BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 05-1258

C15-133637

CONSTRUCTION PERMIT APPLICATION

called 4/5/05 MH

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick medical Center
2. Name of Owner in Fee: Meridian Tel. (___) _____
   Address _____ (street / municipality / zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: SH DATA SITE Tel. (732) 225-4474
   Address 3 FERNWOOD AVE
   License No. OR, if new home, Builder Reg. No. 154706 Exp. Date _____
   Federal Employee No. 22-2914655 FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun STEVE KOWNACKI
   Tel. (908) 565-2738 FAX: (732) 225-4547

Fire Supression

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection		N/A	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	1	
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		220	
13.	TOTAL	$		

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	

COMMERCIAL

OPTIONAL (for office use only)

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		DA	3/29						
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction					4-1-05	DB	11/16/05		
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10625504

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. (X) 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 3/24/05

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 SH DATABITE

Address 3 FERNWOOD AVE
EDISON NJ 08818

Telephone (732) 225 7474

Signature _____

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 04/21/2005
Control # C-05-133637
Permit # 05-1258

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee NORTHERN OCEAN HOSPITAL SYSTEM INC
Address 1350 CAMPUS PARKWAY NEPTUNE NJ 07753

Telephone:

Contractor
Address

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE SUPPRESSION ALTERATIONS

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

Estimated Cost of Work $1,000

Construction Official

04/21/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$219
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$220
Check No.	3387
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

ID # 154706

Date Received 4-21-05
Control # 05-1258
Date Issued
Permit #

COMMERCIAL

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 Qualification Code
Work Site Location BRICK medical Center

Owner in Fee Meridian Health
Address Jack Martin BLVD
Brick NJ

Tel ( )
Contractor SH DATASITE
Address 3 FERNWOOD AVE
EDISON NJ 08818
Tel (732) 225-7474 FAX (732) 22545
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. 22-2944655

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: TELE com Room
Fire Suppression/Standpipe System:
[X] New OR [ ] Existing
Location of Main Control Valve: ____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* ____

Total Cost of Fire Protection Work $ ____

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]
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Rich McCall
John system
Chris - strobe horn

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		1 Base
[ ] 110v Interconnected 24vdc		1 1st floor
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	8	1
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	6	
Other Devices Pull Stations	2	
TOTAL		
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		
FM200 Suppression	2	
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $ 219
Minimum Fee $ 1
State Permit Surcharge Fee $
TOTAL FEE $ 220

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 4-1-05
Approved by: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11-16-05
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			11-16-05	[initials]
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other ____				

(Dates (Month/Day))

U.C.C. F140 (rev. 1/04)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Supervisory : TCC Room
— Alternative Fm 200

Basement Room relocate

Fm 200 supervisory :

1st floor

&

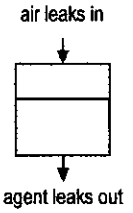
Fm-200 - System 1st floor

for

X Basement adjacent room

PASS/FAIL Enclosure Integrity Report

CleanAgent 2001 retention time prediction program revision 2.3.2. Complies with NFPA 2001 Appendix C, year 2000 edition.
By Retrotec, Inc, 2200 Queen Street, Bellingham, WA USA 98226 360-738-9835 www.retrotec.com
Software Licensed to: ***S/H Datasite Protection Co Inc***



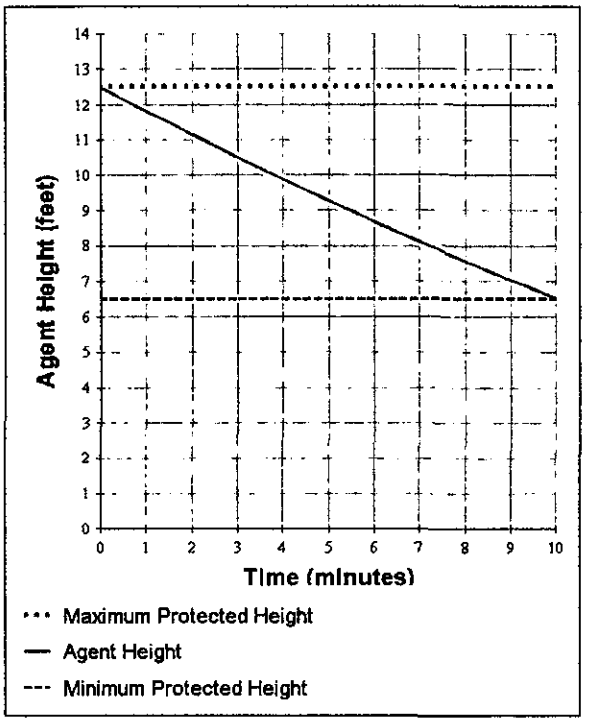
Building, Location ***Ocean Hospital, Brick, New Jersey***
Company, Contact ***Ocean Hospital, Steve***
Room name ***IS Equipment Room*** Test number ***1***
Calibration Certificate # ***524*** Certificate created ***2003/05/05***

Test date/time	***2005/08/22 09:55***	Net protected volume, V	***1,585 cu ft***
Tester	***Robert Bensetler***	Maximum protected height, H_O	***12.50 ft***
Certified to Level:	***2 - Single fan NFPA room test***	Minimum protected height, H	***6.50 ft***
Signature	.....	Static during retention, P_{SH}	***0.0 Pa***
Elevation above sea level	***0 ft***	Operating temperature	***70 °F***
Correction method	***NFPA 2001 (2000) Formula A-3-5.3.3***	Initial concentration, C	***4.76%***
Correction factor	***1.00***	Mixing during retention	***No***
Agent	***FM200 (HFC227ea)***	Agent quantity	***36 lb***
Total room leakage, **ELA**	***0.52 sq ft***	Minimum concentration, C_F	***4.76%***
Lower Leakage, **BCLA**	***0.26 sq ft***	Minimum retention time	***10.0 minutes***

Below ceiling leakage defaulting to worst case -- 50% of total leakage.

This enclosure was tested in compliance with NFPA 2001 and 12A. Assuming no continual mixing during the retention period, enclosure leakage could allow sufficient agent to be lost to cause an air/agent interface to descend from a Maximum Protected Height of ***12.50 ft*** to the Minimum Protected Height specified of ***6.50 ft.*** The retention time would then be ***10.1 minutes***, which exceeds the minimum retention time of ***10 minutes.*** The enclosure therefore **passes** this acceptance procedure.

Notes



Witnesses

DOOR FAN TEST -- Total Room Leakage Data

CleanAgent 2001 retention time prediction program revision 2.3.2. Complies with NFPA 2001 Appendix C, year 2000 edition.
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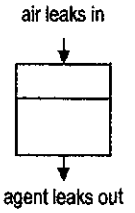

Building, Location ***Ocean Hospital, Brick, New Jersey***
Company, Contact ***Ocean Hospital, Steve***
Room name ***IS Equipment Room*** Test number ***1***
Calibration Certificate # ***524*** Certificate created **2003/05/05**

Total Room Leakage

Operator Out of the room Smoke moves out of the room Temperature during test (°F)
Static pressure 0 Pa 70 inside 70 outside

Depressurization		Range for room pressures: -10.8 to -13.8
Blower range	Room pressure	-15*
	Auto corrected RP	-14.5
Range 3	Flow pressure	70
	Auto corrected FP	71.5
	Corrected flow (cu. ft./min.)	-344

* Room pressure is too high. Retention time may be 2% higher than predicted.

Pressurization		Range for room pressures: 10.8 to 13.8
Blower range	Room pressure	17.6*
	Auto corrected RP	17.1
Range 1.4	Flow pressure	130
	Auto corrected FP	133.5
	Corrected flow (cu. ft./min.)	299

* Room pressure is too high. Retention time may be 5% higher than predicted.

	ELA sq. ft.	@Pa	F_A	Slope n	Intercept k_1	Correlation	Standard Error	ELA sq. ft.	@Pa	F
Pressurization	0.57	14.5		0.5000	88.89	NA	NA			
Depressurization	0.46	17.1		0.5000	71.29	NA	NA			
Average	**0.52**	15.8	0.50	0.5000	80.09			**0.52**	10.0	0.50

Lower Leakage

Below ceiling leakage of **0.26** square feet @ 15.8 Pa is the worst case assumption of 50% of the total room leakage.

Technician: ***Robert Bensetler*** Certified to Level: ***2 - Single fan NFPA room test***

Yes Level 1 – Fire enclosure design basics for improving agent retention and passive protection
Yes Level 2 – adds single door fan operation and NFPA clean agent retention time calculations
No Level 3 – adds double door fan operation for Lower Leak measurement
No Level 4 – adds multi-point ISO door fan operation and discharge pressure relief vent

PASS/FAIL Enclosure Integrity Report

CleanAgent 2001 retention time prediction program revision 2.3.2. Complies with NFPA 2001 Appendix C, year 2000 edition.
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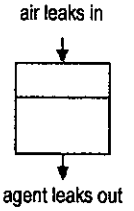


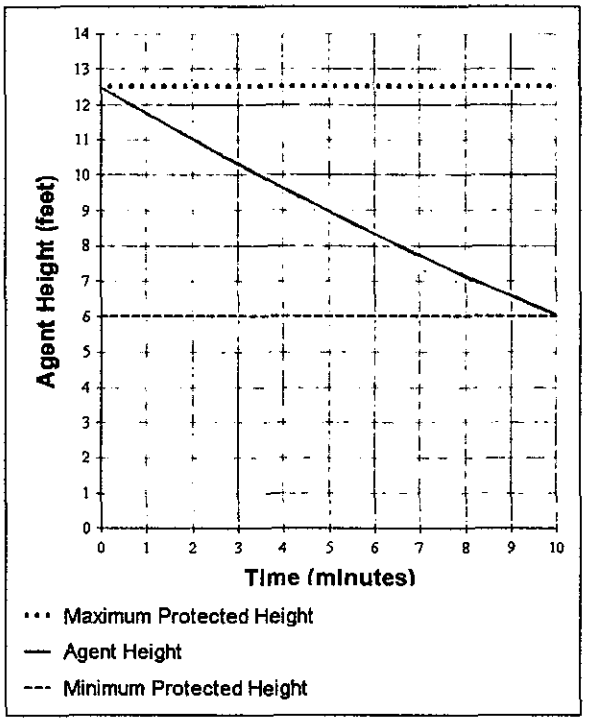
Building, Location ***Ocean Hospital, Brick, New Jersey***
Company, Contact ***Ocean Hospital, Steve***
Room name ***Tel Com Room Basement*** Test number ***1***
Calibration Certificate # ***524*** Certificate created ***2003/05/05***

Test date/time	***2005/08/22 11:55***	Net protected volume, V	***2,854 cu ft***
Tester	***Robert Bensetler***	Maximum protected height, H_o	***12.50 ft***
Certified to Level:	***2 - Single fan NFPA room test***	Minimum protected height, H	***6.00 ft***
Signature	.....	Static during retention, P_{SH}	***0.0 Pa***
Elevation above sea level	***0 ft***	Operating temperature	***70 °F***
Correction method	***NFPA 2001 (2000) Formula A-3-5.3.3***	Initial concentration, C	***5.81%***
Correction factor	***1.00***	Mixing during retention	***No***
Agent	***FM200 (HFC227ea)***	Agent quantity	***80 lb***
Total room leakage, **ELA**	***0.94 sq ft***	Minimum concentration, C_F	***5.81%***
Lower Leakage, **BCLA**	***0.47 sq ft***	Minimum retention time	***10.0 minutes***

Below ceiling leakage defaulting to worst case -- 50% of total leakage.

This enclosure was tested in compliance with NFPA 2001 and 12A. Assuming no continual mixing during the retention period, enclosure leakage could allow sufficient agent to be lost to cause an air/agent interface to descend from a Maximum Protected Height of ***12.50 ft*** to the Minimum Protected Height specified of ***6.00 ft.*** The retention time would then be ***10.1 minutes***, which exceeds the minimum retention time of ***10 minutes.*** The enclosure therefore **passes** this acceptance procedure.

Notes



Witnesses

DOOR FAN TEST -- Graph

CleanAgent 2001 retention time prediction program revision 2.3.2. Complies with NFPA 2001 Appendix C, year 2000 edition.
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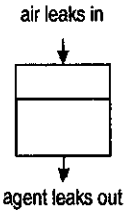
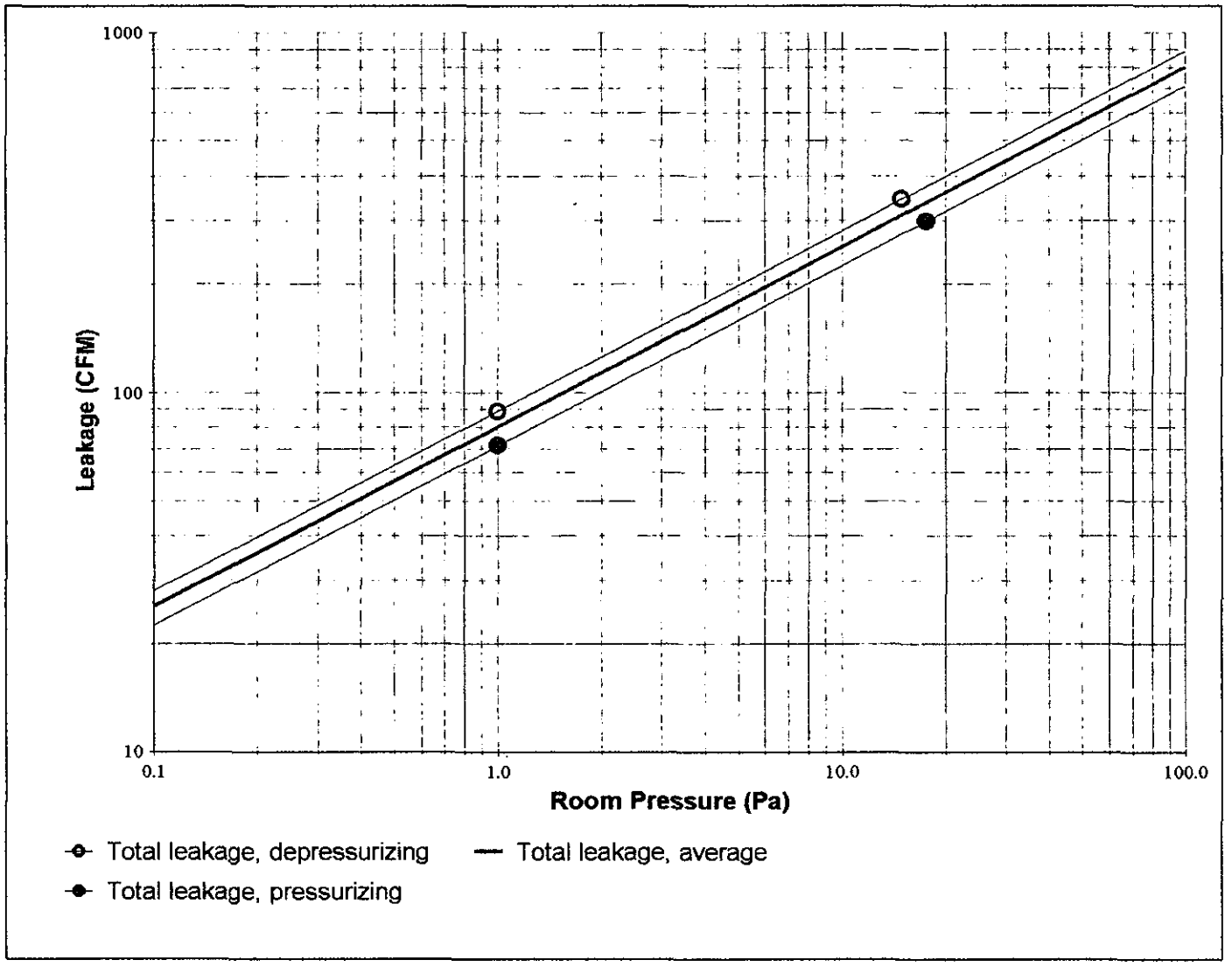
Software Licensed to: ***S/H Datasite Protection Co Inc***



Building, Location ***Ocean Hospital, Brick, New Jersey***
Company, Contact ***Ocean Hospital, Steve***
Room name ***IS Equipment Room*** Test number ***1***
Calibration Certificate # ***524*** Certificate created **2003/05/05**



DOOR FAN TEST -- Total Room Leakage Data

CleanAgent 2001 retention time prediction program revision 2.3.2. Complies with NFPA 2001 Appendix C, year 2000 edition.
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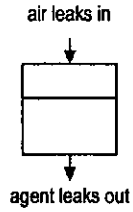

Building, Location ***Ocean Hospital, Brick, New Jersey***
Company, Contact ***Ocean Hospital, Steve***
Room name ***Tel Com Room Basement*** Test number ***1***
Calibration Certificate # ***524*** Certificate created **2003/05/05**

Total Room Leakage

Operator Out of the room Smoke moves out of the roomTemperature during test (°F)
Static pressure 0 Pa 70 inside 70 outside

Depressurization		Range for room pressures: -13.2 to -16.2
Blower range	Room pressure	-18*
	Auto corrected RP	-17.5
Range 3	Flow pressure	205
	Auto corrected FP	208
	Corrected flow (cu. ft./min.)	-607

* Room pressure is too high. Retention time may be 2% higher than predicted.

Pressurization		Range for room pressures: 13.2 to 16.2
Blower range	Room pressure	16
	Auto corrected RP	15.5
Range 3	Flow pressure	175
	Auto corrected FP	178
	Corrected flow (cu. ft./min.)	588

	ELA sq. ft.	@Pa	F_A	Slope n	Intercept k_1	Correlation	Standard Error	ELA sq. ft.	@Pa	F
Pressurization	0.92	17.5		0.5000	143.07	NA	NA			
Depressurization	0.95	15.5		0.5000	146.99	NA	NA			
Average	**0.94**	16.5	0.50	0.5000	145.03			**0.94**	10.0	0.50

Lower Leakage

Below ceiling leakage of **0.47** square feet @ 16.5 Pa is the worst case assumption of 50% of the total room leakage.

Technician: ***Robert Bensetler*** Certified to Level: ***2 - Single fan NFPA room test***

Yes Level 1 – Fire enclosure design basics for improving agent retention and passive protection
Yes Level 2 – adds single door fan operation and NFPA clean agent retention time calculations
No Level 3 – adds double door fan operation for Lower Leak measurement
No Level 4 – adds multi-point ISO door fan operation and discharge pressure relief vent

DOOR FAN TEST -- Graph

CleanAgent 2001 retention time prediction program revision 2.3.2. Complies with NFPA 2001 Appendix C, year 2000 edition.
By Retrotec, Inc, 2200 Queen Street, Bellingham, WA USA 98226 360-738-9835 www.retrotec.com
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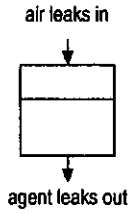

Building, Location ***Ocean Hospital, Brick, New Jersey***
Company, Contact ***Ocean Hospital, Steve***
Room name ***Tel Com Room Basement*** Test number ***1***
Calibration Certificate # ***524*** Certificate created **2003/05/05**