



**CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
ANNUAL CERTIFICATION FOR SPRINKLER / STANDPIPE SYSTEMS**

PROPERTY ADDRESS (BRT Address Required) 2407 S BROAD ST
PHILA, PA 191483508

TESTING CONTRACTOR (Name and Address) CINTAS FIRE PROTECTION
1030 CONSHOHOCKEN RD CONSHOHOCKEN, PA 19428 License No. _____

ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

A. OWNER'S SECTION (TO BE COMPLETED BY THE PROPERTY OWNER OR AGENT) EXPLAIN ALL NO ANSWERS, EXCEPT AS NOTED

	Y	N		Y	N
1. Is the building occupied?	X		5. Have there been any modifications to the system(s) since the last certification? (If yes, explain)		X
2. Has the building occupancy, hazard, or floor layout changed since the last certification? (If yes, explain)		X	6. Was there any action or alarm since the last certification? (If yes, explain)		X
3. Are all systems in service?	X		7. Does this certification cover all fire sprinkler and standpipe systems in the building?	X	
4. Are test reports and Annual Certifications kept on site?	X				

OWNER/AGENT SIGNATURE PRINT NAME Jim

NOTIFY THE PHILADELPHIA FIRE DEPARTMENT AT 215-922-6000 BEFORE TESTS — OUT-OF-SERVICE OPERATOR # - IN-SERVICE OPERATOR # -

B. CERTIFICATE HOLDER'S SECTION (ALL TESTS SHALL BE IN ACCORDANCE WITH THE PHILADELPHIA FIRE CODE AND NFPA 25)

No. of Wet Systems: 2 Make: Central No. of Dry Systems: 0 Make: NA

Model: G Model: NA

	Y	N	NA		Y	N	NA
8. Were sprinklers in good condition and free of obstruction?	X			25. Were dry pipe system low point drains properly drained?			X
9. Were spare sprinklers and wrenches available?		X		26. Was air pressure on dry pipe systems adequate?			X
10. Were areas protected by wet systems properly heated?	X			27. Were dry pipe valve tests conducted with quick operating devices (QOD)?			X
11. Were heads free of accumulation in spray areas?			X	28. Were tests of QOD's satisfactory?			X
12. Were hydraulic nameplates in place on risers?		X		29. Were dry valves trip tested, results recorded, and left at site?			X
13. Were alarm devices provided and in good condition?		X		30. Were dry valves full flow tested, recorded and left at the site (3-year test — 2008-2011-2014)			X
14. Do any sprinklers need to be tested or replaced? (If yes, explain)		X		31. Were air maintenance devices on dry systems tested satisfactorily?			X
15. Were all sprinkler pipes and fittings in good condition?	X			32. Were dry pipe valve rooms properly heated?			X
16. Were gauges on all systems in good condition, indicating the proper pressure? (tested or replaced every 5 years)	X			33. Do air pressure relief valves have the proper rating?			X
17. Were all waterflow alarm devices tested satisfactorily?		X		34. Were PRV valves opened fully and verified that the pump was running?			X
18. Were main drains tested on all systems, results recorded, and left at the site?	X			35. Were results of full flow tests on pressure regulating valves recorded and left at the site? (5-year test — 2010-2015-2020)			X
19. Were there any changes in drain tests from last year? (If yes, explain)		X		36. Were valves in proper open or closed position, and properly supervised?	X		
20. DRAIN TEST: Location: Main Size: 2" Before: 45 Flow: 40 pump off After: 45	X			37. Were valves protected from damage, accessible & operable?	X		
21. Were hangers in good condition and securely attached to structure and piping?	X			38. Were low air pressure alarms on dry systems tested satisfactorily?			X
22. Was the type of antifreeze agent listed on the tag?			X	39. Were deluge/preaction valves trip tested by detector satisfactorily and results left at the site?			X
23. Were the specific gravity test results for antifreeze systems acceptable?			X				
24. Were downstream pressures on pressure reducing valves satisfactory?			X				

B. CERTIFICATE HOLDER'S SECTION CONTINUED

	Y	N	NA		Y	N	NA
40. Were the preaction system supervisory air pressures correct?			X	45. Were backflow preventers tested per the Plumbing Code?	X		
41. Were strainers checked and cleaned?			X	46. Were there Omega sprinklers on the system? (If yes, describe how many and their location)		X	
42. Were check valves given their 5-year maintenance? (Year 2010-2015-2020)			X	47. Were there O-ring voluntary recall sprinklers on the system? (If yes, describe how many and their location)		X	
43. Was the sprinkler piping given its 5-year internal inspection (Year 2010-2015-2020)			X	48. Were there Star ME-1 recall sprinklers on the system? (If yes, describe how many and their location)		X	
44. Were backflow preventers operational?	X			49. Were there any other sprinklers on the system that have been recalled? (If yes, describe type, how many and their location)		X	

No. of Control Valves 16 Type OS and Y

Open: Yes X No Secured: Yes X No Closed: Yes No X Signs Yes X No Condition Ok

C. FIRE DEPARTMENT CONNECTIONS

50. Were Fire Department connections visible and accessible with caps and plugs in place?	X			52. Were automatic drain valves/ball drips operating?	X		
51. Were proper signs in place per the Philadelphia Fire Code?	X			53. Was piping backflushed?			X

D. STANDPIPES: Yes No **TYPE:** Wet Dry

Class and Quantity of each: Class I Class II Class III

1. Static pressure at gauge: psi 2. Flow condition at highest outlet: gpm (Every 5 years — 2005-2010-2015...)

54. Were fittings and piping in good condition?				62. Were hose threads correct to national standard?			
55. Were supports and hangers in good condition and well secured to piping and structure?				63. Were hose cabinet doors, glazing and latches in good condition?			
56. Were hose valve outlets free of damage and obstruction?				64. Were hose cabinets identified, free of obstructions and accessible?			
57. Were valve handles in place?				65. Were hoses removed, inspected and re-racked?			
58. Were outlet caps and gaskets in place?				66. Were hose test dates current? (Maximum 3 years, 5 years if new)			
59. Were restricting devices in proper locations?				67. Were hose nozzles and gaskets in place?			
60. Were pressure regulating valves properly set?				68. Were hose nozzles operable and free of obstruction?			
61. Was a full flow test conducted by a method resulting in a documented minimum flow of 250 gallons and a minimum rate of 250 gpm (5-year test — 2010-2015-2020)				69. Were dry standpipes given their hydrostatic test? (5-year test — 2010-2015-2020)			

E. FIRE PUMP: Yes No

TYPE: Diesel Electric

70. Were fire pumps flow tested with the results recorded and left at the site?	X			77. Were pump controllers functioning properly and left in automatic mode?	X		
71. Did fire pumps operate per specification at churn, 100% and 150% flow?	X			78. Were batteries and cables in good condition?			X
72. Were all relief valves functioning properly?	X			79. Were fuel tanks full?			X
73. Were packing glands adjusted?	X			80. Was pump room ventilation operating properly?			X
74. Were motor and pump bearings lubricated?			X	81. Were exhaust systems in good condition and properly insulated?			X
75. Were pump alarms functioning properly?	X			82. Where the fire pump is connected to standby power, was the automatic transfer switch tested			X
76. Were engine coolant systems operating satisfactorily?			X				

COMMENTS:

ATTACH ADDITIONAL SHEETS IF NECESSARY, INCLUDE FIRE PUMP TEST RESULTS

WERE ALL WATERFLOW ALARM DEVICES TESTED SATISFACTORILY? - **2 ND FLOOR OUTSIDE WOMENS ROOM TOP OF ELAVTOR SHAFT TAM
PER AND 1" WATER FLOW SWITCH NOT REPORTING TO TO PANEL NEED ALARM TECH TO TROUBLE SHOOT .**; WERE HYDRAULIC NAMEPLA
TES IN PLACE ON RISERS? - **NO CALCULATION DATA PLATES CUSTOMER MUST DISPLAY AT RISER OR HAVE SPRINKLER ENGINEER DO
SO.**; WERE SPARE SPRINKLERS AND WRENCHES AVAILABLE? - **ADDITIONAL SPARE HEADS AND WRENCHES NEEDED.**; WERE ALARM
DEVICES PROVIDED AND IN GOOD CONDITION? - **WATER FLOW AND TAMPER NOT REPORTING**





CERTIFICATE HOLDER'S NAME (PRINT AND SIGN) DAVID ROACH 00D4739

EMAIL ADDRESS _____

TEST DATE 3/28/2024

PHONE NUMBER _____

CERTIFICATE NUMBER _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD		CITY OF PHILADELPHIA PHILADELPHIA WATER DEPARTMENT			
THIS FORM (79-770) MUST BE COMPLETED BY A CITY CERTIFIED TECHNICIAN					
I. GENERAL INFORMATION		Orientation Horizontal	ACCOUNT OR METER # -		
NAME OF FACILITY STRING THEORY SCHOOLS	ADDRESS 2407 S BROAD ST PHILA, PA		ZIP 191483508		
CONTACT PERSON AT FACILITY STRING THEORY SCHOOLS		TITLE Maintenance	TELEPHONE NO. 2673344222		
LOCATION OF ASSEMBLY Basement Sprinkler system		DATE OF INSTALLATION 04/02/1999	INCOMING LINE PRESSURE 50		
MANUFACTURER Ames	MODEL 2000 SS	SERIAL NUMBER 2A01296	SIZE 4"	<input type="checkbox"/> DS <input checked="" type="checkbox"/> FS	<input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV
II. TEST INSTRUMENT CALIBRATION INFORMATION					
TYPE OF INSTRUMENT Gage it		MODEL A3	SERIAL NUMBER 592906	PURCHASE DATE 5/17/2023	
CALIBRATED BY Gage it Inc			TELEPHONE NO. 800-869-7294		
REGISTRATION NO. 171764		CALIBRATED ON 5/17/2023		NEXT CALIBRATION DUE 5/17/2024	
III. TESTS & REPAIRS INFORMATION					
INITIAL TEST	CHECK VALVE NUMBER 1		CHECK VALVE NUMBER 2		DIFFERENTIAL PRESSURE RELIEF VALVE
	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS : 1.2 PSID		<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS : 1.8 PSID		<input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN
* REPAIRS	<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:		<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:		<input type="checkbox"/> CLEANED REPAIRED: <input type="checkbox"/> RUBBER <input type="checkbox"/> SPRING PARTS KIT <input type="checkbox"/> STEM / <input type="checkbox"/> CV ASSEMBLY GUIDE <input type="checkbox"/> DISC <input type="checkbox"/> RETAINER <input type="checkbox"/> O - RINGS <input type="checkbox"/> LOCKNUTS <input type="checkbox"/> SEAT <input type="checkbox"/> OTHER:
	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID		<input type="checkbox"/> CLOSED TIGHT AT _____PSID		<input type="checkbox"/> OPENED AT _____ PSID
CONDITION OF NO. 2 CONTROL VALVE : <input checked="" type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED					
REMARKS : <input type="checkbox"/> ASSEMBLY FAILED <input checked="" type="checkbox"/> ASSEMBLY PASSED <input checked="" type="checkbox"/> CUSTOMER INFORMED					
*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS					
IV. APPROVALS					
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY					
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TECHNICIAN (PRINT) DAVID ROACH 00D4739		BUSINESS TELEPHONE NO. 6102331400		WITNESS TO ASSEMBLY TEST Jim	
INITIAL TEST	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH. 	CERTIFIED TECH. NO. 31131	DATE 03/28/2024	TELEPHONE NO. OF WITNESS 267-251-7050	
REPAIRS	SIGNATURE OF REPAIRER 	CERTIFIED TECH. NO. 31131	DATE 03/28/2024	SEND COMPLETED FORMS TO: PWD INDUSTRIAL WASTE & BACKFLOW COMPLIANCE 9001 STATE ROAD PHILADELPHIA, PA 19136 TELE: (215) 685-8068 FAX: (215) 333-9453 E-mail: CCC.BLS@PHILA.GOV	
FINAL TEST	SIGNATURE OF FINAL CERT. BACKFLOW PREV. ASSEMBLY TECH. 	CERTIFIED TECH. NO. 31131	DATE 03/28/2024		
SIGNATURE OF LICENSED TECHNICIAN 		CERTIFIED TECH. NO. 31131	DATE 03/28/2024		

Annual Fire Pump Flow Test

CINTAS FIRE PROTECTION

1030 CONSHOHOCKEN RD
CONSHOHOCKEN, PA 19428
USA
19428



READY FOR THE WORKDAY™

Customer	Inspection Location
STRING THEORY SCHOOLS	STRING THEORY SCHOOLS 00D4748447
2407 S BROAD ST	2407 S BROAD ST
PHILA, PA 191483508	PHILA, PA 191483508
Phone: 2673344222 Fax:	Phone: 2673344222 Fax:
Inspection Date: 03/28/2024	

Flow Test Results

The results of the fire pump test indicate pump is within 5% of the rated PSI/GPM readings from the original pump curve or fire pump nameplate.

Electric Fire Pump Voltage and Amperage Tests not performed in accordance with

NFPA TIA #1287

Inspection performed in accordance with
NFPA 25 Standard for Inspection, Test, and Maintenance of Water-Based Fire Protection Systems 2014 ed.

Supervisory Devices

Fire Pump Power

Visual inspection verifying unit was free of physical damage. (13.2.8.1)	Pass
Fire Pump Power supervision annunciated properly when tested. (13.2.8.2)	Pass

Fire Pump Running

Visual inspection verifying unit was free of physical damage. (13.2.8.1)	Pass
Fire Pump Running supervision annunciated properly when tested. (13.2.8.2)	Pass

Valves

Circulation Relief Valve

Pump circulation relief valve in open position, not leaking and handwheels in place and not broken. (13.5.1.1)	Pass
Sufficient water flows through valve with pump operating at shutoff pressure. (13.5.6.1.2)	Pass
Pump circulation relief valve closed properly after test completed. (13.5.6.1.3)	Pass

Liability Release Statement:

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.



3/28/24



3/28/24

Customer: Jim

Tech: DAVID ROACH 00D4739

Inspection - Electric Fire Pump

Electric Pump Inspection

Pump suction, discharge and by-pass control valves fully open, and piping free of leaks. (8.2.2(2))	Pass
Suction line pressure gauge reading is within acceptable range. (8.2.2(2c))	Pass
System line pressure gauge reading is within acceptable range. (8.2.2(2d))	Pass
Suction reservoir has required water level & wet pit suction screen in place and unobstructed. (8.2.2(2))	N/A
Waterflow valve in closed position, hose connection valve closed, test valve line free of water. (8.2.2(2))	Pass
Controller pilot light (power on) illuminated (8.2.2(3))	Pass
Oil level in vertical motor sight glass, if available, within acceptable range. (8.2.2(3))	N/A
Power to Jockey pump is provided, if applicable. (8.2.2(3))	Pass
Record pump starting pressure. (8.3.2.9(1a))	60
Record the system suction pressure gauge readings with pump running. (8.3.2.9(1b))	Pass
Time (sec) controller is on first step. (8.3.2.9(2))	1 sec
Time (sec.) for driver to accelerate to full speed. (8.3.2.9(2))	2
Record time pump runs after starting (for auto stop controller). (8.3.2.9(2))	10
Record the discharge pressure gauge readings with pump running. (8.3.2.9(1b))	95
With pump running, check for slight discharge from packing glands; Pump free from any unusual noise or vibration. (8.3.2.9(1))	Pass
Packing boxes, bearing, or pump casing maintain an acceptable temperature during the test. (8.3.2.9(1))	Pass
Pump run minimum 10 minutes. (8.3.2.3)	Pass
Fire pump alarm conditions and supervisory sensors operate when tested through simulation. (8.3.3.10)	Pass
Parallel and angular alignment of pump and driver without any misalignments. (8.3.6.4)	Pass
Suction screens inspected and cleaned after water flow. (8.3.3.12)	N/A
Pressure gauge and sensors, when compared to a calibrated gauge, is less than 5% calibration or have been recalibrated or replaced. (8.1.1.2.21)	Yes

Electric Fire Information

Pump S/N

Piping

Suction Valve size 4"	Discharge Valve size 4"	Roof Manifold Number / Size of Hose N/A
Test Header Number / Size of Hose 2.5"	Suction Gauge 50	Discharge Gauge 50
System Gauge 105		

Start/Stop Values

Jockey pump start PSI 75	Fire pump stop PSI 90	Automatic Stop Minutes 10
Fire pump start PSI 60	Manual Stop Yes	Jockey pump stop PSI 90

Pump

Pump Type Horizontal Split Case	Pump Serial Number 98-65290	Impeller 5.75
Manufacturer Aurora Fire Pumps	Pump Model Number 484BFH	Stages 1

Electric Motor

Driver Type Electric	Horse Power 15	Phase 3
Manufacturer US Motor	RPM 3475	Cycles 60
Model Number S731A	Volts 200	Service Factor 1.15
Serial Number B12-S731-M	Amps 43	

Controller

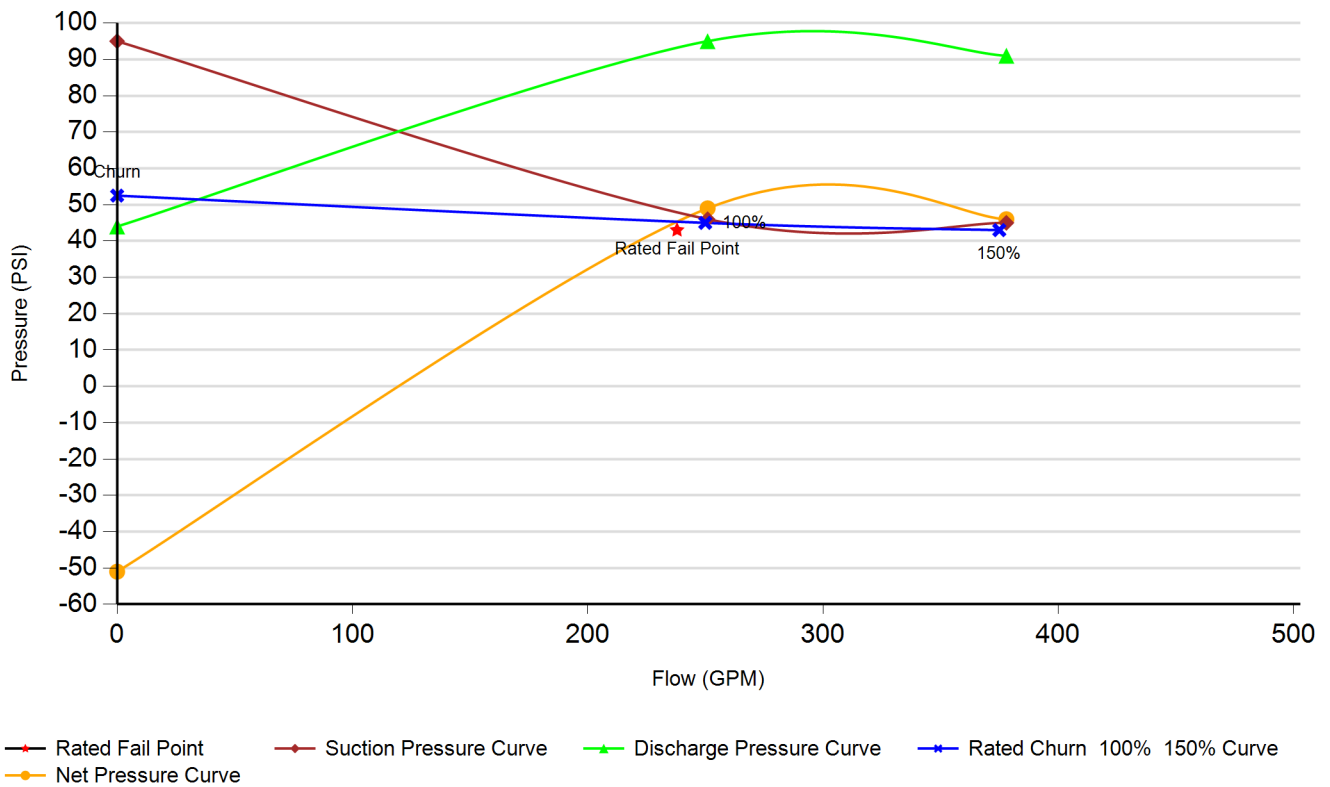
Type Electric Across-the-Line Start	Serial Number FTA750-AA15H	Phase 3
Manufacturer Firetrol	Motor 15	
Model Number 348L	Volts 208	

Transfer Switch

Manufacturer NA	Model Number NA	Serial Number NA
-----------------	-----------------	------------------

Nameplate Information					
Rated GPM	250	Rated PSI	45	Rated RPM	3560
Max PSI	52.50	150% PSI	43	150% GPM	375
Churn					
Suction	Discharge	Net PSI		Speed	
95	44	-51		3555	
Test Point 1					
Flow Test Point %:	100.4	Measured Flow:	251	Adj. Flow	253
		Measured Press:	49	Adj. Press.:	50
		Press. Test Point %:	111%		
Outlet Size	1.125				
Coefficient	0.99				
Pitot	45				
Flow	251				
Suction	Discharge	Net PSI		Speed	
46	95	49		3526	
Test Point 2					
Flow Test Point %:	151.2	Measured Flow:	378	Adj. Flow	384
		Measured Press:	46	Adj. Press.:	47
		Press. Test Point %:	109%		
Outlet Size	1.75				
Coefficient	0.975				
Pitot	18				
Flow	378				
Suction	Discharge	Net PSI		Speed	
45	91	46		3505	

Pressure Vs. Flow Fire Pump Test Curves



RPM Corrected Fire Pump Test Curves

