

INSPECTION CERTIFICATE

FOR: ALLENDALE LONG TERM CARE

ADDRESS: 185 ONTARIO STREET SOUTH

HALTON REGION

MILTON, ONTARIO

This certifies that the equipment listed below has been checked, tested and inspected per applicable codes in effect at the time of the inspection, and is now operating as intended.

SYSTEM	CODE	SIGNATURE
FIRE ALARM	CAN/ULC-S536-04	STUART FLETCHER
VOICE COMMUNICATION	CAN/ULC-S536-04	
SMOKE ALARM SYSTEM(110 VOLT)	CAN/ULC-S552-02	
EMERGENCY LIGHTING	OFC 2.7.3.3(1)-(6)	STUART FLETCHER
EMERGENCY POWER SYSTEM (Generator)	CSA C282-09 & OFC 6.7.1.1	
SPRINKLER SYSTEM(S)	NFPA 25-2014 & OFC 6.5.3. - 6.5.6.	
STANDPIPE(S)	NFPA 25-2014 & OFC 6.4.1.6.	
FIRE PUMP	NFPA 25-2014 & OFC 6.6.3.5.	
FIRE HOSE STATIONS	OFC 6.4.1.6.	
FIRE EXTINGUISHERS	NFPA 10-2010 & OFC 6.2.7.1.	
FIRE HYDRANT(S)	NFPA 25-2014 & OFC 6.6.5.	
KITCHEN SYSTEMS	NFPA 96-2011, NFPA 17A-2009 & OFC 2.6.1.13.3	
SPECIAL EXTINGUISHER SYSTEM(S)	OFC 6.8.2	
WATER SUPPLY (TANKS)	NFPA 25-2011 & OFC 6.6.2	
FIRE ALARM VERIFICATION	CAN/ULC-S537-04	

Date of Inspection:

Date of Issue:

Date of Expiry:

MAY 2024

MAY 2024

MAY 2025



Hamilton Fire Control Company

DIVISION OF NO. 376534 ONTARIO LTD.

445 WENTWORTH STREET NORTH, HAMILTON, ONTARIO L8L 5W7

TEL: 905-527-7042 FAX: 905-527-7044 EMAIL: info@hamiltonfirecontrol.ca

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FIRE ALARM VERIFICATION	CAN/ULC-S537-04	

Date of Inspection:

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JUNE 2024

JUNE 2024

JUNE 2025



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FIRE PUMP	NFPA 25-2014 & OFC 6.6.3.5.	
FIRE HOSE STATIONS	OFC 6.4.1.6.	
FIRE EXTINGUISHERS	NFPA 10-2010 & OFC 6.2.7.1.	CHRIS WILSON
FIRE HYDRANT(S)	NFPA 25-2014 & OFC 6.6.5.	
KITCHEN SYSTEMS	NFPA 96-2011, NFPA 17A-2009 & OFC 2.6.1.13.3	
SPECIAL EXTINGUISHER SYSTEM(S)	OFC 6.8.2	
WATER SUPPLY (TANKS)	NFPA 25-2011 & OFC 6.6.2	
FIRE ALARM VERIFICATION	CAN/ULC-S537-04	

Date of Inspection:

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APRIL 2024

APRIL 2024

APRIL 2024



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Hamilton Fire Control Company

DIVISION OF No. 376534 ONTARIO LIMITED
 445 Wentworth Street North, Hamilton, Ontario L8L 5W7
 Telephone (905) 527-7042 Fax (905) 527-7044
 Email: info@hamiltonfirecontrol.ca

Fire Alarm System Annual Test and Inspection Report

(Ref CAN/ULC-S536-04 Standard for Inspection and Testing of Fire Alarm Systems)

BUILDING NAME:

ALLENDALE LONG TERM CARE

DATE:

MAY 31 2024

ADDRESS:

185 ONTARIO STREET SOUTH

MANUFACTURER:

SIMPLEX

MILTON, ONTARIO

MODEL NUMBER:

4100

LEGEND

☒ YES - TESTED CORRECTLY

☒ NO - DID NOT TEST CORRECTLY
(SEE REMARKS)

☒ N/A - NOT APPLICABLE. FUNCTION OR FEATURE NOT
PROVIDED ON THIS FIRE ALARM SYSTEM

A. SYSTEM PROVIDES SINGLE STAGE OPERATION:

☐ YES ☒ NO

B. SYSTEM PROVIDES TWO STAGE OPERATION:

☒ YES ☐ NO

C. THE FIRE ALARM SYSTEM HAS BEEN INSPECTED AND TESTED IN ACORDANCE WITH CAN/ULS-S536, INSPECTION AND TESTING OF FIRE ALARM SYSTEMS.

☒ YES ☐ NO

D. THE FIRE ALARM SYSTEM DOCUMENTATION IS ON SITE AND INCLUDES A DESCRIPTION OF THE SYSTEM.

☒ YES ☐ NO

E. THE FIRE ALARM SYSTEM IS FULLY FUNCTIONAL.

☒ YES ☐ NO

F. THE FIRE ALARM SYSTEM HAS DEFICIENCIES NOTED ON THE PAGES ATTACHED

☐ YES ☒ NO

G. COMMENTS:

H. A COPY OF THIS REPORT WILL BE GIVEN TO : HALTON REGION
 WHO IS THE OWNER OR OWNER'S REPRESENTATIVE FOR THIS BUILDING.

☒ YES ☐ NO

THIS REPORT IS TO CERTIFY THAT THE INFORMATION CONTAINED IN THIS FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT IS CORRECT AND COMPLETE.

STUART FLETCHER

Printed Name of Primary or Supervising
 Technician Conducting the Test and Inspection

Signature of Primary or Supervising Technician
 Conducting the Test and Inspection

HAMILTON FIRE CONTROL

Company

(905) 527-7042

Telephone

19-995064

CFAA Technician Number

STEVEN GERRARD

Printed Name Technician Conducting the Test
 and Inspection

HAMILTON FIRE CONTROL

Company

(905) 527-7042

Telephone

Signature of Technician Conducting the Test and
 Inspection

CFAA Technician Number

Control Unit or Transponder Test

CONTROL UNIT OR TRANSPONDER LOCATION:

BASEMENT ELECTRICAL ROOM

IDENTIFICATION:

SIMPLEX 4100

A	POWER 'ON' VISUAL INDICATOR OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B	COMMON VISUAL <i>TROUBLE SIGNAL</i> OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C	COMMON AUDIBLE <i>TROUBLE SIGNAL</i> OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
D	<i>TROUBLE SIGNAL</i> SILENCE SWITCH OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
E	MAIN POWER SUPPLY FAILURE <i>TROUBLE SIGNAL</i> OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
F	<i>GROUND FAULT</i> TESTED ON POSITIVE AND NEGATIVE INITIATES <i>TROUBLE SIGNAL</i>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
G	<i>ALERT SIGNAL</i> OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
H	<i>ALARM SIGNAL</i> OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
I	AUTOMATIC TRANSFER FROM <i>ALERT SIGNAL</i> TO <i>ALARM SIGNAL</i> OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
J	MANUAL TRANSFER FROM ALERT SIGNAL TO ALARM SIGNAL OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
K	AUTOMATIC TRANSFER FROM ALERT SIGNAL TO ALARM SIGNAL CANCEL (ACKNOWLEDGE) FEATURE OPERATES ON A TWO STAGE SYSTEM.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
L	<i>ALARM SIGNAL</i> SILENCE INHIBIT FUNCTION OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
M	<i>ALARM SIGNAL</i> MANUAL SILENCE OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
N	<i>ALARM SIGNAL</i> SILENCE VISUAL INDICATION OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
O	<i>ALARM SIGNAL</i> , WHEN SILENCED, AUTOMATICALLY REINITIATE UPON <i>SUBSEQUENT ALARM</i>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
P	<i>ALARM SIGNAL</i> SILENCE AUTOMATIC CUTOFF TIMER	TIME:	<u>N/A</u>				
Q	AUDIBLE AND VISUAL ALERT SIGNALS AND ALARM SIGNALS PROGRAMMED AND OPERATE PER DESIGN AND SPECIFICATION; OR <i>DOCUMENTATION</i>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
R	<i>INPUT CIRCUIT</i> , ALARM AND SUPERVISORY OPERATION, INCLUDING AUDIBLE AND VISUAL INDICATION OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
S	INPUT CIRCUIT SUPERVISION FAULT CAUSES A TROUBLE INDICATION	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
T	OUTPUT CIRCUIT ALARM INDICATORS OPERATE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
U	OUTPUT CIRCUIT SUPERVISION FAULT CAUSES A TROUBLE INDICATION.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
V	VISUAL INDICATOR TEST (LAMP TEST)	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
W	CODED SIGNAL SEQUENCES OPERATE NOT LESS THAN THE REQUIRED NUMBER OF TIMES AND THE CORRECT ALARM SIGNAL OPERATES THEREAFTER.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
X	CODED SIGNAL SEQUENCES ARE NOT INTERRUPTED BY SUBSEQUENT ALARMS.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Y	ANCILLARY DEVICE BYPASS WILL RESULT IN A TROUBLE SIGNAL.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Z	INPUT CIRCUIT TO OUTPUT OPERATION, INCLUDING ANCILLARY DEVICE CIRCUITS, FOR CORRECT PROGRAM OPERATION, AS PER DESIGN AND SPECIFICATION, OR <i>DOCUMENTATION</i>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
AA	FIRE ALARM SYSTEM RESET OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
BB	MAIN POWER SUPPLY TO EMERGENCY POWER SUPPLY TRANSFER OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
CC	STATUS CHANGE CONFIRMATION (SMOKE DETECTORS ONLY) VERIFIED, (REFER SUBSECTION 5.7.4.3).	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

DD	RECEIPT OF THE ALARM TRANSMISSION TO THE FIRE SIGNAL RECEIVING CENTRE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
EE	RECEIPT OF THE SUPERVISORY TRANSMISSION TO THE FIRE SIGNAL RECEIVING CENTRE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
FF	RECEIPT OF THE TROUBLE TRANSMISSION TO THE FIRE SIGNAL RECEIVING CENTRE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
GG	NAME OF THE MONITORING STATION: TELEPHONE NUMBER:	<div style="border-bottom: 1px solid black; display: inline-block; padding: 2px;"> PASSWORD PROTECTION 1-800-561-3099 </div>					
HH	OPERATION OF THE FIRE SIGNAL RECEIVING CENTRE DISCONNECT MEANS RESULTS IN A SPECIFIC TROUBLE INDICATION AT THE CONTROL UNIT OR TRANSPONDER AND TRANSMITS A TROUBLE SIGNAL TO THE FIRE SIGNAL RECEIVING CENTRE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Voice Communication Test

A	POWER 'ON' INDICATOR.OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
B	COMMON VISUAL <i>TROUBLE SIGNAL</i> . OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
C	COMMON AUDIBLE <i>TROUBLE SIGNAL</i> . OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
D	<i>TROUBLE SIGNAL</i> SILENCE SWITCH.OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
E	ALL-CALL VOICE PAGING INCLUDING VISUAL INDICATOR, OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
F	<i>OUTPUT CIRCUITS</i> FOR SELECTIVE VOICE PAGING, INCLUDING VISUAL INDICATION, OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
G	<i>OUTPUT CIRCUITS</i> FOR SELECTIVE VOICE PAGING TROUBLE OPERATION, INCLUDING VISUAL INDICATION, OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
H	MICROPHONE INCLUDING PRESS TO TALK SWITCH, OPERATE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
I	OPERATION OF VOICE PAGING DOES NOT INTERFERE WITH INITIAL INHIBIT TIME OF <i>ALERT SIGNAL</i> AND <i>ALARM SIGNAL</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
J	ALL-CALL VOICE PAGING OPERATES (ON EMERGENCY POWER FAILURE)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
K	UPON FAILURE OF ONE AMPLIFIER, SYSTEM AUTOMATICALLY TRANSFERS TO BACK-UP AMPLIFIER(S)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
L	CIRCUITS FOR EMERGENCY TELEPHONE CALL-IN OPERATION, INCLUDING AUDIBLE AND VISUAL INDICATION, OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
M	CIRCUITS FOR EMERGENCY TELEPHONES FOR OPERATION, INCLUDING TWO-WAY VOICE COMMUNICATION, OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
N	CIRCUITS FOR EMERGENCY TELEPHONE TROUBLE OPERATION INCLUDING VISUAL INDICATION, OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
O	EMERGENCY TELEPHONE VERBAL COMMUNICATION OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
P	EMERGENCY TELEPHONE OPERABLE OR IN USE TONE AT HANDSET OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Control Unit or Transponder Inspection

CONTROL UNIT OR TRANSPONDER LOCATION:		<u>BASEMENT ELECTRICAL</u>					
IDENTIFICATION:		<u>MAIN PANEL</u>					
A	<i>INPUT CIRCUIT</i> DESIGNATIONS CORRECTLY IDENTIFIED IN RELATION TO CONNECTED FIELD DEVICES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B	<i>OUTPUT CIRCUIT</i> DESIGNATIONS CORRECTLY IDENTIFIED IN RELATION TO CONNECTED FIELD DEVICES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C	CORRECT DESIGNATORS FOR COMMON CONTROL FUNCTIONS AND INDICATORS.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
D	PLUG-IN COMPONENTS AND MODULES SECURELY IN PLACE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
E	PLUG-IN CABLES SECURELY IN PLACE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
F	RECORD THE DATE, REVISION AND VERSION OF FIRMWARE AND SOFTWARE PROGRAM	DATE:	<u>JULY 17, 2017</u>				
		REVISION:	<u>3.02</u>				
		VERSION:	<u></u>				
G	CLEAN AND FREE OF DUST AND DIRT	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
H	FUSES IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATION.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
I	CONTROL UNIT OR TRANSPONDER LOCK FUNCTIONAL	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
J	TERMINATION POINTS FROM WIRING TO <i>FIELD DEVICES</i> SECURE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Power Supply Inspection

CONTROL UNIT OR TRANSPONDER LOCATION:		<u>ELECTRICAL ROOM</u>					
IDENTIFICATION:		<u>EMERGENCY PANEL EMA BREAKER #3</u>					
A	FUSED IN ACCORDANCE WITH THE MANUFACTURER'S MARKED RATING OF THE SYSTEM.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B	ADEQUATE TO MEET THE REQUIREMENTS OF THE SYSTEM.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C	IS BREAKER LOCKED & RED	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Emergency Power Supply Test and Inspection

CONTROL UNIT OR TRANSPONDER LOCATION:		<u>ELECTRICAL ROOM</u>					
IDENTIFICATION:		<u>FACP/BOOSTER</u>					
A	CORRECT BATTERY TYPE AS RECOMMENDED BY MANUFACTURER.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B	CORRECT BATTERY RATING AS DETERMINED BY BATTERY CALCULATIONS BASED ON FULL SYSTEM LOAD.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C	BATTERY VOLTAGE WITH MAIN POWER SUPPLY 'ON'	<u>27.94/ 27.28</u> V dc					
D	BATTERY VOLTAGE AND CURRENT WITH MAIN POWER SUPPLY 'OFF' AND <i>FIRE ALARM SYSTEM</i> IN SUPERVISORY CONDITION:	VOLTAGE:	<u>27.30/26.10</u> V dc				
		CURRENT:	<u>1.70/0.73</u> A				
E	BATTERY VOLTAGE AND CURRENT WITH MAIN POWER SUPPLY 'OFF' AND SYSTEM <i>FIRE ALARM SYSTEM</i> IN FULL LOAD CONDITION:	VOLTAGE:	<u>25.28/24.98</u> V dc				
		CURRENT:	<u>2.84/0.70</u> A				
F	THE CHARGING CURRENT IS:	<u>1.40/0.68</u> A					
G	BATTERY FREE FROM PHYSICAL DAMAGE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

H	TERMINALS CLEANED AND LUBRICATED.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
I	TERMINALS CLAMPED TIGHTLY.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
J	CORRECT ELECTROLYTE LEVEL.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
K	SPECIFIC GRAVITY OF THE ELECTROLYTE IS WITHIN MANUFACTURER'S SPECIFICATIONS.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
L	ELECTROLYTE LEAKAGE.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
M	ADEQUATE VENTILATION.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
N	BATTERY MANUFACTURER'S DATE CODE OR IN-SERVICE DATE	DATE	<u>2024/2022</u>				
O	DISCONNECTION CAUSES TROUBLE SIGNAL.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
P	INDICATE TYPE OF BATTERY TEST PERFORMED:						
	i. REQUIRED SUPERVISORY LOAD FOR 24 H FOLLOWED BY THE REQUIRED FULL LOAD OPERATION; OR	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	ii. A SILENT TEST BY USING THE LOAD RESISTOR METHOD MAY BE USED FOR THE FULL DURATION TEST; OR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	iii. SILENT ACCELERATED TEST; OR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	iv. A BATTERY CAPACITY METER TEST; OR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	v. IN LIEU OF THE ABOVE BATTERY TESTS, REPLACE THE BATTERY WITH A NEW SET HAVING A CURRENT DATE CODE, AMP-HOUR CAPACITY AND TYPE AS RECOMMENDED BY THE MANUFACTURER.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Q	RECORD CALCULATED BATTERY CAPACITY (REFER TO APPENDIX F4.1-C)	<u>50.66/ 21.44</u> A/h					
R	RECORD BATTERY TERMINAL VOLTAGE AFTER COMPLETION OF TESTS.	<u>26.98/ 26.84</u> Vdc					
S	BATTERY VOLTAGE NOT LESS THAN 85% OF ITS RATING AFTER TESTS	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
T	GENERATOR PROVIDES POWER TO THE AC CIRCUIT SERVING THE FIRE ALARM SYSTEM	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
U	TROUBLE CONDITION AT THE EMERGENCY GENERATOR SHALL RESULT IN AN AUDIBLE COMMON TROUBLE SIGNAL AND A VISUAL INDICATION AT THE REQUIRED ANNUNCIATOR.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Annunciator and Remote Trouble Signal Unit Test and Inspection

CONTROL UNIT OR TRANSPONDER LOCATION: MAIN ENTRANCE

IDENTIFICATION: SIMPLEX

A	POWER "ON" INDICATOR OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B	INDIVIDUAL ALARM AND SUPERVISORY INPUT ZONES ARE CLEARLY INDICATED AND SEPARATELY DESIGNATED	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C	INDIVIDUAL ALARM AND SUPERVISORY ZONE DESIGNATION LABELS ARE PROPERLY IDENTIFIED.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
D	COMMON TROUBLE SIGNAL OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
E	VISUAL INDICATOR TEST (LAMP TEST) OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
F	INPUT WIRING FROM CONTROL UNIT IS SUPERVISED.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
G	ALARM SIGNAL SILENCE VISUAL INDICATOR OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
H	SWITCHES FOR ANCILLARY FUNCTIONS OPERATE AS PER DESIGN AND SPECIFICATION, OR DOCUMENTATION.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
I	OTHER ANCILLARY FUNCTION VISUAL INDICATORS OPERATE.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
J	MANUAL ACTIVATION OF ALARM SIGNAL AND INDICATION OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

K	DISPLAYS ARE VISIBLE IN INSTALLED LOCATION.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
L	OPERATES ON EMERGENCY POWER.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Annunciators or Sequential Displays Test and Inspection

CONTROL UNIT OR TRANSPONDER LOCATION: 2ND FLOOR BY HALTON HOUSE/2ND FLOOR BY NELSON HOUSE

IDENTIFICATION: AND BASEMENT BY MECHANICAL ROOM

A	POWER "ON" INDICATOR OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Bi	INDIVIDUAL ALARM AND SUPERVISORY ZONE INDICATION OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Bii	EXCEPTION: OPERATION OF EACH INDIVIDUAL ALARM AND SUPERVISORY ZONE INDICATION GIVES THE IDENTICAL INDICATION, OR LIGHTS THE IDENTICAL INDICATORS AT THE OTHER ANNUNCIATOR(S) AND SEQUENTIAL DISPLAY(S). SPECIFY METHOD OF CONFIRMATION: <u>VISUAL</u>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Biii	MINIMUM OF ONE ALARM ZONE AND ONE SUPERVISORY ZONE TESTED PER ANNUNCIATOR OR SEQUENTIAL DISPLAY TO CONFIRM OPERATION.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
C	INDIVIDUAL ALARM AND SUPERVISORY ZONE DESIGNATION LABELS ARE PROPERLY IDENTIFIED.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
D	COMMON TROUBLE SIGNAL OPERATES	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
E	VISUAL INDICATOR TEST (LAMP TEST) OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
F	INPUT WIRING FROM CONTROL UNIT OR TRANSPONDER IS SUPERVISED.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
G	ALARM SIGNAL SILENCE VISUAL INDICATOR OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
H	SWITCHES FOR ANCILLARY FUNCTIONS OPERATE AS PER DESIGN AND SPECIFICATION OR DOCUMENTATION	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
I	MANUAL ACTIVATION OF ALARM SIGNAL AND INDICATION OPERATES.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
H	DISPLAYS ARE VISIBLE IN INSTALLED LOCATION	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Remote Trouble Signal Unit Test and Inspection

REMOTE TROUBLE SIGNAL UNIT LOCATION: N/A

IDENTIFICATION: _____

A	INPUT WIRING FROM CONTROL UNIT OR TRANSPONDER IS SUPERVISED.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
B	VISUAL TROUBLE SIGNAL OPERATES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
C	AUDIBLE TROUBLE SIGNAL OPERATES.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
D	AUDIBLE TROUBLE SIGNAL SILENCE OPERATES.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Printer Test

PRINTER LOCATION: N/A

IDENTIFICATION: _____

- | | | |
|---|--|--|
| A | OPERATES AS PER DESIGN AND SPECIFICATION OR DOCUMENTATION. | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| B | ZONE OF EACH ALARM INITIATING DEVICE IS CORRECTLY PRINTED. | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| C | RATED VOLTAGE IS PRESENT. | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

Data Communication Link Test

CONTROL UNIT OR TRANSPONDER LOCATION: ELECTRICAL ROOM

IDENTIFICATION: _____

DATA COMMUNICATION LINK IDENTIFICATION: _____

- | | | |
|------|--|--|
| A | CONFIRM THAT A TROUBLE SIGNAL IS RECEIVED AT THE CONTROL UNIT OR TRANSPONDER UNDER AN OPEN LOOP FAULT FOR EACH DATACOMMUNICATION LINK (DCL) | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| B | WHERE FAULT ISOLATION MODULES ARE INSTALLED IN DATA COMMUNICATION LINKS SERVING FIELD DEVICES, WIRING SHALL BE SHORTED ON THE ISOLATED SIDE, ANNUNCIATION OF THE FAULT CONFIRMED, AND THEN A FIELD DEVICE ON THE SOURCE SIDE SHALL BE OPERATED, AND ACTIVATION CONFIRMED AT THE CONTROL UNIT OR TRANSPONDER. | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| C | WHERE FAULT ISOLATION IN DATA COMMUNICATION LINKS IS PROVIDED BETWEEN CONTROL UNITS OR TRANSPONDERS AND BETWEEN TRANSPONDERS, INTRODUCE A SHORT CIRCUIT FAULT AND CONFIRM ANNUNCIATION OF THE FAULT AND OPERATION OUTSIDE THE SHORTED SECTION BETWEEN EACH PAIR OF: | |
| i. | CONTROL UNIT TO CONTROL UNIT | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| ii. | CONTROL UNIT TO TRANSPONDER | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |
| iii. | TRANSPONDER TO TRANSPONDER | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |

Ancillary Device Circuit Test

Specific Circuit

<u>MONITORING</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<u>FAN SHUTDOWN</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<u>DOOR HOLDERS</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<u>MAG LOCKS / DO NOT ENTER SIGNS</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

CAUTION: THE TESTS REPORTED ON THIS FORM DO NOT INCLUDE THE ACTUAL OPERATIONAL TEST OF ANCILLARY DEVICES

Remarks

MAIN LAUNDRY HAS GAS SHUTDOWN ON ALARM (ANCILLARY)

FM200 SYSTEM IN BASEMENT BELL RM 009 (IT RM)

Field Device Record

FIELD DEVICE TESTING - LEGEND AND NOTES

DEVICE	DESCRIPTION	ACCEPTABLE RANGE	TEST METHOD	TYPE	MODEL NO.
M	Manual Pull Station			SIMPLEX	12099-0002
RHT	Heat Detector, Restorable			SIMPLEX	4098-9733
HT	Heat Detector, Non-restorable				
S	Smoke Detector			SIMPLEX	4098-9701/4098-9714
S	Smoke Detector				
S	Smoke Detector				
RI	Remote Indicator Unit				
DS	Duct Smoke detector			SIMPLEX	4098-9701/4098-9755
-	Other Type of Detector				
SFD	Supporting Field Device (Monitor)				
FS	Sprinkler Flow Switch			SIMPLEX	WFD25NA
SS	Sprinkler Supervisory device				
PS	Sprinkler Pressure Switch				
EM	Fault Isolation Module				
B	Bell				
H	Horn			SIMPLEX/MIR COM	GX90-4R/GX90-4W/MH-252
V	Visual Signal Appliance			MIRCOM	FHS-340R
SP	Cone Type Speaker				
HSP	Horn Type Speaker				
PB	Piezo Buzzer				
PB/V	Piezo Buzzer / Visual Signal Appliance combination unit				
AD	Ancillary Device				
ET	Emergency Telephone				
EOL	End of Line Resistor				

- NOTE 1: Smoke detector sensitivity confirmation or measurement should be recorded in the remarks column
- NOTE 2: Smoke detector cleaning or replacement date should be recorded in the remarks column
- NOTE 3: Status Change, including time delay, should be recorded in the remarks column.
- NOTE 4: Duct *smoke detector* pressure differential should be confirmed and recorded in the remarks column.
- NOTE 5: Time delay setting of water flow switch should be recorded in the remarks column.
- NOTE 6: Sprinkler supervisory switches cause trouble condition to be announced but not an alarm condition.
- NOTE 7: Upper and lower pressure setting of supervisory devices should be recorded in the remarks column.
- NOTE 8: Low temperature setting should be recorded in the remarks column.
- NOTE 9: Identify the specific *ancillary devices* in the remarks column.
- NOTE 10: Identify date field device changed in the remarks column.
- NOTE 11: Identify correct field operation (e.g. alarm, trouble, supervisory, annunciation indication)
- NOTE 12: Identify zone, circuit number, or address
- NOTE 13: Identify conventional field device locations.
- NOTE 14: Identify active field device and supporting field device, data communication link (DCL), address and location.
- NOTE 15: Test and confirm conventional field device supervision of wiring.
- NOTE 16: Confirm field device free of damage.
- NOTE 17: Confirm field device free of foreign substance (e.g. paint)
- NOTE 18: Confirm field device mechanically supported independently of the wiring.
- NOTE 19: Confirm field device protective dust shields or covers removed.

Individual Device Record

BUILDING NAME: ALLENDALE LONG TERM CARE INSPECTION DATE: MAY 31 2024

LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
SECOND FLOOR		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
HALTON HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
TOP OF STAIR A1	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-78	2.5%
BY EXIT SOUTH WEST A1	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-67	2.5%
BY EXIT SOUTH WEST A1	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-75	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY EXIT SOUTH WEST A1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
BY EXIT SOUTH WEST A1	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
IN 212	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-50	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 213	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-51	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 211	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-49	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 214	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-52	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY ROOM 211	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
BY ROOM 211	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-66	2.5%
IN 209	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-47	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 210	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-48	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 215	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-53	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 216	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-54	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

LEGEND:**A:** CORRECTLY INSTALLED**B:** REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING**C:** ALARM OPERATION CONFIRMED**D:** ANNUNCIATION INDICATION CONFIRMED**E:** SUPERVISION AND GROUND FAULT ANNUNCIATION CONFIRMED**F:** ZONE CIRCUIT NUMBER OR DEVICE ADDRESS

Individual Device Record

BUILDING NAME: ALLENDALE LONG TERM CAREINSPECTION DATE: MAY 31 2024

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY ROOM 216	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 215	CO	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY ROOM 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-65	2.5%
IN 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-46	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 217	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-55	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 207	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-45	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 218	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-56	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY ROOM 219	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-73	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY ROOM 207	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ROOM 206	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-74	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
IN 206	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-44	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-65	2.5%
IN 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-43	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 204	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-42	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-41	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN KITCHEN MECHANICAL ROOM 247	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-106	2.5%
BY 247	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 247	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 203	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 202	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-63	2.5%

LEGEND:

A: CORRECTLY INSTALLED

B: REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING

C: ALARM OPERATION CONFIRMED

D: ANNUNCIATION INDICATION CONFIRMED

E: SUPERVISION AND GROUND FAULT ANNUNCIATION CONFIRMED

F: ZONE CIRCUIT NUMBER OR DEVICE ADDRESS

Individual Device Record

BUILDING NAME: ALLENDALE LONG TERM CAREINSPECTION DATE: MAY 31 2024

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 202	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-40	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 201	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-39	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY HALTON HOUSE TEAM HOUSE ROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-70	2.5%
IN 220	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-57	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 221	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-68	2.5%
IN 221	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-58	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 221	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 222	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 222	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-59	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-69	2.5%
IN 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-60	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 201	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 201	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-62	2.5%
BY A242	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-71	2.5%
BY DOUBLE DOOR 248	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-76	2.5%
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
A248 BY MECH ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ROOM A240	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-61	2.5%
OUTSIDE HALTON HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
STAIRWELL A2	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-77	2.5%
BY STAIRWELL A2 (BY ROOM 240)	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-72	2.5%
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY STAIRWELL A2	H/A	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY STAIRWELL A2	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

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Individual Device Record

BUILDING NAME: **ALLENDALE LONG TERM CARE**

INSPECTION DATE:

MAY 31 2024

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY STAIRWELL A2	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-81	2.5%
BY 201	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-104	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 201	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-80	2.5%
BY 203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-79	2.5%
BY 205	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-103	KEEPS TRIPPING
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 204	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-106	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 207 EDD	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-105	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 204	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E		
BY 248 OUTSIDE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-82	2.5%
BY 215	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 215	V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 215	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-83	2.5%
BY 211	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 222 OUTSIDE SYKES HOUSE	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 222 OUTSIDE SYKES HOUSE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-84	2.5%
BY ELEVATOR OUTSIDE SYKES HOUSE	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ELEVATOR OUTSIDE SYKES HOUSE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-85	2.5%
SYKES HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
ENTRANCE BY MEN'S WASHROOM 229	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-107	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
B248 BY MECH. ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
EXIT BY 223	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-76	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

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Individual Device Record

BUILDING NAME: ALLENDALE LONG TERM CAREINSPECTION DATE: MAY 31 2024

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-69	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-60	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 222	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-59	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY221	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 220	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-68	2.5%
IN 221	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-58	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 220	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-57	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
B24-7 MECH ROOM	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	M3-110	2.50%
BY B247	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY B245	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-70	2.5%
BY B240	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-61	2.5%
BY 242	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-71	2.5%
IN EXIT STAIRWELL B2	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-77	2.5%
BY EXIT SOUTH WEST B2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-72	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
BY EXIT SOUTH WEST B2	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY B239	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY B239	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-62	2.5%
IN 201	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-39	2.5%
IN 202	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-40	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY B203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-60	2.5%
BY B203	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN B203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-41	2.5%

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN B203	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 204	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-42	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-64	2.5%
IN 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-43	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 206	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-44	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY B219	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-73	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
BY 206	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-74	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
BY 207	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 207	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-45	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-46	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 218	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-56	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 217	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-55	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-65	2.5%
BY 209	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 209	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-47	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 210	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-48	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 216	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-54	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 215	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-53	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 210	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-66	2.5%
BY 211	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
IN 211	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-49	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 212	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-50	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 214	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-52	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 213	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-51	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT SOUTH WEST B1	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-67	2.5%
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-75	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	CO	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN EXIT SOUTH WEST B1	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-78	2.5%
BY B244	CO	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
SERVICE AREA		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 227	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 225 INSIDE CHUTE ROOM	RHT	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-97	
BY 231	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 229 MEN'S WASHROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-86	2.5%
BY 234 WOMEN'S WASHROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-87	2.5%
IN EXIT SOUTH WEST -C2	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-77	2.5%

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY EXIT SOUTH WEST -C2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-102	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY EXIT SOUTH WEST -C2	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
PETIT HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY ENTRANCE	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-72	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
BY ENTRANCE	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ENTRANCE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-61	2.5%
BY C239	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-62	2.5%
BY C239	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 201	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-39	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 202	CO	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 202	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-40	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C245	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-70	2.5%
BY 203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-63	2.5%
BY 203	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-41	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 204	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-42	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C247	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-70	2.5%
C247	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
C247-MECH. ROOM	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-81	2.0% - 4098-9755 SIMPLEX
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-64	2.5%
IN 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-43	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 206	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-44	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY TUB ROOM C219	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-73	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
BY C206	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-74	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
BY C207	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 207	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-45	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 218	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-56	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 217	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-55	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-46	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-65	2.5%
BY 216	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 216	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-54	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 209	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-47	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 215	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-53	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 210	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-48	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 210	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-66	2.5%
BY 211	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 211	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-49	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 214	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-52	2.5%

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 214	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 213	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-51	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 212	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-50	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT SOUTH WEST C1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-67	2.5%
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-75	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	CO	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN EXIT SOUTH WEST C1	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-78	2.5%
C248 BY MECH. ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY C242	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-71	
BY DOUBLE DOOR EXIT	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-76	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
BY 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-69	2.5%
IN 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-60	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 222	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-59	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C222	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY C221	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-68	2.5%
IN 221	S	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-58	N/A 2023 - 2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 220	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-57	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C221	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 218 - MECH. ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY 218 - MECH. ROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-72	2.5%
BY 242 STAFF WASHROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ROOM 245	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	M4-70	2.5%
OUTSIDE PETIT HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 233/ELEVATOR	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-92	2.5%
BY 233/ELEVATOR	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 240 CONFERENCE ROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-94	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY MECH. ROOM BY 218	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-93	2.5%
ALLEN HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY ENTRANCE TO KITCHEN/MECH. ROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-95	2.5%
BY ENTRANCE TO KITCHEN/MECH. ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY MECH. ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN HALLWAY TO EXIT SOUTH WEST D2	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN HALLWAY TO EXIT SOUTH WEST D2	RHT	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-96	
BY STAIR TO SOUTH WEST D2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-72	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-61	2.5%
IN EXIT TO SOUTH WEST D2	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-77	2.5%
BY D240	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 242	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-71	2.5%
BY 239	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-62	2.5%
BY D207	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 201	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-39	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 202	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-40	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY 245	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-70	2.5%
BY 203	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-63	2.5%
IN 203	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-41	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 204	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-42	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-64	2.5%
IN 205	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-43	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 206	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-44	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY D219	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-73	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
BY 206	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-74	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
BY 207	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 207	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-45	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 218	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-56	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-46	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 217	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-55	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 208	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-65	2.5%
BY 216	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 216	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-54	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 209	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-47	2.5%

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IN 209	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 210	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-48	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 215	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-53	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 211	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-66	2.5%
BY 211	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
IN 211	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-49	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 212	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-50	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 214	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-52	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 213	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-51	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT SOUTH WEST D1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-67	
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-75	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
IN EXIT SOUTH WEST D1	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-78	2.5%
D247 - MECH. ROOM	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-107	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
D247 - MECH. ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 220	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-57	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 221	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-58	2.5%

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 221	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 221	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-68	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 222	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 222	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-59	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-60	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 223	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-69	2.5%
EXIT BY 223	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-70	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
GROUND FLOOR		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BRONTE HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EMERGENCY EXIT SOUTH WEST D2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-34	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-23	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT D2	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY D142	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-33	2.5%
BY D139	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-24	2.5%
BY D139	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN D101	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D102	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-2	
	RI	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY BRONTE HOUSE TEAM OFFICE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-32	2.5%
BY D102	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-25	2.5%
BY D103	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN D103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

LEGEND:

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN D103	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D104	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-4	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D147	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY D147 AND D105	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-26	2.5%
IN D105	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-5	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D106	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-6	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY D119	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-35	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
BY D107	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-36	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
BY D107	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN D107	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	M1-7	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-8	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D118	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
D117 NA	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-17	2.5%
BY D117	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-27	2.5%
BY D116	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN D116	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-16	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D115	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-15	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D109	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-9	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-10	2.5%

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BY D110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-28	2.5%
BY D111	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN D111	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-11	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D112	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-12	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D114	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-14	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D113	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-13	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EMERGENCY EXIT SOUTH WEST D1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-29	2.5%
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-37	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY D120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-30	2.5%
IN D120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-19	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D121	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-20	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY D121	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY D122	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN D122	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-21	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN D123	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY D123	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-31	2.5%
BY EXIT NEXT TO D148	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-38	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN40	
BY D148	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN D148 TV ROOM ABOVE CEILING	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-108	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT NEXT TO BUILDING EAST	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-100	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN 36	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-93	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ENTRANCE TO BRONTE HOUSE	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BRONTE HOUSE TV ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-90	2.5%
STAIRS TO BASEMENT LUNCHROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-92	2.5%
BY 177	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 177	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-89	2.5%
BY 174 STAFF WASHROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-94	2.5%
ADAMS HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
ADAMS HOUSE LOUNGE - ABOVE CEILING	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-109	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
ENTRANCE SPACE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-86	2.5%
ENTRANCE SPACE	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ENTRANCE 2ND DOUBLE DOOR	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-38	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
BYC 123	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-31	2.5%
IN C123	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-22	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C122	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-21	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C122	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ADAMS HOUSE TEAM OFFICE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-32	2.5%
BY C 121	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN C121	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-20	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-19	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-30	2.5%
BY C147	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY C142	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-23	2.5%
EXIT BY C140	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-34	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY C144	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-24	2.5%
BY C103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-25	2.5%
BY C139	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN C101	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-1	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C102	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-2	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C102	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-26	2.5%
BY C103	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN C103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-3	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C104	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-4	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C142	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-33	2.5%
IN C105	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-5	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C106	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C106	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-36	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY C107	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C118	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-35	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
IN C118	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-18	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C117	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-17	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C107	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-7	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-8	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-27	2.5%
BY C116	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN C116	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-16	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C115	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-15	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C109	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-9	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-10	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY C110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-28	2.5%
BY C111	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
IN C111	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-11	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C112	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN C114	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-14	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN C113	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-13	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EMERGENCY EXIT C1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-37	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN39	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M4-29	2.5%
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EMERGENCY EXIT C2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-99	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
CHAPEL		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
AUDITORIUM NORTH	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-89	25" HIGH CEILING - 2.5%
AUDITORIUM SOUTH	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-88	25" HIGH CEILING - 2.5%
IN CHAPEL	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-87	2.5%
NORTH EAST OF WALL	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
SOUTH EAST OF WALL	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
SOUTH WEST PILLAR	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
OUTSIDE TRAFALGAR HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT B2 BY SOLARIUM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-84	2.5%
BY EXIT B2 BY SOLARIUM	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY DOUBLE DOOR NEAR EXIT B2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-98	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
BY DOUBLE DOOR NEAR EXIT B2	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
TRAFALGAR HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY DOUBLE DOOR	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT B2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-34	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-23	2.5%
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

LEGEND:**A:** CORRECTLY INSTALLED**B:** REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING**C:** ALARM OPERATION CONFIRMED**D:** ANNUNCIATION INDICATION CONFIRMED**E:** SUPERVISION AND GROUND FAULT ANNUNCIATION CONFIRMED**F:** ZONE CIRCUIT NUMBER OR DEVICE ADDRESS

Individual Device Record

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY B139	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-24	2.5%
BY B145	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-32	2.5%
IN 101	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-1	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 102	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-2	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-25	2.5%
BY 103	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-3	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 104	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-4	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY B147	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-26	2.5%
IN 105	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-5	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 106	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-6	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY B119	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-35	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
BY 106	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-36	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
BY 107	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 107	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-07	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-08	2.5%
IN 108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-8	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 118	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-18	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		

LEGEND:

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Individual Device Record

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 117	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-17	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 118	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-27	2.5%
BY 116	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 116	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-16	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 115	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-15	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 109	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-09	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-10	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-28	2.5%
BY111	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 111	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-11	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 112	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-12	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 114	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-14	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 113	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-13	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT - B1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-29	2.5%
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-37	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
B147	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-30	2.5%
IN 120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-19	2.5%

LEGEND:

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Individual Device Record

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 120	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 121	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-20	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 121	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 122	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 122	S	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-21	2.5% - COVID ISOLATION 2023
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 123	S	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-22	2.5% - COVID ISOLATION 2023
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 123	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-31	2.5%
BY B142	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-33	2.5%
BY EXIT - B148	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-38	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN38	
TV AREA IN B148	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
B148 ABOVE SINK	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-109	2.5%
BY ELEVATOR NEAR B148	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-85	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
SERVICE AREA - 143	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY CHAPEL	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-83	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN FRONT OF WASHROOM 118	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-81	2.5%
BY MED ROOM 119	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 117	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
OUTSIDE NELSON HOUSE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-80	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY AMBULANCE ENTRANCE	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-79	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	EOL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E	SIG	
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-95	

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY AMBULANCE ENTRANCE	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY NELSON HOUSE EXIT A2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-34	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
NELSON HOUSE A148 AT SINK	DS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-105	2.5%
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
TV AREA AT A148	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
NELSON HOUSE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY DOUBLE DOOR TO UNITS	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-38	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-31	2.5%
IN 123	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-22	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 122	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-21	RELAY BASE 4098-9787. DETECTOR 4098-9701C
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 122	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY NELSON HOUSE TEAM OFFICE 145	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-32	2.5%
BY 121	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 121	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-20	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-19	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 120	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-30	2.5%
BY 147	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY NELSON HOUSE EXIT A1	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-37	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-29	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 112	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-12	2.5%

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
IN 112	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 111	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 113	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-13	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 114	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-14	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 111	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-28	2.5%
IN 110	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-10	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 109	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-9	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 115	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-15	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 116	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-16	
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 116	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-27	2.5%
IN 108	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-8	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 107	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-7	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 117	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-17	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 118	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-18	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 118	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-36	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 107	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

LEGEND:

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LOCATION	DEVICE	A	B	C	D	E	F	REMARKS
BY 119	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-35	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
IN 106	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-6	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 105	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-5	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY A147 COUNTER	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-26	2.5%
IN 104	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-4	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-3	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
ADJ 104	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 103	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-25	2.5%
IN 102	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-2	2.5%
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
IN 101	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		2023
	RI	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 101	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 101	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-24	2.5%
BY EMERGENCY EXIT A2	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-23	2.5%
	H/V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY A142	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-33	2.5%
BY 133	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-88	2.5%
CAFÉ AREA		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
NORTH 25" HIGH	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-90	2.5%
SOUTH 25" HIGH	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M3-91	2.5%
EAST WALL	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
WEST WALL	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY MAIN ENTRANCE	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-101	

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BY MAIN ENTRANCE	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 151	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
MILTON PLACE		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
DAY PROGRAM ROOM EXIT	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-102	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
BY WALL NEAR 187	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN FRONT OF 187	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-112	2.5%
BY BIG BOARD	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
ON SOUTH WEST WALL	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
NEAR SOUTH WEST WALL	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-111	2.5%
BY EXTINGUISHER CABINET NEAR 181	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY NORTH EXIT	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
FRIENDS LANDING		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY LOUNGE	RHT	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-110	
	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-107	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
1ST FLOOR OFFICE AREA		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 108	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-96	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 102	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 105	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-97	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY 105	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY WASHROOM #121	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 124	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M2-113	2.5%
BASEMENT		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 002	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
001 BY 070	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
EXIT BY LAUNDRY SORTING ROOM 077	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-98	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	

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EXIT BY 077	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-92	2.5%
BY 077	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
MECH. ROOM 016		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	M1-92	
BY WALL NEAR PUMP D1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN HALLWAY OUTSIDE 016	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-91	2.5%
BY SERVICE ELEVATOR	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-88	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
	V	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY 002	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-89	2.5%
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 025	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-90	2.5%
BY ROOM 012	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
028-PRODUCTION KITCHEN		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT TO HALLWAY	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-103	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY STORAGE SHELVES IN KITCHEN	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY RS1 CORRIDOR	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY ENTRANCE TO PKSA	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-104	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
BY ENTRANCE TO PKSA	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY WALL NEAR ELECTRICAL PANEL K1	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY EYE WASH STATION	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
NEAR FREEZER RS12	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
EXIT NEAR RS12	M	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-105	HANGING
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN37	
STAFF CAFETERIA		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY SERVING COUNTER	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY RECEIVING KITCHEN ENTRANCE 040	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY VENDING MACHINE NEAR 039	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

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BY WOMEN'S STAFF ROOM 021	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY WOMEN'S STAFF ROOM 021	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-95	2.5%
BY 076	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-96	2.5%
BY 76	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY EXIT NEAR 076	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-99	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
AT 033 MEN'S WASHROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-94	2.5%
BY LINEN CHUTE ROOM	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-93	2.5%
IN 107	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY 017	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY TRAFALGAR HOUSE EXIT B2	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-97	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
BY DOUBLE DOOR TO BASEMENT RECEIVING	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-85	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
BY TELEPHONE ROOM 009	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY TELEPHONE ROOM 009	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-83	2.5%
BY 054 HALLWAY	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-82	2.5%
PRODUCTION KITCHEN RECEIVING		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E		
BY BAY DOOR	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY RECEIVING 059	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 058	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
BY REAR EXIT NEAR 066 RAMP	M	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-86	
	GA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	ZN36	
BY REAR EXIT NEAR 066	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-80	2.5%
BY 058	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-81	2.5%
OUTSIDE 067 FACP	S	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-79	2.5%
OUTSIDE 067	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		
IN 067 FA ROOM	RHT	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-101	
IN 065 GENERATOR ROOM	RHT	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	M1-102	
IN 067 FA ROOM	MH	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		

LEGEND:**A:** CORRECTLY INSTALLED**B:** REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING**C:** ALARM OPERATION CONFIRMED**D:** ANNUNCIATION INDICATION CONFIRMED**E:** SUPERVISION AND GROUND FAULT ANNUNCIATION CONFIRMED**F:** ZONE CIRCUIT NUMBER OR DEVICE ADDRESS

BUILDING NAME: ALLENDALE LONG TERM CARE **INSPECTION DATE:** MAY 31 2024

[illegible]

A: CORRECTLY INSTALLED
B: REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING
C: ALARM OPERATION CONFIRMED
D: ANNUNCIATION INDICATION CONFIRMED
E: SUPERVISION AND GROUND FAULT ANNUNCIATION CONFIRMED
F: ZONE CIRCUIT NUMBER OR DEVICE ADDRESS

[illegible]



Hamilton Fire Control Company

445 Wentworth Street North, Hamilton, Ontario L8L 5W7
Tel: (905) 527-7042 Fax: (905) 527-7044 Email: info@hamiltonfirecontrol.ca

ANNUAL MAINTENANCE OF FIRE EXTINGUISHERS

COMPANY NAME: ALLENDALE LTC **INSPECTED BY:** CHRIS WILSON **DATE:** APRIL 9, 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

PAGE 1

LOCATION:	TYPE	SIZE (lbs)	SERIAL #	MNF	H-DATE	M.B.	MAKE	COMMENTS
ADMIN ROOM	ABC	5LB	588777	2004	2016	2024	AMEREX	
MAIN CORRIDOR -NELSON HOUSE	ABC	5LB	18418	1998	2016	2024	ANSUL	
NELSON HOUSE AT 102	ABC	5LB	81913869	2021			BADGER	
NELSON HOUSE AT 122	ABC	5LB	48905	1995	2024	2016	AMEREX	
NELSON HOUSE AT 113	ABC	5LB	580699	1992	2016	2024	FLAG	
NELSON SUBSTATION	ABC	5LB	468405	2011	2024	2017	ANSUL	
NELSON SERVERY	ABC	5LB	15822158	2024			AMEREX	
NELSON/TRAF HALL AT 119	ABC	5LB	417464	1993	2016	2024	STRIKE FIRST	
MAIN CORR.AT TRAFALGAR O/S 143	ABC	5LB	14680	1998	2016	2024	ANSUL	
TRAFALGAR HOUSE AT 122	ABC	5LB	580608	1992	2016	2024	FLAG	
TRAFALGAR HOUSE AT 102	ABC	5LB	585027	1992	2016	2024	FLAG	
TRAFALGAR HOUSE AT 113	ABC	5LB	52577	2001	2024	2017	ANSUL	
TRAFALGAR SERVERY	ABC	5LB	22404123	2024			AMEREX	
TRAFALGAR HOUSE SUB STATION	ABC	5LB	371508	2004	2016	2024	FLAG	
ADAMS HOUSE AT 113	ABC	5LB	50892	2002	2016	2024	KIDDE	
ADAM'S HOUSE AT 122	ABC	5LB	580700	1992	2024	2016	FLAG	
ADAMS HOUSE AT 102	ABC	5LB	589584	2002	2016	2024	FLAG	
ADAMS SUBSTATION	ABC	5LB		2024			AMEREX	
ADAM'S SERVERY	ABC	5LB	15822167	2024			AMEREX	
AT ADAMS HOUSE / 162	ABC	5LB	921016	2004	2016	2024	FLAG	



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COMPANY NAME: ALLENDALE LTC **INSPECTED BY:** CHRIS WILSON **DATE:** APRIL 9, 2024

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PAGE 2

LOCATION:	TYPE	SIZE (lbs)	SERIAL #	MNF	H-DATE	M.B.	MAKE	COMMENTS
ADAMS/BRONTE MAIN STATION AT 173	ABC	5LB	19331	1998	2024	2016	ANSUL	
MAIN CORRIDOR-BRONTE HOUSE	ABC	5LB	580553	1992	2016	2024	FLAG	
MAIN CORR AT ELEV. 3 O/S 165	ABC	5LB	555299	2003	2016	2024	KIDDE	
BRONTE HOUSE AT 122	ABC	5LB	597850	1994	2016	2024	AMEREX	
BRONTE HOUSE AT 102	ABC	5LB	261387	1998	2016	2024	FLAG	
BRONTE HOUSE AT 113	ABC	5LB	22401147	2024			AMEREX	
SUBSTATION	ABC	5LB	22401135	2024			AMEREX	
BRONTE SERVERY	ABC	5LB	52619	1995	2016	2024	ANSUL	
FRIEND LANDING	ABC	5LB	588156	1995	2016	2024	FLAG	
2ND FLOOR AT ELEVATOR O/S 233	ABC	5LB	600540	1998	2016	2024	AMEREX	
FRIEND LANDING 193	ABC	5LB		2024				
FRIEND LANDING 193	ABC	5 LB		2024				
MAIN CORRIDOR AT SYKES O/S 226	ABC	5LB	12670	1998	2024	2016	ANSUL	
HALTON HOUSE MAIN CORR	ABC	5LB	17737	1998	2024	2016	AMEREX	
HALTON HOUSE AT 222	ABC	5LB	14767	1998	2024	2016	ANSUL	
HALTON HOUSE AT 202	ABC	5LB	19321	1998	2024	2016	ANSUL	
HALTON HOUSE AT 213	ABC	5LB	19329	1998	2024	2016	ANSUL	
HALTON SUBSTATION	ABC	5LB	115452	1995	2024	2016	FLAG	
HALTON SERVERY	ABC	5LB	3036	1993	2016	2024	FLAG	
MECHANICAL ROOM 222	ABC	10LB	3490971	2023			AMEREX	



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COMPANY NAME: ALLENDALE LONG TERM CARE **INSPECTED BY:** CHRIS WILSON **DATE:** APRIL 9, 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

PAGE 3

LOCATION:	TYPE	SIZE (lbs)	SERIAL #	MNF	H-DATE	M.B.	MAKE	COMMENTS
SYKES HOUSE AT 222	ABC	5LB	12686	1998	2024	2016	ANSUL	
SYKES HOUSE AT 202	ABC	5LB	14760	1998	2024	2016	ANSUL	
SYKES HOUSE AT 213	ABC	5LB	14771	1998	2024	2016	ANSUL	
SYKES SUBSTATION	ABC	5 LB	390315	2009	2024	2015	ANSUL	
SYKES SERVERY	ABC	5LB	258667	1998	2024	2016	FLAG	
PETTIT HOUSE AT 202	ABC	5LB	584754	1998	2016	2024	ANSUL	
PETTIT HOUSE AT 222	ABC	5LB	81913853	2021			BADGER	
PETTIT HOUSE AT 213	ABC	5 LB	455658	1988	2016	2024	FLAG	
PETTIT SUBSTATION	ABC	5LB	22401132	2024			AMEREX	
PETTIT SERVERY	ABC	5 LB	54809	1994	2024	2016	FLAG	
MECH ROOM 218	ABC	10 LB	34899482	2023			AMERX	
AT ALLEN HOUSE	ABC	5 LB	14765	1998	2024	2018	ANSUL	
ALLEN HOUSE (ENTRANCE)	ABC	5 LB	468403	2012	2024	2018	ANSUL	
ALLEN HOUSE AT 223	ABC	5 LB	19312	1998	2024	2016	ANSUL	
ALLEN HOUSE AT 202	ABC	5 LB	14761	1998	2024	2016	ANSUL	
ALLEN HOUSE AT 213	ABC	5 LB	14769	1998	2024	2016	ANSUL	
ALLEN SUBSTATION	ABC	5 LB	6235834	2015		2024	BUCKEYE	
ALLEN SERVERY	ABC	5 LB	420385	2002	2016	2024	FLAG	
BASEMENT								
MAINTENANCE ROOM 016	ABC	5 LB	981013	2004	2016	2024	KIDDE	



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COMPANY NAME: ALLENDALE LTC **INSPECTED BY:** CHRIS WILSON **DATE:** APRIL 9, 2024
ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

PAGE 4

LOCATION:	TYPE	SIZE (lbs)	SERIAL #	MNF	H-DATE	M.B.	MAKE	COMMENTS
DRY STORAGE	ABC	5 LB	19302	1998	2016	2024	ANSUL	
GARBAGE ROOM O11	ABC	5 LB	437696	2002	2016	2024	FLAG	
RAMP TO EXIT 009	ABC	5 LB	14770	1998	2016	2024	ANSUL	
MAIN CORRIDOR AT ROOM 060	ABC	5 LB	104913	2004	2019	2013	BUCKEYE	
AT NURSING STORAGE ROOM 003	ABC	5 LB	52759	2002	2016	2024	ANSUL	
LAUNDRY	ABC	5 LB	734552	2015		2021	AMEREX	
LAUNDRY	ABC	5 LB	597867	1994	2013	2019	AMEREX	
MECHANICAL ROOM INSIDE KITCHEN #73	ABC	5 LB	580590	1992	2013	2019	FLAG	
MECHANICAL ROOM#73 THROUGH C	ABC	10 LB	36518520	2022			BADGER	
AT PRODUCTION KITCHEN 028	ABC	5 LB	698999	2008	2024	2016	AMEREX	
EXIT AT LAUNDRY	ABC	5 LB	585030	1992	2016	2024	FLAG	
POT WASH	ABC	10 LB	11827128	2023			CHAMPION	
KITCHEN	BC	10 LB	11827130	2023			CHAMPION	
KITCHEN	K	6 LB	29374905	2023			ANSUL	
STAFF LOCKER OUTSIDE 036	ABC	5 LB	19320	1998	2024	2016	ANSUL	
PUNCH CLOCK	ABC	5 LB	22404115	2024			AMEREX	
MAIN ELECTRICAL ROOM	CO2	15LB	2496	2001	2024		FLAG	
AUDITORIUM (1ST FLOOR)	ABC	5LB	588162	1992	2016	2024	FLAG	
AUDITORIUM (1ST FLOOR)	ABC	5LB	14763	1992	2024	2016	ANSUL	



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COMPANY NAME: ALLENDALE LTC **INSPECTED BY:** CHRIS WILSON **DATE:** APRIL 9, 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

PAGE 5

LOCATION:	TYPE	SIZE (lbs)	SERIAL #	MNF	H-DATE	M.B.	MAKE	COMMENTS
FRIEND'S LANDING AT OFFICE	ABC	5LB	588156	1992	2016	2024	FLAG	
GARBAGE ROOM 063	ABC	5LB	81913842	2021			BADGER	
WORKSHOP	ABC	5LB	11367	1997	2024	2016	ANSUL	
HALL AT ELEVATOR 004 OUTSIDE	ABC	5LB	49101	1995	2024	2016	AMEREX	
ELEVATOR ROOM 006	ABC	5LB	243950	1998	2024	2016	FLAG	
TELEPHONE ROOM	CA	5LB	14	2003	2018	2024	FLAG	
IN STAFF LUNCH ROOM	ABC	5LB	90131804	2017		2023	SAFETY FIRST	
ALLEN HOUSE SPRINKLER D242	ABC	5LB	47052364	2018		2024	AMEREX	
PETTIT HOUSE SPRINKLER C242	ABC	5LB	47052610	2018		2024	AMEREX	
SYKES HOUSE SPRINKLER B242	ABC	5LB	47052368	2018		2024	AMEREX	
HALTON HOUSE SPRINKLER A242	ABC	5LB	47052726	2018		2024	AMEREX	
NELSON HOUSE SPRINKLER 142	ABC	5LB	47052779	2018		2024	AMEREX	
TRAFALGAR HOUSESPRINKLER B142	ABC	5LB	47052605	2018		2024	AMEREX	
ADAM'S HOUSE SPRINKLER C142	ABC	5LB	47052951	2018		2024	AMEREX	
BRONTE HOUSE SPRINKLER D142	ABC	5LB	47052840	2018		2024	AMEREX	



FIRE
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DRY SPRINKLER INSPECTION REPORT

BUILDING: ALLENDALE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: _____ PHONE NUMBER: _____

SPRINKLER FITTER: BLAIR CURRIE

TYPE OF VALVE:	ASTRA - HALTON - A-242
MODEL #:	A-175
SERIAL #:	
SIZE:	4"
CITY PRESSURE:	120 PSI
PRESSURE:	50 PSI
WATER MOTOR GONG:	NO
MONITORED BY F/A PANEL:	YES
AIR COMPRESSOR:	YES
AIR MAINTENANCE DEVICE:	YES
DRUM DRIPS DRAINED:	YES
PUMPER CONNECTION:	YES
VALVE TRIP TIME:	30 SECONDS
VALVE TRIP PRESSURE:	15 PSI
2" FLOW:	YES
STATIC PRESSURE:	80 PSI
RESIDUAL PSI:	75 PSI
DRY TRIP:	YES

REMARKS:



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DRY SPRINKLER INSPECTION REPORT

BUILDING: ALLENDALDE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: _____ PHONE NUMBER: _____

SPRINKLER FITTER: BLAIR CURRIE

TYPE OF VALVE:	FIREMATIC B-242 SYKES
MODEL #:	D175W
SERIAL #:	
SIZE:	4"
CITY PRESSURE:	120 PSI
PRESSURE:	45 PSI
WATER MOTOR GONG:	NO
MONITORED BY F/A PANEL:	YES
AIR COMPRESSOR:	YES
AIR MAINTENANCE DEVICE:	YES
DRUM DRIPS DRAINED:	YES
PUMPER CONNECTION:	YES
VALVE TRIP TIME:	29 SECONDS
VALVE TRIP PRESSURE:	12 PSI
2" FLOW:	YES
STATIC PRESSURE:	80 PSI
RESIDUAL PSI:	75 PSI
DRY TRIP:	YES

REMARKS:

FLOOD ROOM BELOW IN B-142

B-142 2" DRAIN NEEDS REPLACED (BALL VALVE)



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DRY SPRINKLER INSPECTION REPORT

BUILDING: ALLENDALDE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: _____ PHONE NUMBER: _____

SPRINKLER FITTER: BLAIR CURRIE

TYPE OF VALVE:	TYCO-D242-ALLEN
MODEL #:	TFBFV-1
SERIAL #:	
SIZE:	4"
CITY PRESSURE:	118PSI
PRESSURE:	48 PSI
WATER MOTOR GONG:	NO
MONITORED BY F/A PANEL:	YES
AIR COMPRESSOR:	YES
AIR MAINTENANCE DEVICE:	YES
DRUM DRIPS DRAINED:	
PUMPER CONNECTION:	YES
VALVE TRIP TIME:	40 SECONDS
VALVE TRIP PRESSURE:	18 PSI
2" FLOW:	YES
STATIC PRESSURE:	80 PSI
RESIDUAL PSI:	75 PSI
DRY TRIP:	YES

REMARKS:



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DRY SPRINKLER INSPECTION REPORT

BUILDING: ALLENDALDE LONG TERM CARE DATE: JUNE 2, 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: _____ PHONE NUMBER: _____

SPRINKLER FITTER: BLAIR CURRIE

TYPE OF VALVE:	TYCO-PETTIE
MODEL #:	
SERIAL #:	
SIZE:	4"
CITY PRESSURE:	120 PSI
PRESSURE:	50 PSI
WATER MOTOR GONG:	NO
MONITORED BY F/A PANEL:	YES
AIR COMPRESSOR:	YES
AIR MAINTENANCE DEVICE:	YES
DRUM DRIPS DRAINED:	YES
PUMPER CONNECTION:	YES
VALVE TRIP TIME:	20 SECONDS
VALVE TRIP PRESSURE:	18 PSI
2" FLOW:	YES
STATIC PRESSURE:	80 PSI
RESIDUAL PSI:	75 PSI
DRY TRIP:	YES

REMARKS:



FIRE
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WET SPRINKLER INSPECTION REPORT

BUILDING: ALLENDALDE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: _____ PHONE NUMBER: _____

SPRINKLER FITTER: BLAIR CURRIE

TYPE OF VALVE:	GEM EAST & WEST
MODEL #:	F-2001
SERIAL #:	
SIZE:	4"
CITY PRESSURE:	80
SYSTEM PRESSURE:	130
WATER MOTOR GONG:	
MONITORED BY F/A PANEL:	YES
EXCESS PRESSURE PUMP:	YES
PUMPER CONNECTION:	YES
2" FLOW TEST:	YES
STATIC PRESSURE:	80 PSI
RESIDUAL PRESSURE:	75 PSI
REMARKS:	
6" BACKFLOW OUT AND BASEMENT, C, S, GROUND VALVE DOESN'T CLOSE. ROOM 025 BASEMENT GATE DNF	



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WET SPRINKLER INSPECTION REPORT

BUILDING: ALLENDALDE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: _____ PHONE NUMBER: _____

SPRINKLER FITTER: BLAIR CURRIE

TYPE OF VALVE:	GEM NORTH & SOUTH
MODEL #:	F-2001
SERIAL #:	
SIZE:	4"
CITY PRESSURE:	80
SYSTEM PRESSURE:	130
WATER MOTOR GONG:	
MONITORED BY F/A PANEL:	YES
EXCESS PRESSURE PUMP:	YES
PUMPER CONNECTION:	YES
2" FLOW TEST:	YES
STATIC PRESSURE:	80 PSI
RESIDUAL PRESSURE:	75 PSI
REMARKS:	



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SPRINKLER DEVICES

BUILDING: ALLENDALE LONG TERM CARE

DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE:

PHONE NUMBER:

SPRINKLER FITTER: BLAIR CURRIE

DEVICE	MODEL	SIZE	LOCATION
MAIN INCOMING S/O	BUTTERFLY	6"	SPRINKLER ROOM
BACK FLOW IN	BUTTERFLY	6"	SPRINKLER ROOM
BACK FLOW OUT	BUTTERFLY	6"	SPRINKLER ROOM
WET S/O WEST	BUTTERFLY	4"	BASEMENT, GROUND, SECOND, CORE
WET L/P	PS-120	1/2"	
WET FLOW	PS-10	1/2"	
WET S/O EAST	BUTTERFLY	4"	"A", "B", "C", "D"
WET L/P	PS-120	1/2"	
WET FLOW	PS-10	1/2"	
BASEMENT WEST S/O	BUTTERFLY	2 1/2"	
BASEMENT WEST FLOW	VSR	2 1/2"	ITV LOADING DOCK
BASEMENT CORE S/O	BUTTERFLY	2 1/2"	EAST
BASEMENT CORE FLOW	VSR	2 1/2"	ITV IN GARBAGE ROOM
BASEMENT LINEN S/O	GATE VALVE	2"	
BASEMENT LINEN FLOW	VSR	2"	ITV IN ROOM 075
GROUND FLOOR NELSON S/O	BUTTERFLY	3"	A142
GROUND FLOOR NELSON FLOW WEST	VSR	3"	A142
GROUND FLOOR S/O EAST	BUTTERFLY	3"	A142
GROUND FLOOR NELSON FLOW EAST	VSR	3"	A142



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SPRINKLER DEVICES

BUILDING: ALLENDALE LONG TERM CARE

DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE:

PHONE NUMBER:

SPRINKLER FITTER: BLAIR CURRIE

DEVICE	MODEL	SIZE	LOCATION
GROUND FLOOR CORE S/O	BUTTERFLY	3"	ROOM 139
GROUND FLOOR FLOW	VSR	3"	ROOM 139
2ND FLOOR CORE S/O	BUTTERFLY	3"	ROOM 222
2ND FLOOR CORE FLOW	VSR	3"	ROOM 222
GROUND FLOOR BRONTE S/O NORTH	BUTTERFLY	3"	D142
GROUND FLOOR BRONTE FLOW NORTH	VSR	3"	D142
GROUND FLOOR BRONTE S/O SOUTH	BUTTERFLY	3"	D142
GROUND FLOOR BRONTE FLOW SOUTH	VSR	3"	D142
2ND FLOOR ALLEN S/O SOUTH	BUTTERFLY	3"	D242
2ND FLOOR ALLEN FLOW SOUTH	VSR	3"	D242
2ND FLOOR ALLEN S/O NORTH	BUTTERFLY	3"	D242
2ND FLOOR ALLEN FLOW NORTH	VSR	3"	D242
DRY S/O B-WING	BUTTERFLY	4"	B-242
DRY L/P B-WING	PS-40	1/2"	B-242
DRY FLOW B-WING	PS-10	1/2"	B-242
DRY S/O A-WING	BUTTERFLY	4"	A-242
DRY L/P A-WING	PS-40	1/2"	A-242
DRY FLOW A-WING	PS-10	1/2"	A-242



HAMILTON FIRE CONTROL COMPANY

DIVISION OF NO. 376534 ONTARIO LIMITED

445 WENTWORTH STREET NORTH, HAMILTON, ON L8L 5W7

TEL 905-527-7042 FAX 905-527-7044 EMAIL info@hamiltonfirecontrol.ca

SPRINKLER DEVICES

BUILDING: ALLENDALE LONG TERM CARE

DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE:

PHONE NUMBER:

SPRINKLER FITTER: BLAIR CURRIE

DEVICE	MODEL	SIZE	LOCATION
2ND FLOOR HALTON S/O EAST	BUTTERFLY	3"	A242
2ND FLOOR HALTON FLOW EAST	VSR	3"	A242
2ND FLOOR HALTON S/O WEST	BUTTERFLY	3"	A242
2ND FLOOR HALTON FLOW WEST	VSR	3"	A242
GROUND FLOOR TRAF S/O EAST	BUTTERFLY	3"	B142
GROUND FLOOR TRAF FLOW EAST	VSR	3"	B142
GROUND FLOOR TRAF S/O WEST	BUTTERFLY	3"	B142
GROUND FLOOR TRAF FLOW WEST	VSR	3"	B142
2ND FLOOR SYKES S/O WEST	BUTTERFLY	3"	B242
2ND FLOOR SYKES FLOW WEST	VSR	3"	B242
2ND FLOOR SYKES S/O EAST	BUTTERFLY	3"	B242
2ND FLOOR SYKES FLOW EAST	VSR	3"	B242
GROUND FLOOR ADAMS S/O SOUTH	BUTTERFLY	3"	C142
GROUND FLOOR ADAMS FLOW SOUTH	VSR	3"	C142
GROUND FLOOR ADAMS S/O NORTH	BUTTERFLY	3"	C142
GROUND FLOOR ADAMS FLOW NORTH	VSR	3"	C142
2ND FLOOR PETTIT S/O SOUTH	BUTTERFLY	3"	C242
2ND FLOOR PETTIT FLOW SOUTH	VSR	3"	C242
2ND FLOOR PETTIT S/O NORTH	BUTTERFLY	3"	C242
2ND FLOOR PETTIT FLOW NORTH	VSR	3"	C242



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FIRE HYDRANT REPORT

Testing & inspection has been completed in accordance with Section 6.6.5. of the Ontario Fire Code. This report to be kept on site for review upon request, in accordance with subsection 1.1.2.1.

BUILDING: ALLENDALE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: PHONE NUMBER:

SPRINKLER FITTER: BLAIR CURRIE

LOCATION:	ALLENDALE REAR DRIVEWAY					
MAKE & MODEL:						
OPENING DIRECTION:	COUNTER CLOCKWISE					
HYDRANTS TURNS TO OPEN/CLOSE:	20					
VALVE BOX ACCESSIBLE:	YES					
VALVE BOX LOCATION:	BESIDE					
VALVE BOX TURNS TO OPEN/CLOSE:	N/A					
PAINT QUALITY:	7/10					
HYDRANT OPERATION:	GOOD					
BARREL DRAINAGE:	GOOD					
CAPS & NOZZLES:	GOOD	GREASED:	YES	✓	NO	
ACCESS TO HYDRANT:	GOOD					
BARREL NOZZLES STYLE:	2X2 1/2 - 1X4					
TESTING RESULTS						
STATIC PSI:	70 PSI					
RESIDUAL PSI:	63 PSI					
PITOT READING WATER CONDITION:						
COMMENTS:						



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BUILDING: ALLENDALE LONG TERM CARE DATE: JUNE 2 2024

ADDRESS: 185 ONTARIO STREET SOUTH, MILTON

REPRESENTATIVE: PHONE NUMBER:

SPRINKLER FITTER: BLAIR CURRIE

LOCATION:	FRONT ENTRANCE					
MAKE & MODEL:	CONCORD					
OPENING DIRECTION:	COUNTER CLOCKWISE					
HYDRANTS TURNS TO OPEN/CLOSE:	21					
VALVE BOX ACCESSIBLE:	YES					
VALVE BOX LOCATION:	BESIDE					
VALVE BOX TURNS TO OPEN/CLOSE:	21					
PAINT QUALITY:	6/10					
HYDRANT OPERATION:	GOOD					
BARREL DRAINAGE:	GOOD					
CAPS & NOZZLES:	GOOD	GREASED:	YES	✓	NO	
ACCESS TO HYDRANT:	GOOD					
BARREL NOZZLES STYLE:	2X2 1/2 - 1X4					
TESTING RESULTS						
STATIC PSI:	70 PSI					
RESIDUAL PSI:	60 PSI					
PITOT READING WATER CONDITION:						
COMMENTS:						