competition.

7. ANTI-LOBBYING PROVISION

- 7.1 During the period between the bid advertisement date and the contract award, Bidders, including their agents and representatives, shall not lobby or promote their bid with any member of the City or County staff or officers except in the course of Owner sponsored inquiries, briefings, interviews, or presentations, unless requested by the Owners.

8. BRAND NAMES

- 8.1 Wherever in the specifications or bid that brand names, manufacturer, trade name, or catalog numbers are specified, it is for the purpose of establishing a grade or quality of material only; and the term "or equal" is deemed to follow.
- 8.2 It is the Bidder's responsibility to identify any alternate items offered in the bid, and prove to the satisfaction of the Owners that said item is equal to, or better than, the product specified.
- 8.3 Bids for alternate items shall be stated in the appropriate space on the e-bid form, or if the proposal form does not contain blanks for alternates, Bidder MUST attach to its bid document on Company letterhead a statement identifying the manufacturer and brand name of each proposed alternate, plus a complete description of the alternate items including illustrations, performance test data and any other information necessary for an evaluation.
- 8.4 The Bidder must indicate any variances by item number from the specification document no matter how slight.
- 8.5 If variations are not stated in the bid, it will be assumed that the item being bid fully complies with the Owners' bidding documents.

9. DEMONSTRATIONS/SAMPLES

- 9.1 Bidders shall demonstrate the exact item(s) proposed within seven (7) calendar days from receipt of such request from the Owners.
- 9.2 Such demonstration can be at the Owners delivery location or a surrounding community.
- 9.3 If items are small and malleable, the Bidder is proposing an alternate product, the Bidder shall supply a sample of the exact item. Samples will be returned at Bidder's expense after receipt by the Owners of acceptable goods. The Bidder must indicate how samples are to be returned.

10. DELIVERY (Non-Construction)

- 10.1 Each Bidder shall state on the bid the date upon which it can make delivery of all equipment or merchandise.
- 10.2 The Owners reserve the right to cancel orders, or any part thereof, without obligation, if delivery is not made within the time(s) specified on the bid.
- 10.3 All bids shall be based upon **inside** delivery of the equipment/ merchandise F.O.B. the Owners at the location specified by the Owners, with all transportation charges paid.
- 10.4 At the time of delivery, a designated Owner employee will sign the invoice/packing slip. The signature will only indicate that the order has been received and the items actually delivered agree with the delivery invoice. This signature does not indicate all items met specifications, were received in good condition and/or that there is not possible hidden damage or shortages.

11. WARRANTIES, GUARANTEES AND MAINTENANCE

- 11.1 Copies of the following documents, if requested, shall accompany the bid proposal for all items being bid:
 - 11.1.1 Manufacturer's warranties and/or guarantees.
 - 11.1.2 Bidder's maintenance policies and associated costs.
- 11.2 As a minimum requirement of the Owners, the Bidder will guarantee in writing that any defective components discovered within a one (1) year period after the date of acceptance shall be replaced at no expense to the Owners. Replacement parts of defective components shall be shipped at no cost to the Owners. Shipping costs for defective parts required to be returned to the Bidder shall be paid by the Bidder.

12. ACCEPTANCE OF MATERIAL

- 12.1 All components used in the manufacture or construction of materials, supplies and equipment, and all finished materials, shall be new, the latest make/model, of the best quality, and the highest grade workmanship.
- 12.2 Material delivered under this proposal shall remain the property of the Bidder until:
 - 12.2.1 A physical inspection and actual usage of the material is made and found to be acceptable to the Owners; and
 - 12.2.2 Material is determined to be in full compliance with the bidding documents and accepted proposal.
- 12.3 In the event the delivered material is found to be defective or does not conform to the specification documents and accepted proposal, the Owners reserves the right to cancel the order upon written notice to the Bidder and return materials to the Bidder at Bidder's expense.
- 12.4 Awarded Bidder shall be required to furnish title to the material, free and clear of all liens and encumbrances, issued in the name of the Owner, as required by the specification documents or purchase orders.
- 12.5 Awarded Bidder's advertising decals, stickers or other signs shall not be affixed to equipment. Vehicle mud flaps shall be installed blank side out with no advertisements. Manufacturer's standard production forgings, stampings, nameplates and logos are acceptable.

13. BID EVALUATION AND AWARD

- 13.1 The electronic signature shall be considered an offer on the part of the Bidder. Such offer shall be deemed accepted upon issuance by the Owners of purchase orders, contract award notifications, or other contract documents appropriate to the work.
- 13.2 No bid shall be modified or withdrawn for a period of ninety (90) calendar days after the time and date established for receiving bids, and each Bidder so agrees in submitting the bid.
- 13.3 In case of a discrepancy between the unit prices and their extensions, the unit prices shall govern.
- 13.4 The bid will be awarded to the lowest responsible, responsive Bidder whose bid will be most advantageous to the Owners, and as the Owners deem will best serve the requirements and interests of the Owners.
- 13.5 The Owners reserves the right to accept or reject any or all bids; to request rebids; to award bids item-by-item, with or without alternates, by groups, or "lump sum"; to waive minor irregularities in bids; such as shall best serve the requirements and interests of the Owners.
- 13.6 In order to determine if the Bidder has the experience, qualifications, resources and necessary attributes to provide the quality workmanship, materials and management required by the plans and specifications, the Bidder may be required to complete and submit additional information as deemed necessary by the Owners. Failure to provide the information requested to make this determination may be grounds for a declaration of non-responsive with respect to the Bidder.
- 13.7 The Owners reserves the right to reject irregular bids that contain unauthorized additions, conditions, alternate bids, or irregularities that make the Bid Proposal incomplete, indefinite or ambiguous.
- 13.8 Any governmental agency may piggyback on any contract entered into from this bid.

14. INDEMNIFICATION

- 14.1 The Bidder shall indemnify and hold harmless the Owners from and against all losses, claims, damages, and expenses, including, attorney's fees arising out of or resulting from the performance of the contract that results in bodily injury, sickness, disease, death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom and is caused in whole or in part by the Bidder, any subcontractor, any directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. This section will not require the Bidder to indemnify or hold harmless the Owners for any losses, claims damages, and expenses arising out of or resulting from the sole negligence of the Owners.
- 14.2 In any and all claims against the Owners or any of its members, officers or employees by an employee of the Bidder, any subcontractor, anyone directly or indirectly employed by any of them or by anyone for whose acts made by any of them may be liable, the indemnification obligation under paragraph 14.1 shall not be limited in any way by any limitation of the amount or type of damages, compensation or benefits payable by or for the Bidder or any subcontractor under worker's compensation acts, disability benefit acts or other employee benefit acts.

15. TERMS OF PAYMENT

15.1 Unless stated otherwise, the Owners will begin processing payment within thirty (30) calendar days after all labor has been performed and all equipment or other merchandise has been delivered, and all such labor and equipment and other materials have met all contract specifications.

16. LAWS

16.1 The laws of the State of Nebraska shall govern the rights, obligations, and remedies of the parties under this proposal and any contract reached as a result of this process.

16.2 Bidder agrees to abide by all applicable local, state and federal laws and regulations concerning the handling and disclosure of private and confidential information concerning individuals and corporations as to inventions, copyrights, patents and patent rights.

17. EQUIPMENT TAX ASSESSMENT

17.1 Any bid for public improvement shall comply with Nebraska Revised Statutes Section 77-1323 and 77-1324. Indicating; every person, partnership, limited liability company, association or corporation furnishing labor or material in the repair, alteration, improvement, erection, or construction of any public improvement shall sign a certified statement which will accompany the contract. The certified statement shall state that all equipment to be used on the project, except that acquired since the assessment date, has been assessed for taxation for the current year, giving the county where assessed.

18. AFFIRMATIVE ACTION

18.1 The City of Lincoln-Lancaster County provides equal opportunity for all Bidders and encourages minority businesses, women's businesses and locally owned business enterprises to participate in our bidding process.

19. INSURANCE

19.1 All Bidders shall take special notice of the insurance provisions required for all City/County and Building Commissions contracts (see *Insurance Requirements for City, County, Building Commission*).

20. EXECUTION OF AGREEMENT

20.1 Depending on the type of service and commodity provided, one of the following methods will be employed. The method applicable to this contract will be checked below:

- a. **PURCHASE ORDER**, unless otherwise noted.
 - 1. This Contract shall consist of a City of Lincoln, Lancaster County and City-County Public Building Commission Purchase Order.
 - 2. A copy of the Bidder's bid response (or referenced bid number) attached and that the same, in all particulars, becomes the contract between the parties hereto: that both parties thereby accept and agree to the terms and conditions of said bid documents.
- b. **CONTRACT**, unless otherwise noted.
 - 1. City, County and City-County Public Building Commission will furnish copies of a Contract to the successful Bidder who shall prepare attachments as required. Insurance as evidenced by a Certificate of Insurance (as required), surety bonds properly executed (as required), and Contract signed and dated.
 - 2. The prepared documents shall be returned to the Purchasing Office within 10 days (unless otherwise noted).
 - 3. The City, County and City-County Public Building Commission will sign and date the Contract.
 - 4. Upon approval and signature, the City, County and City-County Public Building Commission will return one copy to the successful Bidder.

21. TAXES AND TAX EXEMPTION CERTIFICATE

21.1 The Owners are generally exempt from any taxes imposed by the state or federal government. A Tax Exemption Certificate will be provided as applicable.

22.2 The Water Division of the City of Lincoln is taxable per Reg. 066.14A and no exemption certificate will be issued.

22. CITY AUDIT ADVISORY BOARD

22.1 All parties of any City agreement shall be subject to audit pursuant to Chapter 4.66 of the Lincoln Municipal Code and shall make available to a contract auditor, as defined therein, copies of all financial and performance related records and materials germane to the contract/order, as allowed by law.

23. E-VERIFY

23.1 In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section. For information on the E-Verify Program, go to www.uscis.gov/everify.

INSURANCE CLAUSE TO BE USED FOR ALL CONTRACTS LANCASTER COUNTY, NEBRASKA; PUBLIC BUILDING COMMISSION, CITY OF LINCOLN, NEBRASKA OWNERS

The Contractor shall indemnify and save harmless the Owners from and against all losses, claims, damages, and expenses, including attorney's fees, arising out of or resulting from the performance of the contract that results in bodily injury, sickness, disease, death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom and is caused in whole or in part by the Contractor, any subcontractor, any directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. This section will not require the Contractor to indemnify or hold harmless the Owners for any losses, claims, damages, and expenses arising out of or resulting from the negligence of the Owners.

Contractor shall not commence work under this contract until he has obtained all insurance required under this Section and such insurance has been approved by the Owners Attorneys, nor shall the Contractor allow any sub-contractor to commence work on his subcontract until all similar insurance required of the subcontractor has been so obtained and approved.

A. Worker's Compensation Insurance and Employer's Liability Insurance: The Contractor shall take out and maintain during the life of this contract the applicable statutory Worker's Compensation Insurance with an insurance company authorized to write such insurance in this state covering all his employees, and in the case of any work sublet, the Contractor shall require the subcontractor similarly to provide statutory Worker's Compensation Insurance for the latter's employees. The Contractor shall take out and maintain during the life of this contract, Employer's Liability Insurance with a limit of \$100,000 in an insurance company authorized to write such insurance in all states where the Contractor will have employees located in the performance of this contract, and the Contractor shall require each of his subcontractors similarly to maintain common law liability insurance on his employees.

State	Statutory
Applicable Federal	Statutory
Employer's Liability	\$100,000

B. General Liability Insurance

1. The Contractor shall maintain during the life of this contract, General Liability Insurance, naming and protecting him and the Owners, its officials, employees and volunteers as insured, against claims for damages resulting from (a) bodily injury, including wrongful death, (b) personal injury liability, and (c) property damage which may arise from operations under this contract whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by either of them. The minimum acceptable limits of liability to be provided by such insurance shall be as follows:

Bodily Injury/Property Damage	\$2,000,000 each Occurrence
	\$2,000,000 Aggregate
Personal Injury Damage	\$1,000,000 each Occurrence
Contractual Liability	\$1,000,000 each Occurrence
Products Liability & Completed Operations	\$1,000,000 each Occurrence

2. The General Liability Insurance required by the preceding paragraph shall include the following extensions of coverage:

- a. The coverage shall be provided under a Commercial General Liability form or similar thereto.
- b. X.C.U. Coverage - if the contract requires any work procedures involving blasting, excavating, tunneling or other underground work, the liability coverage shall include Standard Blasting or Explosion Coverage, Standard Collapse Coverage, and Standard Underground Coverage commonly referred to as XCU Property Damage Liability.
- c. The property damage coverage shall include a Broad Form Property Damage Endorsement or similar thereto.
- d. Contractual Liability coverage shall be included.
- e. Products Liability and/or Completed Operations coverage shall be included.
- f. Personal Injury Liability coverage shall be included.

C. Automobile Liability Insurance: The Contractor shall take out and maintain during the life of the contract such Automobile Liability Insurance as shall protect him against claims for damages resulting from bodily injury, including wrongful death, and property damage which may arise from the operations of any owned, hired, or non-owned automobiles used by or for him in any capacity in connection with the carrying out of this contract. The minimum acceptable limits of liability to be provided by such Automobile Liability Insurance shall be as follows:

Bodily Injury and Property Damage	\$1,000,000 Combined Single Limit
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- D. Railroad Contractual Liability Insurance: If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing, Railroad Contractual Liability Endorsement (ISO® form CG24170196 or newer).
- E. Railroad Protective Liability: If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing or otherwise required by the Special Provisions or applicable requirements of an affected railroad, the Contractor shall provide Railroad Protective Liability Insurance naming the affected railroad/s as insured with minimum limits for bodily injury and property damage of \$2,000,000 per occurrence, \$6,000,000 aggregate, or such other limits as required in the Special Provisions or by the affected railroad. The original of the policy shall be furnished to the railroad and a certified copy of the same furnished to the Lancaster County Purchasing Department prior to any related construction or entry upon railroad premises by the Contractor or for work related to the Contract.
- F. Builder's Risk Insurance (For Building Construction Contracts Only): Unless otherwise specified where buildings are to be constructed under this contract, the Contractor shall provide and maintain fire, extended coverage, vandalism, and malicious mischief insurance, covering such building in an amount equal to one-hundred percent (100%) of the contract amount (minimum), as specified herein. Losses, if any, shall be made payable to the Owners and Contractor as their interest may appear. A Certificate of Insurance evidencing such insurance coverage shall be filed with the Owners by the time work on the building begins and such insurance shall be subjected to the approval of the Owners Attorneys.
- G. Minimum Scope of Insurance: All Liability Insurance policies shall be written on an "occurrence" basis only. All insurance coverage are to be placed with insurers authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted by the Owners.
- H. Certificate of Insurance: All certificates of insurance shall be filed with the Owners on the standard ACCORD CERTIFICATE OF INSURANCE form showing the specific limits of insurance coverage required by the preceding Sections A, B, C, D, and showing the Owners as additional insured. Such certificate shall specifically state that insurance policies are to be endorsed to require the insurer to provide the Owners thirty days written notice of cancellation, non-renewal or any material reduction of insurance coverage.



Nebraska Resale or Exempt Sale Certificate

FORM
13

for Sales Tax Exemption

• Read instructions on reverse side/see note below

NAME AND MAILING ADDRESS OF PURCHASER			NAME AND MAILING ADDRESS OF SELLER		
Name City of Lincoln/SMG/Pinnacle Bank Arena			Name General Fire & Safety Equipment Company		
Street or Other Mailing Address 400 Pinnacle Arena Drive			Street or Other Mailing Address 2431 Fairfield St., Suite A		
City Lincoln	State NE	Zip Code 68508	City Lincoln	State NE	Zip Code 68521

Check Type of Certificate

Single Purchase Blanket If blanket is checked, this certificate is valid until revoked in writing by the purchaser.

I hereby certify that the purchase, lease, or rental by the above purchaser is exempt from the Nebraska sales tax for the following reason:

Check One Purchase for Resale (Complete Section A) Exempt Purchase (Complete Section B) Contractor (Complete Section C)

SECTION A—Nebraska Resale Certificate

Description of Item or Service Purchased

I hereby certify that the purchase, lease, or rental of from the above seller is exempt from the Nebraska sales tax as a purchase for resale, rental, or lease in the normal course of our business, either in the form or condition in which purchased, or as an ingredient or component part of other property to be resold.

I further certify that we are engaged in business as a: Wholesaler Retailer Manufacturer Lessor
of Description of Product Sold, Leased, or Rented

If None, State Reason

and hold Nebraska Sales Tax Permit Number 01-

or Foreign State Sales Tax Number

State

SECTION B—Nebraska Exempt Sale Certificate

The basis for this exemption is exemption category 1 (Insert appropriate category as described on reverse of this form.)

If exemption category 2 or 5 is claimed, enter the following information:

Description of Item(s) Purchased Intended Use of Item(s) Purchased

If exemption categories 3 or 4 are claimed, enter the Nebraska Exemption Certificate number. 05-

If exemption category 6 is claimed, seller must enter the following information and sign this form below:

Description of Item(s) Sold Date of Seller's Original Purchase Was Tax Paid when Purchased by Seller? Was Item Depreciable?
 YES NO YES NO

SECTION C—For Contractors Only

1. Purchases of Building Materials or Fixtures:

As an Option 1 or Option 3 contractor, I hereby certify that purchases of building materials and fixtures from the above seller are exempt from Nebraska sales tax. My Nebraska Sales or Consumer's Use Tax Permit Number is: 01-

2. Purchases Made Under Purchasing Agent Appointment on behalf of _____: (exempt entity)

Pursuant to an attached Purchasing Agent Appointment and Delegation of Authority for Sales and Use Tax, Form 17, I hereby certify that purchases of building materials, and fixtures are exempt from Nebraska sales tax.

Any purchaser, or their agent, or other person who completes this certificate for any purchase which is other than for resale, lease, or rental in the regular course of the purchaser's business, or is not otherwise exempted from the sales and use tax under Neb. Rev. Stat. §§77-2701 through 77-27,135, shall in addition to any tax, interest, or penalty otherwise imposed, be subject to a penalty of \$100 or ten times the tax, whichever amount is larger, for each instance of presentation and misuse. With regard to a blanket certificate, this penalty shall apply to each purchase made during the period the blanket certificate is in effect. Under penalties of law, I declare that I am authorized to sign this certificate, and to the best of my knowledge and belief, it is correct and complete.

sign here

Authorized Signature

Purchasing Agent

Title

8-11
Date

NOTE: Sellers must keep this certificate as part of their records. DO NOT SEND TO THE NEBRASKA DEPARTMENT OF REVENUE.

Incomplete certificates cannot be accepted.

www.revenue.ne.gov, (800) 742-7474 (toll free in NE and IA), (402) 471-5729

NOTE: This form cannot be used for the WATER Division of the City of Lincoln. The WATER Division is taxable per Reg. 066.14A or applicable laws.