BOROUGH OF CARLSTADT

500 MADISON STREET • P.O. BOX 466
CARLSTADT, N.J. 07072
(201) 939-2850

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 21-00523

Pg 1

SHIP TO

VENDOR # CAM15

VENDOR
CAMPBELL FIRE PROTECTION INC
P O BOX 389
43 CHESTNUT STREET
SUFFERN NY 10901

ORDER DATE 03/24/21
REQUISITION NO
DELIVERY DATE
STATE CONTRACT NO
F.O.B. TERMS

PAYMENT RECORD

CHECK NO.	CHECK DATE
16036	4/21/21
VOUCHER NO.	BUDGET NO. #

BILLS ARE APPROVED AT BOROUGH COUNCIL MEETINGS ON 3RD MONDAY OF EACH MONTH AND MUST BE RENDERED NO LATER THAN THE WEDNESDAY PRECEEDING THE MEETING.

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	INSPECTION F/H SUPPRESSION SYS INV 71947	1-01-26-310-248	211.5000	211.50
			TOTAL	211.50

TAX EXEMPTION NO. 22-600-1704

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.

X Rebekah M Van [illegible]
SIGNATURE OF VENDOR

4-1-21 Office Mgr
DATE OFFICIAL POSITION

223415309
FEDERAL I.D. NO. or SOCIAL SECURITY NO.

APPROVAL FOR PAYMENT

DEPARTMENT COMMISSIONER

FINANCE COMMITTEE

FINANCE COMMITTEE

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts and in the course of regula procedures, I certify that the materials and supplies hav been received or the services rendered, said certification based on delivery slips acknowledged by a municipal offici or employee or other reasonable procedures.

SIGNATURE TITLE

APPROVAL TO PURCHASE

I hereby certify that funds are available and unencumbered

SIGNATURE TITLE

VOUCHER COPY - SIGN AT X AND RETURN TO CHIEF FINANCE OFFICER - SEE REVERSE SIDE

Invoice

CAMPBELL FIRE PROTECTION INC.

P.O. BOX 389
SUFFERN, NY 10901

845-357-1441 Fax# 845-357-1444

DATE	INVOICE #
3/2/2021	71947

BILL TO	JOB SITE
BOROUGH OF CARLSTADT P.O.BOX 466 500 MADISON ST. CARLSTADT NJ 07072	CARLSTADT FIRE DEPARTMENT JEFFERSON STREET CARLSTADT NJ 07072

W.O. #	P.O. #	TERMS	DUE DATE	REP	Vendor #
		Net 30	4/1/2021	MDV	

ITEM	QTY	DESCRIPTION	RATE	AMOUNT
KI	1	KIDDE 4 G SUPPRESSION SYSTEM INSPECTION	145.00	145.00T
FUS360	2	Fusible Links 360	14.50	29.00T
FUS450	1	Fusible Links 450	15.50	15.50T
SE	2	Foil Nozzle Seals	11.00	22.00T

CHM 15
101-24-310-248

We accept Visa, Mastercard and Discover. You may make a secure payment directly through our website at:
www.campbellfire.com

Please indicate invoice# on check payments.

Thank you for choosing Campbell Fire for your fire protection needs!

Subtotal	$211.50
Sales Tax (0.0%)	$0.00
Total	$211.50
Balance Due	$211.50

BOROUGH OF CARLSTADT

500 MADISON STREET • P.O. BOX 466
CARLSTADT, N.J. 07072
(201) 939-2850

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 21-01811

PO 1

SHIP TO

VENDOR VENDOR # CAMLE

CAMPBELL FIRE PROTECTION INC
P.O. BOX 369
46 CHESTNUT STREET
SUFFERN NY 10901

ORDER DATE 09/27/21
REQUISITION NO
DELIVERY DATE
STATE CONTRACT NO
F.O.B. TERMS

PAYMENT RECORD

CHECK NO	CHECK DATE
16749	10/20/21
VOUCHER NO	VENDOR INV #

BILLS ARE APPROVED AT BOROUGH COUNCIL MEETINGS ON 3RD MONDAY OF EACH MONTH AND MUST BE RENDERED NO LATER THAN THE WEDNESDAY PRECEEDING THE MEETING.

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	SERVICE F/H SUPPRESSION SYS INV 74987	1-01-26-310-248	214.5000	214.50
			TOTAL	214.50

TAX EXEMPTION NO. 22-600-1704

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X [signature]
SIGNATURE OF VENDOR

10-5-21 Office Mgr
DATE OFFICIAL POSITION

22-3415309
FEDERAL I.D. NO. or SOCIAL SECURITY NO.

APPROVAL FOR PAYMENT

DEPARTMENT COMMISSIONER

[signature]
FINANCE COMMITTEE

FINANCE COMMITTEE

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts and in the course of regula procedures, I certify that the materials and supplies hav been received or the services rendered; said certification based on delivery slips acknowledged by a municipal offici or employee or other reasonable procedures.

SIGNATURE TITLE

APPROVAL TO PURCHASE

I hereby certify that funds are available and encumbered

[signature]
SIGNATURE TITLE

VOUCHER COPY - SIGN AT X AND RETURN TO CHIEF FINANCE OFFICER - SEE REVERSE SIDE

Invoice

CAMPBELL FIRE PROTECTION INC.

P.O. BOX 389
SUFFERN, NY 10901

845-357-1441 Fax# 845-357-1444

DATE	INVOICE #
9/21/2021	74987

BILL TO	JOB SITE
CARLSTADT FIRE DEPARTMENT 500 MADISON ST. 500 MADISON ST. CARLSTADT NJ 07072	CARLSTADT FIRE DEPARTMENT JEFFERSON STREET CARLSTADT NJ 07072

W.O. #	P.O. #	TERMS	DUE DATE	REP	Vendor #
		Net 30	10/21/2021	MDV	

ITEM	QTY	DESCRIPTION	RATE	AMOUNT
KI	1	Kidde 4g suppression system inspection	155.00	155.00T
FUS360	2	Fusible Links 360	15.50	31.00T
FUS450	1	Fusible Links 450	16.50	16.50T
KP	1	Foil Nozzle Seals	12.00	12.00T

Price reflected on the invoice is for Cash, check or ACH payment. For Credit card payment there is an additional 3% non-cash adjustment applied. We accept Visa, Mastercard and Discover. Please indicate invoice# on all payments.

You may make a secure payment directly through our website at:
www.campbellfire.com

Thank you for choosing Campbell Fire for your fire protection needs!

Subtotal	$214.50
Sales Tax (0.0%)	$0.00
Total	$214.50
Balance Due	$214.50

BOROUGH OF CARLSTADT

500 MADISON STREET • P.O. BOX 466
CARLSTADT, N.J. 07072
(201) 939-2850

Pg 1

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 22-00498

ORDER DATE 03/04/22
REQUISITION NO
DELIVERY DATE
STATE CONTRACT NO
F.O.B. TERMS

SHIP TO

VENDOR # CAM15

VENDOR
CAMPBELL FIRE PROTECTION INC
P O BOX 393
43 CHESTNUT STREET
SUFFERN NY 10901

PAYMENT RECORD

CHECK NO	CHECK DATE
17401	3/16/22
VOUCHER NO	VENDOR INV #

BILLS ARE APPROVED AT BOROUGH COUNCIL MEETINGS ON 3RD MONDAY OF EACH MONTH AND MUST BE RENDERED NO LATER THAN THE WEDNESDAY PRECEEDING THE MEETING.

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	INSPECTION/SERFVICE F/H SUPPRESSION SYSTEM INV 76958	2-01-26-310-248	238.5000	238.50
			TOTAL	238.50

TAX EXEMPTION NO. 22-600-1704

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X Debra Varisco
SIGNATURE OF VENDOR

3-10-22 Office Mgr.
DATE OFFICIAL POSITION

87-2806979
FEDERAL I.D. NO or SOCIAL SECURITY NO

APPROVAL FOR PAYMENT

DEPARTMENT COMMISSIONER

FINANCE COMMITTEE

FINANCE COMMITTEE

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts and in the course of regula procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal officia or employee or other reasonable procedures

SIGNATURE TITLE

APPROVAL TO PURCHASE

I hereby certify that funds are available and encumbered.

SIGNATURE TITLE

VOUCHER COPY - SIGN AT X AND RETURN TO CHIEF FINANCE OFFICER - SEE REVERSE SIDE

INVOICE

76958

REFER TO THIS NUMBER IN ALL CORRESPONDENCE

CAMPBELL FIRE PROTECTION INC.

P.O. Box 389 • Suffern, NY 10901
845-357-1441 • Fax 845-357-1444
www.campbellfire.com

SOLD TO _____

_____

_____ Zip Code

ATTN: _____

JOB SITE _____

_____

_____

JOB PHONE NO. _____ – _____ – _____

TELEPHONE NO. ( )

☐ ANNUAL ☐ SERVICE ☐ RENTAL ☐ EQUIPMENT	CUSTOMER ORDER NO.	BUYERS NAME	DATE STARTED

TERMS **DUE ON RECEIPT**
CERTIFICATION VOID IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS

UNIT PRICE	EXTENSION NON TAX	EXTENSION TAXABLE

Clients
FH Suppression
Inspection

☐ LABOR PER HOUR ☐ MINIMUM SERVICE CHARGE ☐ TRIP CHARGE

REMARKS	QUAN.	PART NO.	DESCRIPTION	UNIT PRICE	EXTENSION NON TAX	EXTENSION TAXABLE

TAXABLE					
TAX					
NON-TAXABLE					
RESALE GOV'T/O.O.S.					
FREIGHT					
TOTAL					

REFILE
MO. _____
YR. _____

HYDROTEST DUE AS REQUIRED
MO. _____
YR. _____

DATE COMPLETED

1. Receipt of copy; customer acknowledges receipt of copy, and that he understands all of this agreement and particularly paragraphs 2–5 on the reverse which set forth company's maximum liability.

TECHNICIAN

ACCEPTED BY AUTHORIZED AGENT OR BUYER

BUYER SHALL PAY SELLER FOR THIS PURCHASE

☐ System is Compliant with NJAC 5:70-3 ☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

SERVICE COMPANY
CAMPBELL FIRE SYSTEMS INC.
P.O. Box 389
43 Chestnut Street
Suffern, NY 10901
845-357-1441
Fax 845-357-1444

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS.

COMPANY	CONTACT	PHONE	FAX
ADDRESS	CITY	STATE / ZIP	CUSTOMER NUMBER
AHJ / FIRE PROTECTION DISTRICT	INSPECTION TYPE ☐ INITIAL ☐ ANNUAL ☐ SEMI-ANNUAL ☐ _____		

Initial Actions / Observations	Y	N	N/A
1 Last Serviced By? _____			
2 Were building personnel notified of the inspection?	☐	☐	☐
3 Was the monitoring company notified?	☐	☐	☐
4 System found charged and functioning at time of technician's arrival?	☐	☐	☐
5 System un-tampered with since last visit?	☐	☐	☐
6 System found to be at proper pressure upon arrival?	☐	☐	☐

Visually Check System	Y	N	N/A
7 Baffle-type filters installed in hood?	☐	☐	☐
8 System [and appliance layout] appear unchanged since last service?	☐	☐	☐
9 Were the nozzle caps in place at time of arrival?	☐	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	☐	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☐	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☐	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☐	☐	☐
14 Nozzle(s) properly positioned over appliances?	☐	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☐	☐	☐
16 Is there a fan warning sign on hood?	☐	☐	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☐	☐	☐

Hazard Inspection	Y	N	N/A
18 Hazard configuration appeared to remained unchanged?	☐	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☐	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☐	☐	☐

System Functional Test	Y	N	N/A
21 System disarmed per manufacturer's recommendations?	☐	☐	☐
22 Mechanical detection line tested and found to operate properly?	☐	☐	☐
23 Proper number and placement of detectors/links?	☐	☐	☐
24 Did the system operate properly from activation of a manual pull station?	☐	☐	☐
25 Gas shut-off valve installed and working properly? (Note location)	☐	☐	☐
26 Replaced links with proper temperature rating?	☐	☐	☐
_____ at _____ Degrees _____ at _____ Degrees			
_____ at _____ Degrees _____ at _____ Degrees			
_____ at _____ Degrees _____ at _____ Degrees			
27 Is the manual reset for electric gas valves operational?	☐	☐	☐
28 Did all electrical appliances shut off upon system operation?	☐	☐	☐
29 Did all gas appliances shut off upon system operation?	☐	☐	☐
30 Did the make-up air shut down?	☐	☐	☐
31 Did the alarm system activate when the system tripped?	☐	☐	☐
32 Did control head(s)/cylinder releasing device(s) operate properly?	☐	☐	☐

Cylinders and Agent	Y	N	N/A
33 Cylinder Pressure_____ psi	☐	☐	☐
34 Hydrostatic test date of cylinder checked. Due:_____	☐	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	☐	☐	☐
36 Are all cylinders securely mounted?	☐	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight _____	☐	☐	☐
	☐	☐	☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

System Reactivation	Y	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?	☐	☐	☐
39 Detection [link] line has proper tensioning?	☐	☐	☐
40 Was the control head reset?	☐	☐	☐
41 Were all fuel sources and power restored?	☐	☐	☐
42 Were all pilot lights supplied by the gas valve relit?	☐	☐	☐
43 Microswitch/relay(s) reset – electric appliances "on"?	☐	☐	☐
44 Are all nozzle caps in place?	☐	☐	☐
45 Were all filters reinstalled?	☐	☐	☐
46 Were all cartridges reinstalled? (if applicable)	☐	☐	☐
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☐

Final	Y	N	N/A
48 Operator's manual on site?	☐	☐	☐
49 Class K portable extinguisher available and properly serviced?	☐	☐	☐
50 Remote manual release free from obstructions & operable?	☐	☐	☐
51 Has the system been placed back in service?	☐	☐	☐
52 Monitoring company notified that the system is back in full service?	☐	☐	☐
53 Were building personnel notified of the system condition?	☐	☐	☐
54 Have you received a signature from the building personnel?	☐	☐	☐
55 Inspection tag affixed to system?	☐	☐	☐

Description of Deficiencies

Comments and Recommendations

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ **A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.**

Authorized Customer Representative

SIGNATURE: _____

PRINT NAME: _____

Authorized Company Representative

SIGNATURE: _____

PRINT NAME: _____

CERTIFICATION NUMBER _____

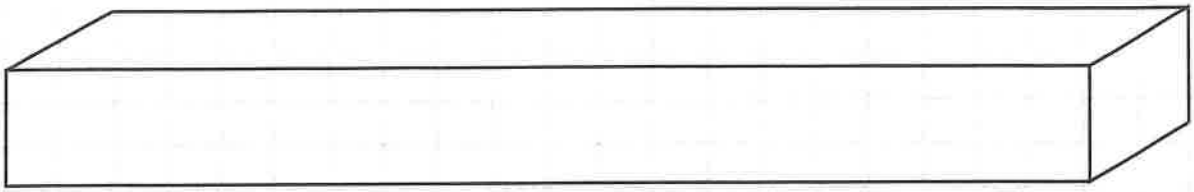
KITCHEN SYSTEM REPORT - PAGE 3

COMPANY	CONTACT	PHONE	FAX

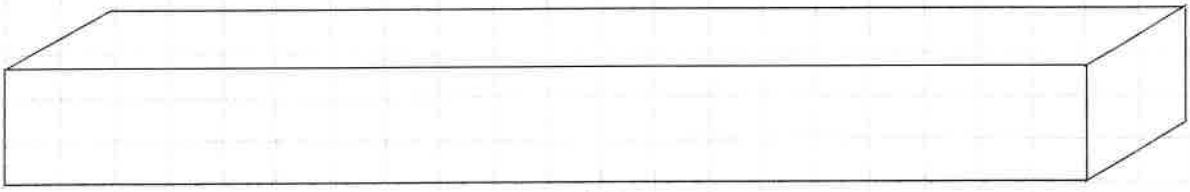
ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

Hood Size: _____

Duct Quantity & Size : _____



Label All Appliances



Size _____

Notes / Comments

_____

_____

_____

_____

_____

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes _____ No _____

Nozzle Quantity: Duct _____ Plenum _____ Appliance _____

Remote Pull: Yes _____ No _____ Location _____

Gas Valve: Yes _____ No _____ Size : _____

Gas Valve Style: Electrical _____ Mechanical _____

Gas Valve Location: _____ Type: Release / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

BOROUGH OF CARLSTADT

500 MADISON STREET • P.O. BOX 466
CARLSTADT, N.J. 07072
(201) 939-2850

Pg 1

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 22-00362

ORDER DATE 02/14/22
REQUISITION NO
DELIVERY DATE
STATE CONTRACT NO
F.O.B. TERMS

SHIP TO

VENDOR # MET16

VENDOR
METRO FIRE & SAFETY EQUIP
509 WASHINGTON AVE.
MIJACK COURT
CARLSTADT NJ 07072

PAYMENT RECORD

CHECK NO	CHECK DATE
7451	3/16/22
VOUCHER NO	VENDOR INV #

BILLS ARE APPROVED AT BOROUGH COUNCIL MEETINGS ON 3RD MONDAY OF EACH MONTH AND MUST BE RENDERED NO LATER THAN THE WEDNESDAY PRECEEDING THE MEETING.

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	SERVICE KITCHEN SYS INSPECTION INV SM 43706	2-01-26-310-248	147.0000	147.00
			TOTAL	147.00

TAX EXEMPTION NO. 22-600-1704

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X Kira Espinal
SIGNATURE OF VENDOR

2/1/22 Front desk.
DATE OFFICIAL POSITION

22-3183651
FEDERAL I.D. NO or SOCIAL SECURITY NO

APPROVAL FOR PAYMENT

DEPARTMENT COMMISSIONER

FINANCE COMMITTEE

FINANCE COMMITTEE

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Having knowledge of the facts and in the course of regula procedures, I certify that the materials and supplies hav been received or the services rendered; said certification based on deliver) slips acknowledged by a municipal offici or employee or other reasonable procedures

SIGNATURE TITLE

APPROVAL TO PURCHASE

I hereby certify that funds are available and encumbered

SIGNATURE TITLE

VOUCHER COPY - SIGN AT X AND RETURN TO CHIEF FINANCE OFFICER - SEE REVERSE SIDE

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 43706
Invoice Date: 2/8/2022
Completion Date: 2/8/2022
Technician: Pimentel;John

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Fire House # 1
460 Washington Avenue
Carlstadt, NJ 07072

PO Number:
Alt #:

Division: Systems - Service/Repair
Description: K-Inspection Needed

Terms: 10 Days
Due Date: 2/18/2022

WO#	Item	Description	Qty	Unit Price	Amount
53653					
	Service	K - Pyro Chem PCL-240 W/C Kitchen Sys Inspection	1.00	135.00	135.00
	Parts	360ML Globe 360* Model ML Fusible Li	1.00	12.00	12.00

MET 14
2-01-24 310-288

Subtotal:	147.00
Sales Tax:	0.00
Total Due:	**147.00**

The Fire Safety Professionals Since 1962

BOROUGH OF CARLSTADT

500 MADISON STREET • P.O. BOX 466
CARLSTADT, N.J. 07072
(201) 939-2850

Pg 1

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 22-00189

ORDER DATE 03/03/22
REQUISITION NO
DELIVERY DATE
STATE CONTRACT NO
F.O.B. TERMS

SHIP TO

VENDOR

VENDOR # MET16

METRO FIRE & SAFETY EQUIP
509 WASHINGTON AVE,
MIJACK COURT
CARLSTADT NJ 07072

PAYMENT RECORD

CHECK NO.	CHECK DATE
17593	4/21/22
VOUCHER NO.	VENDOR INV. #

BILLS ARE APPROVED AT BOROUGH COUNCIL MEETINGS ON 3RD MONDAY OF EACH MONTH AND MUST BE RENDERED NO LATER THAN THE WEDNESDAY PRECEEDING THE MEETING

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FIRE EXTINGUISHER INSPECTION AND SERVICE INV SM 44216-44223	2-01-26-310-248	899.0000	899.00
			TOTAL	899.00

TAX EXEMPTION NO. 22-600-1704

CLAIMANT'S CERTIFICATION & DECLARATION

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X Kira Ispenal
SIGNATURE OF VENDOR

3/22/22 Receptionist
DATE OFFICIAL POSITION

223183651
FEDERAL I.D. NO. or SOCIAL SECURITY NO.

APPROVAL FOR PAYMENT

DEPARTMENT COMMISSIONER

FINANCE COMMITTEE

FINANCE COMMITTEE

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts and in the course of regula procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal officia or employee or other reasonable procedures.

SIGNATURE TITLE

APPROVAL TO PURCHASE

I hereby certify that funds are available and encumbered

SIGNATURE TITLE

VOUCHER COPY - SIGN AT X AND RETURN TO CHIEF FINANCE OFFICER - SEE REVERSE SIDE

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44216

Invoice Date: 2/28/2022

Completion Date: 2/24/2022

Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Ambulance Corps.
424 Hackensack Street
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55585					
	Service	E - Fire Extinguisher Inspection	4.00	6.50	26.00

Met 16
201-24-310.248

The Fire Safety Professionals Since 1962

Subtotal:	26.00
Sales Tax:	0.00
Total Due:	**26.00**

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44217

Invoice Date: 2/28/2022
Completion Date: 2/24/2022
Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Civic Center
424 Hackensack Street
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55580					
	Service				
		E - Fire Extinguisher Inspection	2.00	6.50	13.00

The Fire Safety Professionals Since 1962

Subtotal:	13.00
Sales Tax:	0.00
Total Due:	**13.00**

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44218

Invoice Date: 2/28/2022
Completion Date: 2/24/2022
Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt D.P.W.
105 Kero Road
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55586					
	Service				
		E - Fire Extinguisher Inspection	16.00	6.50	104.00

The Fire Safety Professionals Since 1962

Subtotal:	104.00
Sales Tax:	0.00
Total Due:	**104.00**

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44219

Invoice Date: 2/28/2022
Completion Date: 2/24/2022
Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Fire House # 1
460 Washington Avenue
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55587					
	Service				
		E - Fire Extinguisher Inspection	4.00	6.50	26.00
		E - 2.5 Gal Water Recharge	1.00	12.00	12.00
		E - O-Ring	1.00	3.95	3.95
		E - VOS Collar	1.00	2.25	2.25
		E - Hazmat Transportation	1.00	15.00	15.00

The Fire Safety Professionals Since 1962

Subtotal:	59.20
Sales Tax:	0.00
Total Due:	**59.20**

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44220

Invoice Date: 2/28/2022
Completion Date: 2/24/2022
Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Lindbergh Field House
541 Lincoln Street
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55588					
	Service				
		E - Fire Extinguisher Inspection	1.00	6.50	6.50
		E - 10# ABC Dry Chem 6 Year Tear Down	1.00	42.25	42.25
		E - O-Ring	1.00	3.95	3.95
		E - VOS Collar	1.00	2.25	2.25
		E - UN 1044 Compliance Label	1.00	1.60	1.60
		E - Hazmat Transportation	1.00	15.00	15.00

The Fire Safety Professionals Since 1962

Subtotal:	71.55
Sales Tax:	0.00
Total Due:	**71.55**

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44221

Invoice Date: 2/28/2022

Completion Date: 2/24/2022

Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Little League Field
9th Street
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55589					
	Service				
		E - Fire Extinguisher Inspection	4.00	6.50	26.00

The Fire Safety Professionals Since 1962

Subtotal:	26.00
Sales Tax:	0.00
Total Due:	**26.00**

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44222

Invoice Date: 2/28/2022
Completion Date: 2/24/2022
Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Municipal, Police, & Fire Bldg.
500 Madison Street
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55590					
	Service				
		E - Fire Extinguisher Inspection	36.00	6.50	234.00
		E - 2.5 Gal Water Recharge	3.00	12.00	36.00
		E - 11# Halotron 6 Year Tear Down	1.00	92.00	92.00
		E - 10# ABC Dry Chem Recharge	2.00	36.50	73.00
		E - Valve Rebuilt	1.00	22.00	22.00
		E - Valve Stem	3.00	11.50	34.50
		E - O-Ring	5.00	3.95	19.75
		E - Water Gauge	3.00	15.50	46.50
		E - VOS Collar	6.00	2.25	13.50
		E - Hazmat Transportation	1.00	15.00	15.00

Subtotal:	586.25
Sales Tax:	0.00
Total Due:	**586.25**

The Fire Safety Professionals Since 1962

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 44223

Invoice Date: 2/28/2022

Completion Date: 2/24/2022

Technician: Ostuni Jr;Dominick

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Youth Center #3
6th Street
Carlstadt, NJ 07072

Division: Extinguishers - Service/Repair
Description: E-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 3/10/2022

WO#	Item	Description	Qty	Unit Price	Amount
55592					
	Service				
		E - Fire Extinguisher Inspection	2.00	6.50	13.00

The Fire Safety Professionals Since 1962

Subtotal:	13.00
Sales Tax:	0.00
Total Due:	**13.00**

BOROUGH OF CARLSTADT

500 MADISON STREET • P.O. BOX 466
CARLSTADT, N.J. 07072
(201) 939-2850

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 22-00782

ORDER DATE 4/12/22
REQUISITION NO
DELIVERY DATE
STATE CONTRACT NO
F.O.B. TERMS

SHIP TO

VENDOR

VENDOR # METR12

METRO FIRE & SAFETY EQUIP
510 WASHINGTON AVE.
KEARNY COURT
CARLSTADT NJ 07072

PAYMENT RECORD

CHECK NO	CHECK DATE
17593	4/20/22
VOUCHER NO	VENDOR INV #

BILLS ARE APPROVED AT BOROUGH COUNCIL MEETINGS ON 3RD MONDAY OF EACH MONTH AND MUST BE RENDERED NO LATER THAN THE WEDNESDAY PRECEEDING THE MEETING.

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FIRE ALARM INSPECTIONS INV SM45371	2-01-26-310-248	705.0000	705.00
			TOTAL	705.00

TAX EXEMPTION NO. 22-600-1704

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X Lua Espinal
SIGNATURE OF VENDOR

4/18/22 Receptionist
DATE OFFICIAL POSITION

318365 1
FEDERAL I.D. NO. or SOCIAL SECURITY NO.

APPROVAL FOR PAYMENT

DEPARTMENT COMMISSIONER

FINANCE COMMITTEE

FINANCE COMMITTEE

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts and in the course of regula procedures, I certify that the materials and supplies hav been received or the services rendered; said certification i based on delivery slips acknowledged by a municipal officia or employee or other reasonable procedures

SIGNATURE TITLE

APPROVAL TO PURCHASE

I hereby certify that funds are available and encumbered

SIGNATURE TITLE

VOUCHER COPY - SIGN AT X AND RETURN TO CHIEF FINANCE OFFICER - SEE REVERSE SIDE

PURCHASE ORDER REQUISITION

VENDOR	DEPARTMENT	ACTIVITY	REQ. NO.
Metro Fire 509 Washington Ave Carlstadt NJ 07072			
	VENDOR NO	P.O. NO.	DATE 4/11/22

ITEM	QUANTITY	DESCRIPTION	ACCOUNT	COST
1		Fire Alarm Inspection		
2		for Boro Hall		$125.00
3				
4		Fuel Surcharge		$10.00
5				
6		Dated 3/25/22 Inv. SM45271		
7				
8				
9				
10				
11				
12				
13				
14				
			TOTAL:	$705.00

Met 14
20-24-310-248

MAYOR/COMMISSIONER APPROVAL

4/20/22 _____
DATE SIGNATURE

DEPARTMENTAL CERTIFICATION

_____ _____
DATE DEPARTMENT HEAD

CERTIFICATION OF FUNDS

4/12/22 _____
DATE SIGNATURE
CMFO/TREASURER

BOROUGH OF CARLSTADT
500 MADISON STREET
CARLSTADT, NJ 07072

METRO FIRE & SAFETY EQUIPMENT CO., INC.

509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 45271
Invoice Date: 3/29/2022
Completion Date: 3/25/2022
Technician: Toro; Daniel

Bill To: Carlstadt Borough Hall
500 Madison Street
Attn: Paul Richie
Carlstadt, NJ 07072

Service At: Carlstadt Municipal, Police, & Fire Bldg.
500 Madison Street
Carlstadt, NJ 07072

Division: Alarms - Service/Repair
Description: A-Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 4/8/2022

WO#	Item	Description	Qty	Unit Price	Amount
57386					
	Service	A - Fire Alarm Inspection (1) Ademco Vista 100 fire alarm system *Note: Panel was in trouble upon arrival; zone 9 located in clerk's office. All heat detectors must be replaced due to age. NAC circuit failed to initiate upon alarm. (2) smoke detectors failed*	1.00	695.00	695.00
		A - Fuel Surcharge	1.00	10.00	10.00

Subtotal:	705.00
Sales Tax:	0.00
Total Due:	**705.00**

The Fire Safety Professionals Since 1962

Report of Inspection / Test

Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

Inspection and Testing Form - Fire Alarm - Fail

Devices	Tested this Inspection	Pass	Fail	Tested YTD	Not Tested YTD	Total
Kitchen Suppression System	0	0	0	0	1	1
Supervisory	0	0	0	0	1	1
Horn Strobe	4	4	0	4	0	4
Strobe	10	10	0	10	0	
Smoke Detector	36	34	2	36	0	
Heat Detector	26	0	26	26	0	
Pull Station	8	4	4	8	0	
Annunciator	1	1	0	1	0	

Report of Inspection / Test

Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

METRO FIRE & SAFETY EQUIPMENT CO., INC.

Monitoring Entity

Contact Name	n/a	Telephone	n/a
Reference Number	n/a	Type Transmission	n/a

Approving Agency

Contact Name	Fire Prevention	Telephone	201-438-4300
Email	n/a	Service Type	N/A

System Type

Control Unit Manufacturer	Ademco	Model Number	Vista 100
Circuit Styles	B	Software Revision	N/A
Date Last Serviced	2022-03-25	Last Date and Software or Configuration was Revised	N/A
Number of Circuits	15		

Power Supply

Main Nominal Voltage	120VAC	Main Nominal Amps	20
Overcurrent Protection	Circuit Breaker	Panel Board Location	Panel B by FACP
Disconnecting Means Location	CB 14	Secondary Standby	2x12vdc
Storage Battery: Amp Hour Rating	7 ah	Calculated Capacity to operate system (Hours)	N/A
Engine-driven generator dedicated to fire alarm system	n/a	Location of fuel storage	n/a
Has Emergency System described in NFPA 70, Article 700	n/a	Has Legally required standby described in NFPA 70, Article 701	N/A
Has Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	N/A		

Report of Inspection / Test
Annual NFPA 72-13

METRO FIRE & SAFETY EQUIPMENT CO., INC.

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

NOTIFICATIONS MADE PRIOR TO ANY TESTING	Yes	No	N/A	Who	Time
Other (Specify)	☑	☐	☐	Carlstadt PD	
AHJ Notified of Any Impairments	☐	☐	☑		
Building Management	☑	☐	☐	Bob	
Monitoring Entity	☐	☐	☑		
Building Occupants	☑	☐	☐		

SYSTEM TESTS AND INSPECTIONS	Visual	Functional	Pass/Fail	Comments
Fuses	N/A	N/A	N/A	
CCU Security Mechanism	N/A	N/A	N/A	
MNS to Fire Alarm Interface	N/A	N/A	N/A	
Isolation Modules	N/A	N/A	N/A	
UPS Power Test	N/A	N/A	N/A	
Supervision	N/A	N/A	N/A	
Ground-Fault Monitoring	N/A	N/A	N/A	
Remote Annunciator	N/A	N/A	N/A	
Trouble Signals	N/A	N/A	N/A	Trouble signal did not show on the annunciator when bell circuits 1 & 2 negatives were removed. Panel did show "low battery" when the leads were disconnected. Panel currently shows a zone 9 trouble in the clerks office.
System Intelligibility - STI	N/A	N/A	N/A	
Functional Test	Yes	Yes	Pass	
Sound Pressure Level- Alarm	N/A	N/A	N/A	
Disconnect Switches	N/A	N/A	N/A	
Sound Pressure Level- Ambient	N/A	N/A	N/A	
Software Backup Performed	N/A	N/A	N/A	
System Intelligibility - CSI	N/A	N/A	N/A	
Prerecorded Message Activation	N/A	N/A	N/A	
Reset/Power down Test	Yes	Yes	Pass	
Lamps/LEDS	Yes	Yes	Pass	

Report of Inspection / Test
Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
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Control Unit	Yes	Yes	Pass	
Prerecorded Message Content	N/A	N/A	N/A	
Other (Specify)	N/A	N/A	N/A	
Power Extender Panels	N/A	N/A	N/A	
Test Backup Software	N/A	N/A	N/A	
Fire Alarm to MNS Interface	N/A	N/A	N/A	
In-building MNS to wide area MNS	N/A	N/A	N/A	
Interface Equipment	N/A	N/A	N/A	
MNS to direct recipient MNS	N/A	N/A	N/A	
Primary Power Supply	Yes	Yes	Pass	
Local Annunciator	Yes	Yes	Pass	Screen works, but is slow & screen looks faded.
SECONDARY POWER	**Visual**	**Functional**	**Pass/Fail**	**Comments**
Discharge Test	Yes	Yes	Pass	
Transient Suppressors	N/A	N/A	N/A	
Battery Condition	Yes	Yes	Pass	
Charger Test	N/A	N/A	N/A	
Load Voltage	Yes	Yes	Pass	
Remote Annunciators	N/A	N/A	N/A	
NOTIFICATION APPLIANCES	**Visual**	**Functional**	**Pass/Fail**	**Comments**
Voice Clarity	N/A	N/A	N/A	
Audible	Yes	Yes	Pass	
Speakers	N/A	N/A	N/A	
Visual	N/A	N/A	N/A	
EMERGENCY COMMUNICATION EQUIPMENT	**Visual**	**Functional**	**Pass/Fail**	**Comments**
System Audibility	N/A	N/A	N/A	
Off-Hook Indicator	N/A	N/A	N/A	
Radio Communication Enhancement System	N/A	N/A	N/A	
Call-in Signal	N/A	N/A	N/A	

Report of Inspection / Test
Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

METRO FIRE & SAFETY EQUIPMENT CO., INC.

Elevator Emergency Communication System	N/A	N/A	N/A	
Phone Jacks	N/A	N/A	N/A	
Tone Generator(s)	N/A	N/A	N/A	
Amplifier(s)	N/A	N/A	N/A	
Phone Set	N/A	N/A	N/A	
Other (Specify)	N/A	N/A	N/A	
System Intelligibility	N/A	N/A	N/A	
System Performance	N/A	N/A	N/A	
Area of Refuge Communication System	N/A	N/A	N/A	
AUXILIARY FUNCTIONS/INTERFACE EQUIPMENT/SPECIAL HAZARDS	**Visual**	**Functional**	**Pass/Fail**	**Comments**
Elevator Shunt-Trip	N/A	N/A	N/A	
Door-Releasing Devices	N/A	N/A	N/A	
Elevator Recall	N/A	N/A	N/A	
Smoke Management/Smoke Control	N/A	N/A	N/A	
Smoke Shutter Release	N/A	N/A	N/A	
Door Unlocking	N/A	N/A	N/A	
MNS Override of FA signals	N/A	N/A	N/A	
Other (Specify)	N/A	N/A	N/A	
Fan Shutdown	N/A	N/A	N/A	
Smoke Damper Operation	N/A	N/A	N/A	

SUPERVISING STATION MONITORING	**Yes**	**No**	**N/A**	**Who**	**Time**
Alarm Restoration	☐	☐	☑		
Alarm Signal	☐	☐	☑		
Trouble Restoral	☐	☐	☑		
Supervisory Signal	☐	☐	☑		
Trouble Signals	☐	☐	☑		
Supervisory Restoration	☐	☐	☑		
NOTIFICATIONS THAT TESTING IS COMPLETE	**Yes**	**No**	**N/A**	**Who**	**Time**

Report of Inspection / Test

Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

Other (Specify)	☑	☐	☐	Carlstadt PD	
AHJ Notified of Any Impairments	☐	☐	☑		
Building Management	☑	☐	☐	Bob	
Monitoring Agency	☐	☐	☑		
Building Occupants	☑	☐	☐		

Report of Inspection / Test
Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
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METRO FIRE & SAFETY EQUIPMENT CO., INC.

INITIATING, SUPERVISORY, AND NOTIFICATION DEVICE TESTS AND INSPECTIONS

Address	Location	Device Type	Factory Setting	Measured Setting	Visual	Functional	Pass/ Fail
	Exit by Fire Department Rec. Rm Z-3	Pull Station			Yes	Yes	Fail (2022-03-25)
	Fire Department Rec. Rm Z-3	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Fire Department Pool Table Room Z-3	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Elevator Machine Room Z-3	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Fire Department Kitchen Z-3	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Fire Department Lower Lobby Z-3	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Lower Level Men's Room Z-3	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Lower Level Men's Room Z-3	Strobe			Yes	Yes	Pass (2022-03-25)
	Lower Level Women's Room Z-3	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Lower Level Women's Room Z-3	Strobe			Yes	Yes	Pass (2022-03-25)
	2nd floor custodial closet	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Exit Door Z-1	Supervisory	Not Tested	Not Tested	Not Tested	Not Tested	Not Tested

Report of Inspection / Test

Annual NFPA 72-13

METRO FIRE & SAFETY EQUIPMENT CO., INC.

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

Address	Location	Device Type	Factory Setting	Measured Setting	Visual	Functional	Pass/ Fail
	Fire Department Communication Room Z-1	Heat Detector			Yes	No	Fail (2022-03-25)
	Boiler Room Z-1	Heat Detector			Yes	No	Fail (2022-03-25)
	Boiler Room Z-1	Horn Strobe			Yes	Yes	Pass (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Singe Garage Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Storage Hallway Z-2	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-1	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Z-1	Heat Detector			Yes	No	Fail (2022-03-25)
	Fire Department Garage Communications room	Pull Station			Yes	Yes	Fail (2022-03-25)
	Main Lobby Boro Hall Z-14	Pull Station			Yes	Yes	Pass (2022-03-25)
	Main Lobby Boro Hall Z-14	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Main Lobby Boro Hall	Horn Strobe			Yes	Yes	Pass (2022-03-25)

Report of Inspection / Test

Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

Address	Location	Device Type	Factory Setting	Measured Setting	Visual	Functional	Pass/ Fail
	Zoning Office Lobby Z-14	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Tax Collection Office Z-14	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Building Inspection Office Z-14	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Building Inspection Office Z-14	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Building Inspection Office Z-14	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Blue Print Room Z-13	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Borough Clerks Office Z-13	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Borough Clerks Office Z-13	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Director's Office Z-13	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Men's Room Main Level Z-15	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Men's Room Main Level	Strobe			Yes	Yes	Pass (2022-03-25)
	2nd floor handicap bathroom	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Women's Room Main Level	Strobe			Yes	Yes	Pass (2022-03-25)
	Hallway Outside Women's Room Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)

Report of Inspection / Test

Annual NFPA 72-13

2022-03-29
Property
Carlstadt Municipal
500 Madison St
Carlstadt nj 07072

Print Date: 2022-03-29

Conducted by: Alarm_1

Metro Fire & Safety
P00111
509 Washington Ave
Carlstadt NJ 07072
201-635-0400
reports@metrofire.com

METRO FIRE & SAFETY EQUIPMENT CO., INC.

Address	Location	Device Type	Factory Setting	Measured Setting	Visual	Functional	Pass/ Fail
	Police Department Desk Hall Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Police Department Desk Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Police Department Desk Exit Z-10	Pull Station			Yes	Yes	Pass (2022-03-25)
	Police Department File Room Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Police Department Men's Locker Room Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Police Department Men's Locker Room	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Police Department Desk	Strobe			Yes	Yes	Pass (2022-03-25)
	Captain's Office Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Squad Room Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Cell Lock-up Room Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	2nd Level Top of Stairs Z-12	Pull Station			Yes	Yes	Pass (2022-03-25)
	2nd Level Main Lobby Z-12	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	2nd Level by Elevator Z-12	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Council Chambers Rear Z-11	Smoke Detector			Yes	No	Fail (2022-03-25)

Report of Inspection / Test

Annual NFPA 72-13

2022-03-29
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Address	Location	Device Type	Factory Setting	Measured Setting	Visual	Functional	Pass/ Fail
	Council Chambers Middle Z-11	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Council Chambers Front Z-11	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Council Chambers	Horn Strobe			Yes	Yes	Pass (2022-03-25)
	Council Chambers Conference Room Z-11	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	2nd Level Lobby by Court Clerk Z-9	Pull Station			Yes	Yes	Pass (2022-03-25)
	2nd Level Lobby by Court Clerk	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	2nd Level Restroom Z-9 (EOL)	Horn Strobe			Yes	Yes	Pass (2022-03-25)
	Women's Room Main Level Z-15	Heat Detector			Yes	Yes	Fail (2022-03-25)
	Police Department Exit Z-10	Smoke Detector			Yes	Yes	Pass (2022-03-25)
	Police Department Exit Z-10	Pull Station			Yes	Yes	Fail (2022-03-25)
	Police Department Men's Locker	Strobe			Yes	Yes	Pass (2022-03-25)
	2nd Level Restroom	Strobe			Yes	Yes	Pass (2022-03-25)
	2nd Level Rear Hall by REstroom Z-9	Smoke Detector			Yes	No	Fail (2022-03-25)
	2nd Level Women's Restroom Z-9	Heat Detector			Yes	Yes	Fail (2022-03-25)
	2nd Level Women's Restroom	Strobe			Yes	Yes	Pass (2022-03-25)