

Rockingham County Facilities Services
116 North Road
Brentwood, NH 03833
Jude Gates/Director of Facilities, Planning & IT
603-679-9375
jgates@co.rockingham.nh.us

Proposal Submission Deadline:
Thursday, 09/28/23 at 7:30AM

Site Visit:
**Wednesday, 09/06/23 at 9:30am at the
Facilities Office
116 North Rd., Brentwood, NH 03833**

**REQUEST FOR PROPOSAL
FIRE ALARM TESTING
29 August 2023**

You are hereby invited to submit proposals as specified in this Request for Proposal. The information necessary to complete the proposal is contained within this document.

Rockingham County, New Hampshire (Rockingham County) is a public entity composed of general administrative offices, nursing home, assisted living, correctional facility, engineering and maintenance services, and offices from Elected Officials: Commissioners, Delegation, County Attorney, High Sheriff, Register of Deeds, and Treasurer.

Questions on the technical specifications of the Request for Proposal should be directed to the contact listed above. Questions on bidding procedures can be directed to rfp@co.rockingham.nh.us. Do not alter or modify any documents or proposal forms downloaded from Rockingham County or Public Purchase. Altering or modifying such documents or forms may result in disqualification.

1. Proposal Instructions (3 ways to submit)

- a) Two (2) copies (or one copy and one thumb drive) of the Proposal should be submitted in a sealed envelope marked "RFP – Fire Alarm Testing" addressed and delivered to:

**Rockingham County Commissioners
119 North Road, Brentwood, NH 03833**

- b) Submit your bid as a PDF to: rfp@co.rockingham.nh.us. **DO NOT** send your bid to any other Rockingham County email address. Doing so may result in disqualification. You will receive a confirmation email within 1 business day. If you do not receive your confirmation email, you may inquire with the contact person listed at the top of this document.
- c) You may submit your Proposal online through Public Purchase, which is free to sign up and submit. Please visit Public Purchase: Rockingham County Home Page, or www.rockinghamcountynh.org/rfpbidding for the link to our Public Purchase page.

2. Submission must include:

- Organization legal name with DBA if applicable.
- Tax ID.
- Physical address and mailing address (if different).
- Organization representative name and contact information (phone, fax, and email).
- An itemized price proposal including shipping or freight is required with submission.
- Items presented as "equivalent" must be clearly identified, with all variations from the specification annotated and are subject to approval.
- Complete cut sheets and specifications for all products quoted, if applicable.
- All pertinent information regarding warranty and service availability.
- Anticipated start time after receipt of order and anticipated time to perform the scope of services.
- Insurance requirements, non-appropriations and indemnification obligations.

Attachments must be uploaded in PDF format. Any agreements or contracts that require our signature need to be in Microsoft Word format for review and tracking purposes.

3. **Proposal Openings:** Authorization to open proposals will be given at the **09/28/2023** regular scheduled meeting of the Board of Rockingham County Commissioners beginning at 8:30 am. Proposals will be distributed after the meeting and will be awarded or rejected as soon as a complete review and comparison of the proposals received has been made by Rockingham County.
 - a. Meetings are held in the Maureen Barrows Conference Room of the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH through the following online Zoom meeting: <https://us02web.zoom.us/j/5808918771> or by telephone: 646-558-8656, Meeting ID: 580 891 8771.
 - b. Scheduled meetings are subject to change and information may be found here: www.rockinghamcountynh.org/events.
4. **Proposal Award:** The proposal(s) will be formally awarded and announced publicly at a regular scheduled meeting of the Board of Rockingham County Commissioners held in the Maureen Barrows Conference Room located in the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH through the following online Zoom meeting: <https://us02web.zoom.us/j/5808918771> or by telephone: 646-558-8656, Meeting ID: 580 891 8771. Formal notification of proposal award will occur thereafter.
5. **Pricing:** Proposal prices are to remain in effect for a period of (60) days from opening date of the proposal and are to remain firm once proposal is awarded to the successful Organization(s).
 - a. Vendors awarded a state bid/contract should offer that pricing.
 - b. Should you have any variations (discounts and/or penalty clauses) that may affect the price, please specify in proposal.
6. **Additional Materials:** Following the review and screening of all proposals, Organization may be invited to participate in the final selection process, which may include the submission of additional information regarding cost or other issues, as requested by Rockingham County.
7. **Performance Clause:** In the event that the successful awarded Organization/Rockingham County should default in the observance of the stipulations set forth in this Request for Proposal and such default is not corrected within 30 days of written notice from either party, the successful awarded Organization/Rockingham County shall have the option of canceling the proposal.
8. **Contractual Obligations:** In the event that contracts for the supply of materials, equipment, or services are required under the proposal, the Board of Rockingham County Commissioners reserves the right to review said contracts and amend to comply with county legal requirements prior to signing by the appointed representative of the Board of Rockingham County Commissioners. All contracts entered by Rockingham County are required to contain Non-Appropriation and Indemnification clauses. Sample language is provided below.

a. **Non-Appropriation**

Rockingham County is obligated to pay only such contract amounts that can lawfully be made from funds budgeted and appropriated for that purpose during Rockingham County's then current fiscal year, subject to annual approval by the Rockingham County Delegation. Should Rockingham County fail to budget, appropriate, or otherwise make available funds to make payments under this contract, such contract shall be deemed terminated at the end of the then current term. Rockingham County agrees to deliver prompt notification after any decision to non-appropriation is made, but failure to give such notice will not extend the term beyond such Original or Renewal Term.

b. **Indemnification**

To the fullest extent permitted by law, (ORGANIZATION) shall protect, indemnify, save, defend and hold harmless Rockingham County, including its officials, agents, volunteers and employees, ("Indemnified Parties"), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified Parties may become obligated or suffer by reason of any accident, bodily injury, personal injury, death of person, or loss of or damage to property, arising indirectly or directly under, out of, in connection with, or as a result of this Contract or the activities of (ORGANIZATION) or its agents, employees, contractors or subcontractors, and even if caused in whole or in part by any negligent or intentional act or omission of Indemnified Parties.

In addition, and regardless of respective fault, (ORGANIZATION) shall defend, indemnify and hold harmless the Indemnified Parties for any costs, expenses and liabilities arising out of a claim, charge or determination that (ORGANIZATION) officers, employees, contractors, subcontractors or agents are

employees of the Indemnified Parties, including but not limited to claims or charges for benefits, wages, fees, penalties, withholdings, damages or taxes brought in connection with laws governing workers compensation, unemployment compensation, social security, Medicare, state, or federal taxation, and/or any other similar obligation associated with an employment relationship.

(ORGANIZATION'S) obligations to defend, indemnify and hold harmless the Indemnified Parties hereunder shall survive the term of this Contract.

Rockingham County shall not be required to defend or indemnify (ORGANIZATION) or its agents, employees, contractors or subcontractors or any professional service provider.

9. **Insurance Requirements:** The Organization shall always maintain during the life of this proposal insurance coverage. The Organization must also require its subcontractors to maintain such coverage. Any request for modification of the coverage requirements must be submitted in writing with the proposal and will be evaluated accordingly.
- a. **Coverage:** The Organization shall have professional insurance/errors and omissions insurance with limits of not less than \$1,000,000 each occurrence. The insurance certificate and the underlying insurance coverage shall be issued by a carrier authorized to do business in the State of New Hampshire and having A.M. Best Company rating of "A" or better.
 - b. **Workers Compensation Insurance:** The Organization shall carry workers compensation insurance as required by the State of New Hampshire.
 - c. **Comprehensive General Liability Insurance:** The Organization shall maintain comprehensive general liability insurance policy, which includes coverage for contractual liability, in an amount of no less than \$1,000,000 per occurrence.
 - d. **Motor Vehicle Insurance:** The Organization shall carry motor vehicle insurance to include bodily injury, property damage, and uninsured motorist, coverage in an amount of no less than \$1,000,000 combined single limit per accident.
 - e. **Insurance Certificate:** The Organization shall provide an insurance certificate confirming the above insurance coverage.
 - i. The provider shall file certificates with Rockingham County showing that the above insurance has been purchased. Include with proposal submission and use mail to: Rockingham County, attn. Commissioners Office, 119 North Road, Brentwood, NH 03833.
 - ii. A 30-day notice is required for cancellation and /or material change of coverage and sent directly to the above mail to address.

10. NOTICE:

- a. The Board of Rockingham County Commissioners reserves the right to accept or reject all proposals or parts thereof, to accept the proposal which they deem to be in the best interest of Rockingham County and to waive any bid formality.
- b. Proposals are subject to public review and cannot be honored with proprietary, confidential, do not disclose, or any other restriction that conflicts with the New Hampshire Right to Know law.
- c. Information provided in these specifications is to be used only for the purposes of preparing a proposal detailing costs and services to be provided to Rockingham County. It is expected that each Organization will read these specifications with care. Failure to meet certain conditions may invalidate proposals.
- d. The information contained herein is believed to be accurate but should not be considered as warranted in any way.
- e. Rockingham County may award to multiple providers.
- f. Any changes to the specifications shall meet the approval of Rockingham County.
- g. Any variations (discounts and/or penalty clauses) that may affect the price, please specify in your proposal.
- h. Upon satisfactory completion of the work and or receipt of product, payment is subject to standard accounts payable process at Rockingham County.

A. MANDATORY SITE VISIT

Mandatory Site Visit in Person: Vendors submitting proposals are required to attend a mandatory site visit on (**Wednesday, 9/6/23, at 9:30AM**), at the Facilities office, 116 North Road, Brentwood, NH 03833. Proposals from vendors who have not made a site visit will be considered invalid.

Sincerely,


Jude Gates, Director of Facilities, Planning/IT

JG/dr

ATTACHMENT A

A. INTRODUCTION

Rockingham County Complex (Rockingham) is a public entity composed of general administrative offices, a nursing home, and a correctional facility.

Rockingham is seeking written proposals from qualified vendors to enter a one-year contract, commencing on **01 October 2023**, for the purpose of supplying such services as noted in section B. Proposed multiple year contracts will be accepted.

B. SCOPE OF WORK

Provide all labor, materials, and equipment necessary to perform annual cleaning, testing, and inspection of approximately 1,700 fire alarm system devices located in the Nursing Home, Jail/HOC, Water and Wastewater Treatment Plants and several surrounding buildings containing administrative offices.

Verify that all devices are in proper working condition and that all alarms are properly announced at the fire panels.

- The annual test is due and shall be completed in November 2023.
- Vendor will furnish all labor, materials, and equipment necessary to perform an annual testing, cleaning (if necessary), and inspection of smoke and heat detectors, pull stations, horns and strobes, and several fire panels located throughout the Nursing Home, Jail, and support buildings on the Complex.
- Testing will not be done with a hair drier or torch. Only approved testing devices for heats and smokes may be used. Magnets are not preferred, to be used only when necessary.
- Test all devices; heats, smokes pulls, duct smokes, supply and return, elevator, elevator pit and top of elevator shaft, elevator machine rooms and beam smokes.
- All batteries shall be load tested on all panels and boosters.
- All testing shall be done in the presence of a county employee.
- All deficiencies are to be reported at the time of inspection to the Engineering & Maintenance Office.
- Provide copies of all service reports within one week.
- Provide all necessary written reports (legible if handwritten) in accordance with the guidelines set forth by NFPA 25 and all other governing Codes. See the required Attachment B form.
- Provide **separate reports** for each building and Nursing Home wing (see list below).
- Availability for emergency and service calls as needed.
- All service slips must be signed by the Engineering & Maintenance office staff.

Number of Devices (numbers may vary, +/-)

RCNH/Blaisdell Bldg – 211	Water Treatment – 23
RCNH/Driscoll Bldg – 267	WasteWater – 21
RCNH/Fernald Bldg– 268	Storage Building – 7
RCNH/Mitchell Bldg– 95	Radio Shop/Horse Barn – 35
RCNH/Underhill Bldg– 162	Motor Services – 13
RCNH/Carlisle – 98	Nutrition – 34
RCNH/Atrium – 3	Admin Bldg – 48
Conservation – 27	Maintenance – 49
Jail – 235	Grounds Bldg – 25
Biomass – 11	Delegation - 12

<u>Duct Smokes</u>	Supply	Return
Driscoll East Penthouse	3	3
Driscoll West Penthouse	2	2
Fernald Main Roof		4
Fernald Bakery	2	
Fernald Staff Dinning Room	3	3
Fernald Two Dinning Room	1	
Fernald Two Storage Rooms	1	1
Mitchell Attic	1	1
Blaisdell Penthouse	2	2
Carlisle Basement	1	1
Underhill		5

C. SPECIAL CONSIDERATIONS

- Please include as part of your proposal references from work performed of an equal scope at similar sites and County complexes.
- Please include as part of your proposal an hourly labor rate and any other associated costs to be charged for any repairs or service calls above and beyond the services outlined in the annual testing and inspection agreement.
- All labor and materials needed to perform repairs above and beyond those specified in the annual testing and inspection agreement will be at the owners (Rockingham's) expense, a written quotation will be required, and prior authorization received before commencing with repairs.
- Work to be performed is in an occupied facility. Scheduling to be coordinated with the office of Engineering & Maintenance Services.
- Work to be performed in the elevators must be conducted with the County's contracted elevator service company to be coordinated by the Engineering & Maintenance office.
- Service technicians shall check in at the office of Engineering & Maintenance Services, located at 116 North Road, (across the street from the Nursing Home) before starting.
- All service slips must be signed by an employee in the office of the Engineering & Maintenance Services Department
- Payment is subject to the County's standard accounts payable process.
- Invoicing should be per building/system.

D. NOTICE

Information provided in these specifications is to be used only for the purposes of preparing a proposal detailing costs and services to be provided to Rockingham County. It is expected that each provider will read these specifications with care. Failure to meet certain conditions may invalidate proposals.

E. ADDITIONAL TERMS AND CONDITIONS

1. Rockingham County may buy from multiple vendors.
2. Any changes to the above Specifications shall meet the approval of the Board of Rockingham County Commissioners.
3. Should you have any variations (discounts and/or penalty clauses) which would affect the price, please specify in your proposal.

Attachment B

INSPECTION AND TESTING FORM

<p>SERVICE ORGANIZATION</p> <p>Name: _____</p> <p>Address: _____</p> <p>Representative: _____</p> <p>License No.: _____</p> <p>Telephone: _____</p> <p>MONITORING ENTITY</p> <p>Contact: _____</p> <p>Telephone: _____</p> <p>Monitoring Account Ref. No.: _____</p> <p>TYPE TRANSMISSION</p> <p><input type="checkbox"/> McCulloh</p> <p><input type="checkbox"/> Multiplex</p> <p><input type="checkbox"/> Digital</p> <p><input type="checkbox"/> Reverse Priority</p> <p><input type="checkbox"/> RF</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Control Unit Manufacturer: _____</p> <p>Circuit Styles: _____</p> <p>Number of Circuits: _____</p> <p>Software Rev.: _____</p> <p>Last Date System Had Any Service Performed: _____</p> <p>Last Date that Any Software or Configuration Was Revised: _____</p>	<p>DATE: _____</p> <p>TIME: _____</p> <p>PROPERTY NAME (USER)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Owner Contact: _____</p> <p>Telephone: _____</p> <p>APPROVING AGENCY</p> <p>Contact: _____</p> <p>Telephone: _____</p> <p>SERVICE</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semiannually</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Model No.: _____</p>
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ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION		
Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____
No. of alarm notification appliance circuits: _____		
Are circuits monitored for integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION		
Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____
SIGNALING LINE CIRCUITS		
Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):		
Quantity _____	Style(s) _____	
SYSTEM POWER SUPPLIES		
(a) Primary (Main): Nominal Voltage _____ Amps _____		
Overcurrent Protection: Type _____ Amps _____		
Location (of Primary Supply Panelboard): _____		
Disconnecting Means Location: _____		
(b) Secondary (Standby):		
Storage Battery: Amp-Hr. Rating _____		
Calculated capacity to operate system, in hours: _____ 24 _____ 60		
Location of fuel storage: _____ Engine-driven generator dedicated to fire alarm system: _____		
TYPE BATTERY		
<input type="checkbox"/> Dry Cell		
<input type="checkbox"/> Nickel-Cadmium		
<input type="checkbox"/> Sealed Lead-Acid		
<input type="checkbox"/> Lead-Acid		
<input type="checkbox"/> Other (Specify): _____		
(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:		
_____ Emergency system described in NFPA 70, Article 700		
_____ Legally required standby described in NFPA 70, Article 701		
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.		
(NFPA Inspection and Testing, 2 of 4)		

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING				
NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS			
TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER			
TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTIFICATION APPLIANCES							
	Visual	Functional					
Audible	<input type="checkbox"/>	<input type="checkbox"/>					
Visible	<input type="checkbox"/>	<input type="checkbox"/>					
Speakers	<input type="checkbox"/>	<input type="checkbox"/>					
Voice Clarity		<input type="checkbox"/>					

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments	
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
INTERFACE EQUIPMENT		Visual	Device Operation	Simulated Operation	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIAL HAZARD SYSTEMS					
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Procedures: _____					
Comments: _____					

SUPERVISING STATION MONITORING		Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
NOTIFICATIONS THAT TESTING IS COMPLETE		Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
The following did not operate correctly: _____					

System restored to normal operation: Date: _____ Time: _____					
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.					
Name of Inspector: _____		Date: _____		Time: _____	
Signature: _____					
Name of Owner or Representative: _____					
Date: _____		Time: _____			
Signature: _____					

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 Continued