BLOCK 673 LOT 14 C21-14 QUALIFICATION CODE _____ ADDRESS (SITE) 751 Brick Blvd. PERMIT NO. 98-2779

RECEIVED
1 6 1998

CONSTRUCTION PERMIT APPLICATION

mail in

IV. OF INSPECTION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

N/A 7/23

I. IDENTIFICATION

1. Propsed Work Site at: Comcast 751 Brick Blvd.
2. Name of Owner in Fee: SAME Tel. (732) 935-5422
   Address 751 BRICK ROAD. BRICK NJ
   street municipality zip code
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: FINEMASTER Tel. (908) 241-2950
   Address 760 FAIRFIELD AVENUE KENILWORTH NJ 07033
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 94-3077928 FAX: (_____) _____
5. Architect or Engineer SAME Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work JOSEPH P. DIFRANCESCO JR.
   Tel. (908) 241-2950 EXT 9 FAX (908) 241-9809

COMMERCIAL

fire suppression

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		35.-	
3. Plumbing			
4. Fire Protection		35.-	
5. *Elevator Devices*			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		9.-	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	79.-	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands (yes/no)	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est: Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection	11,765.00				7-23-98	[illegible]	1/5/99		
6. ☐ Plumbing									
7. ☒ Electrical	100.-				7-22-98	MM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	11,765.00								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10207586

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(*d*): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name FINEMASTER

Address 760 RAHWAY AVENUE

KENILWORTH NJ 07033

Telephone (908) 241-2850

Signature Joseph P. Finemaster 7/10/18

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

98-2279 Sdet Expert. Joe DiFrancesco Telegraph Comm FM-200 7-23-98 Cur

Date Received
Date Issued
Control #
Permit # 8/12/98

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 673 Lot 14

Work Site Location COMCAST

Owner in Fee SAME

Address 751 BRICK ROAD
BRICK NJ

Tele. (732) 935-5492

Contractor FIREMASTER

Address 760 FAIRFIELD AVENUE
KENILWORTH NJ 07033

Tele. (908) 241-2552 Fax (908) 241-9109

Lic. No.

Federal Emp. No. 94-3077928

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 11,765.00

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 7-23-98

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 1-5-99

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			1-5-99	[signature]
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

[signature] 7/14/98
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF FM-200 FIRE SUPPRESSION SYSTEM IN TELEPHONE ROOM. Schedule DIA/TRUE Test

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [ ] Flammable Liquid [ ] Combustible Liquid

[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [ ] 110v Interconnected [ ] System **NUMBER**

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices		
TOTAL	9	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other FM-200	1	
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F140
(rev. 3/96)

- FM 200 Basement Control Room ONLY
- 2 heads need to activate
  ? manual pull

- seal holes
- self closer on door
- mount Emer. sign

0002
982779*#
BLOCK 673 # 0.00
LOT 14 # 35.00
ELETRIC* 35.00
FIRE 9.00
D.C.A. 79.00
TOTAL 79.00
CHECK 0.00
CHANGE
08/12/98 NO. 5 0018A005 10:26

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/12/98
Control #
Permit # 98-2779

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 673 Lot 14 Qual

Work Site Location 751 BRICK BLVD
SUPPRESSION SYSTEM
Owner in Fee COMCAST CABLE VISION
Address SAME
BRICK, NJ 08723-
Telephone (732)935-5492

Contractor FIREMASTER
Address 133 YELLOWBROOK RD.
FARMINGDALE, NJ 07727-
Telephone (908)938-3473
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 94-3077928

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
SUPPRESSION SYSTEM

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 11,865

J. Cuniazza
Construction Official

08/12/98
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	9
Cert. of Occupancy	0
Other	
Total	79
Check No.	4579
Cash	
Collected By	WP

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-12-98
Control #
Permit # 98-2777

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (___) _____

Contractor _____

Address _____

Tele. (___) _____

Lic. No.

Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb.

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8-12

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved By: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr Serv				
TCO				
Other				
Service				
Final				

Temp Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____ 7/6/18
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1		Other	

Administrative Surcharge $ _____

Paid [ ] Check # _____ Minimum Fee $ _____

DCA Training Fee $ _____

Collected by: _____ TOTAL FEE $ _____

UCC Form F-120B 1 White Inspector Copy 2 Canary Office Copy 3 Pink Office Copy 4 Gold Applicant Copy

98-2279

FIRE SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 673 Lot 14
Work Site Location [illegible]

Owner in Fee Same
Address 731 Brick Road
Brick NJ
Tele. (732) 935-5152
Contractor [illegible]
Address [illegible]
[illegible] NJ [illegible]
Tele. (98) [illegible] Fax (98) [illegible]
Lic. No. ______
Federal Emp. No. 14-2017778

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ______
Location: ______
Total Cost of Fire Protection Work $ 11,765.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ______
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 7-2359
Approved by: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

[signature] 7/11/98
Signature

Date Received
Date Issued
Control #
Permit # 8/12/98

Joe D. [illegible]
Teleqwot [illegible]
FM-200
7-2358 [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of FM 200 fire suppression system in telephone room. Schedule Dir/Trip Test
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices		
TOTAL	9	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other FM 200	1	
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

COMMERCIAL

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ ______

U.C.C. F140
(rev. 3/96)

KIDDE CLEAN AGENT FLOW CALCS - Version 1.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT INFORMATION

PREPARED FOR:

NAME: COMCAST
ADDRESS: 751 BRICK BLVD
: BRICK NJ 08732
:

PHONE: 732-935-3492

CONTACT NAME: JOE DIFRANCESCO
CONTACT TITLE: FIREMASTER REP

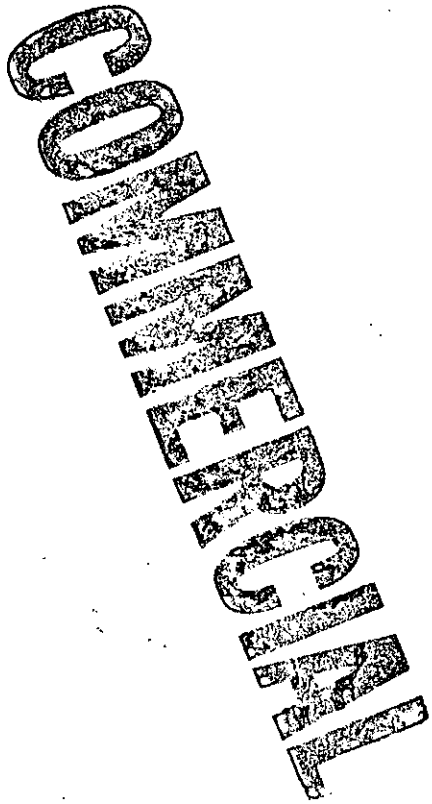
PREPARED BY:

DESIGNER: B. PRICE

PROJECT INFORMATION:

NAME: COMCAST
NUMBER: 075-743
LOCATION: COMPUTER ROOM & CLOSET
ACCOUNT:
DESCRIPTION:

FILE NAME: c:\flow\075-743.prj
LAST TIME CALCULATED: Jun 29, 1998 11:08 AM



KIDDE CL[illegible] AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

ENCLOSURE INFORMATION

ENCLOSURE NUMBER 1
ENCLOSURE NAME COMPUTER ROOM

MINIMUM DESIGN CONCENTRATION	7.00	%
ADJUSTED DESIGN CONCENTRATION	7.20	%
PREDICTED CONCENTRATION	7.19	%
MINIMUM ENCLOSURE TEMPERATURE	68.0	F
MAXIMUM ENCLOSURE TEMPERTATURE	72.0	F
ELEVATION ABOVE SEA LEVEL	50	ft
ENCLOSURE VOLUME	3345	cubic feet
NON-PERMEABLE VOLUME	0	cubic feet
NUMBER OF NOZZLES	1	
AGENT REQUIRED	118.2	lbs

ENCLOSURE NUMBER 2
ENCLOSURE NAME ELECTRICAL CLOSET

MINIMUM DESIGN CONCENTRATION	7.00	%
ADJUSTED DESIGN CONCENTRATION	7.20	%
PREDICTED CONCENTRATION	7.33	%
MINIMUM ENCLOSURE TEMPERATURE	68.0	F
MAXIMUM ENCLOSURE TEMPERTATURE	72.0	F
ELEVATION ABOVE SEA LEVEL	50	ft
ENCLOSURE VOLUME	458	cubic feet
NON-PERMEABLE VOLUME	0	cubic feet
NUMBER OF NOZZLES	1	
AGENT REQUIRED	16.2	lbs

KIDDE CI AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

CONTAINER INFORMATION

CONTAINER SIZE	200 lb.	
CONTAINER TYPE	Vertical	
CONTAINER PART NUMBER	90-100200-001	
NUMBER OF CONTAINERS	1	
AGENT NAME	FM-200	
AMOUNT PER CONTAINER	134.3	lbs
FILL DENSITY	46.987	lbs / cubic feet
HEIGHT OF CONTAINERS	43.6	inches
FLOOR AREA CONTAINERS	1.01	square feet
TOTAL WEIGHT	275	lbs
FLOOR LOADING	273	lbs / square feet

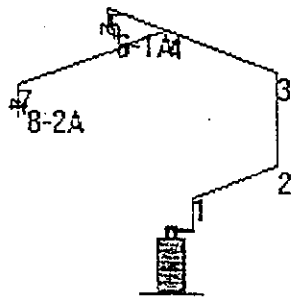
KIDDE CLEAN AGENT FLOW CALCS - Version K2.10

Licensed to : KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

Distributor: Firemaster Corporate Contract
2684 Lacy Street
Los Angeles,CA. 90031
Rod Caveness

Project: COMCAST
File Name: c:\flow\075-743.prj
Date Calculated: Jun 29, 1998 11:08 AM

Isometric Drawing



KIDDE CE AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

PIPE SPECIFICATIONS

SECTION FROM-TO		TYPE	DIAM.	LENGTH	ELEV	EL 45	EL 90	TEES T	TEES S	VALVE CHCK	VALVE STOP	FLEX LOOP	UN	ADDED	EQUIV TOTAL
0	1	40t	2.000	3.63	3.63										65.0
1	2	40t	1.500	4.67	4.00		1						2	4.3	15.1
2	3	40t	1.500	8.04			1								12.3
3	4	40t	1.500	6.54			1								10.8
4	5	40t	1.250	2.63				1							4.9
5	6	40t	1.250	0.17	-0.17		1								3.9
4	7	40t	0.500	9.71					1						13.1
7	8	40t	0.500	0.17	-0.17		1								1.9

SECTION FROM-TO		EQUIV TOTAL	AGENT REQ.	NOZZLE NZ	NOZZLE ORIFICE	NOZZLE TYPE
0	1	65.0	134.3			
1	2	15.1	134.4			
2	3	12.3	134.4			
3	4	10.8	134.4			
4	5	4.9	118.2			
5	6	3.9	118.2	1A	0.8509	360 Degree
4	7	13.1	16.2			
7	8	1.9	16.2	2A	0.1605	180 Degree

KIDDE CE AGENT FLOW CALCS -.Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\07S-743.prj

SYSTEM DATA

LAST CALCULATION: Jun 29, 1998 11:08 AM

SYSTEM DISCHARGE TIME: 8.3

PERCENT AGENT IN PIPE: 26.52
PERCENT AGENT BEFORE 1ST TEE: 23.26

ENCLOSURE NUMBER: 1
ENCLOSURE NAME: COMPUTER ROOM

MINIMUM DESIGN CONCENTRATION: 7.00%
ADJUSTED DESIGN CONCENTRATION: 7.20%
PREDICTED CONCENTRATION: 7.2%
MAXIMUM EXPECTED AGENT CONCENTRATION: 7.2% @ 72.0F

NOZZLE	MINIMUM AGENT REQUIRED (lbs)	ADJUSTED AGENT REQUIRED (lbs)	PREDICTED AGENT DELIVERED (lbs)	NOZZLE PRESSURE (AVERAGE) (psig)
1A	114.7	118.2	117.9	157

ENCLOSURE NUMBER: 2
ENCLOSURE NAME: ELECTRICAL CLOSET

MINIMUM DESIGN CONCENTRATION: 7.00%
ADJUSTED DESIGN CONCENTRATION: 7.20%
PREDICTED CONCENTRATION: 7.3%
MAXIMUM EXPECTED AGENT CONCENTRATION: 7.4% @ 72.0F

NOZZLE	MINIMUM AGENT REQUIRED (lbs)	ADJUSTED AGENT REQUIRED (lbs)	PREDICTED AGENT DELIVERED (lbs)	NOZZLE PRESSURE (AVERAGE) (psig)
2A	15.7	16.2	16.5	133

KIDDE CLEAN AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

HARDWARE DATA

CONTAINER

SIZE	TYPE	FILL WEIGHT	FILL DENSITY	QUANTITY	PART #
200 lb.	Vertical	134	47.0	1	90-100200-001

NOZZLE(S)

NOZZLE	TYPE	SIZE	ORIFICE AREA	HOLE DIAMETER	DRILL SIZE	PART #
1A	360 Degree	1.250	0.8509	0.3680	##	90-194026-368
2A	180 Degree	0.500	0.1605	0.1560	##	90-194013-156

PIPE

ITEM	TYPE	SIZE	QUANTITY
PIPE	40t	0.500 inches	9.88 feet
PIPE	40t	1.250 inches	2.80 feet
PIPE	40t	1.500 inches	19.25 feet
UNION	40t	1.500 inches	2 each
ELBOW 90	CLASS 300	0.500 inches	1 each
ELBOW 90	CLASS 300	1.250 inches	1 each
ELBOW 90	CLASS 300	1.500 inches	3 each
TEE	CLASS 300	1.500 inches	1 each

KIDDE CAN AGENT FLOW CALCS - Version .10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT INFORMATION

PREPARED FOR:

NAME: COMCAST
ADDRESS: 751 BRICK BLVD
: BRICK NJ 08732
:

PHONE: 732-935-3492

CONTACT NAME: JOE DIFRANCESCO
CONTACT TITLE: FIREMASTER REP

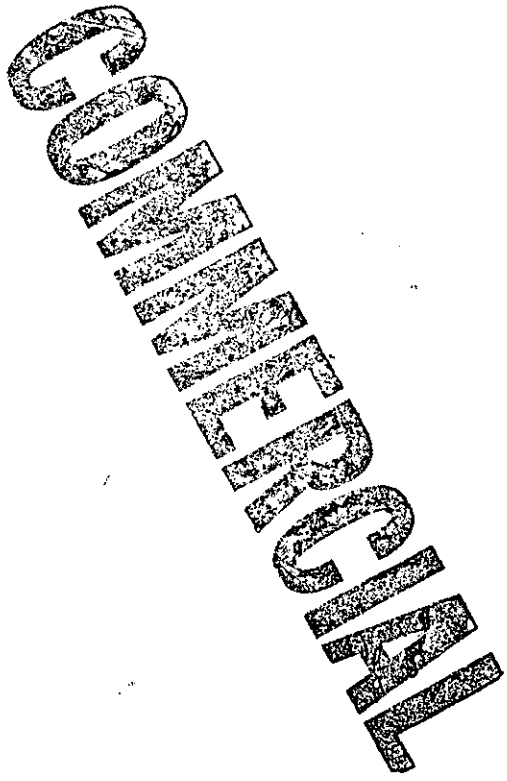
PREPARED BY:

DESIGNER: B. PRICE

PROJECT INFORMATION:

NAME: COMCAST
NUMBER: 075-743
LOCATION: COMPUTER ROOM & CLOSET
ACCOUNT:
DESCRIPTION:

FILE NAME: c:\flow\075-743.prj
LAST TIME CALCULATED: Jun 29, 1998 11:08 AM



KIDDE CL[illegible] AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

ENCLOSURE INFORMATION

ENCLOSURE NUMBER 1
ENCLOSURE NAME COMPUTER ROOM

MINIMUM DESIGN CONCENTRATION	7.00	%
ADJUSTED DESIGN CONCENTRATION	7.20	%
PREDICTED CONCENTRATION	7.19	%
MINIMUM ENCLOSURE TEMPERATURE	68.0	F
MAXIMUM ENCLOSURE TEMPERTATURE	72.0	F
ELEVATION ABOVE SEA LEVEL	50	ft
ENCLOSURE VOLUME	3345	cubic feet
NON-PERMEABLE VOLUME	0	cubic feet
NUMBER OF NOZZLES	1	
AGENT REQUIRED	118.2	lbs

ENCLOSURE NUMBER 2
ENCLOSURE NAME ELECTRICAL CLOSET

MINIMUM DESIGN CONCENTRATION	7.00	%
ADJUSTED DESIGN CONCENTRATION	7.20	%
PREDICTED CONCENTRATION	7.33	%
MINIMUM ENCLOSURE TEMPERATURE	68.0	F
MAXIMUM ENCLOSURE TEMPERTATURE	72.0	F
ELEVATION ABOVE SEA LEVEL	50	ft
ENCLOSURE VOLUME	458	cubic feet
NON-PERMEABLE VOLUME	0	cubic feet
NUMBER OF NOZZLES	1	
AGENT REQUIRED	16.2	lbs

KIDDE CI AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

CONTAINER INFORMATION

CONTAINER SIZE	200 lb.	
CONTAINER TYPE	Vertical	
CONTAINER PART NUMBER	90-100200-001	
NUMBER OF CONTAINERS	1	
AGENT NAME	FM-200	
AMOUNT PER CONTAINER	134.3	lbs
FILL DENSITY	46.987	lbs / cubic feet
HEIGHT OF CONTAINERS	43.6	inches
FLOOR AREA CONTAINERS	1.01	square feet
TOTAL WEIGHT	275	lbs
FLOOR LOADING	273	lbs / square feet

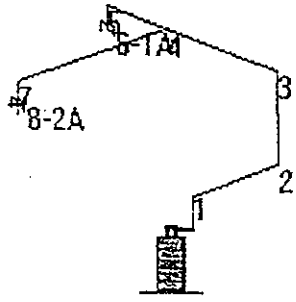
KIDDE CLEAN AGENT FLOW CALCS - Version K2.10

Licensed to : KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

Distributor: Firemaster Corporate Contract
2684 Lacy Street
Los Angeles,CA. 90031
Rod Caveness

Project: COMCAST
File Name: c:\flow\075-743.prj
Date Calculated: Jun 29, 1998 11:08 AM

Isometric Drawing



KIDDE CI AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

PIPE SPECIFICATIONS

SECTION FROM-TO		TYPE	DIAM.	LENGTH	ELEV	EL 45	EL 90	TEES T	TEES S	VALVE CHCK	VALVE STOP	FLEX LOOP	UN	ADDED	EQUIV TOTAL
0	1	40t	2.000	3.63	3.63										65.0
1	2	40t	1.500	4.67	4.00		1						2	4.3	15.1
2	3	40t	1.500	8.04			1								12.3
3	4	40t	1.500	6.54			1								10.8
4	5	40t	1.250	2.63				1							4.9
5	6	40t	1.250	0.17	-0.17		1								3.9
4	7	40t	0.500	9.71					1						13.1
7	8	40t	0.500	0.17	-0.17		1								1.9

SECTION FROM-TO		EQUIV TOTAL	AGENT REQ.	NOZZLE NZ	NOZZLE ORIFICE	NOZZLE TYPE
0	1	65.0	134.3			
1	2	15.1	134.4			
2	3	12.3	134.4			
3	4	10.8	134.4			
4	5	4.9	118.2			
5	6	3.9	118.2	1A	0.8509	360 Degree
4	7	13.1	16.2			
7	8	1.9	16.2	2A	0.1605	180 Degree

KIDDE CE AGENT FLOW CALCS -.Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

SYSTEM DATA

LAST CALCULATION: Jun 29, 1998 11:08 AM

SYSTEM DISCHARGE TIME: 8.3

PERCENT AGENT IN PIPE: 26.52
PERCENT AGENT BEFORE 1ST TEE: 23.26

ENCLOSURE NUMBER: 1
ENCLOSURE NAME: COMPUTER ROOM

MINIMUM DESIGN CONCENTRATION: 7.00%
ADJUSTED DESIGN CONCENTRATION: 7.20%
PREDICTED CONCENTRATION: 7.2%
MAXIMUM EXPECTED AGENT CONCENTRATION: 7.2% @ 72.0F

NOZZLE	MINIMUM AGENT REQUIRED (lbs)	ADJUSTED AGENT REQUIRED (lbs)	PREDICTED AGENT DELIVERED (lbs)	NOZZLE PRESSURE (AVERAGE) (psig)
1A	114.7	118.2	117.9	157

ENCLOSURE NUMBER: 2
ENCLOSURE NAME: ELECTRICAL CLOSET

MINIMUM DESIGN CONCENTRATION: 7.00%
ADJUSTED DESIGN CONCENTRATION: 7.20%
PREDICTED CONCENTRATION: 7.3%
MAXIMUM EXPECTED AGENT CONCENTRATION: 7.4% @ 72.0F

NOZZLE	MINIMUM AGENT REQUIRED (lbs)	ADJUSTED AGENT REQUIRED (lbs)	PREDICTED AGENT DELIVERED (lbs)	NOZZLE PRESSURE (AVERAGE) (psig)
2A	15.7	16.2	16.5	133

KIDDE CLEAN AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

HARDWARE DATA

CONTAINER

SIZE	TYPE	FILL WEIGHT	FILL DENSITY	QUANTITY	PART #
200 lb.	Vertical	134	47.0	1	90-100200-001

NOZZLE(S)

NOZZLE	TYPE	SIZE	ORIFICE AREA	HOLE DIAMETER	DRILL SIZE	PART #
1A	360 Degree	1.250	0.8509	0.3680	##	90-194026-368
2A	180 Degree	0.500	0.1605	0.1560	##	90-194013-156

PIPE

ITEM	TYPE	SIZE	QUANTITY
PIPE	40t	0.500 inches	9.88 feet
PIPE	40t	1.250 inches	2.80 feet
PIPE	40t	1.500 inches	19.25 feet
UNION	40t	1.500 inches	2 each
ELBOW 90	CLASS 300	0.500 inches	1 each
ELBOW 90	CLASS 300	1.250 inches	1 each
ELBOW 90	CLASS 300	1.500 inches	3 each
TEE	CLASS 300	1.500 inches	1 each

KIDDE CLEAN AGENT FLOW CALCS - Version 1.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT INFORMATION

PREPARED FOR:

NAME: COMCAST
ADDRESS: 751 BRICK BLVD
: BRICK NJ 08732
:

PHONE: 732-935-3492

CONTACT NAME: JOE DIFRANCESCO
CONTACT TITLE: FIREMASTER REP

PREPARED BY:

DESIGNER: B. PRICE

PROJECT INFORMATION:

NAME: COMCAST
NUMBER: 075-743
LOCATION: COMPUTER ROOM & CLOSET
ACCOUNT:
DESCRIPTION:

FILE NAME: c:\flow\075-743.prj
LAST TIME CALCULATED: Jun 29, 1998 11:08 AM

KIDDE CL[illegible] AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1YSA2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

ENCLOSURE INFORMATION

ENCLOSURE NUMBER 1
ENCLOSURE NAME COMPUTER ROOM

MINIMUM DESIGN CONCENTRATION	7.00	%
ADJUSTED DESIGN CONCENTRATION	7.20	%
PREDICTED CONCENTRATION	7.19	%
MINIMUM ENCLOSURE TEMPERATURE	68.0	F
MAXIMUM ENCLOSURE TEMPERTIATURE	72.0	F
ELEVATION ABOVE SEA LEVEL	50	ft
ENCLOSURE VOLUME	3345	cubic feet
NON-PERMEABLE VOLUME	0	cubic feet
NUMBER OF NOZZLES	1	
AGENT REQUIRED	118.2	lbs

ENCLOSURE NUMBER 2
ENCLOSURE NAME ELECTRICAL CLOSET

MINIMUM DESIGN CONCENTRATION	7.00	%
ADJUSTED DESIGN CONCENTRATION	7.20	%
PREDICTED CONCENTRATION	7.33	%
MINIMUM ENCLOSURE TEMPERATURE	68.0	F
MAXIMUM ENCLOSURE TEMPERTIATURE	72.0	F
ELEVATION ABOVE SEA LEVEL	50	ft
ENCLOSURE VOLUME	458	cubic feet
NON-PERMEABLE VOLUME	0	cubic feet
NUMBER OF NOZZLES	1	
AGENT REQUIRED	16.2	lbs

KIDDE CI AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

CONTAINER INFORMATION

CONTAINER SIZE	200 lb.	
CONTAINER TYPE	Vertical	
CONTAINER PART NUMBER	90-100200-001	
NUMBER OF CONTAINERS	1	
AGENT NAME	FM-200	
AMOUNT PER CONTAINER	134.3	lbs
FILL DENSITY	46.987	lbs / cubic feet
HEIGHT OF CONTAINERS	43.6	inches
FLOOR AREA CONTAINERS	1.01	square feet
TOTAL WEIGHT	275	lbs
FLOOR LOADING	273	lbs / square feet

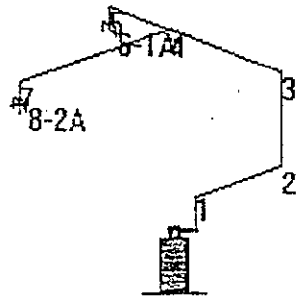
KIDDE CLEAN AGENT FLOW CALCS - Version K2.10

Licensed to : KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

Distributor: Firemaster Corporate Contract
2684 Lacy Street
Los Angeles,CA. 90031
Rod Caveness

Project: COMCAST
File Name: c:\flow\075-743.prj
Date Calculated: Jun 29, 1998 11:08 AM

Isometric Drawing



KIDDE CE AGENT FLOW CALCS - Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

PIPE SPECIFICATIONS

SECTION FROM-TO		TYPE	DIAM.	LENGTH	ELEV	EL 45	EL 90	TEES T	TEES S	VALVE CHCK	VALVE STOP	FLEX LOOP	UN	ADDED	EQUIV TOTAL
0	1	40t	2.000	3.63	3.63										65.0
1	2	40t	1.500	4.67	4.00		1						2	4.3	15.1
2	3	40t	1.500	8.04			1								12.3
3	4	40t	1.500	6.54			1								10.8
4	5	40t	1.250	2.63				1							4.9
5	6	40t	1.250	0.17	-0.17		1								3.9
4	7	40t	0.500	9.71					1						13.1
7	8	40t	0.500	0.17	-0.17		1								1.9

SECTION FROM-TO		EQUIV TOTAL	AGENT REQ.	NOZZLE NZ	NOZZLE ORIFICE	NOZZLE TYPE
0	1	65.0	134.3			
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2	3	12.3	134.4			
3	4	10.8	134.4			
4	5	4.9	118.2			
5	6	3.9	118.2	1A	0.8509	360 Degree
4	7	13.1	16.2			
7	8	1.9	16.2	2A	0.1605	180 Degree

KIDDE CE... AGENT FLOW CALCS -.Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

SYSTEM DATA

LAST CALCULATION: Jun 29, 1998 11:08 AM

SYSTEM DISCHARGE TIME: 8.3

PERCENT AGENT IN PIPE: 26.52
PERCENT AGENT BEFORE 1ST TEE: 23.26

ENCLOSURE NUMBER: 1
ENCLOSURE NAME: COMPUTER ROOM

MINIMUM DESIGN CONCENTRATION: 7.00%
ADJUSTED DESIGN CONCENTRATION: 7.20%
PREDICTED CONCENTRATION: 7.2%
MAXIMUM EXPECTED AGENT CONCENTRATION: 7.2% @ 72.0F

NOZZLE	MINIMUM AGENT REQUIRED (lbs)	ADJUSTED AGENT REQUIRED (lbs)	PREDICTED AGENT DELIVERED (lbs)	NOZZLE PRESSURE (AVERAGE) (psig)
1A	114.7	118.2	117.9	157

ENCLOSURE NUMBER: 2
ENCLOSURE NAME: ELECTRICAL CLOSET

MINIMUM DESIGN CONCENTRATION: 7.00%
ADJUSTED DESIGN CONCENTRATION: 7.20%
PREDICTED CONCENTRATION: 7.3%
MAXIMUM EXPECTED AGENT CONCENTRATION: 7.4% @ 72.0F

NOZZLE	MINIMUM AGENT REQUIRED (lbs)	ADJUSTED AGENT REQUIRED (lbs)	PREDICTED AGENT DELIVERED (lbs)	NOZZLE PRESSURE (AVERAGE) (psig)
2A	15.7	16.2	16.5	133

KIDDE CL AGENT FLOW CALCS ÷ Version K2.10
KIDDE-FENWAL, INC.
UL EX 4674 FMRC File J.I. 1Y5A2.AF Part # 90-190001-210

PROJECT: COMCAST
FILE NAME: c:\flow\075-743.prj

HARDWARE DATA

CONTAINER

SIZE	TYPE	FILL WEIGHT	FILL DENSITY	QUANTITY	PART #
200 lb.	Vertical	134	47.0	1	90-100200-001

NOZZLE(S)

NOZZLE	TYPE	SIZE	ORIFICE AREA	HOLE DIAMETER	DRILL SIZE	PART #
1A	360 Degree	1.250	0.8509	0.3680	##	90-194026-368
2A	180 Degree	0.500	0.1605	0.1560	##	90-194013-156

PIPE

ITEM	TYPE	SIZE	QUANTITY
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PIPE	40t	1.250 inches	2.80 feet
PIPE	40t	1.500 inches	19.25 feet
UNION	40t	1.500 inches	2 each
ELBOW 90	CLASS 300	0.500 inches	1 each
ELBOW 90	CLASS 300	1.250 inches	1 each
ELBOW 90	CLASS 300	1.500 inches	3 each
TEE	CLASS 300	1.500 inches	1 each

FireMaster

MASTER PROTECTION CORPORATION

SERVICE REPORT

☐ 760 Fairfield Avenue
Kenilworth, NJ 07033
(908) 241-2950

☑ 133 Yellowbrook Road
Farmingdale, NJ 07727
(908) 938-3473

SR 15755

TO: COMCAST

751 BRICK BLVD

BRICK NJ. 08723

1/5 1999
DELIVERY DATE

CUSTOMER'S ORDER NO.

☐ OUR TRUCK
☐ DELIVERED
☐ PICKED UP
☐ RETURNED
☐ CUSTOMER LOCATION

☐ NEW INSTALLATION
☐ REPAIR/ADDITION
☐ SERVICE
☐ TROUBLE CALL
☑ INSPECTION FINAL

SYSTEM LEFT INVOICE NO.
☑ IN SERVICE
☐ COMPLETELY
☐ PARTIALLY
☐ OUT OF SERVICE

CONNECTED: ☐ LOCAL ☐ POLICE DEPT. ☐ FIRE DEPT. ☑ LEASE LINE NO. SECURITY ☐ DIALER

SYSTEM TYPE: ☑ DETECTION ☐ HALON ☐ CO^2 ☐ DRY CHEM. ☐ WET CHEM.

OPERATING VOLTAGE: ☐ 120V AC ☑ 24V DC ☐ 12V DC ☐ OTHER

QUAN.	TYPE	SERVICED		QUAN.	TYPE	SERVICED
1	TH 300	PANEL(S)				☐ BELL(S) ☐ HORNS
1	911A	PANEL(S)		1	PANEL	ANNUNCIATOR - INTERNAL
4	DET	ZONES		1	MAIN ENT	ANNUNCIATOR - EXTERNAL
31	SMOKE	☐ DETECTORS	☐ M.P.S.			TYPE OF ACTUATION
7	HEAT	☐ DETECTORS	☐ M.P.S.	3	10Y7A	BATTERIES
5	FIO	☐ DETECTORS	☐ M.P.S.			EQUIPMENT SHUT-DOWN
6	3-4/7	☐ BELL(S)	☒ HORN(S)			

INSPECTION TEST MADE

FINAL INSPECTION
WITH FIRE SUBCODE INSPECTOR - FULL FUNCTION TEST
WITH ADDED MPS + HORN

CONDITION OF EQUIP. AS FOUND

PASSED INSPECTION 1/5/99
WITNESS IT

REPAIRS MADE

SYSTEM RESET + CLEAR

RECORD OF AGENT STORAGE CONTAINER

TARE WEIGHT	GROSS WEIGHT	NET WEIGHT	P.S.I.	LATEST TEST DATE

TYPE OF EQUIPMENT

FIRE SYSTEM(S)

THIS CERTIFIES that the above equipment was inspected and/or serviced per applicable codes and regulations.

BY:

A copy of this report must be sent to the local enforcing agency per N.J. FIRE SAFETY CODE.

CUSTOMER'S AUTHORIZED SIGNATURE