BLOCK 1170 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 07-0151

Called 1/14

CONSTRUCTION PERMIT APPLICATION

C78-10

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

I. IDENTIFICATION

1. Propsed Work Site at: 425 Jack Martin Blvd Brick NJ 08724
2. Name of Owner in Fee: Meridian Hospitals Corp Tel. (732) 840-3290
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Systems Sales Corp Tel. (732) 751-0600
   Address 1345 Campus Parkway Neptune NJ 07753
   License No. OR, if new home, Builder Reg. No. P00525 Exp. Date _____
   Federal Employee No. 22-2359665 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work S. Anderson
   Tel. (732) 921-6370 FAX (_____) _____

Horns/Strobes (old Hospital)

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		2	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	72	

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	725				1504		1-24-08		
6. ☐ Plumbing									
7. ☒ Electrical	785				1704		1-28-08		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1510								

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:
3. Change in Use Group, Indicate Former:

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.

(X) Check if contractor.

Agent Name Systems Sales Corp

Address 1345 Campus Parkway

Neptune, NJ 07753

Telephone (732) 751-0600

Signature SMT C

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work

FIRE

Contractor: Systems Sales Corporation
Address: 1345 Campus Parkway
Neptune, NJ 07753
Phone #: 732-751-0600 Cell 732-921-6370
Lis #: P00525
Federal Emp # or SSN 22-2359665

Technical Data

Description of Work: Adding 2 Horn/Strobes

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____

old Hospital

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 425 Jack Martin Blvd, Brick, NJ 08724
Block: 1170 Lot: 18
Owner's Name: Meridian Hospitals Corp
Owner's Mailing Address: 425 Jack Martin Blvd Brick NJ 08724

Phone: (732) 840-3290

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

ELECTRICAL

Contractor: Systems Sales Corp
Address: 1345 Campus Parkway
Neptune, NJ 07753
Phone#: 732-751-0600 732-921-6370
Lis #: P00525
Federal Emp # or SSN 22-2359665

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	2 Horn/Strobe
Total	2
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/01/2008
Control Number
Permit Number 04-0151
Permit Issue Date 01/16/2004
Certificate Number 04-0151

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD ALARM , NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: MERIDIAN HOSPITAL CORP

Owner Address: SAME BRICK NJ 08724-

Telephone: 732/840-3296

Contractor SYSTEMS SALES CORP

Address 1345 CAMPUS PKY NEPTUNE NJ

Telephone: 732/751-0600 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2359665

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use:

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/01/2008 U.C.C. F260 (rev. 08/05)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/16/2004
Control #
Permit # 04-0151

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1170 Lot 18 Qual

Work Site Location 425 JACK MARTIN BLVD
ALARM
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Telephone (732)840-3200

Contractor SYSTEMS SALES CORP
Address 1345 CAMPUS PKY
NEPTUNE, NJ
Telephone (732)751-0600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2359665

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:
ALARM

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	72
Check No.	3749
Cash	
Collected By	JB

01/16/04 3:27PM 000000#6449
**06 SERV.006

#040151	
ELECTRIC	$35.00
FIRE	$35.00
DCA	$2.00
CHECK	$72.00

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 $ 1,650

Construction Official

01/16/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

CCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/06/2004
Date Issued 1/16/04
Control # C78-10
Permit # 04-0151

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

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ALARM
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor SYSTEMS SALES CORP
Address 1345 CAMPUS PKY
NEPTUNE, NJ
Tele.(732)751-0600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2359665

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed I-2
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 825

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 1/7/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/28/08
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other alarm	1-28-08			
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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
2		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

1/7/08 Letr sent per MR

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
BUSCODE

TECHNICAL SECTION

Date Received 01\09\2004
Date Issued
Control # CT8-10
Permit #

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/06/2004
Date Issued 1/16/04
Control # C78-10
Permit # 04-0151

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

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
ALARM
Owner in Fee MERIDIAN HOSPITAL CORP
Address SAME
BRICK, NJ 08724-
Tele.(732)840-3296
Contractor SYSTEMS SALES CORP
Address 1345 CAMPUS PKY
NEPTUNE, NJ
Tele.(732)751-0600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2359665

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed I-2
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 825

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 1-9-04
Approved By: KLP
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-29-04
Approved By: RB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	1-28-04	1-29-04		RB
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			1-29-04	RB
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 (Stamped)

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	2	Call for Price Sheet
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	2	
Other Devices	0	
TOTAL	2	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	35
DCA State Permit Fee	$	1

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

NJ UCCARS S.24E

TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE RD

DIVISION OF INSPECTIONS

Date Received 01/06/2004

Control # CT8-10

Permit #

UCC MEW JERSEY

FIRE PROTECTION

SUBCODE

TECHNICAL SECTION

Need Cert. Report

Systems Sales

1345 CAMPUS PARKWAY · NEPTUNE, NJ 07753-6815
PHONE: 732-751-0600 FAX: 732-751-0489
WEBSITE: WWW.SSCNJ.COM

FAX

To:		**From:**	Amy Wasilewski
Attn:	RON – Fire Inspector	**Email:**	amy.wasilewski@sscnj.com
Phone:		**Pages:**	1 of 8 (Including this cover page)
Fax:	(732)262-8954	**Date:**	1/28/2008
Re:	Brick Hospital	**CC:**	

Ron,

Attached is the most recent NFAP72 done for the entire building at Brick Hospital which is dated 1/10/06. We are currently working on the continuation of the inspection for 2007. We started the inspection in December 2007 and have been on site every week since. Please contact me if more information is needed.

Regards,

Amy Wasilewski
Project Coordinator
Systems Sales Corporation

Systems Sales

Ocean Medical Center Fire Alarm Testing Summary Report

2006 Annual inspection

This inspection was performed in accordance with applicable NFPA standards. Auxiliary functions for elevator control, door control and fan shutdown were tested for proper operation. Resetting of these systems was completed with the assistance of hospital maintenance personnel. The audible visual test was scheduled with facility personnel and performed with their assistance to ensure minimal disturbance to normal operations. Central station operation was also verified during this inspection. Supervisory signals were tested by activating sprinkler tamper switches. Sprinkler water flow switches devices are tested by other vender. The Fire Alarm system was found to be operational and in good working order at the time of inspection.

NFPA 72 FORM
INSPECTION AND TESTING FORM

DATE: 1-2-06—1-10-06
TIME: 1500

SERVICE ORGANIZATION
NAME: Systems Sales Corporation
ADDRESS: 1345 Campus Parkway
Neptune, NJ 07753
REPRESENTATIVE: MJ, BK, RB, BF, AC, WS
PERMIT NO.: P-00525
TELEPHONE: (732) 751 - 0600

PROPERTY NAME (USER)
NAME: Brick Hospital-O.C. Medical Center
ADDRESS: 425 Jack Martin Blvd.
Brick, NJ
OWNER CONTACT: Rich McCann
TELEPHONE: EXT.3126

MONITORING ENTITY
CONTACT: AMCEST
TELEPHONE: 800 – 631 – 7370
MONITORING ACCOUNT REF. NO.: 0370SS

APPROVING AGENCY
CONTACT: N/A
TELEPHONE: N/A

TYPE TRANSMISSION
- ☐ - McCulloh
- ☐ - Multiplex
- ☒ - Digital
- ☐ - Reverse Polarity
- ☐ - RF
- ☐ - Other (Specify)

SERVICE
- ☐ - Acceptance
- ☐ - Monthly
- ☐ - Quarterly
- ☐ - Semiannually
- ☒ - Annually
- ☐ - Other (Specify)

PANEL MANUFACTURER: EST-Edwards Systems Technologies MODEL NO.: EST 3
CIRCUIT STYLES: B
NO. OF CIRCUITS: 9
SOFTWARE REV.: 05.11.17
LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 09/20/05
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: 1-03-06

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
93	B	MANUAL STATIONS
-	-	ION DETECTORS
798	B	PHOTO DETECTORS
153	B	DUCT DETECTORS
82	B	HEAT DETECTORS
26	B	WATERFLOW SWITCHES
44	B	SUPERVISORY SWITCHES
7	B	OTHER (SPECIFY) DTS

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
-	-	BELLS
-	-	HORNS
-	-	CHIMES
ALL	Y	STROBES
-	-	SPEAKERS
ALL	Y	OTHER (SPECIFY) Horn/Strobe Combo

NO. OF ALARM NOTIFICATION APPLICANCE CIRCUITS: 32
ARE CIRCUITS SUPERVISED? ☒ YES ☐ NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
N/A		BUILDING TEMP.
N/A		SITE WATER TEMP.
N/A		SITE WATER LEVEL
N/A		FIRE PUMP POWER
N/A		FIRE PUMP RUNNING
N/A		FIRE PUMP AUTO POSITION
N/A		FIRE PUMP OR PUMP CONTROLLER TROUBLE
N/A		GENERATOR IN AUTO POSITION
N/A		GENERATOR OR CONTROLLER TROUBLE
N/A		SWITCH TRANSFER
N/A		GENERATOR ENGINE RUNNING
N/A		OTHER: (SPECIFY)

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity 9 Style(s) 4

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120VAC , Amps 15

Overcurrent Protection: Type Breaker , Amps 15

Location (Panel Number): Basement Panel E-15

Disconnecting Means Location: Breaker #1

b. Secondary (Standby):

2X12V Storage Battery: Amp-Hr. Rating 28AH

Calculated capacity to operate system, in hours: X 24 60

____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: ____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☒ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify) ____

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 of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	☒	☐	AMCEST	
BUILDING OCCUPANTS	☒	☐	Security	
BUILDING MANAGEMENT	☒	☐	Rich	
OTHER (SPECIFY)	☐	☐	N/A	
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	☐	☐	N/A	

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	☒	☒	
INTERFACE EQUIPMENT	☒	☒	
LAMPS/LEDS	☒	☒	
FUSES	☒	☒	
PRIMARY POWER SUPPLY	☒	☒	
TROUBLE SIGNALS	☒	☒	
DISCONNECT SWITCHES	☒	☒	
GROUND FAULT MONITORING	☒	☒	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	☒		
LOAD VOLTAGE		☒	
DISCHARGE TEST		☒	
CHARGER TEST		☒	
SPECIFIC GRAVITY		☐	N/A
TRANSIENT SUPPRESSORS	☐		N/A
REMOTE ANNUNCIATORS	☒	☒	

NOTIFICATION APPLIANCES

AUDIBLE	☒	☒	
VISUAL	☒	☒	
SPEAKERS	☐	☐	N/A
VOICE CLARITY		☐	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC&S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
761	PSD	☒	☒			☒	☐
112	DD	☒	☒			☒	☐
57	HD	☒	☒			☒	☐
93	MPS	☒	☒			☒	☐
18	WF	☒	☒			☒	☐
31	TS	☒	☒			☒	☐

COMMENTS: Tested accessible devices.

	VISUAL	FUNCTIONAL	COMMENTS
EMERGENCY COMMUNICATIONS EQUIPMENT			
PHONE SET	☐	☐	N/A
PHONE JACKS	☐	☐	N/A
OFF-HOOK INDICATOR	☐	☐	N/A
AMPLIFIER(S)	☐	☐	N/A
TONE GENERATOR(S)	☐	☐	N/A
CALL IN SIGNAL	☐	☐	N/A
SYSTEM PERFORMANCE	☐	☐	N/A

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY) Elevator pri/alt	☒	☒	☒
(SPECIFY) Elevator Shunt	☒	☐	☐
(SPECIFY) AHU Shutdown	☒	☒	☒
SPECIAL HAZARD SYSTEMS			
(SPECIFY) N/A	☐	☐	☐
(SPECIFY) N/A	☐	☐	☐
(SPECIFY) N/A	☐	☐	☐

SPECIAL PROCEDURES: MUST REPORT TO SECURITY AND FILL OUT PROPER FORMS BEFORE TESTING.

COMMENTS: THERE ARE 4 EST-3 PANEL LOCATED THROUGHOUT THE HOSPITAL.

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	☒	☐		
ALARM RESTORAL	☒	☐		
TROUBLE SIGNAL	☒	☐		
TROUBLE RESTORAL	☒	☐		
SUPERVISORY SIGNAL	☒	☐		
SUPERVISORY RESTORAL	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	COMMENTS
BUILDING MANAGEMENT	☒	☐	Rich	
MONITORING AGENCY	☒	☐	Amcest	
BUILDING OCCUPANTS	☒	☐	Security	
OTHER (SPECIFY)	☐	☐	N/A	

THE FOLLOWING DID NOT OPERATE CORRECTLY: SEE LIST AT END OF REPORT.

SYSTEM RESTORED TO NORMAL OPERATION: DATE 1-10-06 TIME 1430

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: W.Sheridan,M.Jazikoff,B.Kuhnen,A.Cordero,R.Brunetti,B.Foukarakis for SSC.

DATE: 1-10-06 TIME: 1500

SIGNATURE: W.Sheridan,M.Jazikoff,B.Kuhnen,A.Cordero,R.Brunetti,B.Foukarakis for SSC.

NAME OF OWNER OR REPRESENTATIVE: Rich McCann

DATE:

SIGNATURE:

Notes

1. LIST OF DEVICES THAT COULD NOT BE LOCATED FOR TESTING BY ADDRESS NUMBER:
   a. Smoke detectors

05030281	04030035	04030036
04030051	04030052	03020096
03020046	01090066	01080027
01080028	01070108	01070057
01070015	01070016	01030120
01030013	01030014	01030015

   b. Duct Detectors

04030045	04030046	04030021
04030023	04030024	03040053
03040054	03040055	03040056
03040057	03040058	03020002
03020003	03020004	03020005
01090081	01090083	01090085
01070032	01070041	01070042
01030039	01030045	

   c. Heat detectors

03040051	01100063	01080112
01070005	01030120	01030143

   d. Water Flows

05030438	05030440	05030138
04030131	01070167	

   e. Tamper Switches

05030439	05030441	05030139
04030132	03040142	03040143
03020156	03020157	03020158
01070168		

2. **LIST OF DEVICES THAT COULD NOT BE ACCESSED FOR TESTING BY ADDRESS NUMBER:**

   a. Smoke Detectors

05030254	05030270	05030273
05030107	05030108	05030111
05030112	03040046	03040020
03020080	03020081	00110076
01100069	01100070	01060111
01060112	01060113	01060079
01060080		

   b. Duct Detectors

05030291	05030292	05030293
01080007	01080008	01080009
01070094	01070095	01070097

01070099	01070020	01070040
01070017	01070018	01060043
01060044	01060058	01060059

c. Heat Detectors

05030255	05030269	05030271
05030272	05030109	05030110
05030113	03040050	03040052
03020068	03020071	01080140
01080141	01080142	01080143
01080144	01060109	01030106
01030018		

d. Water Flows

01030176

e. Tamper Switches

01030177 03020165 (Pre-action System)

3. Could not test devices on floor 4 due to area being under construction

DEFECIENCIES

1. Water Flow address number 01070152 when tested did not report to panel and is leaking from box
2. Water Flow address number 01070154 when tested did not report to panel
3. Tamper Switch address number 01070153 reports to panel as a flow switch
4. The Parking Garage elevator did not operate correctly when alternate recall was tested, it did not go to alternate floor when smoke on first floor was tested.
5. During inspection of Horn/Strobes we found multiple devices on 1st floor that were not functional, these devices are tagged with a Red Dot and need to be replaced.
6. The following is a list of inoperative Horn/Strobe devices found during inspection:
   H/S in ACC Gym-Rehab center by Code Cart
   H/S 1st flr. South Outpatient Radiology hall by MRI
   Horn 1st flr. Hall by Main Entrance-by CT scan room(Hall w/ framed pictures on wall for sale)
   H/S 1st flr. South hall by Employee Pharmacy (Hall w/framed pictures on wall for sale)