

Tyco / Fire & Security / Simplex Grinnell

Sprinkler Report of Inspection

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Service Request #: 38147432

Task #: 55893619

CUSTOMER: St. Louis VA Hospital Medical Center
STREET: 915 N. Grand
CITY / STATE: St. Louis, MO

ZIP: 63106

BUILDING LOCATION: Same
INSPECTOR: Joe Candela / Duan Marshall
DISTRICT: SimplexGrinnell 314-739-4014
OFFICE: 11360 Lackland Road
St. Louis, MO 63146

DATE OF INSPECTION: 4/11/17

ATTN: Mike Stogdill
EMAIL: michael.stogdill1@va.gov

PHONE #: 314-289-6450
FAX #: 314-289-6589
CELL #: 314-372-6973

1. GENERAL		YES	N.A.	NO*
A. (To Be Answered by the Owner or the Owner's Representative)				
a.	Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Have there been any changes or repairs to the fire protection system since the last inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If answered "yes" to questions a or b, list changes in section 13.				
c.	If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Has the piping in all dry systems been checked for proper pitch within the past five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date last Checked: (checking is recommended at least every 5 years) Number of systems			
e.	Has the piping in all the systems been checked for obstructive materials? Type of Piping Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date last Checked: (checking is recommended at least every 5 years)			
f.	Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? GPM DATE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g.	Are gravity, surface or pressure tanks protected from freezing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h.	Standard sprinklers 50 years old or older? QR 20yr, Dry 10yr, Extra high temp. 5yr (Test/and or replace is recommended for such sprinklers) Year	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i.	Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300 degrees Fahrenheit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j.	Gauges been tested or replaced in the last 5 years? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k.	Alarm valves and associated trim been internally inspected in the past 5 years? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l.	Check valves internally inspected in the last 5 years? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m.	Has the private fire main been flow tested in last 5 years? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n.	Standpipe 5 year requirements			
	1. Dry standpipe hydrostatic test Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2. Flow Test Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3. Hose Hydrostatic Test Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4. Pressure Control Valve Test Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5. Pressure reducing valve test Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o.	Have pressure reducing valves been tested at full flow within the past 5 years? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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p.	Have master pressure reducing valves been tested at full flow within the past year?	Date:	p.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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B. (To be answered by the inspector)

- a. Have the sprinkler systems been extended to all visible areas of the building?
- b. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?
- c. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?
- d. Are all visible exterior openings protected against the entrance of cold air?

	Yes	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. CONTROL VALVES

- CONTROL VALVES**
- Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
 - Are all control valves sealed or supervised in the open position?

a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Control Valves	# Of Valve	Type	Easily Accessible		Signs		Valve Open		Secured?			Supervision Operational	
			Yes	No	Yes	No	Yes	No	If yes, how?		(Sealed?) (Locked?) (Supvd?)	Yes	No
									Yes	No			
CITY CONNECTION			<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"/>
TANK			<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"/>
PUMP			<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"/>
SECTIONAL			<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"/>
SYSTEM	79	2.5" angle hose valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
ALARM LINE			<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"/>
BACKFLOW			<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"/>

Location of Control Valves:

[illegible]

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3. WATER SUPPLIES

a. Water Supply Source?	City St. Louis, MO	Gravity Tank N/A	Pressure Fire Pump & Tank N/A	Pressure Fire Pump & City N/A
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Main Drain Test Results Made During This Inspection

[illegible]

4. TANKS, PUMPS, FIRE PUMP CONNECTIONS

- Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
- Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
- Has the storage tank been internally inspected in the last 5 years? Date _____
- Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?
- Are fire dept. connections visible and accessible?

	YES	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. WET SYSTEMS

- Number of _____ Make and _____
Systems _____ Model _____
- a. Are cold weather valves in the appropriate open or closed position?
If closed, has piping been drained? _____
- b. Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?
- c. Have all the antifreeze systems been tested?
Date antifreeze systems were tested? _____

	YES	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date antifreeze systems were tested?

☐ Glycol
FOUR

☐ Glycerin
FIVE SIX

Degree Fahrenheit

System

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	YES	N.A.	NO*
d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	YES	N.A.	NO*
d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[illegible]

6. DRY SYSTEMS

- a. Number of Systems None Make and Model: _____
Date last trip tested: _____ Partial or Full: _____
- a. Are the air pressure and priming water levels normal?
- b. Did the air compressor operate satisfactorily?
- c. Air compressor oil checked? _____ Belt? _____
- d. Were all low points drained during this inspection?
Number of low points? _____
- e. Did all quick opening devices (accelerator) operate satisfactorily?
Make: _____ Model: _____
- f. Did all the dry valves operate satisfactorily during this inspection?
- g. Is the dry valve house heated?
- h. Do dry valves appear to be protected from freezing?
- i. **Is customer aware that drum drips need to be drained regularly especially during cold months?**

	YES	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

f.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Low Point Drains

[illegible]

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7. SPECIAL SYSTEMS

Number of Systems None Make and Model: _____
Type: _____

- a. Were valves tested as required?
- b. Did all heat responsive systems operate satisfactorily?
- c. Did the supervisory features operate during testing?

	YES	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Heat Responsive Devices		Type	Type of test		
Valve Number	Seconds	Comment:	Valve Number	Seconds	Comment:
Valve Number	Seconds	Comment:	Valve Number	Seconds	Comment:
Valve Number	Seconds	Comment:	Valve Number	Seconds	Comment:
Valve Number	Seconds	Comment:	Valve Number	Seconds	Comment:
Valve Number	Seconds	Comment:	Valve Number	Seconds	Comment:
Auxiliary Equipment Number			Type:		
Location			Test Results:		

8. ALARMS

- a. Did the water motors and gong operate during testing?
- b. Did the electric alarms operate during testing?
- c. Did the supervisory alarms operate during testing?

	YES	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9. SPRINKLERS – PIPING

- a. Do sprinklers generally appear to be in good external condition?
- b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?
- c. Are extra sprinklers and sprinkler wrench available on the premises?
(# , size, finish, temp, brand, of spare heads)
- d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?
- e. Do the hand hose on the sprinkler system appear to be in satisfactory condition?

	YES	N.A.	NO*
a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. EXPLANATION OF "NO" ANSWERS (For Sections 1-B thru 9):

Performed hose valve testing and inspecting in stairwell #'s 1-10, and 12, more details can be found on page 2 in section 2.

All valves work properly except the following:

Stair 1 floor 8, 4, 3, and 2,
Stair 2 floor 9, 7, 4, 3, 2, and 1
Stair 3 floor 5, 4, 3, and 1
Stair 5 floor 6, 5, 4, and 2
Stair 6 floor B

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We also performed a main drain test on all 11 stairwells with risers (1-10 and 12), more details of this are located on page 3 in section 3.

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS; HOWEVER, THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:
DRY SYSTEMS REQUIRE THAT DRUM DRIPS NEED TO BE DRAINED REGULARLY ESPECIALLY DURING THE COLD MONTHS.

Replace 19 hose valves

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN THE OCCUPANCY HAZARD OR FIRE PROTECTION EQUIPMENT, AS ADVISED BY THE OWNER IN SECTION 1A a-b.

None

14. INSPECTION AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S REPRESENTATIVE AND ANSWERED SECTION. #1 A a-n? ☒ YES ☐ NO (send disclaimer)

(NOTE: This version of the notice will work for either a pre-printed form with Terms & Conditions on the back, or a locally-generated report printed off a computer with the Terms & Conditions at the end.)

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT.** This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contrat a été rédigé en anglais à la demande et avec l'assentiment du client.

Signature of owner or owner's representative: X Date: X

Printed Name: X Title: _____

DUPLICATE TO: _____
STREET: _____
CITY, STATE AND ZIP: _____
ATTN: _____

NOTES TO OFFICE:

TERMS AND CONDITIONS

1. Limitation of Liability; Limitations of Remedy. It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.
It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to

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perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM. The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

2. **Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.

3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- ☐ "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur,
- ☐ risk of infectious disease,
- ☐ need for air monitoring, respiratory protection, or other medical risk,
- ☐ asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

5. **Equipment Disconnections.** This represents Company's notice to you that the system(s)/device(s) listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals.

6. **General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

SimplexGrinnell

Tyco Fire & Security

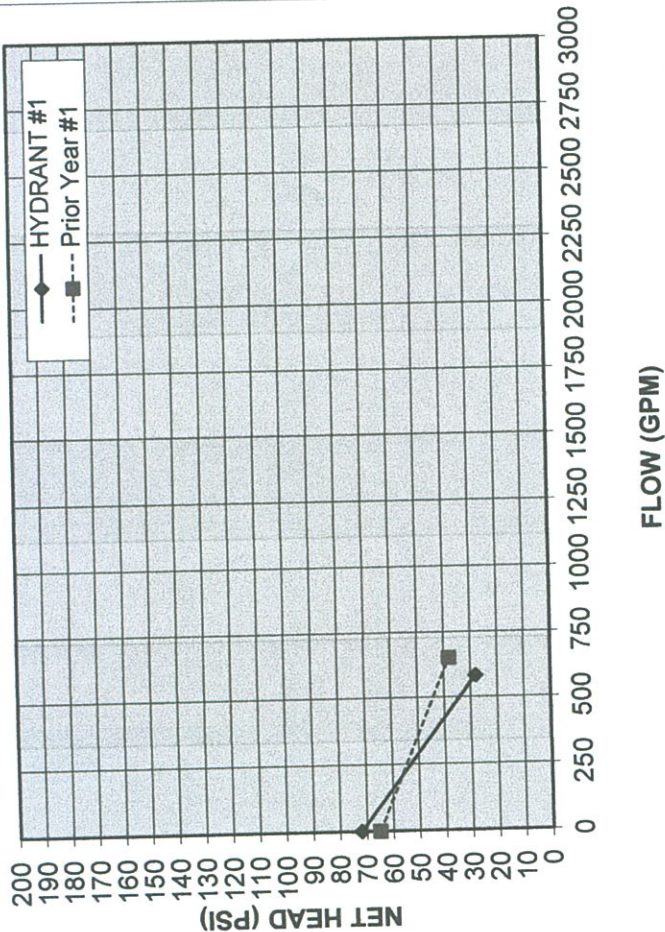
VA Hospital 915 Grand Blvd

OWNER:

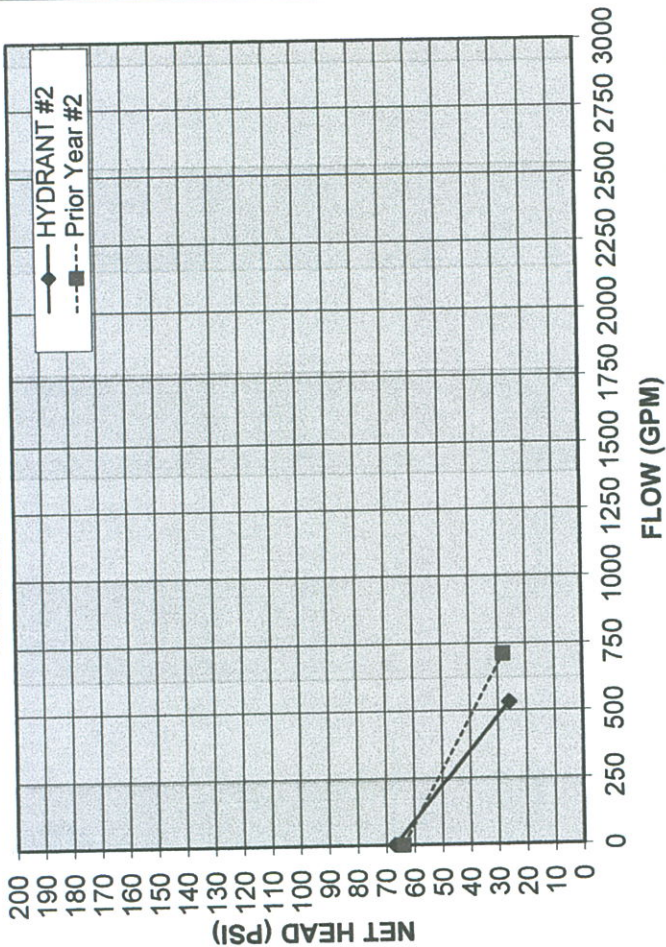
FIRE HYDRANT FLOW TEST. HYDRANTS #1-#4

DATE: 7/11/2017

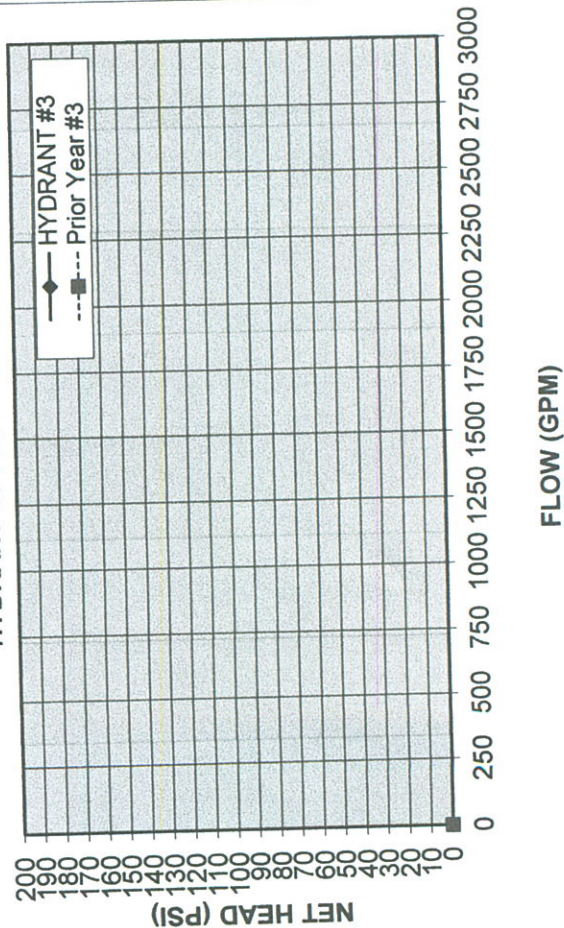
HYDRANT #1 FLOW CURVE



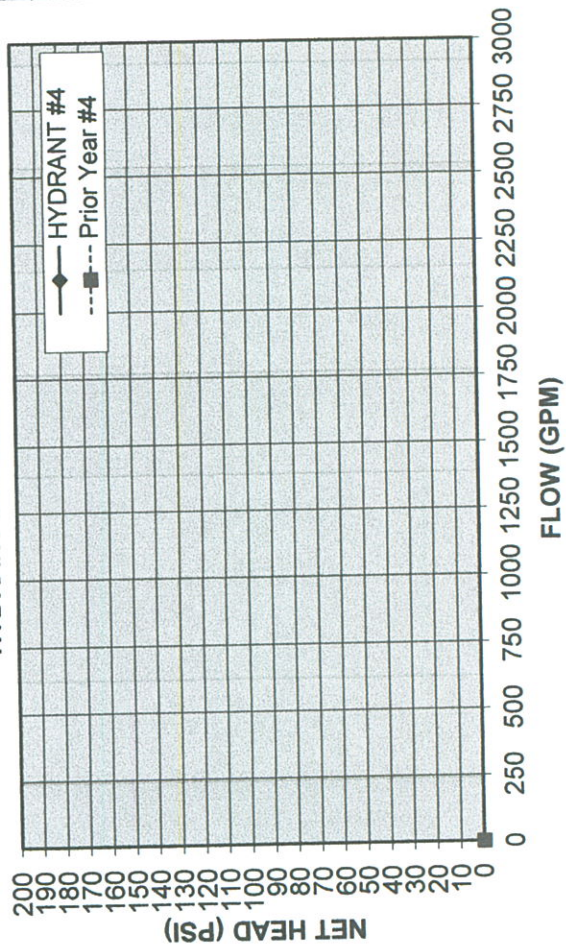
HYDRANT #2 FLOW CURVE



HYDRANT #3 FLOW CURVE



HYDRANT #4 FLOW CURVE



SimpexGrinnell

7/11/2017

DATE:

Tyco Fire & Security

Pump not tied into hydrants

PUMP:

HYDRANT	STATIC		PITOT	TOTAL GPM	RESIDUAL PRESSURE	Location Description
	PRESSURE					
HYDRANT #1	72		12	581	28	West lot in front of building 3 & 4
Prior Year #1	65		15	650	38	
HYDRANT #2	67		10	531	26	West side behind building 1
Prior Year #2	64		18	712	28	
HYDRANT #3				0		
Prior Year #3				0		
HYDRANT #4				0		
Prior Year #4				0		

Total Number of Hydrants:

2

Notes:

Last years test was done by another company

FIRE HYDRANT FLOW TEST. HYDRANTS #1-#4

SR #:

38147432

Task #:

55008255

OUTLET SIZE:

2.5

0.9

167.794

OUTLET FACTOR:

Inspector's Name: Duan Marshall and Joe Candela

Owner or Owner's Representative:

Printed Name:

Fire Pump Test Report

SimplexGrinnell BE SAFE.

3787 Rider Trail South

Earth City, MO 63045

P. 314-739-4014 / F. 314-739-3755

Occupant Name: St. Louis VA Hospital

Fire District: St. Louis City

Date: 4/11/17

Occupant Location: 915 N Grand Blvd St. Louis MO 63106

Time: 8:00 AM

Pump Information

Manufacturer:	Aurora	Model #:	3-481-10	Serial Number:	10-19848631		
Pump Type:	Horizontal	Capacity:	500	Pump On PSI	125	Rated Pressure:	90
Suction:	6	Discharge:	6			RPM:	3600
Impeller:	7.68	Stages:	1	Head Feet		Supplied From:	City

Motor Information

Manufacturer:	Marathon	Model #:	JVA 2866SPVA60 8 BEL	Serial Number:	C0021337-01?12-02
H.P.	40	Volts:	208	AMPS:	
Phase:	3	Cycles:	60	RPM:	3515
Enclosed:	Yes	Ventilated:	Yes	Splash Shield:	Yes

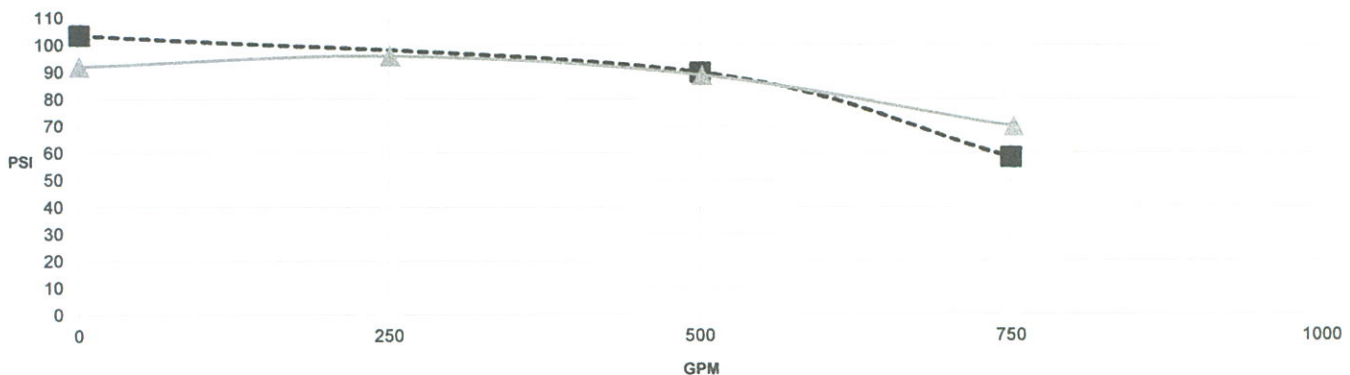
Panel Information

Manufacturer:	Joslyn Clark	Model #:	Primary Resistance	Serial Number:	324048
H.P.	40	Volts:	208	AMPS:	100,000
Phase:	3	Cycles:	60	Automatic:	Yes
Manual:	Yes			Steel Cabinet:	Yes

Jockey Pump Information

Manufacturer:	Marathon	Model #:	HBJ 516 34E554BF	Serial Number:	10-1888517
H.P.	1.00	Pump On PSI	135	AMPS:	
Phase:	3	Pump Off PSI	150	Automatic:	Yes
Volts:	208-230/460			Steel Cabinet:	Yes

Volts			AMP			RPM	DISCH PSI	SUCTION PSI	NET PSI	Nozzle Size	PITOT READING						GPM	REMARKS
A - B	A - C	B - C	A	B	C						1	2	3	4	5	6		
212	213	211	66	75	72	3574	150	58	92	1.125							0	Churn
212	209	210	86	94	96	3555	148	52	96	1.750	8						251	50%
209	218	209	103	115	112	3538	130	41	89	1.750	32						501	100%
209	210	209	115	131	127	3523	97	27	70	1.750	18	18					752	150%



-■- Rated Curve

-▲- Net Pressure Curve

Test Results @ 100% THIS PUMP IS PERFORMING WITH IN SPECIFIED TOLERANCE OF RATED CURVE @ 100%

Comments

Customer Signature:

Customer Name:

Tested by:

Employee #

Duan Marshall , Joe Candela